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Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4185-P
P.O. Box 8013
Baltimore, MD 21244-8013
By electronic submission at http://www.regulations.gov

RE: 42 CFR Parts 422, 423, 438, and 498: Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policymakers. The Panel welcomes the opportunity to submit comments on the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for years 2020 and 2021 proposed rule. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Overall, the Panel supports efforts to improve telehealth in Medicare as it will give seniors more access to care. Medicare represents a higher proportion of patients for most rural health care organizations and clinicians than in urban areas, so Medicare policies may have a disproportionate impact on rural providers, hospitals, and beneficiaries. Therefore, we hope our comments below serve as valuable input during the proposed rule finalization.

Since 2010, 94 rural hospitals have closed in 26 states.[1] Delivering health care in rural areas offers distinct challenges. Rural communities usually include a higher proportion of elderly patients and limited specialty service options. A shortage of rural physicians creates quality of care and staffing issues, which exacerbates obstacles to rural access to care. Furthermore, transporting patients to rural hospitals in a timely manner may be challenging due to travel distances. Telehealth is an effective means to reach medically underserved rural populations and helps close care gaps in rural communities where people face patient care access challenges. Through telemedicine, rural hospitals can serve rural patients at lower costs and help reduce time to clinical care, particularly specialty care. For example, rural hospitals can outsource diagnostic analysis and consultation with remote specialists that are not offered locally. A 2012 report by the Institute of Medicine,

The Role of Telehealth in an Evolving Health Care Environment, found that telehealth improves quality of care and reduces cost of care by reducing readmissions and unnecessary emergency department visits.[2]

Telemedicine can be a valuable tool to *complement* local healthcare delivery resources, however, telehealth should not be used in ways that *substitute* local primary care providers and other local services. In rural communities, the foundation of the delivery system remains primary care delivered by clinicians. Their effectiveness in providing care across the continuum and integrating local care with distant services can be enhanced with the use of telehealth described explicitly and implicitly in the proposed rule. However, telehealth services could be used to substitute for local providers if a managed care organization were to use telehealth to divert patient flow from local providers, thus jeopardizing their fiscal viability. That scenario could create loss of local access for vulnerable populations. We recommend that CMS and others monitor the impact of telehealth on *access to essential services in local communities* to guard against unintended consequences.

Some rural hospitals struggle with implementing and applying telehealth technology because local communities lack requisite resources and adequate broadband infrastructure. Additionally, this local resource and infrastructure deficiency may result in insufficient rural resident access to high-speed internet needed for health maintenance and monitoring. Despite these challenges, telehealth can provide rural hospitals a path toward improved patient experience, access to health care, patient outcomes, and rural hospital viability.

Requirements for Medicare Advantage Plans offering Additional Telehealth Benefits

CMS's proposed rule providing coverage for additional telehealth benefits would allow Medicare Advantage (MA) plans to offer telehealth services that do not meet the traditional Medicare Part B requirements as basic Medicare benefits if the services are "clinically appropriate" to furnish through "electronic exchange." Additionally, the proposed rule states that telehealth services that do not meet the requirements of "additional telehealth benefits" can continue to be offered as supplemental benefits. The RUPRI Panel supports making telehealth a part of Medicare basic benefits because telehealth has the potential to improve access to medical services, promote patient-centered care, increase telehealth offering by MA plans, and explore innovative collaborations between MA plans and telehealth providers. Further, the Panel favors CMS's decision to not use specific tests to define "clinically appropriate," thus, empowering MA plans to suggest what is clinically appropriate. Lastly, the Panel supports CMS identifying store-and-forward as a telehealth service appropriately furnished through "electronic exchange". Doing so recognizes the important use of telehealth to capture information such as diagnostic tests in real time and forward that information for review and response. Furthermore, store-and-forward processes may mollify inadequate internet speed limitations that challenge sustained and consistent live video consultations. However, store-and-forward telehealth services should be considered only as a transition to the goal of universal broadband access in rural areas.

The Panel commends CMS's continued work on these critical issues, and we thank you for the opportunity to submit comments prior to the finalization of this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

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Andrew F. Coburn, Ph.D.
Jennifer P. Lundblad, Ph.D., MBA
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[1] University of North Carolina, Sheps Center, "Rural Hospital Closures, 2010-Current," http://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/
[2] Institute of Medicine. 2012. *The Role of Telehealth in an Evolving Health Care Environment: Workshop Summary*. Washington, DC: The National Academies Press. https://doi.org/10.17226/13466.