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October 5, 2020

Submitted electronically via www.regulations.gov

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1859

RE: CMS-1734-P, Medicare Program: CY 2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; etc.

Dear Administrator Verma:

The Conference of Boston Teaching Hospitals, on behalf of our 12 member hospitals, appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Medicare Physician Fee Schedule (PFS) proposed rule for calendar year (CY) 2021.

In response to the COVID-19 pandemic, COBTH's hospitals ended all in-person elective procedures and non-emergency care to expand our capacity to meet the needs of severely ill COVID-19 patients. In order to continue to safely meet patient needs, our members relied on the use of telehealth pursuant to state and federal guidance and flexibilities. Telehealth has helped COBTH members' patients access much needed care, assisted with patient triage, helped preserve critical personal protective equipment and maintain social distancing, and helped keep clinicians and other essential hospital staff safe. Utilization of telehealth has surged in Massachusetts under these conditions due to necessity, but we should not overlook the clear benefits that telehealth provides: patients and providers like it, it helps improve access to care for many residents, and it keeps people safe, especially those who are immunocompromised.

We were pleased to see the CY21 Physician Fee Schedule proposed rule included policies that would expand access to critical telehealth and other remote health care services after the expiration of the COVID-19 public health emergency. In particular, we were pleased to see the proposal to permanently add a number of services to the Medicare telehealth services Category 1 list. We encourage CMS to think broadly and creatively about what services are appropriate to be covered permanently under Category 1, noting the great success both providers and patients have experienced with many different types of services provided via telehealth.

Additionally, we are pleased that CMS has proposed a new Category 3 of services that will be eligible services until the end of the calendar year in which the public health emergency ends. Avoiding clinical disruptions for our patients is of the utmost importance, and we are grateful that CMS provided an off-ramp for these services to provide some measure of certainty. However, we



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request that CMS consider providing a longer amount of time should the end of the public health emergency occur close to the end of a calendar year. At present, our hospitals are booking telehealth visits months in advance, and serious disruption could result if the public health emergency were to end in the final quarter of a calendar year. We recommend providing an end date for coverage of category 3 services, such as the end of calendar year 2022, to ensure certainty for providers and patients.

COBTH also has concerns about the list of services that CMS proposes to exclude from the telehealth list, including initial nursing facility visits and critical care services. These services can be provided effectively via telehealth and telehealth coverage helps expand access to these critical services in a timely way. We encourage CMS to continue covering these services via telehealth and allow for further review of their efficacy.

We are grateful that during the public health emergency CMS allowed for audio-only telehealth visits to take place. These have been especially critical to ensuring that our senior and low-income patients who may not have access to necessary devices or internet connection were able to access the care they needed in a timely manner. COBTH supports CMS's proposal to develop coding and payment for an audio-only telehealth visit and make it a permanent part of the physician fee schedule. These audio-only visits are critical to maintaining access for our most vulnerable patients. We also encourage CMS to work with Congress to make any legislative changes necessary to broaden access to audio-only telehealth services as appropriate.

Similarly, we urge CMS to work with Congress to eliminate Medicare's telehealth originating site requirements, which were waived pursuant to the public health emergency. We note that these statutory restrictions cannot be ended permanently by CMS alone, but wanted to underscore the importance of eliminating these restrictions, which present a significant barrier to patients receiving telehealth care in the safest place for them.

Thank you for your consideration of our comments. COBTH's member hospitals are also members of the Association of American Medical Colleges (AAMC) and strongly support the in-depth comments submitted by AAMC on behalf of the nation's academic medical centers and teaching hospitals. We also support the comments submitted by the Massachusetts Telemedicine Coalition, tMED, of which COBTH is a member. Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,

A handwritten signature in blue ink that reads "Patricia McMullin". The signature is written in a cursive style with a large initial "P".

Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals