Illinois Health and Hospital Association

September 1, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

Re: CY 2022 Medicare Physician Fee Schedule Proposed Rule (CMS-1751-P)

Dear Administrator Brooks-LaSure:

On behalf of our more than 200 member hospitals and nearly 40 health systems, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to comment on the calendar year (CY) 2022 Medicare Physician Fee Schedule (PFS) proposed rule. IHA appreciates the efforts of the Centers for Medicare & Medicaid Services (CMS) in developing this proposed rule, particularly provisions related to the extension and potential permanence of certain telehealth-related waivers enacted during the COVID-19 public health emergency (PHE). We are disappointed that CMS declined to permanently add new telehealth services to Medicare under the CY 2022 PFS, and continue to urge CMS to explore its ability to make the Medicare telehealth program as robust as possible; however, overall we are pleased with the other telehealth-related proposals in this rule, and our full comments follow.

Temporary Telehealth Service Coverage

IHA strongly supports CMS' decision to extend temporary telehealth service coverage of Category 3 codes while reviewing clinical data to justify permanent coverage. We urge CMS to extend this temporary coverage for the foreseeable future, as submitting clinical data and studies for publication may be delayed due to emergency response priorities during and directly following the PHE. Further, we encourage CMS to consolidate other temporary telehealth service codes covered through the end of the PHE under Category 3 to similarly extend coverage. This consolidation will also better coordinate clinical data requests and the consideration of all temporary telehealth service codes for permanent coverage once the PHE ends.

Permanent Audio-Only Telehealth Service Coverage

Audio-only telehealth services create greater access and equity for underserved populations without broadband internet connections or access to local healthcare professionals specializing in mental health while decreasing missed appointments and

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patient wait times. According to the Federal Communications Commission 2021 Broadband Deployment Report, nearly one in five Americans still live in an area without access to broadband at the Commission's current benchmark (25/3 megabits per second). In addition, 88% of Illinois counties contain a mental health professional shortage area, necessitating flexible access to care that different modalities of telehealth provide. In recent surveys, more than 71% of Illinois hospital provider respondents and 78% of community-based behavioral healthcare professional respondents reported that telehealth has helped drive a reduction in the rates at which patients missed appointments.

We urge CMS to permit healthcare professionals to assess and determine appropriate use of a modality for mental health services. Audio-only telehealth services should not be rigidly restricted to a subset of mental health service codes. We support CMS' proposed use of a modifier to track service utilization; however, we encourage CMS to refrain from any additional documentation requirements in the patient's medical record for audio-only telehealth services, which would create an administrative burden that would likely result in unnecessary claim denials and lengthy audits. We also urge CMS to abstain from a policy that would require patients seeking to use audio-only mental health services or counseling/therapy through an Opioid Treatment Program (OTP) to either be incapable of using, or not consent to, two-way, audio/video communications to utilize this modality. This policy requiring patient dissent to audio/video telehealth services may confuse or inadvertently increase perceived stigma for seeking help in a way that patients are most comfortable, resulting in an additional barrier to care. A telehealth service using audio-only communication is a high quality, clinically appropriate modality to deliver mental healthcare, and should be presented by the healthcare professional to the patient as a choice, not a last resort.

The proposed limitation to audio-only telehealth services for mental health disorders requiring in-person care every six months is overly restrictive and may create unnecessary, harmful treatment interruptions. Section 123 of the Consolidated Appropriations Act of 2021 permits the Secretary of the Department of Health and Human Services (HHS) flexibility to determine subsequent in-person requirements after the initial in-person visit, which should be used to eliminate additional in-person requirements not mandated by law. These additional requirements are burdensome for patients who may choose to discontinue services if faced with barriers that exacerbate healthcare disparities, such as transportation, lost income, disabilities, a need for paid personal assistance services, or the stigma of seeking help. Further, we encourage CMS to permit flexibility for healthcare professionals of the same specialty/subspecialty in the same practice to furnish services due to unavailability of the patient's regular healthcare professional.

Permanent Remote Therapeutic Monitoring & Virtual Check-In Coverage

IHA strongly supports CMS' immediate coverage of general medicine codes for Remote Therapeutic Monitoring (RTM) and flexibility in reporting. Following the American Medical Association's code creation in October 2020 and value assignment earlier this year, we

appreciate CMS' timely update that permits advanced practice professionals to monitor and support health conditions including, but not limited to, musculoskeletal system status, respiratory system status, therapy adherence, and therapy response. Additionally, IHA supports the permanent coverage of HCPCS code G2252 to cover extended virtual check-in services that are more than 5-10 minutes and delivered via synchronous communication technology, including audio-only. This service supports timely, patient-centered preventative care.

Ms. Brooks-LaSure, thank you again for the opportunity to comment on this proposed rule. Please direct questions or comments to IHA.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association