

December 30, 2018

BOARD OF GOVERNORS

PRESIDENT

Duane G. Koehler, DO, FACOFP *dist.*
Miami, OK

PRESIDENT-ELECT

Robert C. DeLuca, DO, FACOFP *dist.*
Eastland, TX

VICE PRESIDENT

David J. Park, DO, FACOFP
Ivins, UT

SECRETARY/TREASURER

Nicole H. Bixler, DO, MBA, FACOFP
Spring Hill, FL

IMMEDIATE PAST PRESIDENT

Rodney M. Wiseman, DO, FACOFP *dist.*
Pearland, TX

PAST PRESIDENT

Larry W. Anderson, DO, FACOFP *dist.*
Dawsonville, GA

GOVERNORS

Greg D. Cohen, DO, FACOFP
Chariton, IA

David A. Connett, DO, FACOFP *dist.*
Anaheim Hills, CA

Gautam J. Desai, DO, FACOFP
Kansas City, MO

Brian A. Kessler, DO, FACOFP
Harrogate, TN

Ronna D. New, DO, FACOFP
Abingdon, VA

Bruce R. Williams, DO, FACOFP
Blue Springs, MO

RESIDENT GOVERNOR

Jesse D. Shaw, DO
St. Petersburg, FL

STUDENT GOVERNOR

Jaclyn Sylvain, OMS II
Okemos, MI

SPEAKER, CONGRESS OF DELEGATES

Elizabeth A. Palmarozzi, DO, FACOFP
Auburn, AL

EXECUTIVE DIRECTOR

Bob Moore, MA, CAE
Arlington Heights, IL

VIA ELECTRONIC SUBMISSION

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4185-P
P.O. Box 8013
Baltimore, Maryland 21244-8013

Dear Administrator Verma:

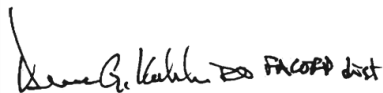
On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the Centers for Medicare & Medicaid Services (CMS) proposed rule that would make policy and technical changes to CMS programs including Medicare Advantage (MA).

The ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care. Generally, we appreciate the agency's efforts to relieve regulatory burdens for providers and promote flexibility and innovation.

Overall, as an organization with many osteopathic family medicine physicians in solo, small and rural practices, we support proposals designed to expand access in those areas, including providing more flexibility to offer telehealth services to MA enrollees. We are hopeful that CMS will continue to keep in mind osteopathic family physicians and ensure that our members have the flexibility and opportunity to continue to deliver high quality and efficient care.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact Debbie Sarason, Manager, Practice Enhancement and Quality Reporting at (847) 952-5523 or debbies@acofp.org.

Sincerely,



Duane G. Koehler, DO, FACOFP *dist.*
ACOFP President

ACOFP supports proposals that would expand access to telehealth and technology-based services. Because many of our physicians fill a critical need in rural and underserved areas, we believe it is critical to leverage existing and new technology to continue to improve access for patients. We appreciate that CMS recognizes the value of telehealth services and how they improve access to health care. We share the view that current Medicare telehealth benefits are too restrictive and therefore support the proposals in this Proposed Rule that would allow Medicare Advantage (MA) plans to offer broader telehealth benefits and increase access for patients especially in rural and underserved areas.

Under the Proposed Rule, MA plans would be permitted to offer “additional telehealth benefits” or benefits beyond what is available to traditional fee-for-service beneficiaries and to account for these services in their capitated rates. MA plans also would be able to continue offering as supplemental benefits those telehealth services that do not qualify as additional health benefits (*e.g.*, services not covered by Part B). We offer below feedback for CMS to consider as these proposals are finalized.

CMS solicits comments on whether it should place limitations on what types of Part B services qualifies as additional health benefits. Since these technologies are constantly evolving, we are concerned that overly rigid limitations set in regulation may risk stifling innovation and hampering the adoption of telehealth technology. We therefore suggest that if limitations are put in place, they should be broad and flexible so that physicians are able to determine what type of telehealth service is clinically appropriate based on patient-specific needs and characteristics. We believe physicians, especially family physicians, are best-positioned to determine whether and what type of telehealth service is most appropriate for patients.

ACOFP supports CMS’ proposal that if an MA plan covers a Part B service as an additional telehealth benefit, then the plan also must provide access to the services through an in-person visit. We support the Agency’s goal of preserving enrollee choice, but we also believe that telehealth services should only be available to patients who have established relationships with the physicians from whom they receive the telehealth service. CMS solicits comments on what impact, if any, additional telehealth benefits should have on MA network adequacy policies. We strongly believe that telehealth services are complementary to in-person services and should not serve as a system-wide substitute – telehealth services should serve as the exception rather than the norm. We therefore urge CMS to exclude the availability of providers of additional telehealth benefits when assessing the adequacy of the plan’s network.

CMS also solicits comments on whether it should impose additional requirements for qualifications of providers of additional telehealth benefits, and if so, what those requirements should be. It is well-documented that one of the major barriers for the widespread adoption of telehealth are the numerous and often conflicting regulatory requirements at the state and federal level. We believe that there currently are adequate requirements for the qualifications of telehealth service providers and recommend that CMS not impose additional and potentially conflicting requirements.

Finally, we are concerned with how plans would value telehealth services. When family physicians provide telehealth services, they involve the same level of cognitive skill, time, and documentation. Physicians should be reimbursed at equivalent rates regardless of whether a service is furnished using technology or in-person. Both services require the physician to assess and evaluate factors, including the patient’s history and whether the patient’s chief complaint is in fact the main issue or a product of another condition. We therefore urge the Agency to ensure that plans reimburse providers of additional telehealth benefits at the same level as providers of these services that are provided in-person.