

# HealthEverywhere

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*Improving healthcare through home-based remote patient monitoring systems*

August 30, 2011

Hand Delivered

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Donald M. Berwick, M.D.  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW.  
Washington, DC 20201

**RE: CMS-1524-P; Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012**

Dear Dr. Berwick:

On behalf of HealthEverywhere, thank you for the opportunity to submit comments regarding the Centers for Medicare & Medicaid Services ("CMS") proposed rule for Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012.<sup>1</sup>

HealthEverywhere consists of Philips Healthcare, Robert Bosch Healthcare, Cardiocom, Inc. and Honeywell HomeMed. Our companies are collaborating to **contribute to better patient outcomes and lower costs** for the healthcare system overall through the use of home-based remote patient monitoring ("RPM") systems. These systems supplement care management by providing a range of clinical and supporting information. Collectively, our products provide care to approximately 50% of patients benefiting from RPM in the United States.

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<sup>1</sup> Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012. 76 Fed. Reg. 42772-42947 (Jul. 19, 2011).

## **SUPPORT OF REFINING CATEGORY 2 CRITERIA FOR ADDING TO THE LIST OF MEDICARE TELEHEALTH SERVICES**

HealthEverywhere supports CMS's decision to propose to refine the category 2 review criteria for codes to add to the list of Medicare telehealth services beginning in CY 2013. Medicare's proposal to move from a "comparability standard" to a "clinical benefit standard" demonstrates that above all, CMS values its beneficiaries' health outcomes, embraces new technology as a means to provide those outcomes and recognizes that the former standard limits patients' access to services that could improve care coordination and enable people to stay in their homes as long as possible. This is demonstrated by CMS's comment in the proposed rule, "we know that in some cases the alternative to telehealth service may be no service rather than an in-person service."<sup>2</sup>

While we recognize that these refinements will not increase patient access to RPM systems in the near term, we are hopeful that these changes begin to pave the way for patient access to RPM systems in the future.

### **INCLUDE CARE MANAGEMENT IN THE LIST OF OUTCOMES DEMONSTRATIONS AND CREATE AND SPECIFY A ROLE FOR RPM TECHNOLOGIES IN SUCH DEMONSTRATIONS**

HealthEverywhere recommends CMS include "care management" in its list of outcomes demonstrations.<sup>3</sup> In doing so, we recommend CMS create and specify a role for RPM technologies. Specifically, we believe CMS should explore the Center for Medicare and Medicaid Innovation as a means for demonstrating positive health outcomes associated with RPM technology. **We believe an emphasis on RPM care management is consistent with Secretary Sebelius' vision to "transform our health care system away from a focus on sickness and disease to a focus on prevention and wellness."**<sup>4</sup> This change is a small step towards allowing Medicare beneficiaries' access to a range of RPM products that they can use at home to communicate their vital signs to providers who can detect abnormalities long before they become costly acute care episodes.

For example, our technologies remotely monitor weight in patients with congestive heart failure ("CHF"). By detecting slight changes, RPM technology contributes to an avoidance of exacerbations of illness that could lead to emergency room visits, hospital admissions and

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<sup>2</sup> Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012. 76 Fed. Reg. 42826 (Jul. 19, 2011).

<sup>3</sup> Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012. 76 Fed. Reg. 42827 (Jul. 19, 2011).

<sup>4</sup> Obama Administration releases National Prevention Strategy. Department of Health & Human Service. <http://www.hhs.gov/news/press/2011pres/06/20110616a.html>. Accessed August 8, 2011.

readmissions. Similar examples exist for other conditions as well, such as diabetes and chronic obstructive pulmonary disease (“COPD”). These examples demonstrate how RPM can improve care for patients, manage population health and lower costs to the Medicare program. The use of RPM is essential for improving beneficiary quality of life by minimizing unnecessary and inconvenient provider visits for mobile beneficiaries and vastly increasing immobile beneficiaries’ access to care.

**CMS SHOULD REQUEST THE AMA RCU COMMITTEE TO CONSIDER REMOTE PATIENT MONITORING TECHNOLOGIES AS IT UPDATES E/M CODES**

HealthEverywhere urges CMS to request the American Medical Association (AMA) Relative (Value) Unit Committee (RUC) to consider RPM technologies as it updates evaluation and management (e/m) codes. Updates to E/M physician times, work relative value units (RVUs) and direct practice expenses (PEs), should include considerations for the use of RPM technologies. Reimbursement should be structured in a way that encourages the use of care coordination and management RPM technologies.

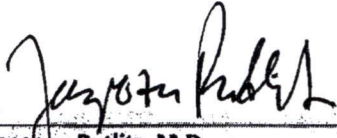
We also encourage CMS to consider alternatives to re-valuation of the current E/M codes in order to facilitate payment for these important services in a manner consistent with RPM technology’s positive impact on quality of care and cost reductions.

There are several additional hurdles to Medicare beneficiaries gaining access to life-saving and economic RPM technology, however, we would like to again thank you for the opportunity to comment on the proposed rule for Payment Policies Under the Physician Fee Schedule and other Revisions to Part B for CY 2012. We appreciate your consideration of our comments.

If you have any questions, need more information, a demonstration or would like to meet with HealthEverywhere, please contact Jim Scott at (202) 558-5272 or [jscott@appliedpolicy.com](mailto:jscott@appliedpolicy.com).

Sincerely,

HealthEverywhere



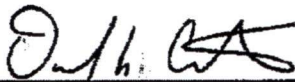
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**Jasper tu Putlitz, M.D.**  
President  
Robert Bosch Healthcare  
Palo Alto, California



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**John Doherty**  
Honeywell HomMed  
Brookfield, Wisconsin



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**Daniel Cosentino**  
Chief Executive Officer, President  
Cardiocom, Inc.  
Chanhassen, Minnesota



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**John Ryan**  
Telehealth Business Director  
Philips Healthcare – Remote Patient Monitoring