



October 5, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

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

Filed electronically at <http://www.regulations.gov>

Dear Administrator Verma:

The Cystic Fibrosis Foundation is a national organization dedicated to curing cystic fibrosis (CF). We invest in research and development of new CF therapies, advocate for access to care for people with CF, and fund and accredit a network of specialized CF care centers.

Cystic fibrosis is a life-threatening genetic disease that affects more than 30,000 children and adults in the United States. It is a complex, multi-system disease that requires targeted, specialized care to preserve health and well-being. Development of the CF care model, paired with genetically-targeted therapies that address the underlying cause of CF, have contributed to dramatic improvements in life expectancy over the last few decades. This milestone reflects over 50 years of hard work to improve CF treatments, develop evidence-based standards of care, and encourage adherence to a lifetime of chronic care.

We commend the Centers for Medicare & Medicaid Services (CMS) for identifying telehealth as a key element of care in the 2021 physician fee schedule. Telehealth has long been an important care delivery method for improving access in underserved communities, particularly rural areas, areas with physician shortages, and areas with limited access to primary care services. Telehealth also helps ensure access to care when in-person visits are not a safe or feasible option, which has been critical during the COVID-19 pandemic.

The CF Foundation appreciates the opportunity to provide feedback on CMS's 2021 physician fee schedule proposal.

Audio-Only Visits

The CF Foundation applauds CMS for establishing a separate payment for audio-only telephone evaluation and management (E/M) during the time of the COVID-19 public health emergency (PHE). By

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establishing this benefit, CMS has helped ensure patients without access to the internet or video platform – through a computer or a smartphone – are still able to receive needed care while avoiding potential exposure to coronavirus.

This flexibility is particularly important for rural and low-income populations who are more likely to have limited or no access to the internet. For patients who do not have sufficient broadband to support video conferencing or do not have any internet access at all, telephonic visits with their care team are their only option for access remote care. Providers and patients also encounter technical issues with the platform or broadband, and some patients do not have the technological expertise to navigate video platforms—all of which can lead to the need for audio-only visits. Anecdotally, one CF physician in Indiana estimates that 25 to 30 percent of her telehealth appointments are conducted over the phone either because of broadband or other technological issues.

While audio-only visits are not suitable for all health care services and are not a substitute for in-person care, there are a number of aspects of a regular CF visit that can be conducted through the phone. For instance, clinicians can easily review medical history, current medications, and symptoms, and adjust a patient’s care plan. CF patients and care teams can also review data from home spirometers to track trends in lung function. For CF providers, listening to a patient’s cough can also provide actionable information about potential exacerbations. We encourage CMS to make audio-only visits a permanent benefit.

Eligible Practitioners

CMS seeks comment on whether the agency should develop coding and payment for services similar to the virtual check-in and expand the types of clinicians who can provide online assessment and management. A virtual check-in is defined as brief communication technology-based service by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. This virtual check-in is only 5-10 minutes of medical discussion.

People with CF rely on a multi-disciplinary, specialized care team to ensure best possible outcomes and patients would benefit from the option of having virtual check-ins with all members of the care team. The CF clinical care team includes physicians, nurses, dietitians, social workers, and respiratory therapists – each of whom plays a unique role in managing CF care. For example, individuals with CF require a specialized diet and nutritional plan that is high in calories, proteins, vitamins, and minerals. CF dietitians are trained to assess daily food intake and overall nutritional status, which helps the individual with CF work towards optimal body weight and the calories and nutrients needed to fight off lung infections and maintain lung function. Brief virtual check-ins with dietitians would allow patients to address issues with feeding tubes, formula concentrations, diet, or vitamins and supplements in between their regularly quarterly visits with the full care team. Such access to all members of the care team could help patients better maintain and manage their care, leading to more consistent and better outcomes. Therefore, we recommend the agency develop coding and payment for services similar to the virtual check-in and expand the types of clinicians who can provide these services.

Other Telehealth Services

In response to the PHE, Congress and the Administration have worked together to provide increased flexibilities to ensure patients have access to essential care and services through telehealth. The CF

Foundation applauds these efforts hopes to see continued partnership after the COVID-19 public health emergency on the following issues.

Originating Site and Geographic Limitations

Originating site requirements should be permanently eliminated to ensure that patients are not required to travel to specific locations to access telehealth services unless special equipment is necessary for an examination by a remote provider. Before the COVID-19 pandemic, Medicare rules largely limited use of a patient's home as the originating site to those living in rural areas or with a specific condition. The drastic increase in telehealth usage during the PHE has shown the futility of geographic restrictions and it is appropriate and safe for patients to receive care from their homes. We urge CMS to work with Congress to permanently remove originating site and geographic requirements.

Provider Licensing Across State Lines

Increased licensing flexibility for providers would help individuals with CF who rely on out-of-state care centers access the specialized care they need at these accredited facilities. Allowing providers to practice telehealth across state lines will increase access to care and improve care continuity for patients. We ask CMS to work with Congress to expand licensing rules and reciprocity to ensure patient have access to necessary providers, even if that provider is out-of-state.

Conclusion

The CF Foundation appreciates the opportunity to provide comment on the 2021 proposed physician fee schedule. We are encouraged to see CMS identify telehealth as a way for patients to access necessary services and care. The CF provider community and the CF Foundation are conducting quality improvement programs, investigating patient and provider satisfaction, and refining best practices for telehealth delivery of cystic fibrosis care. We are happy to serve as a resource and look forward to working alongside CMS in the future on this issue.

Sincerely,



Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President, Policy & Advocacy