



Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case Mix Adjustment Methodology Refinements; Home Health Value -Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations (HHA Proposed Rule)

Dear Administrator Verma:

On behalf of Philips Healthcare (Philips), I am pleased to have the opportunity to submit these comments on the HHA Proposed Rule. Philips provides solutions that span the health continuum, including imaging, patient monitoring, and cardiac care systems; medical alert systems; sleep management and respiratory solutions; healthcare informatics solutions and services; and a complete range of comprehensive telehealth programs.

Our comments specifically address those provisions of the HHA Proposed Rule that focus on the provision of telehealth services to patients eligible for the Home Health benefit under Medicare. In addition, we offer our perspective on the extension of interoperability requirements to HHAs as a condition of participation in the Medicare program.

I. Proposal to Recognize Costs Associated with Patient Monitoring as Allowable Costs.

The HHA Proposed Rule would allow the costs associated with patient monitoring devices to be reported by HHAs as allowable costs on the Medicare cost report. The purpose of this is to encourage the adoption of emerging technologies and facilitate data sharing for more effective care planning. Under this proposal, the governing regulations (42 CFR 409.46) would be modified to include costs of remote patient monitoring as allowable administrative costs. Currently, costs associated with remote patient monitoring are reported as direct costs associated with telemedicine.¹ However, these costs are not allocated to the costs per visit. Allowing these costs to be treated as administrative costs would allow HHAs to report the costs of remote patient monitoring on the HHA cost report as part of their operating expenses. These costs would then be factored into the costs per visit for the purposes of determining episode costs under the HH Prospective Payment System (PPS).

Philips Comment: Philips strongly supports CMS' proposal to allow the costs associated with patient monitoring devices to be reported as allowable costs on the HHA Medicare Cost Report.

For the purpose of this provision, CMS proposes to define “remote patient monitoring” under the Medicare home health benefit as:

[T]he collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the HHA.

¹ For 2016, approximately 3 percent of HHAs reported telemedicine costs that accounted for roughly 1 percent of their total agency costs on the HHA cost report.

Philips Comment: We note that the Proposed Rule would define the “remote patient monitoring” eligible for inclusion on HHA cost reports in a manner similar to the definition used in CPT 99091. We believe that the requirements for including remote patient monitoring on a HHA cost report (as well as the requirements for claiming payment for remote monitoring under the Physician Fee Schedule) should be modified to explicitly require monitoring using an FDA-approved device.

II. Remote and Other Monitoring Services as a Component of the Home Infusion Benefit

Section 5012 of the 21st Century Cures Act (“the Cures Act”) (Pub. L. 114–255), established a new Medicare home infusion therapy benefit, which covers, among other things, remote monitoring for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier.

Philips comment: While Philips does not provide remote monitoring for home infusion, we support the inclusion of requirements for remote monitoring in the new home infusion benefit and urge CMS to include requirements that such monitoring be performed using medical devices cleared by the FDA for remote monitoring purposes.

We appreciate the opportunity to comment on these important revisions to the Home Health Agency payment system. If you have any questions or if we can provide and additional information, please do not hesitate to contact me at Lucy.McDonough@Philips.com.

Sincerely yours,



Lucy McDonough
Director Market Access North America
Philips
(978) 764-8889