



S. 870

CREATING HIGH-QUALITY RESULTS AND OUTCOMES NECESSARY TO IMPROVE CHRONIC (CHRONIC) CARE ACT OF 2017

SPONSOR: *Sen. Hatch (R-UT)*

AUTHOR INTENT: *To amend title XVIII of the Social Security Act to implement Medicare payment policies designed to improve management of chronic disease, streamline care coordination, and improve quality outcomes without adding to the deficit.*

EXPANDING INNOVATION AND TECHNOLOGY

Medicare Advantage (MA)

S. 870 allows a MA plan to provide additional telehealth benefits starting in the plan year 2020. Additional telehealth benefits includes the following:

- Benefits that are available under part B, but are ineligible for payment due to the restrictions around telehealth currently in Medicare (as described in 1834(m))
- Services that are identified as clinically appropriate to furnish using electronic information and telecommunications technology when a physician or practitioner is not at the same location as the patient.

Capital and infrastructure costs and investments would not be included as an additional telehealth benefit.

The Secretary would be required to solicit comments on the types of telehealth services that should be considered additional telehealth benefits by Nov. 30, 2018.

The Secretary shall establish requirements for the provision of additional telehealth benefits including:

- Physician or practitioner licensure and other requirements
- Factors necessary to ensure coordination of benefits with items and services furnished in-person
- Other areas specified by the Secretary

Enrollees will have discretion as to whether or not to receive services as an additional telehealth benefit.

Additional telehealth benefits will be treated as if they were benefits under the original Medicare fee-for-service program option.

IMPACT & ANALYSIS

While this language allows a MA plan to provide additional telehealth benefits to what is offered through Medicare fee-for-service, it does not require them to. Certain restrictions may be placed on the provision of these additional telehealth benefits.

ACCOUNTABLE CARE ORGANIZATIONS

S. 870 allows ACOs the ability to expand telehealth services on or after Jan. 1, 2020 for Medicare fee-for-service beneficiaries by making the following allowances:

- Includes the home as an eligible originating site. If an originating site is the home, it would not be eligible for a facility fee. No payment would be made for services that are inappropriate to furnish in the home setting, such as services typically delivered in inpatient settings.
- Eliminates requirement that the originating site be located in a rural health professional shortage area or non-metropolitan statistical area (geographic requirements).

Eligible ACOs must be either tested or expanded under the Center for Medicare and Medicaid Innovation, operate under a two sided model, and have Medicare fee-for-service beneficiaries assigned to it using a prospective assignment methodology.

The Secretary of Health and Human Service would be required to conduct a study on the utilization and expenditures for telehealth services by applicable ACOs, and submit to Congress a report not later than Jan. 1, 2026, along with recommendations for legislation and administrative action.

STROKE

For purposes of evaluation of an acute stroke, the geographic and facility type requirements on originating sites would not apply beginning Jan. 1, 2019. Sites qualifying for reimbursement under this provision would not be eligible for a facility fee.

RECEIVING HIGH QUALITY CARE IN THE HOME

END STAGE RENAL DISEASE

Beginning Jan. 1, 2019, an individual with end stage renal disease (ESRD) receiving home dialysis may choose to receive monthly ESRD-related visits from the home via telehealth if they receive a face-to-face visit at least once every three consecutive months. For these cases, a renal dialysis facility as well as the home would be added to the list of eligible telehealth originating sites. Additionally, these new sites along with hospital-based or critical access hospital-based renal dialysis center would be exempt from the geographic requirements for the monthly ESRD-related visits.

IMPACT & ANALYSIS

S. 870 eliminates the geographic requirements for ACOs delivering services via telehealth as well as for the treatment of ESRD and acute stroke. It also removes the facility type requirement for ACOs and stroke treatment, and expands eligible sites for ESRD treatment to include the home and renal dialysis facilities. However restrictions related to the type of provider delivering the service and the allowable services (CPT codes) would still be applicable.

Allowing for the elimination of the geographic and facility requirements may provide needed evidence of telehealth's ability to provide high quality and cost effective care in non-rural environments, paving the way for more expansive changes to telehealth policy in statute and Medicare.

See bill text for sections not relating to telehealth.