



June 9, 2014

The Honorable Sylvia Burwell  
Secretary  
U.S. Department of Health & Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Burwell:

We are writing to respectfully request that you use your existing authority to waive the current restrictions on Medicare reimbursement for connected care services in section 1834(m) of the Social Security Act (the “Act”) for providers participating in the Medicare Shared Savings Program (“MSSP”). As current participants in the MSSP, we have seen first-hand how these restrictions negatively impact our ability to provide and coordinate high quality care for our patients while reducing costs.

As you know, the success of an accountable care organization (“ACO”) depends on its ability to coordinate care and treat patients in lower cost settings, *e.g.*, in a doctor’s office instead of the hospital. Advanced technology can and should be used to support these goals. When deployed effectively, connected care can enable providers to reduce overuse of in-person care, such as emergency care and preventable inpatient admissions. It also allows providers to decrease unnecessary disparities in care, reach beneficiaries who otherwise may not have access to care, and connect patients with appropriate specialists. This can result in additional savings above and beyond what current program requirements allow.

For these reasons, we believe that all ACO providers should be able to use and be reimbursed for care provided through connected care technology. Unfortunately, section 1834(m) of the Act only provides Medicare reimbursement for connected care services furnished to beneficiaries located at a limited number of originating sites in rural areas.<sup>1</sup> This creates a disincentive for the vast majority of ACO providers – many of whom practice in urban areas and are not physicians – to use this type of technology. Those of us working with providers who do not receive reimbursement for connected care services are faced with the difficult decision of assuming financial risk by providing the care for free. For many physician-led and smaller ACOs without access to a lot of capital, it is not even an option.

---

<sup>1</sup> See 42 U.S.C. § 1395m(m)(4)(C); *see also* 42 C.F.R. § 410.78(b)(4).

Allowing ACOs to be reimbursed for connected care will further the goals of the MSSP by providing us with additional tools to improve quality and reduce costs. Furthermore, it is consistent with the language of the Affordable Care Act (“ACA”), which required ACOs participating in the MSSP to “define processes...to coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.”<sup>2</sup> In the final regulations for the MSSP, the Centers for Medicare & Medicaid Services (“CMS”) indicated that it wanted to give ACO providers the flexibility to choose those tools that best facilitate care coordination for their practitioners and patients.


We strongly believe that connected care should be amongst the care coordination tools available to all ACO providers. As such, we urge you to use the authority granted to you under section 1899(f) to waive section 1834(m) restrictions for providers participating in an MSSP ACO. We believe that such a waiver is necessary to realize the full potential of the MSSP.

Thank you in advance for your consideration of this important matter. We look forward to discussing this with you further.

Sincerely,



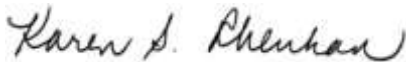
Clifton Gaus  
CEO  
National Association of ACOs



Thomas Graf  
Chief Medical Officer  
Geisinger



Robert Groves  
Vice President  
Banner Health



Karen S. Rheuban M.D.  
Professor of Pediatrics  
Senior Associate Dean for CME  
and External Affairs Director,  
University of Virginia Center  
for Telehealth University of  
Virginia Health System



Donald A. Franke  
Vice President  
Alexian Brothers Health System



Brian H. Ewert, M.D.  
Executive Director  
Marshfield Clinic



Kyle Sanders  
President  
St. Vincents Medical Center



Kimberly Kauffman  
VP, Value-Based Care  
Summit Medical Group



Kathleen Cunningham  
Vice President, ACO  
Operations  
UnityPoint Health Partners

---

<sup>2</sup> 42 U.S.C. § 1395jjj(b)(2)(G).

Ann M. Abdella  
Executive Director  
Chautauqua County Health  
Network

Janet Niles  
Vice President,  
Ochsner Accountable Care  
Network

Stephen Nuckolls  
Chief Executive Officer  
Coastal Carolina Healthcare

Ismael Toro Grajales, MD  
Chief Medical Officer  
Caribbean Accountable Care,  
Inc.

Bill Grayson  
Executive Director, STMG  
CEO, Nashville Healthcare  
Solutions

Kevin Bogari  
Director, Performance  
Management  
Lancaster General Health

Jeffery Spight  
Senior Vice President  
Universal American

Karen Furbush  
President  
Creatif Strategies

David Christeson  
Executive Medical Director  
Deaconess Care Integration

Scott Backer  
CEO  
Baroma, Inc.

Edward M. Duke  
CEO  
Silver State ACO, LLC

Don Lovasz  
President  
KentuckyOne Health Partners

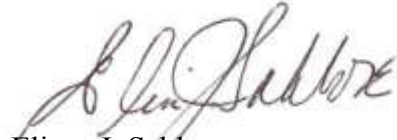
Peter E. Person, MD  
CEO  
Essentia Health

Will Garand  
Vice President, Planning and  
Managed Care  
Accountable Care Alliance of  
Ventura

Sheila M. Magoon, MD  
Executive Director  
Buena Vida y Salud, LLC  
South Texas Physician Alliance



Rachel M. Scheinberg  
Director, Business  
Development  
Orlando Health



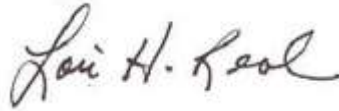
Elinor J. Sablone  
Vice President of  
Administrative and Director of  
Accountable Care  
Harbor Medical Associates PC  
ACO



John Grigson  
ACO Executive  
Covenant Health Partners, Inc.



Mike Kirschner  
Chief Financial Officer  
American Health Network



Lori H. Real, MHA  
Interim Administrator  
Community Health  
Accountable Care, LLC