American Society of Pediatric Nephrology

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Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

The American Society of Pediatric Nephrology (ASPN) thanks you for your leadership and continued efforts to ensure that patients with kidney disease have access to high quality health care services during the COVID-19 public health emergency. The flexibilities implemented by the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have transformed care delivery and ensured that our patients have not been unnecessarily exposed to COVID-19. We write today to provide recommendations on which of these policies could support the delivery of high-quality pediatric nephrology care, as well as the economic recovery, once the public health emergency concludes.

Founded in 1969, ASPN is a professional society composed of pediatric nephrologists whose goal is to promote optimal care for children with kidney disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology. ASPN currently has over 700 members, making it the primary representative of the Pediatric Nephrology community in North America.

HHS indicated that the Secretary will extend the public health emergency for another 90 days before it is set to expire later this month. ASPN is deeply appreciative of this as the threat of COVID-19 to the patients our members treat will be high until an effective vaccine is approved and widely available. The Society strongly recommends that the telehealth flexibilities currently in place remain at least through the end of 2021 or until a vaccine is widely available. Below we outline ASPN's recommendations for telehealth policies that should remain in place permanently to improve our patients' access to necessary services.

Provide Continued Coverage and Enhanced Payment for the Telephone Evaluation and Management Services

ASPN appreciates the flexibility that CMS has provided by adding the telephone E/M codes (CPT codes 99441-99443) to the telehealth list, as well as reimbursing for these services at the same rate as for level 2 through 4 outpatient E/M services. Our members have encountered numerous situations where they could not establish a simultaneous audio and visual connection with a patient and the coverage of these codes has allowed patients to receive necessary care. Patients cannot always join a traditional telehealth visit with a simultaneous audio and visual connection because they lack access to broadband or a device capable of this simultaneous connection. These audio-only visits will ensure that these

patients get the care they need for their complex problems to prevent health complications, such as potential organ rejection, before they become acute. The Society strongly recommends that this flexibility be retained once the public health emergency concludes.

Relax the Telehealth Originating Site and Geographic Eligibility Requirements
The originating site and geographic eligibility requirements limit the delivery of telehealth services to areas outside of metropolitan statistical areas and health professional shortage areas. ASPN recommends these requirements be permanently relaxed since the public health emergency has demonstrated that telehealth services can be successfully delivered to patients in their homes and other locations outside of designated originating sites. Many of our patients travel significant distances to see their nephrologists since there are so few pediatric centers, particularly in rural areas, and we anticipate this will significantly improve their ability to access care in circumstances when an in-person visit is not required.

ASPN anticipates that a few challenges may result from relaxing these requirements, the main one being the need for dialysis patients to appear in person for frequent lab work, which is included in the dialysis bundled payment. As more visits are converted to telehealth, labs will still need to be done in person and potentially at outside labs, which may be difficult to arrange for the end-stage renal disease bundled payment and to continue virtual care. The Society welcomes the opportunity to work with you to address this issue to ensure that pediatric patients continue to have necessary labs performed while using telehealth services appropriately.

The Society also supports relaxing the requirement that physicians update their Medicare Provider Enrollment, Chain and Ownership System (PECOS) with their home or other address to allow them to deliver care from locations outside of their offices. This will reduce administrative burden on physicians and their practice administrators while potentially expanding patient access to care, as providers may be able to expand the hours in which they can see patients.

Eliminate the Site of Service Differential between In-Person and Telehealth Visits
ASPN recommends the elimination of the site of service differential between reimbursement for telehealth and in-person visits to promote the expansion of telehealth. Ultimately, patients and the health care system will benefit from this change.

Although telehealth visits may reduce the need for certain resources like exam rooms or the number of on-site clinic staff, there may still be the need for significant investment in the support staff, electronic equipment, and software necessary to do virtual services. Moreover, our members report that the role of support staff has changed to accommodate widespread virtual visits. Staff are more likely now to get involved with issues for a visit related to internet connectivity, browser capability, or software compatibility. Staff also now spend time collecting data for the virtual visit such as home blood pressure measurements or weights or doing other pre-visit screenings to optimize the virtual visit utility. All of these new duties and virtual visit needs take a significant amount of staff time.

ASPN recognizes that there may need to be certain refinements to the practice expense associated with these visits to reflect the differences in physical and staff resources, but does not feel that simply removing the facility component accurately reflects the cost of these services. Providers should not be penalized financially for expanding access to telehealth. Should CMS implement an equitable payment system for telehealth services, ASPN believes patient and the health care system will benefit by

expanded patient access to care as well as reductions in delays in care, costs of managing certain conditions, and unnecessary hospitalizations.

Extend 6.2% Federal Medical Assistance Percentages Rate in Medicaid
ASPN urges the agency to support the maintenance of the 6.2 percent enhanced FMAP rate beyond the end of the public health emergency. State and local governments are facing unprecedented budget shortfalls following the shuttering of the nation's economy. In such an environment, an enhanced federal match serves as a lifeline to states so that they can continue to provide needed care for Medicaid patients. Medicaid funding is instrumental to state economies and produces economic benefits for both patients and their communities. Medicaid covers one-third of pediatric kidney disease patients, making an enhanced match especially important to ensure that the patients our members treat have continued access to comprehensive care. ASPN urges the agency to support legislative efforts to maintain the enhanced FMAP rate.

Licensing Requirements for Out-of-State Providers
ASPN appreciates that CMS has waived the requirement for providers to be licensed in the state where the patient resides when delivering Medicare telehealth services during the public health emergency, and ASPN recommends that this policy remain in place at least until an effective vaccine is approved and widely available. The Society believes this policy will broadly benefit pediatric kidney disease patients, as it will allow our members to routinely treat both new and established out-of-state patients by telehealth who may otherwise have no access to care during the public health emergency. In many instances, the closest pediatric nephrology care involves interstate travel across long distances. For example, children in Idaho and Montana most commonly see our members who practice in Seattle, and children in western Louisiana are significantly closer to sites in Texas with their needed specialty care. Relaxing the licensure requirement for telehealth also reduces the amount of time children have to miss school and their caregivers must miss work to have to travel to see a pediatric nephrologist in person in the state of the physician's licensure. While we recognize that licensure is a state issue, ASPN encourages HHS and CMS to work with states to address these requirements and improve patient access to care.

Again, thank you for all the policy changes that have ensured patient access to appropriate care during the public health emergency. Should you have any questions, please do not hesitate to contact Erika Miller, ASPN's Washington Representative, at emiller@dc-crd.com.

Sincerely,

Michael JG Somers, MD
President