



September 10, 2018

Mr. Ajit Pai  
Chairman  
Federal Communications Commission  
445 12th St. S.W.  
Washington, D.C. 20554

Re: (WC Docket. No. 18-213) Notice of Inquiry in the matter of Promoting Telehealth for Low-Income Consumers

Dear Chairman Pai,

The National Association of Accountable Care Organizations (NAACOS) appreciates the opportunity to submit comments on the Federal Communications Commission's Notice of Inquiry for expanding telehealth for low-income consumers, adopted by the Commission in its August 2, 2018 open meeting. ACOs were introduced under the George W. Bush Administration and grew considerably with the introduction of the Medicare Shared Savings Program (MSSP) which launched in 2012 and is administered by the Centers for Medicare & Medicaid Services (CMS). The Medicare ACO program, including the MSSP and the Next Generation ACO Model, works to change the financial incentives for health care providers and encourage more efficient, high-quality, low-cost care. ACOs are rewarded for hitting quality and spending targets. NAACOS is the largest association of ACOs, representing more than 6 million beneficiary lives through more than 360 Medicare Shared Savings Program (MSSP), Next Generation and commercial ACOs.

A main ACO goal is to provide the right care, at the right time, to the right person, and telehealth is an important tool to make that a reality. With modern telecommunications, health care providers can visit with patients outside brick-and-mortar facilities, cutting down on time and resources of a traditional office visit. Doctors and nurses can keep tabs on patients' chronic diseases or follow-up hospital discharges through remote monitoring technologies. Several independent evaluations and CMS data show ACOs are helping improve the quality of care Medicare patients receive. For example, ACOs produced lower hospital readmission rates 90 percent of the time compared to fee-for-service providers outside of ACOs, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) concluded in an August 28, 2017 [report](#).

Unfortunately, as the FCC has noted through the work of its Connect2Health Task Force, too many patients who are most in need of telehealth's benefits lack access to this critical service. There remains a strong correlation between those American's who live without broadband and poor health outcomes. A \$100 million pilot program under the Universal Service Fund, as proposed with the Connected Care Pilot, would provide the chance for more ACOs to use telehealth to engage low-income Americans to improve their health.

## A. Goals of the Pilot Program

Policymakers have recognized the value telehealth can have for ACOs. Earlier this year, Congress included in the Bipartisan Budget Act a provision that would allow certain MSSP ACOs the freedom to use telehealth regardless of other limitations Medicare statute places on the reimbursement for the technology. CMS offered to implement that change ahead of the congressional deadline of January 1, 2020, in a proposed rule, entitled *Medicare Program; Medicare Shared Savings Program; Accountable Care Organizations-- Pathways to Success*, published in the Federal Register on August 17, 2018. CMS also already provides waivers to allow Medicare's Next Generation and MSSP Track 3 ACOs to use telehealth and further expansion of ACOs' use of telehealth will benefit patients served by these organizations. Further, the Medicare Payment Advisory Commission (MedPAC) suggested in its March 2018 report to Congress that the Center for Medicare & Medicaid Innovation (the Innovation Center) expand its testing of telehealth to individual services like remote monitoring of patients with chronic illness.

Since ACOs' waivers from Medicare's geographic restrictions on telehealth payment are new, the connection between ACOs' use of the technology and patient outcomes is limited. But since ACOs are incentivized to keep patients healthy, it seems natural their goals would align with the FCC's desire to increase access to care for patients most in need.

## B. Structure of the Program

We are pleased the Commission seeks to create an additional \$100 million pilot to fund expanded access to healthcare through telehealth. We note the \$400 million in annual funds in the FCC's Rural Health Care Program have tapped out in recent years as more providers seek financial help installing broadband and telehealth's use continues to expand. The need for providers to expand access to care through telehealth – especially to rural and low-income Americans and veterans – is vast. **NAACOS urges the Commission to fund this work through the proposed \$100 million pilot and through further efforts until need is adequately met.** We further encourage the Commission to make the application process as least burdensome as possible while recognizing the need for health care providers to demonstrate their patients' needs and service providers' capabilities.

Since ACOs' achieve savings by eliminating ineffective services and promoting low-cost care, the Commission will find its goals of the Connected Care Pilot will almost certainly fit with ACOs' mission. NAACOS encourages the Commission to be as open ended as possible with the funding, allowing providers to choose if, for example, fixed or mobile broadband if it serves their patients best. A less prescriptive use of funds would allow ACOs to best fit the needs of their patients. ACOs operate across the country – including in sparsely populated areas and dense urban landscapes – and serve an array of patients, including the low-income patients the Commission targets with this pilot. They know what's best for their patients and communities, and the Commission should be open to hearing about their prospective uses.

## C. Measuring Effectiveness of the Program

ACOs are already required to collect a variety of quality data through Medicare and other commercial payers. To the extent possible, the pilot should leverage existing reporting requirements to measure the effectiveness of a Connected Care Pilot Program before creating new measures and reporting burdens. The Commission should work with stakeholders and measure developers to identify the most appropriate existing measures and if there are none, consider creating new ones. ACOs also closely monitor spending since ability to receive shared savings payments from Medicare and other payers is dependent on reducing costs. If the Commission seeks to monitor savings generated by expanded use of telehealth, it may be difficult to measure in ACOs given so many confounding factors exist in care coordination efforts.

## Conclusion

NAACOS supports the Commission's commitment to increasing the use of telehealth given the promise wider use of the technology holds in providing more efficient, high quality, cost effective care that ACOs were made to achieve. We recommend the additional proposed funds will be provided, allowing more opportunities for ACOs to offer telehealth to their patients in most need of care. NAACOS offers the above comments in hopes of creating a successful Connected Care Pilot program. Should you have any questions about this letter or the ACO program, please contact David Pittman at [dpittman@naacos.com](mailto:dpittman@naacos.com).

Sincerely,

A handwritten signature in cursive script that reads "Allison Brennan".

Allison Brennan  
Senior Vice President of Government Affairs