

December 21, 2018

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Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services (CMS)  
Department of Health and Human Services  
Attention: CMS-4185–P  
P.O. Box 8010  
Baltimore, MD 21244-1810

**RE: CMS-4185–P Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service, and Medicaid Managed Care Programs for Years 2020 and 2021**

Dear Administrator Verma,

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to comment on CMS' proposed rule on Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of the All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service and Medicaid Managed Care Programs for years 2020 and 2021.

CHCANYS is New York State's Primary Care Association for federally-qualified health centers (FQHCs). CHCANYS operates as an advocate and voice for health centers across New York State, with over 800 sites serving 2.3 million patients annually. FQHCs are non-profit, community run health centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities. In short, FQHCs are New York's primary care safety net providers - keeping people well in the community and out of higher cost institutional based settings.

The Medicare and Medicaid programs allow health center patients to access much needed primary and preventive care services. In New York State, 59% of health center patients are Medicaid and CHIP beneficiaries, and about 6% are Medicare beneficiaries (many of which are dually eligible for both Medicare and Medicaid). Because of the importance of the Medicare and Medicaid programs to health center patients, we greatly appreciate the Agency's efforts to improve access to care via telehealth in the Medicare Advantage program.

According to the 2017 Uniform Data System (UDS), about 38% of New York's FQHCs use telehealth. Of those that use telehealth, 31% use telehealth to delivery primary care services, 19% for specialty care services, 54% for mental health services, 15% for oral health services, and 19% use telehealth to manage patients with chronic conditions. Among health centers not currently using telehealth to deliver services, 50% reported that they were in the process of developing telehealth capabilities.

Current limitations on health centers' use of telehealth to provide services to Medicare patients are often difficult. In New York, 17% of health centers that do not use telehealth services reported that lack of reimbursement is a barrier to implementation. Today, only rural health centers can serve as an "originating site" and no health center can serve as a "distant site" in Medicare. However, telehealth is a valuable tool in New York State's Medicaid program, and we hope that the value will continue to grow as the State considers allowing health centers to serve as "distant site" providers. Because of this success, we commend the Agency for its work to further expand the use of telehealth in Medicare Advantage and encourage the Agency to continue this expansion of telehealth into other areas, including allowing health centers to use telehealth to its fullest abilities as both an "originating site" and a "distant site" in the Medicare program.

We caution CMS on allowing telehealth providers to fully count toward network adequacy standards. Telehealth services provide access in areas where there is limited care, however, allowing telehealth providers to count toward network adequacy standards could leave communities, especially rural communities, with limited access to other services, such as primary care or emergency services. Therefore, we believe that these services should not carry the same weight as an actual provider in the community.

Again, CHCANYS appreciates the opportunity to submit comments on this important rule, and both our staff and our member health centers would be happy to provide any further information that would be helpful. Please do not hesitate to contact Marie Mongeon at [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org) should you have any questions.