

October 20, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

RE: Stakeholder Letter Urging Swift Action on Practitioner Reporting of Home Address for Medicare Enrollment and Billing

Dear Administrator Brooks-LaSure,

On behalf of the undersigned organizations, we thank the Centers for Medicare and Medicaid Services (CMS) for the continued support for telehealth by proposing to extend many of the Medicare telehealth flexibilities implemented during the COVID-19 Public Health Emergency (PHE) beyond CY2023. We appreciate CMS providing this necessary clarity for patients and providers, but we write today to raise attention to an issue that will hinder providers' ability to continue to offer telehealth services post CY2023 if not addressed.

The provision of remote health care services offers great benefit not only to the patient receiving the services, but to the provider as well. Allowing appropriately licensed and credentialed providers to practice telehealth from their home improves patient access to healthcare services, reduces healthcare costs, while maintaining and meeting patient demand for care. This was necessary during the height of the COVID-19 pandemic and remains just as important today amidst provider workforce shortages and burnout, given that 78 percent of health care practitioners agree that retaining the option to provide virtual care from a location convenient to the practitioner would "significantly reduce the challenges of stress, burnout, or fatigue" facing their profession and 8 in 10 indicate that this flexibility would make them more likely to continue providing medical care.¹ This option should be made permanent. **It is not practical, workable, or safe to require a provider to publicly report their home address as their practice location.** Medicare providers should not be compelled to share their personal information, especially when it relates to their home addresses. **In an environment in which threats against healthcare professionals has markedly increased, the safety and privacy of physicians must be paramount.**

Prior to the pandemic, CMS policy on this was not clear. When discussing the distant site, the Medicare Claims Processing Manual, Chapter 12, section 190.6.1 Submission of Telehealth Claims for Distant Site Practitioners² and the MLN Booklet on Telehealth Services simply state that claims for telehealth services are submitted to the contractors that process claims for the performing practitioner's service area. However, "service area" is never explicitly defined. In letters requesting clarification on the topic, CMS has responded that practitioners should enter "where they typically practice" on line 32 of the 1500 claim form the address and that should be their home address if that is the location of typical practice. However, we have not found this information specified in statute, regulation, or sub-regulatory guidance.

¹ <https://connectwithcare.org/alliance-news/patients-and-practitioners-agree-telehealth-is-important-for-patient-access-health-care-workforce/>

² Medicare Claims Processing Manual (cms.gov)

We request CMS leadership in ensuring that telehealth practitioners working from a home-based location do not need to report their private residence to the federal government for purposes of enrollment or billing. More specifically, there are two components of this request:

- **Continue permanently current telehealth flexibility that allows a practitioner to bill for telehealth services from a location at which the clinician is capable of offering in-person care to patients**, even when the practitioner is practicing in a different location such as the home. Without new action from CMS this flexibility will end on December 31, 2023.³⁴
- **For those practitioners without a physical practice location, we request that CMS work with stakeholders to develop an alternate method of determining location for the purposes of payment that does not require the reporting of a home address.** One potential option would be to allow a business address to be reported for purposes of enrollment, and a geographic indicator such as a zip code be reported for payment adjustment by geographic cost and wage index.

We emphasize the importance of CMS providing clear direction to the Medicare enrolled provider community well in advance of the December 2023 deadline (including a deadline extension if needed). This is an extremely important issue for the healthcare providers in general and the telehealth community in particular. As providers are beginning to update their practice and systems in a post pandemic era, we should arm them with the tools to continue to offer telehealth services as they see clinically appropriate.

Again, we appreciate all the work that CMS has done to date to expand access to care, and hope that this issue could be seriously considered to ensure that practitioners are not discouraged from practicing telehealth due to fear for their safety and privacy based on sharing their home address location. Strong, relationship-based patient care requires that we move beyond location-based care to allow a practitioner to offer the same telehealth services from home, from a clinic, from an academic office, or from any other clinically appropriate location – allowing them to meet patient needs when they happen – without incurring burdensome additional documentation requirements.

Thank you for your consideration of this request. Please feel free to reach out to any signer of this letter for additional information and context.

Sincerely,

Advocate Health

AiArthritis (International Foundation Autoimmune & Autoinflammatory Arthritis)

Aledade

AlediumHR

Alliance for Connected Care

Allina Health

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Hospice and Palliative Medicine

American Academy of Neurology

American Academy of PAs

³ 2019-Novel Coronavirus (COVID-19) Medicare Provider Enrollment Relief Frequently Asked Questions (FAQs) (cms.gov)

⁴ Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

American Academy of Physical Medicine and Rehabilitation
American Association of Nurse Practitioners
American Clinical Neurophysiology Society
American College of Emergency Physicians
American College of Gastroenterology
American College of Medical Genetics and Genomics
American College of Surgeons
American Gastroenterological Association
American Nurses Association
American Psychological Association Services, Inc.
American Society of Cataract and Refractive Surgery
American Telemedicine Association
American Urological Association
Americans for Prosperity
AMGA
Amwell
Asante Health Sysytem
Ascension
Association of American Cancer Institutes
ATA Action
Avel eCare
Avera Health
AXYS
Baylor Scott & White Health
Bicycle Health
BlueStar Telehealth
Cholangiocarcinoma Foundation
Circle Medical
Coalition for Headache and Migraine Patients (CHAMP)
Coalition of State Rheumatology Organizations
ColumbiaDoctors
Compassion & Choices
Diabetes & Endocrinology Consultants of Pennsylvania, LLC
Digital Medicine Society (DiMe)
Duke Health
e-Facilis LLC
Educational Resolutions
Encounter Telehealth
GenieMD, Inc
Hazel Health
HCU Network America
Healthcare Leadership Council
HealthFlow LLC
HealthTech Dynamics

Heart Rhythm Society
Heartbeat Health
HR Policy Association
Hydrocephalus Association
IMPOWER
IncludedHealth
Indiana University Health
Intermountain Health
Johns Hopkins Medicine
LeadingAge
MaineGeneral Health
MaineHealth
Mayo Clinic
Medical Group Management Association
MedStar Health
Melanoma Research Foundation
Mend VIP, Inc.
Minnesota Hospital Association
Monebo Technologies, Inc.
Muscular Dystrophy Association
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Association of Social Workers - NJ Chapter
New Jersey Association of Mental Health and Addiction Agencies
NIM Longevity
Nixon Gwilt Law
Noma Therapy
Northwell Health
Omada Health, Inc.
Origin Healthcare
Oshi Health
PAs in Virtual Medicine and Telemedicine
Primary Care Development Corporation
ProMedica
Quartet Health
Re-architect Health LLC
Small Business & Entrepreneurship Council
Specialist Telemed (STeM)
Spina Bifida Association
Spinal CSF Leak Foundation
SSM Health
Stanford Health Care
SYNGAP1 Foundation
Talkiatry

TCARE Inc.
TeleMed2U
The Society of Thoracic Surgeons
The University of Kansas Health System
TheraTec, Inc
Transcarent
University of Maryland School of Medicine
University of Pittsburgh Medical Center Health System
URAC
Virginia Society of Rheumatology
Welliti
Yale School of Medicine and Yale New Haven Health System
Zipnosis