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Dear Congressional Telehealth Caucus,

On behalf of the AMGA and its members, I appreciate your request for feedback as you look at ways to improve the *CONNECT for Health Act of 2019* (S. 2741/H.R. 4932) from last Congress. Much has changed since the last CONNECT Act was introduced in 2019, as telehealth has become a steadfast resource for our patients in response to the COVID-19 pandemic.

Founded in 1950, AMGA represents more than 440 multispecialty medical groups and integrated delivery systems, representing about 175,000 physicians who care for one in three Americans. Our member medical groups work diligently to provide high-quality, cost-effective, patient-centered medical care. AMGA believes that telehealth is an important tool, particularly for those providers who practice in value-based care arrangements and develop strategies designed to improve population health.

In response to the unprecedented public health emergency (PHE) our country is facing, AMGA members recognized the need to adapt their care delivery models to combat the novel coronavirus (COVID-19). They cancelled elective surgeries, procedures, and face-to-face visits so patients can remain safe in their homes. The waiver and modification of several federal policies aided their ability to pivot in response to the pandemic. Many of these policies, particularly those related to telehealth, should be a permanent part of the Medicare program. As medical groups and health systems have adapted to COVID-19, they have permanently transformed how care is delivered to the populations they serve. The leaders of the healthcare delivery system have told us that telehealth is here to stay. Through advancement in telehealth technologies, AMGA members can provide self-management support, which can lead to comparatively better outcomes and higher patient satisfaction. Not only does telehealth increase access to care, it also leads to improved spending efficiency in the healthcare system.

To increase patient access to telehealth services, AMGA recommends that policymakers enact the following key policy recommendations:

- Eliminate the geographic limitations on telehealth for all Medicare providers beyond the duration of the PHE.
- Continue Medicare separate payment for audio-only services beyond the duration of the PHE.
- Allow for risk adjustment for audio-only and telehealth services.
- Allow for the use of audio-only telephone equipment for evaluation and management services beyond the duration of the PHE.
- Create a national standardized licensing and credentialing system to eliminate state licensing restrictions that create barriers to effective telehealth use.
- Eliminate the Medicare cost-sharing requirements for services billed under the Chronic Care Management (CCM) code.

## **Waive Geographic Limitations**

Current Medicare law restricts how providers may use telehealth by limiting the originating site of service largely to rural areas. This geographic site-of-service restriction limits where Medicare will reimburse providers for services delivered via telehealth. This policy neglects to consider the needs of many Medicare beneficiaries who could benefit from further access to care through telehealth. Also, these site-of-service restrictions could result in delayed diagnoses and therapies and ultimately cost Medicare more. Regardless of location, all Medicare beneficiaries deserve access to care based on what they and their providers determine to be most efficient and effective method.

Through the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020*, Congress waived Medicare's telehealth originating site and geographic limitations during the PHE. We applaud the caucus for its continued work in this area and the inclusion of this policy in the most recent version of the CONNECT Act. However, this policy needs to become permanent, especially considering that the pandemic has created a new normal in the delivery of care. Medicare beneficiaries expect telehealth services to remain beyond this pandemic.

## **Audio-Only Services Payment**

AMGA applauds the efforts of policymakers to allow for the use of smartphones as an acceptable telehealth technology. However, some of our most vulnerable patients lack access to a smartphone or the ability to use video calling applications such as FaceTime or Skype. In order to create true equity, we need to reduce the barriers to accessing care. Beyond the PHE, we strongly recommend that Medicare allow for the use of audio-only equipment (telephone calls). A more open policy will ensure that more Medicare beneficiaries will be afforded the opportunity to take a more active role in accessing care and managing their health.

## **Risk Adjustment**

AMGA members provide a patient-centered approach to care and risk adjustment affords providers a clear picture of a patient based upon accurate diagnoses. Accurate patient diagnoses provide the coordinated care team the information that they need to assess and develop care plans, to deploy necessary resources at the medical group level, and to inform approaches to managing patient care. Since many patients are not afforded access to telehealth technologies, we recommend that telehealth and audio-only visits continue to satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes. Telehealth and audio-only visits also should be valid for risk adjustment beyond the PHE.

## **Telephone Evaluation and Management Service Codes**

Last year, the Medicare program ensured that payments for audio-only telephone evaluation and management (E/M) visits (CPT codes 99441-99443) were equal to payments for comparable office or outpatient visits with established patients (codes 99212-99214). Medicare also broadened the list of services it will cover as audio-only telephone visits. AMGA recommends that Medicare maintain continue separate payment for audio-only services beyond the PHE.

## **Remove State Licensing Restrictions**

Telehealth services enable patients and providers to access the best and most appropriate care available, regardless of state boundaries. Certain state licensure and credentialing policies restrict what and where care can be provided.

We applaud the actions of the U.S Department of Health and Human Services on Dec. 3, 2020, to allow for the use of certain telehealth services as it relates to treating COVID-19 across state lines. However, this provision does not cover all of the necessary services needed by patients, and it will expire once the PHE ends.

AMGA members provide care in a collaborative manner and need standardized federal licensing and credentialing to ensure that the most appropriate member of the care team can provide or suggest the most appropriate therapy to a patient, no matter in which state a provider or patient resides. Superior healthcare delivery involves a team-based, collaborative approach, regardless of location. Policymakers should establish a national standardized licensing and credentialing system so patients can have access to care where quality, value, and cost are the main drivers.

### **Waive Chronic Care Management Code Copay Requirements**

In 2015, Medicare began reimbursing providers for Chronic Care Management (CCM) under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for non-face-to-face care management. Under current policy, Medicare beneficiaries are subject to a 20% coinsurance requirement to receive the service. Consequently, only 684,000 patients out of 35 million eligible Medicare beneficiaries with two or more chronic conditions benefitted from CCM services over the first two years of the payment policy.

Eliminating the coinsurance payment would facilitate more comprehensive management of chronic care conditions and improve the health of AMGA members' patients. Providers and care managers have discovered several positive outcomes for CCM beneficiaries, including improved patient satisfaction and adherence to recommended therapies, improved clinician efficiency, and decreased hospitalizations and emergency department visits.

We applaud the efforts of this Congressional Telehealth Caucus and welcome the opportunity to assist you as you develop legislative solutions. Please let us know how we can be helpful in your efforts to ensure that all patients gain access to the most effective therapies facilitated by a robust telehealth system.

A handwritten signature in black ink that reads "Jerry Penso". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Jerry Penso, M.D., M.B.A.  
President and Chief Executive Officer  
AMGA