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March 18, 2020

Speaker Nancy Pelosi
U.S. House of Representatives
H-232 The Capitol
Washington, DC 20515

Majority Leader Mitch McConnell
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

Minority Leader Charles Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

Minority Leader Kevin McCarthy
U.S. House of Representatives
H-204 The Capitol
Washington, DC 20515

Dear Speaker Pelosi, Majority Leader McConnell, Minority Leader Schumer, and Minority Leader McCarthy:

As our country works together to respond to the COVID-19 public health crisis, AMGA's members will be on the frontlines of screening and treating patients in their communities, as our members include more than 440 multispecialty medical groups and integrated delivery systems, which represent about 175,000 physicians who care for one in three Americans. As Congress develops an economic stimulus package, we ask that you ensure that it include both a funding and policy strategy that supports our providers as they care for patients affected by the novel coronavirus. In doing so, we ask you to consider the following:

Mechanisms for Alleviating Provider Losses During Pandemic

AMGA members, as well as other health systems, group practices, and providers are facing the most unprecedented public health crisis in their organization's history. As AMGA members reconfigure care delivery processes to identify and treat patients with COVID-19, they are also ensuring their other patients are safe by eliminating elective surgeries and procedures and keeping patients away from their facilities.

While this course of action is in the best interest of our patients, it will result in significant revenue implications for medical groups and healthcare systems. Our members will never close their doors, but inevitably there will be difficult choices for medical groups to remain able to care for their patients. Consequently, it is critical that Congress provide for mechanisms to ensure sufficient cash flow for medical groups and health systems so they can weather this unprecedented crisis.

Congress should consider periodic interim payments to ensure cash flow for medical groups and

health systems, so they can continue to care for patients. Additionally, by reducing certain healthcare taxes, granting low-interest loans, and increasing Medicare reimbursement, Congress could potentially alleviate much of the financial hardship that the healthcare industry is facing, while prioritizing the health of impacted patients.

Medicare Payment Policy

Relatedly, it is critical that we provide coordinated, integrated care to our patients. Therefore, we recommend the following changes to Medicare's payment policy.

Chronic Care Management

Congress should mandate that the Centers for Medicare & Medicaid Services (CMS) waive the current Chronic Care Management (CCM) code coinsurance for Medicare beneficiaries to ensure appropriate use of CCM services, maximum access for patients, and improved health outcomes. CCM is a critical part of coordinated care and this code is designed to reimburse providers for non-face-to-face care management. During the COVID-19 pandemic, keeping patients out of healthcare facilities so that those affected by the virus have access to treatment is a top priority. Waiving the CCM code coinsurance would ensure the best care for COVID-19 patients, as well as Medicare beneficiaries with chronic conditions.

Enhanced Medicare Payment

Additionally, Congress should enhance Medicare payments for care for COVID-19 patients, as AMGA members' will deplete their resources to take care of these patients while their revenues stall, or more likely, decline. Paying 100% of Medicare rates for uninsured COVID-19 patients out of disaster relief funding would also allow our providers to deliver the best possible care during this difficult and uncertain time.

Access to Data

Care coordination is always critically important, but especially during this pandemic. Care will likely be fragmented due to patients not being able to get into the office as they usually would. Section 501 of the *Lower Health Care Cost Act* allows providers access to administrative claims data through an application programming interface. If our members had more complete data on their patients, they could better manage this epidemic. The legislation passed out of the Senate Health, Education, Labor, and Pensions Committee in June 2019 and awaits passage in the House of Representatives. We ask that Congress require commercial payers to provide access to all administrative claims data to healthcare providers to better care for patients with COVID-19.

Telehealth

We appreciate that Congress recently passed emergency legislation authorizing Medicare to waive telehealth restrictions during the coronavirus public health emergency. Allowing AMGA providers to deliver treatment via telehealth will better enable them to adhere to the Centers for Disease Control and Prevention guidance for healthcare providers to respond to COVID-19. Congress can take the following actions to streamline the delivery of treatment via telehealth.

Capture HCCs through Telehealth Visits

Hierarchical Condition Categories (HCCs) are coding mechanisms used by providers to improve quality of care and improve the patient experience. HCCs are also used to reimburse providers for appropriate care in a value-based payment arrangement. Currently, providers can only use HCCs for face-to-face encounters with patients. In order to promote the use of telehealth and

keep patients out of the hospital, Congress should include the assessed HCC codes in each patient's risk score for both virtual visits and face-to-face visits.

Permanently Waive Geographic Site-of-Service Restrictions

Appropriate use of telehealth technology has the potential to minimize disease transmission and protect healthcare personnel. However, the recently passed telehealth waiver for geographic site-of-services limitations applies only to telehealth services during this national emergency. All Medicare beneficiaries deserve access to care based on what they and their providers determine as the most clinically appropriate, not just during a pandemic. CMS should continue waiving the geographic site-of-service-restriction limits so that Medicare can continue reimbursing providers for services delivered via telehealth. Expanding the use of telehealth will not only aid in COVID-19 triage efforts and slow the spread of the virus, but also better serve the needs of patients, in a post-COVID-19 world.

Count Telehealth Visits for Medicare Advantage Risk Adjustment

CMS should count telehealth visits on Medicare Advantage patients for risk adjustment. If not, providers' risk adjustment factor scores (and capitation) will plummet without the usual face-to-face visits.

Regulatory Relief

Overly burdensome regulations must be eliminated so our providers can deliver the best care for patients during this public health crisis. As an example, suspending the requirement that a patient on an insulin pump should be seen every three months per CMS guidelines. Waiving the 3-day qualifying inpatient stay for skilled nursing facility (SNF) care would also reduce the burden on physicians during this time. The Social Security Act requires Medicare beneficiaries to have an inpatient hospital stay of no fewer than three consecutive days to be eligible for Medicare coverage of SNF care. This rule dates back to the inception of the Medicare program and is obsolete under today's pay-for-value arrangements.

CMS should suspend the Merit-based Incentive Payment System (MIPS) reporting deadline. While MIPS reporting is important as we move our healthcare system towards value, caring for patients infected with the novel coronavirus must be the priority for providers. Additionally, the Medicare Shared Savings Program, and other value models, should recognize the extreme and uncontrollable nature presented by the COVID-19 pandemic when determining shared savings or losses.

Availability of Resources

During the COVID-19 pandemic, many AMGA members are facing shortages of necessary resources to successfully provide care for vulnerable populations. In fact, President Trump announced that he will invoke the Defense Production Act, which would allow the administration to force American industry to ramp up production of medical supplies that are in short supply in the fight against the coronavirus pandemic. AMGA urges Congress to ensure the availability of certain necessary healthcare supplies.

The Strategic National Stockpile is the nation's largest reserve of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency. Personal protective equipment (PPE), such as surgical and N95 masks, as well as swabs and reference labs are necessary to protect both patients and AMGA providers serving on the frontlines of this crisis.

Congress should ensure that healthcare facilities, both hospitals and physician clinics, receive an appropriate amount of these potentially life-saving supplies from the Strategic National Stockpile.

Thank you for your consideration during this public health crisis. If AMGA or its members can be of service during the COVID-19 pandemic, please do not hesitate to contact Chet Speed, AMGA's chief policy officer, at 703.838.0033 ext. 364 or at cspeed@amga.org.

Sincerely,

A handwritten signature in cursive script that reads "Jerry Penso".

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