



Advancing High Performance Health

May 15, 2019

Dear Congressional Telehealth Caucus,

On behalf of AMGA and its members, I want to express our appreciation for the opportunity to provide input as you craft your comprehensive telehealth legislative proposal. Telehealth and remote patient monitoring services offer our clinicians the opportunity to use innovative care delivery options to provide patients improved access to their healthcare providers. Telehealth can also allow health professionals to evaluate and treat patients at a distance. Telehealth also permits two-way, real time or asynchronous interactive communication between the patient and the physician or practitioner. 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.

Founded in 1950, AMGA represents more than 450 multispecialty medical groups and integrated delivery systems, representing approximately 177,000 physicians who care for one in three Americans. Our members work diligently to provide innovative, high-quality, patient-centered care in an efficient and cost-effective manner. 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. To increase patient access to telehealth services, AMGA recommends that policymakers address the following key policy recommendations:

- Eliminate the geographic limitations on telehealth for all Medicare providers
- Encourage states to examine state licensing restrictions that may create barriers to effective telehealth use
- Streamline remote patient monitoring approval processes
- Eliminate the Medicare cost-sharing requirements for services billed under the Chronic Care Management code

Waive Geographic Limitations

Current Medicare law restricts how telehealth may be used by limiting the

One Prince Street
Alexandria, VA 22314-3318
O 703.838.0033
F 703.548.1890

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Oregon Medical Group, PC.

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Mayo Clinic

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 than it would have otherwise spent on telehealth services. Regardless of location, all Medicare beneficiaries deserve access to their providers in whatever is mutually deemed by patient and practitioner to be most efficient and effective.

Regarding the site-of-service restriction, AMGA appreciates Congressional action to improve care of the chronically ill patient population through passage of the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act, which was enacted into law as part of the Bipartisan Budget Act of 2018 (BBA). The CHRONIC Care act waived site-of-service requirements for certain Alternative Payment Models (APMs) that engage in downside risk payment arrangements. Although AMGA members appreciate the progress in policy, there remain many providers and patients in certain APMs who are not considered to be in downside risk arrangements as defined in law. Also, not every Medicare beneficiary is in an APM, and patients should not be penalized simply because they are not enrolled in a provider APM. Policymakers must eliminate Medicare geographic site-of-service limits to ensure all patients have access to telehealth services.

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 credential policies restrict how and where providers can deliver care. AMGA members provide care in a collaborative manner and need standardized federal licensing and credentialing to ensure that the best provider 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, where providers who provide the best overall value are utilized, regardless of their U.S. 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.

Streamline Remote Patient Monitoring Approval Processes

Many AMGA members use remote patient monitoring to manage their patient populations via technology that does not require face-to-face encounters. Through remote patient monitoring, clinicians can track a patient's health information, which allows better care for the chronically ill patient population. However, our providers report they must petition state officials to approve coverage for each new medical condition that could benefit from remote patient monitoring services. With rapid technology growth, approval of conditions in remote patient monitoring in the commercial market can vary state to state. This variability could affect proper utilization of remote patient monitoring devices. Drawing from previous experience where technology has been approved in a piecemeal approach by

state regulators, our members are concerned they may be hampered in their ability to fully utilize the potential of employing certain remote patient monitoring services.

We recommend that a more streamlined approach for approval of certain therapies will lead to better clinical outcomes within a patient population. There are basic parameters that could be established to streamline the approval of conditions to treat using remote patient monitoring devices. These devices must be approved by the Food and Drug Administration, and the patient needs to have a relationship with the provider and follow medical protocol. States may need to revise their telehealth statutes and regulations so providers in their state can employ the most recent technologies. Policymakers should establish a national, coordinated process for condition approval of remote patient monitoring services. This will lead to the most effective and timely use of remote patient monitoring services that should positively impact patient outcomes.

Waive Chronic Care Management Code Copay Requirements

According to the Centers for Medicare & Medicaid Services (CMS), an estimated 118 million adults have one or more chronic health conditions. Chronic Care Management (CCM) is a critical part of coordinated care, and as a result, Medicare began reimbursing physicians for 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. AMGA supports this initiative to further manage chronic care conditions to improve the health of patients. Telehealth services have been employed when managing chronic conditions, and now providers can account for these services when billing under CCM codes to Medicare.

However, CMS requires that beneficiaries pay a 20% copayment for the service. Since AMGA member medical groups have long been providing these services without cost, it is difficult at best to begin charging beneficiaries for these services. As a result, only 684,000 patients out of 35 million beneficiaries eligible to receive the services benefitted from CCM services over the first two years of the payment policy. To maximize access for patients, Congress should mandate that CMS waive the current CCM code copay.

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 pursuit to ensure that all patients gain access to the most effective therapies facilitated by a robust telehealth system.



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