AMGA
Advancing High Performance Health

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January 26, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

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

Thank you for your continued support of healthcare organizations throughout the novel coronavirus (COVID-19) pandemic. Your leadership ensured that multispecialty medical groups and integrated systems of care throughout the country received the funding, resources, and flexibilities needed to treat the communities they serve.
While advances in COVID-19 vaccine development and delivery provided significant relief to the country, COVID-19 still poses a real threat to the healthcare infrastructure.

As you consider additional legislation to address the third year of the COVID-19 pandemic, it is imperative that Congress continue to provide robust funding to healthcare systems and providers across the country in order to ensure that patients receive the proper medical treatments that they need to return to society.

Founded in 1950, AMGA is a trade association leading the transformation of health care in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high-performance health. AMGA is the national voice promoting awareness of our members' recognized excellence in the delivery of coordinated, high-quality, high-value care. Over 177,000 physicians practice in our member organizations, delivering care to more than one in three Americans. Our members are also leaders in value-based care delivery, focusing on improving patient outcomes while driving down overall healthcare costs.

AMGA would like to share our views on the most critical issues for multispecialty medical groups and integrated systems of care, including:

- Addressing upcoming Medicare cuts
- Preserving Medicare Advantage (MA)
- Promoting telehealth
- Promoting health equity
- Providing a pathway to value
    - Improving care for the chronically ill
    - Reforming Accountable Care Organizations (ACOs)
    - Ensuring provider access to administrative claims data

Addressing Upcoming Medicare Cuts

AMGA appreciates the passage of S. 610, *Protecting Medicare and American Farmers from Sequester Cuts Act,* which delayed an almost 10% cut to Medicare reimbursement scheduled to take place on January 1. While the passage of S. 610 provided critical financial relief to multispecialty medical groups and integrated systems of care, obstacles remain. Currently, providers are facing a 1% Medicare sequester cut from April through June 2022, with the full 2% cut resuming on July 1. Providers are also facing an additional 4% in Medicare Pay-As-You-Go (PAYGO) cuts, as well as reductions to the Medicare conversion factor starting in 2023. These cuts would cause multispecialty medical groups and integrated systems of care to endure severe financial setbacks, on top of the ongoing effects of the COVID-19 pandemic and the recent spread of the omicron variant. Congress must address the Medicare sequestration cuts before the July 1 deadline in order to ensure that multispecialty medical groups and integrated systems of care are given financial resources necessary to continue to take care of their patients during this critical time.

Preserving Medicare Advantage

Today, 42% of all Medicare beneficiaries have enrolled in MA plans, and AMGA members care for many of these patients.[1] As a financing model that emphasizes preventative care and value, MA plans align with the goals of value-based focused multispecialty medical group and integrated systems of care, resulting in improved care at a reduced cost.[2] The MA structure supports the team-based, multispecialty medical group and integrated systems of care approach, resulting in the right care at the right time. Congress should carefully consider any MA policy changes to ensure that they do not negatively impact care, which can disproportionally affect minority beneficiaries and those with social risk factors, as those beneficiaries are more likely to be served by MA plans than by traditional Medicare fee-for-service.[3]

Promoting Health Equity

In order to create true equity, we need to reduce the barriers to accessing care. It is important that Congress create legislative frameworks that address the underlying causes of inequality in the healthcare system. To that end, we support the passage of the Social Determinants

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[1] Fuglesten Biniek, Jeannie, et al. "Medicare Advantage IN 2021: Enrollment Update and Key Trends." KFF, Kaiser Family Foundation, 24 June 2021, www.kff.org/medicare/issue-brief/medicare-advantage-in-2021-enrollment-update-and-key-trends/.

[2] "Medicare Advantage Outperforms Traditional Medicare on ..." Better Medicare Alliance, Better Medicare Alliance, 30 Mar. 2021, bettermedicarealliance.org/wp-content/uploads/2021/03/BMA_Modest_LowIncome_Report.pdf.

[3] Ibid

Accelerator Act (H.R. 2503/S.3039). The legislation provides grants to assist communities with evidence-based approaches to coordinate health and social services, a key element to increasing health equity in underserved communities. We look forward to continuing to work with Congress on this fundamental issue.

Promoting Telehealth

At the beginning of this pandemic, AMGA members changed the way they deliver care by eliminating elective surgeries and procedures and keeping patients away from their facilities. As a result, telehealth services expanded significantly, allowing providers to reach patients in unprecedented ways. A recent survey of AMGA members found an almost 20% uptick of telehealth utilization among primary specialties.[4] The majority of telehealth appointments were for chronic care and mental health services.[5] Congress needs to ensure that this service remains available to all patients and that AMGA members can use the technology as part of their innovative delivery models, which promote patient convenience and safety.

Through the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020, Congress waived Medicare's telehealth originating site and geographic limitations. In addition, the Centers for Medicare and Medicaid Services (CMS) expanded the number of services that qualify for telehealth, while also increasing payments for telehealth so that reimbursement is the same as for in-person services. CMS also acknowledged the need for patients without smartphones or computers to access care while staying at home by creating a set of audio-only codes for select services. Congress should now recognize the important role that telehealth has in a modern healthcare system and permanently authorize all of these policies.

Additionally, policymakers need to ensure that payment parity between telehealth services, including audio-only services and in-office visits, continues beyond this pandemic. AMGA also recommends that these audio-only visits satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes.

AMGA members provide care in a collaborative manner and need standardized federal licensing and credentialing for telehealth. This would ensure that the most appropriate member of the care team can provide or suggest the most appropriate therapy to a patient, regardless of the state in which a provider or patient resides. Policymakers should establish a national standardized licensing and credentialing system for telehealth so patients can have access to care where quality, value, and cost are the main drivers.

To address these telehealth policy areas, Congress must approve the following bills or any additional policies that promote the use of telehealth services.

- *The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021* (H.R. 2903/ S. 1512), which would permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites

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"Telehealth Survey." *AMGA*, 2022, https://www.amga.org/about-amga/amga-newsroom/press-releases/011321/

[5] Ibid

- *The Telehealth Modernization Act* (H.R. 1332/S. 368), which would permanently eliminate geographic and originating site restrictions and expand the types of telehealth services covered by Medicare
- *The Ensuring Parity in MA Audio-Only Telehealth Act* (H.R. 2116/S. 150), which would permit audio-only diagnoses that are made via telehealth to be used for purposes of determining risk adjustments to payments under MA
- *The Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act* (H.R. 708/S. 168), which would enable healthcare professionals to provide telehealth services across state lines during the COVID-19 pandemic by providing state licensing reciprocity.

Pathway to Value

Both Congress and the Biden-Harris administration have made clear the necessity of transforming the way health care is financed and delivered. Value-based care is the future of health care. Therefore, policymakers must address significant barriers and challenges that exist in the healthcare market that impede providers wishing to transition to value. Congress should carefully consider legislation that will provide a pathway to value, so that AMGA members can continue providing high-quality, cost-effective, and patient-centered medical care.

Improving Care for the Chronically Ill

Chronic care management (CCM) is an important part of coordinated care. In 2015, Medicare began reimbursing providers for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for primarily non-face-to-face care management. Under current policy, however, 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.

Removing the coinsurance payment requirement would facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients. The removal of coinsurance payments may also lead to greater CCM access for patients suffering from long COVID. Additionally, the removal of patient coinsurance may facilitate greater care coordination for vulnerable patient populations. Congress must approve the *Seniors' Chronic Care Management Improvement Act of 2021* (H.R. 4755), which would waive the current CCM code coinsurance requirements for Medicare beneficiaries.

Reforming ACOs

Last year, CMS announced that the Medicare Shared Savings Program (MSSP) generated $1.9 billion in total net savings in 2020, marking four consecutive years of savings for the federal ACO program.[6] ACOs have also increased the quality of care for patients. Despite this welcome news, there remain significant obstacles in program design that threaten the future viability of the program. These issues include the upcoming expiration of the 5% Advanced Alternative Payment Model (APM) incentive payments under the Medicare Access to CHIP Reauthorization

[6] "Press Release Affordable Care Act's Shared Savings Program Continues to Improve Quality of Care While Saving Medicare Money during the Covid-19 Pandemic." *Centers for Medicare and Medicare Services*, U.S. Government, 21 Aug. 2021, https://www.cms.gov/newsroom/press-releases/affordable-care-acts-shared-savings-program-continues-improve-quality-care-while-saving-medicare.

Act of 2015. Congress should extend the program for at least another six years to ensure that providers have continued access to the program.

Ensuring Provider Access to Data

AMGA has conducted four risk-readiness surveys of its membership to obtain a snapshot of the progress and challenges providers face during this transformation of the U.S. healthcare system. To ensure the successful transition from volume to value, legislators must address significant obstacles in the healthcare market identified in the survey results. In the surveys, AMGA members repeatedly expressed concern with the lack of access to timely federal and commercial payer administrative claims data. Last Congress, the Senate Health, Education, Labor, and Pensions (HELP) Committee included a provision in the Lower Health Care Costs Act that would allow providers to access commercial payers' administrative claims data. While this provision was not included in the final law, studies have shown that if providers have access to commercial claims data, they are able to understand what services their patients utilize outside of their practices, allowing them to create better care management plans for their patients.[7] Policymakers should require federal and commercial payers to provide healthcare providers access to all administrative claims data.

Thank you for supporting policies that ensure providers have the resources they need to care for patients during this public health crisis and beyond. If we can provide you with any more information, please feel free to contact me or AMGA's Chief Policy Officer Chet Speed at cspeed@amga.org.

Sincerely,

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

[7] U.S. Government Accountability Office. (2018, December). Medicare: Voluntary and Mandatory Episode-Based Payment Models and Their Participants (Report No. GAO-19-156). Retrieved from https://www.gao.gov/assets/700/696264.pdf