



June 16, 2020

The Honorable Chuck Grassley  
Chair  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20515

Re: Telehealth Services

Dear Chairman Grassley and Ranking Member Wyden:

America's Physician Groups would like to thank you for your efforts to address the struggles that healthcare organizations have faced during the ongoing COVID-19 pandemic. Initiatives resulting from the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act legislation such as the Paycheck Protection Program, the expansion of telehealth programs, and the Public Health and Social Services Emergency Fund (PHSSEF) have greatly assisted physician practices and hospitals in providing treatment for those patients in need, flattening the pandemic curve, and relieving the financial pressures they have faced while serving their communities. But, as you know, the community public health need is still great. Of particular importance is the future of telemedicine. In the wake of the COVID-19 pandemic, these services have become vital in treating patients where they are as the nation embarks on widespread social distancing. Telehealth services allow physicians to extend care to more patients and increase access. This vital method of care should not be limited during a public health emergency.

**About America's Physician Groups**

APG is a national professional association representing over 300 physician groups that employ or contract with approximately 195,000 physicians that provide care to nearly 45 million patients. Our tagline, "Taking Responsibility for America's Health," represents our members' vision to move from the antiquated fee-for-service (FFS) reimbursement system to a value-based system where physician groups are accountable for the cost and quality of care. Our preferred model of capitated, delegated, and coordinated care eliminates incentives for waste associated with FFS reimbursement. APG member organizations are working diligently to rise to the challenge presented by the COVID-19 pandemic. We are focused on the transition of most patient visits to telehealth as a best practice in slowing the spread of the virus and keeping patients safe.

## Summary of APG's Recommendations

- **Ensure parity for reimbursement of telehealth services for services in the home and outside the designated rural areas**
- **Make permanent the telehealth waivers extended for Medicare fee-for-service during the COVID-19 public health emergency**
- **Make eligible for risk adjustment those diagnoses obtained from audio-only telehealth services**

As the healthcare landscape has changed in response to the COVID-19 public health emergency, telehealth services have taken on a greater importance in how physicians treat patients. Providers have had to adapt to the reality of the COVID-19 pandemic by transitioning up to 70 percent of care to telehealth. Barriers that discourage patient participation in telehealth or put organizations in greater financial peril will prevent patients from receiving necessary care. While we were encouraged to see several members of Congress send a letter to the Department of Health and Human Services Secretary Alex Azar asking that the healthcare practitioners eligible for reimbursement for telehealth services through Medicare be expanded beyond the Public Health Emergency. Still, movement within the Medicare program to provide adequate reimbursement for physicians for telehealth services has been slow and thus, presented an additional barrier toward extending these essential services toward patients who need them. **We ask that Congress consider extending parity for telehealth services (in alignment with reimbursement for other services) located in their homes and outside of designated rural areas, ensuring that reimbursement allows for the investment in infrastructure necessary to support these services.** As physicians continue to leverage these services during the ongoing pandemic, ensuring that they are adequately compensated for the care provided to patients in need becomes increasingly important.

As physicians have rapidly adapted to the new paradigm of care during this public health emergency, the additional waivers and regulatory changes surrounding telehealth services have been vital in allowing them to extend much needed care and services to patients nationwide. In addition to treating COVID-19 patients, physicians have been able to affectively treat those suffering from chronic conditions, monitoring their health and creating effective care plans for treatment. The advantages that telehealth services represent for those patients with issues surrounding access to care, individuals with disabilities, and the elderly should be extended past the life of the ongoing public health emergency. **Congress should consider including in any future COVID-19 legislation the lifting of any statutory limitations on telehealth services and making permanent many of the recently enacted emergency waivers.** Delivering care to as many patients as possible is imperative and reaching as many patients as possible in locations that are convenient for them is the best way to ensure treatment is being given.

Under the guidance CMS recently issued, organizations that submit diagnoses for risk adjusted payment based on telehealth visits may do so only if the visits involve a face-to-face encounter that uses an interactive audio and video telecommunications system such as a video equipped smartphone. **We are writing to request extending eligibility for risk adjustment payment to telehealth services conducted solely through audio only technology such as landlines.**

Many senior patients do not have access to the expensive technology required to allow us to qualify for HCC coding under CMS guidance. We also have patients that have expressed difficulty in navigating the video technology included on video equipped smartphones and similar devices.

In addition, telehealth services hold particular importance for patients living in rural areas of the country for whom travel has always been difficult, even before the adoption of widespread social distancing. These areas usually do not have widespread access to broadband internet service making compliance with the video requirement for a face-to-face encounter an impossible lift for these patients that need these services the most. As CMS has established multiple initiatives in support of rural healthcare in the wake of the COVID-19 pandemic, removing the video requirement for risk-adjusted payment of telehealth services will serve to reinforce the importance of reaching patients in these underserved areas and ensure that they receive all necessary care.

Thank you for your attention to the above comments. We reiterate our robust support for telehealth services and their importance during this COVID-19 pandemic. We look forward to continuing to work with you throughout this process. Please feel free to contact Valinda Rutledge, Senior Vice President, Federal Affairs, ([vrutledge@apg.org](mailto:vrutledge@apg.org)) if you have any questions or if America's Physician Groups can provide any assistance as you consider these issues.

Sincerely,



Donald H. Crane  
President and CEO  
America's Physician Groups