

March 2, 2021

The Honorable Catherine Cortez Masto
516 Hart Senate Office Building
Washington, DC 20510

The Honorable Tim Scott
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Teri Sewell
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Gus Bilirakis
2354 Rayburn House Office Building
Washington, DC 20515

Dear Senators Cortez Masto and Scott and Representatives Sewell and Bilirakis:

We write to express our strong support of the *Ensuring Parity in MA for Audio Only-Telehealth Act*. This important legislation will help ensure seniors continue to have access to the high value care and critical supplemental benefits provided by Medicare Advantage (MA) as well as reduce health disparities due to unequal access to health technology and video telehealth platforms. The legislation will also ensure audio-only telehealth continues to be an effective source of health care for seniors and support the millions of high-quality providers caring for them throughout the course of the COVID-19 Public Health Emergency.

Every American deserves access to the care they need. Since the COVID-19 pandemic began, patients have increasingly relied on telehealth to safely provide this care. Access to telehealth services is essential for older Americans and those with chronic conditions who face a higher risk of complications if they contract COVID-19. Utilizing telehealth services helps reduce the risk of exposure to and mitigates the spread of COVID-19 and other illnesses for both patients and providers.

To help facilitate the use of telehealth among MA patients the Centers for Medicare & Medicaid Services loosened many previous restrictions regarding telehealth, including allowing diagnoses from telehealth encounters to be used in the MA risk adjustment program. However, this guidance requires that the encounters include a video component, which is not an option for many patients. Seniors in rural and urban communities, in particular, may lack access to broadband internet services. In addition to the lack of access to broadband, 40% of MA enrollees earn less than \$25,000 a year and may not be able to afford the technologies and infrastructure needed for video telehealth services. At the same time, older seniors or those with certain physical limitations and disabilities often struggle to access video platforms. For these patients, an audio-only telehealth visit may be the only option other than foregoing needed care.

Allowing diagnoses from audio-only telehealth services to count for MA risk adjustment helps to ensure that health costs are adequately covered while also providing coordinated care teams with the information necessary to assess and develop plans, deploy necessary resources, and inform approaches to manage patient care. Without the accurate documentation of diagnoses, MA will see cuts during the middle of a global pandemic, leaving plans and providers with fewer resources necessary to care for patients. This could ultimately lead to unequal access, fewer choices, higher premiums, or reduced benefits especially for the plans whose enrollees have the least access to video telehealth – exacerbating the already large disparities in our health system.

The *Ensuring Parity in MA for Audio-Only Telehealth Act* creates commonsense guardrails that will prevent the potential for fraud and abuse in the Medicare program by ensuring that only diagnoses that were previously documented via an in-person visit can be obtained via audio-only for risk adjustment. Patients would also have to have an established relationship with the provider or the practice for the audio-only diagnosis to be used.

Creating greater parity between video and audio-only telehealth platforms recognizes very real socioeconomic, age-related, and regional disparities in technology access that can have negative impacts on the health system. The *Ensuring Parity in MA for Audio-Only Telehealth Act* helps mitigate those negative impacts by preventing harmful cuts to the MA program and supports the providers who care for the more than 40% of eligible Medicare beneficiaries enrolled in the program.

Throughout the COVID-19 crisis, Americans have been relying on telehealth to continue receiving care and managing their chronic health conditions while reducing their risk of exposure to the deadly virus. We applaud your bipartisan efforts to support the MA program and ensure that patients continue to receive the care they need. We look forward to working with you to ensure this legislation is enacted this Congress.

Sincerely,

Alliance of Community Health Plans
America's Health Insurance Plans
America's Physician Groups
American Academy of Family Physicians
American Medical Group Association
Better Medicare Alliance
BlueCross BlueShield Association
Healthcare Leadership Council
National PACE Association
Premier Healthcare Alliance
SNP Alliance