AMERICAN ACADEMY OF FAMILY PHYSICIANS

December 20, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–4185–P
P.O. Box 8013
Baltimore, MD 21244–8013

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the 2020 Medicare Advantage and Part D Flexibility proposed rule published by the Centers for Medicare & Medicaid Services (CMS) in the November 1, 2018, *Federal Register*.

This proposed rule revises the Medicare Advantage (MA) program (Part C) regulations and Prescription Drug Benefit program (Part D) regulations for 2020. Section 50323 of the *Bipartisan Budget Act* of 2018 allows MA plans to offer "additional telehealth benefits" not otherwise available in original Medicare to enrollees starting in plan year 2020. CMS proposes to offer MA plans broader flexibility in how they pay for coverage of telehealth benefits. **It is the policy of the AAFP to support expanded use of telehealth and telemedicine as an appropriate and efficient means of improving health when conducted within the context of appropriate standards of care.** When considering utilization of telehealth services, it is important for patients to maintain a continuous relationship with their primary care physician for proper care coordination. Responsible care coordination is necessary to ensure patient safety and continuity of care for the immediate condition being treated, and it is necessary for effective longitudinal care. The most effective coordination is when the patient's primary care physician or practice performs the telemedicine service.

First, CMS solicits comment on the impact of a statutory provision requiring that, if an MA plan covers a Part B service as an additional telehealth benefit, then the MA plan must also provide the enrollee access to such service through an in-person visit. We support the statutory provision because we believe that the provision would improve MA enrollees' access to telehealth within their homes. Plans would also have greater flexibility to offer clinically-appropriate telehealth benefits that are not otherwise available to Medicare beneficiaries if this statutory requirement is effectively implemented.

Second, CMS seeks comment on whether to allow telehealth providers to count toward a plan's network adequacy requirement. The AAFP opposes this approach unless the telehealth provider is a physician that is also providing in-person care in the payer's network. If a provider is only available to provide care virtually, then they are not truly "available" to meet all potential care needs for a patient in the payer's network within the applicable medical specialty**.** The AAFP urges CMS to protect Medicare Advantage beneficiaries from an encroachment of direct

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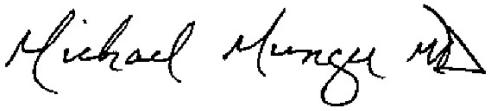
to consumer telemedicine not coordinated with the beneficiaries' usual source of primary care. Patients need access to longitudinal, comprehensive primary care, and stand-alone telemedicine is inadequate for patients. If the telehealth physician/provider is also providing in-person care in the network, then they should count toward fulfillment of network adequacy thresholds.

Third, CMS seeks comment on next steps to best implement additional telehealth benefits under MA. The AAFP believes that the appropriateness of a telemedicine service should be dictated by the standard of care and not by arbitrary policies. Available technology capabilities as well as an existing physician-patient relationship impact whether the standard of care can be achieved for a specific patient encounter type. Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, longitudinal care. As discussed earlier, responsible care coordination is necessary, and the most effective coordination is when the patient's primary care physician or practice performs the telemedicine service. It must also be noted that forwarding documentation by electronic means, including fax, is not acceptable for coordination of care with the primary care physician or medical home.

We appreciate the opportunity to comment. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,



Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine
Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.