



July 9, 2020

Commissioner Farmer
President
National Association of Insurance Commissioners
444 North Capitol Street NW
Suite 700
Washington, DC 20001

Dear Commissioner Farmer,

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians, residents, and medical students across the country, we thank Insurance Commissioners for the actions they have taken to protect consumers during the COVID-19 pandemic. We are also grateful for the work the National Association of Insurance Commissioners has done to help insurance professionals understand and manage the risks of the current outbreak. As Insurance Commissioners continue to contemplate orders that require or direct insurers to take action, below are recommendations that the AAFP is sharing with payers across the country. Specifically, these are the actions AAFP is asking of payers and we encourage Insurance Commissioners to do the same:

Allow Telehealth Flexibilities to Remain in Place Through the Entirety of the PHE and Beyond. Many physicians have quickly deployed new technologies or updated existing capabilities to deliver telehealth services. Given these investments, an automatic return to pre-COVID telehealth policies would be a setback for physicians and patients' access to care. Due to the COVID-19 pandemic, it is clear that telehealth must be appropriately paid and is critical to ensuring adequate access to care for patients, the sustained health of communities, and the viability of comprehensive primary care practices. Even as practices resume in-person care, many patients may be reluctant to come for in-office visits until a COVID-19 vaccine is widely available. Also, the uncertainty around future waves of COVID-19 outbreak, which could lead to new stay-at-home orders, means that physicians need to be able to quickly pivot between providing in-person and virtual care. Physicians need adequate and stable telehealth reimbursement in order to continue providing virtual care to their patients.

Adopt Medicare's telehealth flexibilities for consistency and alignment to ease administrative burden for practices. Physicians do not differentiate between payers when seeing patients. Their priority is providing quality care to all patients, regardless of payer. As such, AAFP requests that all payers continue the following policies to maintain alignment with Medicare:

- Flexibilities for patients to receive telehealth services from their home;

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- Coverage and payment parity for telephone evaluation and management services (CPT codes 99441-99443);
- Coverage of e-visits (CPT codes 99421-99423) and virtual check-ins (HCPCS codes G2012 and G2010) for all lines of business; and
- Documentation flexibilities that mirror the 2021 Medicare changes, which allow physicians to select the level of office visit E/M based on total time or medical decision making.

Parity for All Telehealth Visits through the PHE or at least December 31, 2020. Payment parity for telehealth services is essential to maintain the health of patients and economic viability of physician practices. Patients with underlying health issues and the elderly continue to be at higher risk for developing serious complications from COVID-19. While these demographics are high risk for severe complications, the number of young and healthy people being hospitalized or worse continues to grow. We strongly urge payers to apply payment parity across all lines of business for all telehealth services.

Continue Telehealth Access through Cost-sharing Waivers for Patients with their Primary Care Physician. Payers should waive cost-sharing for telehealth visits from a patient's usual source of care, regardless of diagnosis or history of in-person COVID-related visits. Telehealth offers a safe, cost-effective and convenient means of caring for patients while reducing the unnecessary risk of transmission of disease to patients and health care staff. An unfortunate consequence of the pandemic has been the loss of millions of jobs across the nation. Many patients do not have the ability to pay the out-of-pocket costs associated with physicians' services and may delay or skip essential health care. The result of the current financial situation will make it even more difficult for patients to meet their cost-share obligations and physician practices to remain open. Again, we ask payers to apply this waiver across all lines of business to ensure access and continuity of care with their primary care physician.

Adopt telehealth policies that are integrated into a patient's usual source of primary care, rather than restricting telehealth access to designated telehealth partners. Doing so will protect the continuity of care that contributes so greatly to overall health outcomes and facilitate greater health care access. While the PHE may have necessitated the need for many physicians to implement or increase telehealth visits, it has become abundantly clear that telehealth contributes to comprehensive primary care. [Research](#) shows that patients with regular access to their primary care physician have lower overall health care costs and improved health outcomes. Telehealth can enhance the doctor-patient relationship and improve patient and physician satisfaction. Physicians are able to get to know their patients in their home seeing things they may not have noticed in an in-person visit, contributing to better connecting patients to community-based services and other needs. Such benefits are lost when telehealth is provided in a one-off manner by physicians who do not have a relationship with the patient. We ask payers to adopt telehealth policies that support established relationships between a patient and their primary care physician ensuring continuity of care.

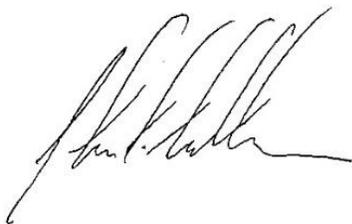
Adopt alternative payment models to fund primary care. The PHE has illustrated immense gaps of the Fee-for-Service payment system. Primary care practices paid under prospective

payment models have been able to weather the financial stress of the PHE and pivot their care models to address COVID-related needs better than practices paid under Fee-for-Service. According to a [survey](#), 82 percent of alternative payment model participants were able to leverage care management supports to manage their COVID-19 patients and others where only 51 percent of those in FFS were able to do the same. With proper payment policies, such as population-based prospective payment, physicians can focus on caring for their patients in the most beneficial way, without regard to specific modality or reimbursement. Telehealth can be a valuable asset for practices to improve patient engagement and enhance chronic disease management; and therefore, improve quality and lower costs through decreased disease morbidity. We urge payers to adopt alternative payment models that ensure primary care practices have adequate access to capital and are paid based on the comprehensive care they provide rather than the quantity of specific services.

Recognize that telehealth is a part of many methods to deliver care, not as a standalone modality. The AAFP's Telehealth [policy](#) supports the expanded use of telemedicine as an appropriate and efficient means of improving health, when medically reasonable and necessary and conducted within the context of an existing patient-physician relationship. Telehealth provides capacity to enhance and extend the four foundational dimensions of primary care: first contact, continuity, comprehensiveness and coordination. However, it should be one of many methods to deliver care, not the only one. The appropriateness of virtual care can vary based on a patient's unique needs, something their primary care physician is best able to assess. We urge payers to refrain from developing telehealth-only benefit plans.

The AAFP thanks Insurance Commissioners for their leadership and looks forward to building a partnership to facilitate this broad uptake for our physicians to treat their patients in the future. For additional information or follow-up, please contact Brennan Cantrell, Commercial Health Insurance Strategist, at bcantrell@aafp.org or 913.906.6172.

Sincerely,

A handwritten signature in black ink, appearing to read "John Cullen". The signature is fluid and cursive, with a long horizontal stroke at the end.

John Cullen, MD, FAAFP
Board Chair