



November 3, 2020

Ashley Bieck
Vice President, National Provider Advocacy
UnitedHealthcare
12300 Perry Street
Overland Park, KS 66213

Dear Ms. Bieck:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians, residents, and medical students across the nation, I write to urge you to extend your expanded telehealth policies established during the Public Health Emergency (PHE) period. Extending these policies will allow patients to access their family physician and usual source of care. The AAFP asks UnitedHealthcare (UHC) to extend and support the following policies through at least the end of the PHE or beyond:

- coverage of telehealth services delivered by in-network physicians,
- cost-share waivers for primary care telehealth services, and
- advocate for flexibilities allowing the use of non-HIPAA compliant platforms.

We applaud UHC for its continued commitment to serving patients and physicians during the COVID-19 pandemic. However, UHC's current expanded telehealth coverage expires at the end of 2020. As we enter the flu season and an additional surge in COVID-19 cases, it is crucial for patients to be able to safely access their primary care physician. Ending telehealth coverage at the height of flu season may push patients with chronic illnesses to unnecessarily return to in-person visits and risk exposure to COVID-19 or other respiratory illnesses. Those that do not wish to go into a physician's office may forego care altogether. **We ask UHC to extend its coverage of all telehealth services provided by in-network physicians, regardless of diagnosis, for all lines of business through the end of the PHE, at minimum.**

Due to the pandemic, millions of Americans are struggling financially and do not have the ability to pay for medical services. The unemployment rate remains high, job gains are declining, and the economy continues to struggle. Telehealth cost-share waivers facilitate the physician-patient relationship and allow patients to conveniently connect to their primary care physician without the worry of incurring additional debt. Waivers encourage patients to safely see their family physician while reducing the possibility of exposing others or being exposed to COVID-19. Unfortunately, even as the pandemic persists and worsens in locales across the nation, telehealth cost-share waivers, particularly those for non-COVID-19-related telehealth services, are expiring. Restricting cost-share waivers for patients with a COVID-19 diagnosis, in-network physicians, or a payer's proprietary platform undercuts our members' ability to provide care and limits patient access to crucial primary care services. Inconsistent policies across payers and within payers' own lines of

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business create additional confusion and burden for physicians and detracts from time that could be spent delivering patient care. **We urge UHC to extend its cost-sharing waivers for primary care telehealth services for all lines of business, regardless of diagnosis, through at least the end of the PHE.**

The AAFP believes telehealth services should enhance the physician-patient relationship by promoting coordinated and continuous care provided by the medical home and not limit or steer patients to receive services provided by vendors disconnected from a patient's usual source of primary care. Telehealth delivered as part of comprehensive primary care is very different than a stand-alone telehealth service. Telehealth delivered as a component of comprehensive primary care we know, [by evidences](#), leads to higher quality care at a lower total cost. Such benefits are lost when telehealth is provided in a one-off manner by physicians and clinicians who do not have a relationship with the patient. **We ask UHC to adopt consistent telehealth policies that support established relationships between a patient and their primary care physician ensuring continuity of care.**

In March, the Department of Health and Human Services (HHS) relaxed rules allowing physicians to use non-HIPAA compliant virtual platforms. According to a recent AAFP survey, more than 50 percent of our members are using these types of virtual visit applications to care for patients during this pandemic. Platforms such as Skype and FaceTime allow practices to quickly provide telehealth services using platforms that are familiar to patients. While these options enable physicians to offer telehealth services, they do not have a built-in function that allows physicians to collect copays or deductibles from patients after the visit. Until the current environment stabilizes and future payer policies are determined, physicians remain very reluctant to invest in new software. As you know, many practices are still reeling from pandemic-related financial losses and do not have expendable revenue to invest in new software. The termination of cost-sharing waivers coupled with requirements to adopt a new HIPAA-compliant telehealth platform will add expenses and burden to practices that may force them to stop providing telehealth services. **As UHC advocates for telehealth flexibilities with the HHS and others, we ask UHC to support the continued use of non-HIPAA compliant platforms.**

We are happy to discuss this request and look forward to your response. For additional information or follow-up, please contact Brennan Cantrell, Commercial Health Insurance Strategist, at the AAFP, at 913-906-6172, or by email at bcantrell@aafp.org.

Sincerely,



R. Shawn Martin, Executive Vice President/CEO

Cc: Brennan Cantrell, Commercial Health Insurance Strategist