March 27, 2020

Scott P. Serota
President and CEO
Blue Cross Blue Shield Association
1310 G St. NW
Washington, DC 20005

Dear Mr. Serota:

On behalf of the American College of Physicians (ACP), the largest medical specialty organization and the second largest physician group in the United States, I write to express the College's sincere appreciation for steps taken to date by the Blue Cross Blue Shield Association (BCBSA) and its member plans to address the urgent and increasingly dire situation regarding COVID-19, and yet we believe more can be done. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students dedicated to scientific knowledge and clinical expertise in the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The College appreciates the efforts thus far by BCBSA to respond to the national emergency and the Public Health Emergency (PHE) declared by the Administration. Some highlights include actions by your member plans to waive cost-sharing for visits and testing, ease physician enrollment, and enhance telehealth offerings. ACP is encouraged by these announcements that will hopefully allow physicians and other clinicians to focus on providing patient care during this pandemic, and not worry about administrative concerns like taking care of health insurance paperwork and documentation.

While actions taken to date by BCBSA and its member plans will have a positive impact on the trajectory of COVID-19, ACP believes there are further steps that will assist internal medicine specialists and other physicians in meeting these unprecedented challenges and patient needs without derailing the important progress that is being made to improve the quality and efficiency of care. Therefore, ACP would like to make the following comments and recommendations:

Telehealth

The steps taken by BCBSA to address the need for telehealth solutions during this pandemic are extremely encouraging. These efforts strengthen telehealth offerings, encourage social distancing, and allow patients to receive care from the comfort of their own homes. For example, BCBSA's decision to waive cost-sharing for telehealth visits relating to COVID-19 will encourage patients to seek care by removing financial barriers. However, the College believes there are additional policy changes that will enable patients to receive the care they need without exposing themselves to the risk of COVID-19. In light of recent CMS guidance and in an effort to encourage uniformity among payers in their telehealth offerings, ACP recommends that BCBSA member plans consider taking the following actions:

- **Provide reimbursement for CPT codes 99441 – 99443, which are telephone evaluation and management services** provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. **Additionally, we urge BCBSA member plans to pay for these services at the same rate as in-person visits during this national emergency.** Not reimbursing for telephone visits (99441-99443) at a payment level on par with in-person visits disproportionately affects physicians that are caring for elderly patients, many of whom are managing multiple chronic conditions, who do not have smartphones, or who may have one but do not know how to use FaceTime or Skype. These individuals are the ones who most need to practice social distancing from physician practices and clinics—and in some cases, from their own family members—to protect themselves from exposure to the virus while still receiving uninterrupted primary care services.

- **Allow physicians to waive co-pays for all types of telemedicine services.** While some private carriers have announced policy changes to waive cost-sharing for these visits, we urge all carriers to waive cost-sharing for all types of telemedicine visits, including those visits for other reasons such as routine appointments and chronic disease management to encourage physicians to offer these types of visits and to encourage patients to seek care from the safety of their homes so that they are not exposing themselves or others to the risk of infection.

- **Make all types of telemedicine, including telehealth visits, virtual check-ins, phone consultations, and e-visits, available to both new and established patients**. CMS issued guidance that allows physicians to bill for telehealth visits associated with established patients, but notes that the agency will not audit claims to discern whether a relationship existed prior to the visit. ACP has encouraged CMS to reimburse for both new and established patient visits. The College urges BCBSA to consider asking their member plans to also make these visits available to both new and established patients.

"Provider" Enrollment/Credentialing

The College appreciates actions by BCBSA's member plans to reduce physician burden during this challenging time by modifying existing credentialing processes and offering provisional credentialing. As you may know, CMS has also taken emergency actions to address COVID-19 by modifying certain enrollment requirements. ACP supports these actions and welcomes additional action by insurers to ease the credentialing process during this national emergency. At the same time, we urge BCBSA and its member plans to consider additional options that will align with recent actions taken by CMS to ease enrollment and allow physicians to focus on direct patient care. For example, BCBSA should consider:

- **Waiving fees associated with the credentialing process;**
- **Establishing toll-free hotlines to enroll and receive temporary billing privileges; and**
- **Temporarily postponing all revalidation efforts.**

Evaluation and Management Coding Changes for 2021

As you are likely aware, CMS finalized Evaluation and Management (E/M) coding changes in the 2020 CMS Physician Fee Schedule final rule. These changes are currently scheduled to be implemented in the Medicare program on January 1, 2021. These changes include:

- Higher physician work relative value units (RVUs) for new and established office visit codes, leading to increased payments for them. The higher work RVUs are essential and based on evidence that shows that current payment levels undervalue the complexity of physician work in providing primary and cognitive care to patients.

- Reduced documentation requirements for office visit codes, which enables physicians to select and document for each visit based on medical decision-making or total time. These changes will allow physicians to spend more time with patients and less on documentation and paperwork.

- Expanded and improved payment for care management services. Appropriate payment for care management will make it possible for physicians to coordinate care with others on the patient's clinical care team, leading to better health outcomes.

- A new visit complexity code that recognizes the additional resource costs inherent to furnishing certain types of office visits.

These complex Evaluation and Management services, long undervalued, are precisely the types of skills that internal medicine specialists, and other primary and comprehensive care physicians, are bringing to the testing, diagnosis, and treatment of COVID-19.

While these changes are being made in the Medicare program, it is important that physicians billing for E/M visits for patients with private insurance coverage have a uniform set of rules and guidelines to provide clarity and eliminate the potential for significant physician burden**. Therefore, ACP recommends that BCBSA encourage all of their member plans to adopt the changes finalized by CMS to ensure that all physicians in their networks are operating by one set of rules and standards so that they are able to focus on patients, not paperwork.** This type of stability and more appropriate payment for these services is critically important during this time of extreme uncertainty in the health care system.

Prior Authorization During COVID-19 National Emergency

Most recently, ACP members have raised concerns regarding patients in hospitals awaiting prior authorization approval for discharge (e.g., discharges into Skilled Nursing Facilities have been a common complaint). These delays are ranging from four days to two weeks, thus resulting in patients occupying hospital beds that could be used during this emergency. **We greatly appreciate BCBSA's recent announcement waiving all prior authorizations for post-acute and hospital transfers, and recommend that all BCBSA member plans to do the same.** Given the current crisis, those working on the front lines to address the COVID-19 pandemic need immediate relief from unnecessary administrative tasks that add cost to their practice and ultimately delay care.

As one of the leading national associations representing the insurance industry, your organization is aware of the administrative complexities associated with the health care industry; specifically, how all payers have their own approaches, rules, and requirements related to prior authorizations, among a

number of other billing and reporting requirements discussed throughout this letter. These hurdles have become even more problematic given the current COVID-19 national emergency, when frontline physicians need to focus their time and resources on curtailing the pandemic. The numerous and varying requirements for prior authorization requests often result in substantial effects on the health care system, physicians, and most importantly, patient outcomes and well-being. Physicians continue to report frequent care delays as a direct result of prior authorization, as well as negative impacts on clinical outcomes. There are clear cost effects on physician practices as well—with the annual average burden on primary care physicians ranging from $2,161 to $3,430 per full-time employee for these activities.[1] **As the country continues to address the ongoing COVID-19 pandemic, ACP recommends BCBSA urge its member plans to waive all prior authorizations requirements during this period of national emergency.**

Value-Based Payment Models and Performance Programs

ACP commends BCBSA and its member plans on its important progress shifting the tide toward the efficient delivery of high-value care through its numerous performance-based incentive programs and models. In general, ACP is a strong supporter of such programs and their goal to promote better care for patients. In the wake of the COVID-19 pandemic, it becomes increasingly important for BCBSA to offer clinicians participating in these programs certain assurances that they will not be adversely impacted in publicly reported ratings, coverage determinations, and performance-based payments as a result of the strain on resources and complications that are a direct result of being on the front lines battling COVID-19.

Clinicians need to be able to focus their energy and resources on treating patients and curtailing this pandemic with all the resources at their disposal, rather than having to meet reporting deadlines or fear the impact of quality improvement initiatives on their bottom lines for reasons outside of their control. To that end, **ACP urges BCBSA and its member plans to extend any reporting deadlines for 2019 quality and cost data to the end of 2020, including for its Alternative Quality Contracts, Quality Revenue Program, and Medicare Advantage Collaborative Care Models. This will allow practices to focus on treating their patients during the SARS-CoV-2 crisis.** This is particularly important for internal medicine specialists as they will treat the vast majority of COVID-19 patients, especially older patients and those with pre-existing conditions.

The College recommends holding all physicians and other clinicians in value-based payment programs and Alternative Payment Models (APMs) harmless from performance-related penalties for the 2020 performance year. Clinicians must not be inappropriately penalized for the extreme costs of providing care during this crisis—and the subsequent rebuilding, which will likely persist for months afterward. The full effects of this devastating pandemic will be difficult, if not impossible, to isolate. ACP has heard from members in both large and small practices alike that the economic viability of their practices are at extremely high risk as a result of increased expenses associated with COVID-19 and reduced revenue from the cancellation of regular in-office visits. The increased flexibility provided with regard to telehealth services is helpful, but many practices face challenges implementing significantly revised workflows and obtaining increasingly in-demand software—particularly those that have the necessary functionalities for

[1] Erickson SM, Rockwern B, Koltov M, et al, for the Medical Practice and Quality Committee of the American College of Physicians. Putting Patients First by Reducing Administrative Tasks in Health Care: A Position Paper of the American College of Physicians. Ann Intern Med. 2017;166:659–661. [Epub ahead of print 28 March 2017]. doi: https://doi.org/10.7326/M16-2697

remote services to be reimbursed equivalently to in-person visits. With so many practices simply trying to keep their doors open, layering in performance-related penalties would be extremely damaging to the health care system overall. Additionally, allowing these penalties to go into place could also serve to derail the progress of the value-based payment movement, which has taken many years to evolve and is critical to the long-term goal of delivering high-value care more efficiently.

In addition, ACP offers the following recommendations for BCBSA member plans:

- **Extend 2021 application cycle deadlines for all performance-based programs, including its Patient-Centered Medical Home Program, Alternative Quality Contract, Comprehensive Primary Care Program, and Accountable Care Organizations.** Clinicians should be focusing all of their resources on fighting COVID-19. They are not in a position to make cost-benefit calculations, approve new models through leadership, and undergo all of the necessary infrastructure changes and investments to get an APM off the ground. If BCBSA does not delay deadlines to participate in value-based models and programs, future performance rates will suffer.

- **Consider additional options to support clinicians who are participating in innovative payment models, including up-front funding opportunities and reinsurance options.** Financial resources will be depleted in the wake of COVID-19, making it more challenging to overcome entry barriers to APMs than ever before. Additional support at this time would go a long way to helping clinicians continue to transition to APMs, particularly risk-bearing APMs.

- **Make appropriate adjustments to ensure increased health complications and costs as a result of COVID-19 do not negatively impact performance-based payments.** As with any pandemic, COVID-19 has resulted in a widespread spike in testing, complications, and hospitalizations, which will significantly impact quality and cost metrics, financial benchmarks, risk adjustment, and patient attribution. For clinicians engaged in value-based reimbursement models, this new normal makes it impossible to effectively compare performance to past and future benchmarks. Beyond more obvious implications such as increased spending on testing or treating complications for COVID-19 positive patients, there are a host of other downstream impacts. For example, because of the necessary shift by practices to take care of more urgent or emergent issues rather than routine or preventive services, attribution for population-based models will be skewed to only the sickest patients. Hospital admissions will no longer be an accurate indicator for quality performance, particularly for patients suffering from multiple co-morbidities, who are particularly vulnerable to COVID-19. Beyond the short-term impact on 2020 savings calculations, there is also the long-term impact on performance measures and global financial benchmarks to consider, as these will be used to gauge future performance. For these reasons, BCBSA member plans should consider completely eliminating claims data from calendar months significantly impacted by the virus from any performance and benchmark calculations.

- **Not make permanent coverage changes based on 2020 data, due to the unavoidable impact of COVID-19 on claims, quality, and cost data.**

- **Only post 2020 quality and cost information if it can be proven that COVID-19 has been appropriately accounted for in all risk adjustment, patient attribution, and calculation methodologies for all performance metrics. This includes its star ratings, Blue Physician**

Recognition Program. If BCBSA member plans were to post data without appropriately adjusting for the impact of COVID-19, patients could draw unfair conclusions about a particular clinician or practice that could do long-lasting damage one's reputation. Clinicians who do the most to treat COVID-19 patients and curb the pandemic could see the most damage to their reported performance.

- **Recognize that COVID-19 may require a temporary adjustment to or exclusion from recommended clinical practice guidelines as necessary.** For example, it may be safer for patients with non-serious complications to avoid in-person visits at this time and be treated through a telehealth visit and self-monitoring at home instead.

In Conclusion

ACP is extremely thankful and encouraged by the actions taken by BCBSA's member plans to date that will be enormously beneficial to physicians and their teams in both caring for patients impacted by this pandemic and for patients at-large. At the same time, we continue to strongly recommend that private carriers take additional emergency actions to adequately assist and prepare physicians and other clinicians with the resources and burden reduction they need to be successful in defeating this pandemic. ACP would like to offer our full assistance toward these efforts, and we intend to continue voicing the perspective of internal medicine specialists, who are witnessing firsthand the impact of this pandemic. Please contact Brian Outland, PhD, Director, Regulatory Affairs, by phone at 202-261-4544 or email at boutland@acponline.org if you have questions or need additional information.

Sincerely,

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