



March 2, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-9916-P
P.O. Box 8016
Baltimore, MD 21244

Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans Proposed Rule (CMS-9916-P)

Dear Administrator Verma,

The American College of Physicians (ACP) appreciates the opportunity to comment on the Benefit and Payment Parameters for 2021 proposed rule. ACP is the largest medical specialty organization in the United States with members in more than 145 countries worldwide. ACP membership includes 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Value-Based Insurance Design

ACP agrees that value-based insurance design (VBID) should be explored. ACP remains concerned about the rising burden of health insurance cost sharing and has developed recommendations on how it may be addressed (1). Cost sharing has been shown to discourage use of both effective and ineffective health care services (2). **ACP believes that cost sharing that discourages evidence-based, high-value, and essential care should be eliminated, particularly for low-income patients and patients with certain defined chronic diseases and catastrophic illnesses (3).** Doing so will help ensure that patients who are particularly price sensitive will not face financial barriers to receiving high-value care. Value-based insurance design should be incorporated for populations that would be subject to cost sharing. Low-value care should be addressed as well since it may put patients at risk. According to MedPAC, “[L]ow-value care has the potential to harm patients by exposing them to the risks of injury from inappropriate tests or procedures and may lead to a cascade of additional services that contain risks but provide little or no benefit” (4).

Primary care is associated with improved outcomes and lower health care costs. However, a recent study published in the *Annals of Internal Medicine* found that visits to primary care physicians among commercially insured adults have declined over the last 2 decades and the authors conclude that financial deterrents such as cost sharing may be responsible (5). ACP believes that because primary care is associated with better outcomes and lower health care costs, certain primary care services (i.e., HCPCS codes 99201 to 99215) should not be subject to cost sharing. For example, a qualified health plan that incorporates value-based insurance design could provide up to 3 primary care visits annually that are not subject to cost sharing. Services could be provided in office or non-face-to-face, such as through telehealth. Value-based insurance design for primary care is associated with decreased medical utilization (6). Additionally, the data show that chronic care management services (i.e., HCPCS codes 99490, 99491, 99487 and, 99489) provided by internists who perform primary care are connected to higher patient and clinician satisfaction and cost savings. Therefore, ACP recommends that these services not be subject to cost sharing. Qualified Health Plans that offered the primary care-oriented option could be identified as “high-value” for easy consumer identification.

Encouraging high-value care should be a priority if the agency considers moving beyond using benchmarks to determine the Essential Health Benefit (EHB) package. ACP policy recommends that the EHB continue to emphasize high-value care, preferably based on recommendations from an independent expert panel that includes the public, physicians, economists, health services researchers, and others with expertise.

Automatic Enrollment

The proposed rule solicits comments on whether the agency should modify the automatic re-enrollment process for enrollees with an advance premium tax credit (APTC) that covers their entire premium. **ACP believes the existing automatic re-enrollment process should continue.** Maintaining the current process will ensure that healthier individuals attracted to low-cost plans will remain covered, helping to balance the risk pool and moderate premiums. Eliminating seamless re-enrollment and forcing certain individuals to return to the Exchange to redetermine APTC eligibility and actively renew enrollment increases the risk that they will allow their coverage to lapse. ACP believes that the agency should instead increase funding and resources for outreach and education (including funding for the Navigator program) which may help remind enrollees to actively shop for a different health insurance plan.

Thank you for considering our comments. If you have questions, please contact Ryan Crowley, Senior Associate, Health Policy at rcrowley@acponline.org.

Sincerely,



Robert McLean, MD, MACP
President
American College of Physicians

¹ https://www.acponline.org/acp_policy/policies/insurance_cost_sharing_2016.pdf

² https://www.rand.org/pubs/research_briefs/RB9174.html

³ <https://annals.org/aim/fullarticle/2759529/envisioning-better-u-s-health-care-system-all-coverage-cost?searchresult=1>

⁴ http://www.medpac.gov/docs/default-source/reports/jun18_ch10_medpacreport_sec.pdf?sfvrsn=0

⁵ <https://annals.org/aim/fullarticle/2760487/declining-use-primary-care-among-commercially-insured-adults-united-states>

⁶ <https://www.ajmc.com/journals/issue/2019/2019-vol25-n5/evaluation-of-valuebased-insurance-design-for-primary-care?p=1>