



November 6, 2020

David W. Brewster
Director, External Affairs
1001 Pennsylvania Ave. NW, Suite 710,
Washington, DC 20004

Re: Anthem's Correct Coding Initiative and Efforts to Address the COVID-19 Pandemic

Dear Mr. Brewster,

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 am writing to share ACP's concerns and recommendations to Anthem regarding recent announcements on evaluation and management coding, telehealth flexibilities, and other changes that may inadvertently limit access to care at a time when the Coronavirus Disease-19 (COVID-19) pandemic continues to upend the traditional practice of medicine. ACP members include 163,000 internal medicine physicians, specialists, and medical students dedicated to scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP appreciates Anthem's leadership during the COVID-19 pandemic to ease burdens on clinicians and expand reimbursement for telehealth and telephone services so that physicians can safely treat their patients while preventing the spread of COVID-19. In particular, we applaud Anthem's decision to waive cost-sharing for treatment and testing for patients with COVID-19, temporarily waive certain prior authorization requirements, and relax early prescription refill limits. These policy changes will allow physicians to meet patients where they are while patients and their care teams adapt to this new practice environment. These changes are pivotal in mitigating the effects of the COVID-19 pandemic.

At the same time, the College has become aware of a few issues that threaten to add additional burdens for physicians adapting to an already increasingly challenging practice environment in the face of COVID-19. While many physician practices are still struggling to keep their doors open, we are concerned that certain plans Anthem has in the works may complicate those efforts—and would therefore like to collaborate with you to help ensure that policies are enacted and implemented in a manner that will ensure patients have access to care in the safest, most appropriate, and affordable ways possible.

Specifically, ACP would like to discuss:

- Anthem's announcement of an evaluation and management (E/M) services "correct coding initiative" that scrutinizes billing practices based on a set of undefined guidelines and methodologies;

- ACP’s understanding that Anthem does not plan to implement the E/M relative value unit (RVU) increases as scheduled by CMS and other payers in January 2021;
- Anthem’s announcement that it will stop waiving the cost of copays, coinsurance, and deductibles for virtual visits not related to COVID-19 as of October 1; and
- Absence of guidance from Anthem regarding whether certain telehealth flexibilities will continue even after the end of the public health emergency (PHE) to allow patients and their physicians to adapt to a changed practice environment.

ACP shares Anthem’s interest in using data to power health care innovation. Improving health, avoiding harm, and eliminating wasteful practices are key to ensuring that our health care system meets the needs of patients. ACP has led the way to innovate and improve our health care system through the development of evidence based guidelines, sharing of best practices, evaluation of performance measures, development of public policy, and provision of education for physicians and patients alike. However, the College is deeply concerned that certain aspects of Anthem’s “correct coding” initiative are not aligned with these efforts. As structured, this initiative may inadvertently limit access to essential primary care. Additionally, ACP has concerns about the level of transparency that has been provided to physicians about this program. It is critical that parties on all sides of the equation have access to information and data to assist with decision-making, limit disruption, and ensure the health of the patient-physician relationship.

While ACP agrees that it is important to ensure that physicians are billing and coding appropriately, we encourage Anthem to provide additional transparency around this initiative. In a bulletin sent to physicians in August 2020, Anthem states that *“beginning on December 1, 2020, we will be using an analytic solution to facilitate a review of whether coding on these claims is aligned with national industry coding standards.”* This bulletin does not provide additional information about what “analytic solution” Anthem intends to use or a detailed process about how this will work. Additionally, the initiative does not describe the type of physician or billing patterns that would constitute a physician being labeled as an outlier. **The College strongly encourages Anthem to provide additional information about the company’s methodology to examine whether there are critical methodological flaws that could ultimately limit access to care—and we are very interested in collaborating with you to help address any issues that are identified.** As you know, access to care is an important component of prevention and treatment. Transparency is an important step towards understanding whether or not these critical flaws exist.

Additionally, in Anthem’s letter announcing the initiative, the company noted that physicians should *“report E/M services in accordance with the American Medical Association (AMA) CPT® manual and CMS guidelines for billing E/M service codes: Documentation Guidelines for Evaluation and Management.”* The bulletin goes on to note that *“the appropriate level of service is based primarily on the documented medical history, examination and medical decision-making.”* The College encourages Anthem to clarify whether the company will be using the revised 2021 guidelines for this initiative or the existing guidelines. **Given the adoption of the revised outpatient E/M guidelines by the Centers for Medicare and Medicaid Services (CMS) that are scheduled to go into effect in January 2021, ACP encourages Anthem to adopt these same guidelines in their lines of business.** Notably, medical history and examination are not elements of code selection per the 2021 guidelines. Instead, medical decision-making and time are the only methods for code selection beginning in 2021. As you may know, administrative burdens are a critical challenge for physicians who must spend more time on paperwork

than patient care. We encourage Anthem to work with the physician community to minimize confusion and ensure physicians are operating by one set of guidelines. During this unprecedented time of COVID-19, the College is extremely concerned that this initiative will only complicate efforts to provide care. We look forward to working with Anthem to ensure that this is not the case.

The College also reiterates the importance of adopting the revised valuations for outpatient E/M services beginning in 2021. Previous conversations with Anthem have left ACP with the impression that the company does not intend to adopt these changes moving into 2021. The recommendations for valuation increases for these codes represented the collaboration of 50+ medical societies and found significant increases in physician work and compelling evidence that the nature of physician practice has meaningfully changed since the last revaluation of these codes. Additionally, these recommendations were accepted by CMS and are scheduled to go into effect in January 2021 in the Medicare program. **We strongly encourage Anthem to adopt these valuation changes to ensure that physicians in their networks are appropriately compensated for the significant changes in physician work and practice workflows that have occurred since the last valuations.**

ACP appreciates that Anthem has offered patients critical relief from copays and cost sharing for certain telehealth services and services related to testing and treatment for COVID-19 through September 30, 2020. At a time when the country is facing the highest unemployment rate since the Great Depression, these policies are critical to getting patients the treatment they need and preventing further spread of the disease. Unfortunately, our understanding is that the majority of Anthem plans are not making up the difference to practices, leaving them to absorb another 20% loss when they are already facing revenue shortfalls of 55% in many cases. Policies are also inconsistent across plans, with variation in what types of plans and patients are covered. Many cost sharing support policies are restricted only to patients formally diagnosed with COVID-19, despite the well-established under-reporting of cases, or in the case of telehealth services, those furnished by proprietary technology platforms. Other cost sharing support policies apply to in-network clinicians, which can be dangerous during a public health crisis, particularly in areas where networks are narrow or access is otherwise limited. **ACP calls on Anthem to establish consistent policies that allow clinicians to waive patient cost sharing for COVID-19-related testing and treatment, primary care visits, and all telehealth and telephone services. Importantly, plans should also pay the difference for all waived patient cost sharing to protect practices from further revenue losses. These policies should last at least through the end of 2021, with an option to extend further as needed to ensure continued beneficiary access to care.**

Importantly, the steps undertaken by Anthem to address the need for telehealth solutions during this pandemic are welcome and necessary to allow patients to continue receiving critical medical services while ensuring their own personal safety and preventing further spread of COVID-19. More information is needed on the specific terms and limitations of these expanded telehealth services, including how they vary across Anthem's lines of business. **ACP urges Anthem to ensure its plans adopt a uniform policy that reimburses all telehealth and audio-only services on par with in-person services for both new and established patients and to continue this policy at least through the end of 2021, or until such a time when effective vaccines and treatments are widely available, with an option to extend further based on the experiences of patients and physicians.** Practices are still struggling to keep their doors open during this pandemic; time spent monitoring for updates on individual payer policies is time that could be devoted to direct patient care or slowing the spread of the disease. **ACP further calls on Anthem plans to allow use of public facing video platforms such as Skype and FaceTime to provide**

patients and physicians with more options to ensure effective and efficient virtual care during, and ideally beyond, the PHE. To ensure continuity of care, telehealth and telephone services must be available through readily accessible technologies to patients and their clinicians, not proprietary insurer platforms.

Patient access to remote patient monitoring (RPM) services also is critically important in order to maintain patient safety and slow the spread of COVID-19. **ACP applauded CMS' recent decision to expand access to RPM services by allowing physicians to bill them for both new and established patients, as well as acute and chronic conditions, and to allow patients to consent to these services once annually. We implore Anthem to emulate these recently finalized CMS flexibilities for RPM services.** Finally, as discussed earlier, practices have made significant adjustments to their delivery structure in light of the crisis, including investing in and shifting to an infrastructure that is much more dependent on telehealth and audio-only visits, as well as RPM services. To reverse these policies and revert to a reimbursement structure that centers on in-person services is not an effective way to recover from this crisis, nor to prepare for future potential outbreaks. **Therefore, ACP urges Anthem to consider making many of these changes permanent. At a minimum, these changes should extend at least through the end of 2021, or until such a time when effective vaccines and treatments are widely available, with an option to extend further based on the experiences of patients and physicians.**

ACP is encouraged by the actions taken by Anthem to date that will enable physicians and their teams to safely treat COVID-19 patients and prevent further spread of the disease while continuing to care for the rest of their patients in a way that minimizes risk for everyone. At the same time, more can and needs to be done. Physician practices do not have the time to sort through the current patchwork of policies and various expiring deadlines. It is critical that Anthem provide clarification about its "correct coding" initiative and its ongoing efforts to continue practice support not just during the immediate PHE, but also over the full recovery period. As the enormous impact of this pandemic continues to unfold, ACP would like to offer our full assistance to you in efforts to support medical practices through the immediate crisis and begin the rebuilding process. Please contact Corey Barton, Associate, Regulatory Affairs, at cbarton@acponline.org with questions or for additional information.

Sincerely,



Jacqueline Fincher, MD, MACP
President
American College of Physicians

cc:

[Gail K. Boudreaux](#), President and CEO

[Laura L. Sessums](#), JD, MD, FACP, Chief Care Transformation Medical Director, Payment Innovation