

December 22, 2020

David S. Wichmann
Chief Executive Officer
UnitedHealth Group
5901 Lincoln Dr.
Minneapolis, MN 55436

Re: UnitedHealthcare's Efforts to Address the COVID-19 Pandemic

Dear Mr. Wichmann:

On behalf of the undersigned specialty societies, we are writing to share our concerns and recommendations to UnitedHealthcare (UHC) regarding 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. We appreciate UHC's leadership during the early stages of 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 UHC's decision to waive cost-sharing for treatment and testing for patients with and without COVID-19, temporarily extend certain prior authorization flexibilities, and relax early prescription refill limits. These policy changes have allowed physicians to meet patients where they are while patients and their care teams have been adapting to this new practice environment.

At the same time, we have 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 UHC 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, we would like to discuss:

- UHC's plans regarding implementation of the outpatient Evaluation and Management (E/M) relative value unit (RVU) increases as finalized by the Centers for Medicare and Medicaid (CMS) and other payers beginning in January 2021;
- UHC's announcement that it will stop waiving the cost of copays for visits not related to Covid-19;
- Absence of guidance from UHC 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; and
- The need to ensure coverage for COVID-19 vaccine counseling and administration to maintain high immunization rates and ensure the capacity to respond quickly to outbreaks.

As you know, CMS will implement critical outpatient office visit E/M guideline and valuation changes starting January 1, 2021 within the Medicare program. We reiterate the importance of CMS, as well as all payers, adopting these changes. The recommendations for valuation increases for outpatient E/M codes represented the collaboration of 50+ medical societies, who found increases in physician work and compelling evidence that the nature of physician practice had significantly changed since the previous revaluation of these codes. **We strongly encourage UHC to adopt the outpatient E/M valuation and guideline 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 revaluations.**

We appreciate that UHC has offered patients critical relief from copays and cost sharing for certain telehealth services and services related to testing and treatment for COVID-19, although the expiration date for these flexibilities varies depending on insurance program. 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 UHC 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. Others 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. **We call on UHC 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 several months ago by UHC to address the need for telehealth solutions during this pandemic have been welcome and necessary to allowing 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 UHC's lines of business. **We urge UHC 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.** 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.

Additionally, we understand that UHC currently follows CMS standards for telehealth technology and the Office of Civil Rights (OCR) enforcement discretion that allows certain platforms such as FaceTime,

Facebook Messenger video chat, Google Hangouts video, Zoom, and Skype to be used for telehealth.¹ We welcome this guidance and expect that it will promote public-private insurance alignment and ensure that physicians are abiding by one set of rules. We also understand that UHC may use proprietary platforms to provide telehealth services to patients on UHC networks. **While it is understandable that UHC may have their own platforms, we encourage UHC to provide additional information regarding their telehealth payment policies for the use of proprietary vs. non-proprietary platforms.** It is incredibly important that physicians know and understand these policies to ensure that these approaches do not interfere with ongoing patient-physician relationships nor contribute to fragmented care due to the practitioners' decisions to use other approved telehealth technology in place of UHC platforms. The patient-physician relationship is the bedrock of all healthcare decisions and we look forward to working with UHC to ensure that guidance is in place for patients and physicians so that our members can focus on the crucial task of providing care during these challenging times.

Finally, our societies are extremely concerned about recent finalized policy from CMS announcing that the agency will not increase the valuation of immunization administration codes as originally proposed. Instead, CMS will maintain existing valuations for vaccine administration codes. Given that CMS has traditionally cross-walked valuations of vaccination administration codes for novel pathogens to existing vaccine administration codes, we are concerned that given the evolving understanding of COVID-19, this practice will not account for the necessary resources to administer these vaccines. For example, some of the vaccines require an initial dose followed by a booster dose. There remains the distinct possibility that significant physician and clinical staff follow-up may be required between the first and second doses, especially if the patient receives the doses from two unaffiliated practitioners. We are concerned that this work may not be captured in existing vaccine administration codes. Given the significant patient counseling regarding the COVID-19 vaccines that is expected—and that is, in fact, already underway, as patients are reaching out to their physicians asking questions—as well as the record-keeping and vaccine storage requirements, we urge UHC to ensure prompt payment of vaccine administration and other related claims and work hand-in-hand with physician practices once a vaccine is available to ensure that physicians have the resources they need to care for their patients. Along these lines, CMS recently finalized a new G code - *G2252 (Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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; 11-20 minutes of medical discussion.* **We recommend that UHC provide coverage of G2252 on an interim basis as a method for physicians to provide any additional patient counseling as necessary regarding the COVID-19 vaccine.**

We are encouraged by the actions taken by UHC early on in the pandemic to 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 UHC provide clarification about its ongoing

¹ COVID-19 Telehealth. (2020, October 7). Retrieved December 15, 2020, from <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html>

efforts to continue practice support not just during the immediate PHE, but also over the full recovery period. As the untold impact of this pandemic continues to unfold, we 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,

American Academy of Family Physicians

American Academy of Pediatrics

American College of Physicians