



March 2, 2021

The Honorable Anna Eshoo  
Chairwoman, Health Subcommittee  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Brett Guthrie  
Ranking Member, Health Subcommittee  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie,

The Alliance of Community Health Plans (ACHP) thanks the Energy & Commerce Subcommittee on Health for holding this important hearing on “The Future of Telehealth: How COVID 19 is Changing the Delivery of Virtual Care” and is pleased to submit this statement for the record. ACHP represents the nation’s top-performing non-profit health plans improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that provide high-quality coverage and care to 24 million Americans across 36 states and D.C. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment and data-driven systems improvement.

Recent [polling](#) and [research](#) confirms the widely-held view that patients have embraced virtual care and want it to stay. However, if Congress fails to act this year patients will suffer from a lack of access and available providers once the public health emergency (PHE) ends. The patients most affected by this will be those without access to smartphones or video-capable technology and patients in rural and underserved areas. Fifteen percent of the American population owns a cell phone that is not a smartphone, and that number jumps to 24 percent in rural areas according to [Pew](#). One hundred and twenty-two [million Americans](#) live in areas with mental health provider shortages and 83 million in areas with primary care provider shortages.

It is imperative that Congress ensures the continued access to telehealth that Americans need. Even with a temporary safeguard of the extended PHE, our member organizations continue to urge Congress to act now and make virtual care permanent. ACHP requests two important policy changes:

- **Expand telehealth clinician eligibility.** Congress should expand the types of clinicians eligible to deliver telehealth, such as Licensed Professional Counselors for mental and behavioral health services, adding much-needed resources to care delivery, especially in rural and underserved areas. This will improve patients’ ability to receive equitable and robust virtual care by expanding patient choice and access to clinical experts. Making this change well in advance of the PHE’s inevitable conclusion will offer clinicians much-needed certainty and stability.

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1825 Eye Street, NW, Suite 401 | Washington, DC 20006 | p: 202.785.2247 | f: 202.785.4060 | [www.achp.org](http://www.achp.org)

- **Expand telehealth encounter data availability for Medicare Advantage risk adjustment.** Health plans need to be able to use encounter data from all telehealth visits, including audio-only. This will improve the ability for clinicians to manage chronic conditions for those relying on audio-only care. The ability to use claims data to better understand and predict an individual's risk is essential under normal circumstances, but even more so given the uncertain long-term implications of the COVID-19 pandemic. A recent study from [Avalere](#) estimates that the lack of sufficient data due to COVID-19 could lead to a 3%–7% reduction in 2021 risk scores and lower plan payments in 2021. Senate bill S. 150, Ensuring Parity in MA for Audio-Only Telehealth Act and its pending House companion would accomplish this necessary change.

### **ACHP Member Telehealth Experience During COVID-19**

ACHP member companies addressed our current crisis by deploying creative solutions to protect the health and safety of the communities they serve. The following examples illuminate ways that ACHP member companies have operationalized a variety of impressive telehealth solutions. ACHP urges Congress to take action to support this progress, continuing to improve consumer health through virtual care and ensuring that the gains in telehealth are not lost. Our member organizations, championing capitated payments and value-based payment, will continue to lead the way for providing efficient, affordable and coordinated care using telehealth.

*Priority Health (Grand Rapids, MI) and Harvard Pilgrim Health Care (Wellesley, MA)*

[Regional insurers bet big on virtual-first plans](#) by Nona Tepper. Modern Healthcare. January 22, 2021.

Priority Health and Harvard Pilgrim Health Care launched virtual first products at the end of 2020. These products offer not only convenience, but significant savings: premiums averaging 8-10% less than similar plan products. This movement to virtual first plans showcases the effective role of a virtual front door for consumers, aiming to help consumers navigate the health care system in a cost-effective way. Because regional insurers such as Priority Health and Harvard Pilgrim have a dedicated provider network they can tap the offering is relatively easy for these payers to deploy.

*Kaiser Permanente (Oakland, CA)*

In the last two months, Kaiser Permanente published or contributed to two significant research articles quantifying the value of telehealth in various settings. The [first](#), published in the Journal of Telemedicine and Telecare, found that telehealth encounters were successful in resolving urgent and non-emergent needs in 84.0–86.7% of cases. When visits required follow-up, over 95% were resolved in less than three visits for both telehealth and in-person cohorts. This study also determined successful telehealth visit outcomes related to specific conditions and can be a lower cost alternative that does not compromise quality.

The [second](#), published in NEJM Catalyst, found that patients are more likely to engage in digital approaches to mental health. Early data suggest that patients using digital apps and tools experience symptom relief. Kaiser Permanente's updated mental health ecosystem helped meet the increased demand for mental health and wellness resources amplified by the pandemic.

*Baylor Scott & White (Temple, TX)*

[In COVID-19's wake, hospitals look to hybrid model with in-person, virtual care on equal footing](#) by Shannon Muchmore. HealthcareDive. September 17, 2020.

Baylor Scott & White made consumer education an early focus in the pandemic using simple and effective marketing strategies to make sure consumers were aware of the expanded telehealth benefits and options. This included email and social media platforms, such as Facebook and [YouTube](#), to share consumer education on how to use the various virtual care options.

*Geisinger Health Plan (Danville, PA)*

[Geisinger receives \\$979,000 to bolster telemedicine services.](#) Geisinger News Releases. July 7, 2020.

Geisinger has been awarded \$978,935 from the Federal Communications Commission to provide telehealth services during the COVID-19 pandemic. Geisinger will use the award to purchase telemedicine carts, tablet computers and telemedicine peripherals such as hand-held cameras and stethoscopes.

*SelectHealth (Salt Lake City, UT)*

[Benefiting Permanently from Telehealth's Transformation by COVID-19](#) by Marc Harrison, MD. InsideSources. Feb 7, 2021.

Intermountain Healthcare president and CEO, Marc Harrison, MD, outlines his vision for seizing the telehealth momentum and three necessary steps for XXXXXXXXX. Intermountain, SelectHealth's provider system, has been able to assess the potential for bone marrow transplants by telehealth, eliminating the need for a potential donor to travel until the match has been confirmed.

*Security Health Plan (Marshfield, WI)*

[Good for mental health: Telehealth therapy appointments.](#) Security Health Plan Press Releases. June 16, 2020.

Security Health Plan expanded coverage of telehealth for all lines of business and found it is particularly beneficial for behavioral health care. Many patients are benefiting from virtual therapy visits right now because of the COVID-19 crisis, and it will remain a valid option for many even after social distancing requirements have been relaxed. "Patients are already untreated or undertreated for their behavioral health problems; nationally, only 35% of patients with serious behavioral health issues get the care they need," said Michael Schulein, Ph.D., a clinical psychologist at Marshfield Clinic Health System. "Telehealth removes barriers for those who are undertreated or not treated at all."

*UPMC (Pittsburgh, PA)*

[New App Helps Patients Capture Telehealth Visits.](#) UPMC Press Releases. May 20, 2020.

Quickly responding to the COVID-19 pandemic, UPMC shifted much of its care delivery from in-person to virtual, ensuring the safety of both patients and clinicians. With care rapidly moving to smartphones, tablets and telephones, patients face new challenges in recalling doctors' orders — particularly if they are distracted by the technology or activities in their homes. UPMC's partnership with Abridge addresses this potential communication gap. Abridge's technology records each doctor's visit and uses groundbreaking clinical natural-language processing to highlight key medical terms and next steps, enabling patients and clinicians to review important details.

*PacificSource (Springfield, OR)*

In early 2020, PacificSource [greatly expanded telehealth benefits](#) to recognize the importance of telehealth in improving access for members. In addition, it expanded the universe of telehealth eligible clinicians and the technology communication options, relaxed certain requirements and communicated that reimbursed telehealth visits continue to be covered at the same level as in-person office visits. PacificSource paid telehealth visits at parity with face-to-face services even before COVID-19. In addition, it is actively working with stakeholders in all footprint states to shape proposed telehealth legislation to keep the focus on appropriate evidence-based telehealth interventions and “visits” that add value through improved quality and outcomes, and don’t impair the move to value-based provider reimbursement.

### **Addressing Concerns to Telehealth Expansion**

ACHP recognizes that expanding telehealth may give rise to concerns about fraud and abuse, privacy and reimbursement. While some of these challenges may be addressed by Congress, ACHP maintains that there are existing business best practices to address many of these concerns. For example, our non-profit health insurer members have robust internal audit mechanisms to evaluate potential for fraud or abuse. Early in the pandemic, health plans actively monitored for potential errors in telehealth coding, and on rare occasions, conducted outreach and billing support to specific physician groups when issues arose. Anecdotally, conversations with our ACHP health plan medical directors indicate a growing trust in telehealth billing and services rendered by their provider networks, based on the data gathered over the past year. These systems and mechanisms will quickly evolve to accommodate more widespread use of telehealth.

ACHP is continuing to support the movement from volume to value and published a [white paper](#) on potential pathways to creating value-based payment for telehealth in fee-for-service Medicare. In addition, ACHP member plans are already offering expanded telehealth benefits through MA plan products and [early research](#) suggests that virtual care increases care coordination and lowers costs for patients, highlighting the value of the MA capitated payment model.

Health care privacy and security is not limited to current telehealth expansion. The health care industry is long overdue for the modernization of health data privacy and security. That was true before the pandemic and the resulting dramatic need for telehealth technology. ACHP is contributing to more robust oversight of current health data privacy and security beyond telehealth services.

In closing, we appreciate the Subcommittees interest in this important issue of making sure telehealth remains an option for patients after the PHE has ended. We look forward to continuing to work with the Subcommittee on improving and expanding access to virtual care.

Sincerely,



Ceci Connolly, President & CEO