

# Preserve Patient Access by Supporting Provider Solvency

**D**uring the COVID-19 pandemic when we are relying on our healthcare systems, practices, and providers more than ever, we must ensure that rheumatologists and rheumatology professionals, already experiencing a severe workforce shortage, can keep their doors open to serve the patient population suffering from rheumatic disease, which estimates say could be as large as 91 million Americans.

**Many rheumatology practices face serious financial challenges** resulting from efforts to stem the spread of COVID-19, such as deferring patient visits or treating patients over the phone to adhere to social distancing requirements and decrease patient exposure to the SARS-CoV-2 virus, as well as to preserve personal protective equipment. Many practices have either temporarily closed or will be forced to do so in coming weeks.

**Despite financial strains, rheumatology providers who remain operational** continue to care for patients via the rapid adoption of telehealth for lab review, phone calls, prior authorizations, and medication refills that require staff and physician resources. Some practices have also required additional staffing or extension of work hours to treat the same volume of patients that have historically been treated in a normal day due to limits on the number of patients in the clinic at any one time.

**Providers are thankful for the support received from the CARES Act.** For many small practices, especially those that received support in the first distribution, these funds kept the doors open and staff employed in the short term. However, it is clear these funds will not be adequate over the longer term of this pandemic. There are three areas we would like to highlight that would help to mitigate this dire situation and allow rheumatologists in practice to continue to serve the needs of their patients.

**I. Healthcare provider-specific grant and loan programs.** We are encouraged and thankful that Congress passed legislation dedicating funds to support provider practices. We are concerned these funds will be inadequate to maintain patient access to care throughout this crisis. Additionally, despite staffing strains, CARES Act funding is currently not required to be used to maintain provider and staff salaries, so funds received by larger healthcare organizations may not prevent job losses, furloughed positions, and salary cuts.

- a. The ACR urges Congress to authorize more direct financial support** to preserve vulnerable specialty practices. To this end, we support the AMA's request for an emergency, one-time grant for providers equal to their total payroll and overhead costs from January 1–April 1, 2019.
- b. We request that future legislation include grant and forgivable loan programs** tailored to meet the specific needs of healthcare providers and staff to prevent and rectify furloughs and salary reductions impacting healthcare providers and staff in recognition of the fact that they are vital in the process of restoring and preserving our nation's health.
- c. We ask that any additional funding for the CARES Act programs** stipulate that funds first be used to protect the jobs and salaries of the providers and staff of the recipient medical practices and healthcare organizations that employ physicians.

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**II. Parity for telehealth.** During this crisis, audiovisual appointments have been effectively used to treat patients safely and audio-only calls have been relied on to access patients without access to the technologies required for video. We appreciate CMS acknowledging the value of these services by reimbursing for audio-only E/M visits at the same rate as audiovisual and in-person evaluations. This will help to mitigate the financial difficulties faced by healthcare providers during the pandemic and will hopefully prevent practice closures and improve access to care for rheumatology patients now and in the future. We hope that after the health crisis has passed, parity for audiovisual and audio-only telehealth visits will be maintained to support broader access to care for those in rural and underserved areas and deliver health-care to patients in need more efficiently.

**a. Ask CMS for a blanket code update from March 1, 2020.** As it stands, providers will have to resubmit their audio-only claims to be reimbursed by CMS at the new payment levels. There is no blanket adjustment to reimburse the providers at the new rate without needing to resubmit these claims. Congress can remedy this by asking CMS to direct all Medicare Administrative Contractors (MACs) to issue a blanket adjustment for all audio-only CMS claims back to March 1, 2020. This would fit into the Patient Over Paperwork initiative and provide much-needed relief to providers.

**b. Parity under ERISA plans.** For all of the access and solvency reasons above, please support the **Health Care at Home Act (H.R. 6644/Sen. Tina Smith led companion)** to provide reimbursement for audio-only visits at the same rate as in-office evaluations, the way CMS has implemented, under ERISA plans for as long as in-person evaluations and treatment of patients are restricted by COVID-19.

**III. Implement important evaluation and management code updates.** The current crisis has highlighted the precarious financial state of cognitive care specialists who treat complex conditions. We ask Congress to support CMS's important updates to the Physician Fee Schedule scheduled for January 2021. These updated reimbursements for complex office visits boost specialties on the front lines that are treating patients most in need of specialty care, including those with chronic illness.