



NAACOS Policy Principles for Broader Telehealth Coverage

The National Association of Accountable Care Organizations (NAACOS) has been a long-time supporter of telehealth, which creates opportunities to increase the efficiency of care and improve patient outcomes, two goals of coordinated care. During the COVID-19 pandemic, Congress has granted CMS vast powers to waive Medicare's usually restrictive limitations on telehealth, which the administration has taken advantage of. We have heard from ACOs whose patients and providers have embraced virtual visits. Most ACOs expect to continue offering telehealth in some way after the pandemic is over.

NAACOS supports broader telehealth coverage and wants to see many of the freedoms granted during the pandemic made permanent. However, we have concerns about potential adverse effects on spending and ACO attribution. Evidence to date on how well telehealth lowers spending has been mixed, and we do not have a great sense for what changes will occur in attribution if current telehealth waivers are made permanent. **Since ACOs take accountability for patients and are increasingly at financial risk for their spending and quality, ACOs should be granted more freedoms to use telehealth than providers not operating in these models.**

GUIDING PRINCIPLES

- Policymakers should eliminate onerous barriers to telehealth but carefully balance the need to expand access to virtual care/telehealth with considerations about potential misuse, abuse, and spikes in Medicare spending.
- Advocate for incentives for care to be delivered in virtually integrated practices.
- Deference should be given to Medicare providers who are beholden to patients' spending, quality, and outcomes, such as ACOs.

POTENTIAL GUARDRAILS TO CONSIDER

- Use ACOs, Medicare Advantage and other value-based payment programs as a vehicle to push broader reforms.
- Grant ACOs and other alternative payment models waivers from the constraints Congress places on wider telehealth reimbursement.
- Example: Eliminate patients' out-of-pocket expense for remote patient monitoring for those in ACOs or Medicare Advantage waive any need to have an established relationship with a patient, allow the use of certain modalities such as audio-only telehealth, and alleviate certain physician supervision requirements.
- Reimburse phone-only visits at a lesser amount than video since the latter is superior for clinical care.
- Encourage requirements for those furnishing telehealth to send data on virtual visits to a patient's primary care provider.
- Change ACO attribution as necessary to ensure appropriate accountability for a patient population.