



Physicians Caring for Texans

April 13, 2020

The Honorable Greg Abbott  
Office of the Governor  
P.O. Box 12428  
Austin, Texas 78711-2428  
*Delivered via Email*

Dear Governor Abbott:

On behalf of the Texas Medical Association and the undersigned specialty societies, thank you for your leadership as the state navigates the rapidly changing COVID-19 pandemic. The virus stands to rapidly and profoundly restructure other parts of our lives, including how and where Texans obtain health care.

We write to you today to focus attention on the deteriorating viability of medical practices across Texas. Like many industries, the states' ambulatory health care system is in financial trouble. Federal aid will help, but will not suffice. Parts of the federal payment relief will not apply to Medicaid or the Children's Health Insurance Program (CHIP), leaving out important physician specialties who care for pregnant women, children, seniors and people with disabilities. Nor does it apply to state-regulated plans.

**We call upon Texas to implement a Multi-Point Plan to Promote Accountable Care and Enhance Physician Practice Viability.** The list below is by no means comprehensive. Many other issues will impact our members' ability to care for our patients, including the lack of personal protective equipment, restrictions on surgical procedures, and rising numbers of uninsured, which will be addressed separately. **Respectfully, we ask for the following:**

**Across-the-Board Relief**

- 1) Direct Medicaid, the Employee Retirement System (ERS), and the Teachers' Retirement System (TRS) to swiftly implement advanced payment models akin to Medicare's in order to provide reliable cash flow to physicians and providers throughout the emergency. Such payments will not be a panacea. Payments eventually must be repaid, but if thoughtfully structured, they would help practices maintain operations throughout the emergency;
- 2) Direct Texas Medicaid, ERS, and TRS to quickly establish an advisory group of physicians, providers, and health plans and carriers to identify and deploy other payment models, such as risk-adjusted, prospective payment plans, that will provide physicians immediate financial security while also advancing Texas' long-term goals to promote value-based payment initiatives;
- 3) Direct Medicaid and state-regulated health care plans to authorize use of telemedicine for well-child visits temporarily, in accordance with national and state specialty society recommendations to ensure children continue to receive vital, age-appropriate developmental screenings and preventive care;
- 4) Direct Medicaid and state-regulated plans to suspend prior authorization requirements throughout the emergency. While some prescription and medical prior authorizations will remain necessary to promote patient safety, physician practices are stretched exceptionally thin. Several commercial plans have stepped up to eliminate these hassles. All health plans should do the same to eliminate paperwork and burden for practices to remain focused on patient care. Moreover, with the declines in both primary and specialty care physician visits, reducing the number of procedures requiring prior authorizations should have minimal impact on costs. We commend the action taken by the Texas Department of Insurance to ensure plans it regulates will pay for a 90-

day refill of covered medications regardless of when the prescription was last refilled, in accordance with state law.

- 5) Suspend reporting related to performance or quality metrics and eliminate state or plan-specific penalties for failure to meet performance targets, including down-side risk; and
- 6) Suspend medical record audits or other record requests.

### **Medicaid**

- 7) Advocate strongly for federal funding to boost Medicaid physician payment rates to Medicare parity;
- 8) Hasten implementation of additional regulatory relief to allow our members to focus on patient care and not paperwork, including:
  - a. Suspend medical and prescription drug prior authorizations (PA) for most Medicaid fee-for-service and managed care services, including one-time prior PA requests;
  - b. Suspend all Medicaid required audits except for those related to fraud or abuse;
  - c. Temporarily cease physician and provider revalidation until the end of the emergency period, which will align Texas Medicaid policy with existing Medicare guidance; and
  - d. Recognize alternative medical care facilities and COVID-19 testing sites (such as mobile units) as temporary payable places of service for physicians and health care professionals in order to ensure they get paid for their services.

### **Carriers Acting as Administrators**

- 9) TDI should strongly encourage health insurers that administer self-insured products to remove barriers that interfere with an estimated 9 million Texans with employer-sponsored health insurance obtaining timely access to COVID-19 related treatment, including expanding availability of telemedicine services and removing cost-sharing. Getting COVID-19 to heel will require all insurers- state regulated or not – to abide by state and national best practices.

The pandemic has revealed deep structural problems within our health care delivery system, including an over-reliance on hospital-based and emergency room care when those beds should be reserved for critically ill patients. Over the past six weeks, physicians have worked fast and furiously to redesign their practices to abide by state and national best practices regarding safe, timely patient care during a pandemic. We ask that you help Texas physicians keep their doors open so they can continue to deliver the excellent medical care all patients in Texas deserve.

We stand ready to work with you.

Sincerely,



David C. Fleeger, MD  
President, Texas Medical Association

### **Specialty Societies**

American College of Obstetricians and Gynecologists District XI (Texas)

Federation of Texas Psychiatrists

North Texas Chapter of the American College of Surgeons

South Texas Chapter of the American College of Surgeons

Texas Academy of Family Physicians

Texas Allergy, Asthma and Immunology Society  
Texas Association of Neurological Surgeons  
Texas Association of Obstetricians and Gynecologists  
Texas Association of Otolaryngology  
Texas Chapter of the American College of Cardiology  
Texas Chapter of the American College of Physicians Services  
Texas College of Emergency Physicians  
Texas Dermatological Society  
Texas Geriatric Society  
Texas Medical Group Management Association  
Texas Neurological Society  
Texas Ophthalmological Association  
Texas Orthopaedic Association  
Texas Pain Society  
Texas Pediatric Society  
Texas Physical Medicine & Rehabilitation  
Texas Radiological Society  
Texas Society of Anesthesiologists  
Texas Society of Clinical Oncologists  
Texas Society of Gastroenterology and Endoscopy  
Texas Society of Pathologists  
Texas Society of Plastic Surgeons  
Texas Society for Post-Acute and Long Term Care Medicine  
Texas Urological Society

cc: Kent Sullivan, Commissioner, Texas Department of Insurance  
Phil Wilson, Acting Executive Commissioner, Texas Health and Human Services Commission  
Michelle Alletto, Chief Program & Services Officer, HHSC  
Stephanie Muth, Deputy Executive Commissioner, Medicaid and CHIP Services, HHSC