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## 2020 Issue Brief Improving Medicare Advantage

### Issue

Today, 36% of all Medicare beneficiaries have enrolled in Medicare Advantage (MA) plans and AMGA members care for many of these patients. MA plans are a financing model, which focuses on preventative care and value. This aligns with both the multispecialty medical group and integrated delivery system models, resulting in improved care at a reduced cost. The payment structure utilized by MA incentivizes the team-based, multispecialty medical group and integrated delivery system approach, resulting in the right care at the right time. Congress should carefully consider any MA policy changes to ensure that they do not lead to decreased beneficiary access.

### AMGA asks Congress to:

- Consider the impact of any potential cuts, such as decreased beneficiary access, as well as decreased care coordination and care management for the chronically ill. MA is recognized as a tool to incentivize the transformation to coordinated, integrated healthcare delivery, that rewards value over volume.
- Remove the caps for 4+ Star rated MA plans. Under current law, MA plans in certain counties that demonstrate quality under the Medicare Star Rating System are not eligible for bonus payments that can be used for offering additional supplemental benefits or reducing beneficiary cost sharing.
- Work with stakeholders to develop an alternative approach that mitigates year-to-year variation in documentation and decreases the differences in MA and fee-for-service coding intensity.
- Promote flexibility within the MA program to allow providers to improve care through supplemental benefits. MA plans have the potential to address unmet social support needs, such as nutrition services and transportation, that fee-for-service Medicare does not cover.