AMGA

Advancing High Performance Health

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February 15, 2023

The Honorable Kevin McCarthy
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker McCarthy, Leader Schumer, Minority Leader Jeffries, and Minority Leader McConnell:

On behalf of AMGA and our members, I appreciate the opportunity to outline our priorities as you begin your legislative session. Additionally, we thank you for your continued support of healthcare organizations throughout the novel coronavirus (COVID-19) pandemic. Your leadership ensured that multispecialty medical groups and integrated systems of care throughout the country received the funding, resources, and flexibilities needed to treat the communities they serve. Although the state of the COVID-19 pandemic has evolved since 2020, the overall impact of this public health emergency (PHE) continues to have significant long-term repercussions for the healthcare system. As the PHE ends, Congress must ensure that the necessary infrastructure is in place so AMGA members can continue to provide the highest quality care to their patients.

Founded in 1950, AMGA is a trade association leading the transformation of healthcare in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high-performance health. AMGA is the national voice promoting awareness of our members' recognized excellence in the delivery of coordinated, high-quality, high-value care. Over 177,000 physicians practice in our member organizations, delivering care to more than one in three Americans. Our members are also leaders in value-based care delivery, focusing on improving patient outcomes while driving down overall healthcare costs.

As you begin the 118th Congress, we wanted to make recommendations on several key issues impacting multispecialty medical groups and integrated systems of care and the communities they serve:

- Sustain the Medicare program and provide a pathway to value
  - Improve and incentivize value-based models of care
  - Invest in infrastructure
  - Incentivize patient engagement
  - Promote end of life care
- Promote telehealth
- Preserve Medicare Advantage
- Promote health equity
- Ensure provider access to administrative claims data
- Improve care for the chronically ill

Sustain the Medicare program and provide and pathway to value

For the past two years, providers faced close to 10% cuts in Medicare reimbursement. In December 2021 and 2022, Congress intervened by delaying some of these cuts. Due to the most recently passed *Consolidated Appropriations Act of 2023*, most of these detrimental reductions were postponed until December 31, 2024. While AMGA members are grateful for the relief, continued Medicare cuts, workforce shortages, historic inflation, and the ongoing strain due to the COVID-19 pandemic are creating an additional burden on providers and patients. Continual concern about looming catastrophic cuts to reimbursement, like last year's potential 10% reduction, precludes investments in the transition to value-based care. A more sustainable system needs to be developed and adopted so medical groups can continue to care for their communities.

Improve and incentivize value-based models of care

Last August, the Centers for Medicare & Medicaid Services (CMS) announced that the Medicare Shared Savings Program (MSSP) saved the Medicare program $1.66 billion. This marked the fifth consecutive year the MSSP has generated overall savings compared to expected Medicare expenditures.[1] The success of the MSSP demonstrates the importance of the 5% Advanced Alternative Payment Model (APM) incentive payment. When the *Medicare Access to CHIP Reauthorization Act of 2015* (MACRA) was enacted, it set in motion a transition to value-based Medicare physician payment. Part of the law created a 5% Advanced APM payment, which incentivized providers to move toward value-based models. Eligibility to earn incentive payments was set to expire at the end of 2022, but Congress intervened in the Consolidated Appropriations Act of 2023, which extended the bonus payment for an additional year but at a lower 3.5% rate. We ask that you continue to invest in value and create a more stable Advanced APM program that sends a clear signal to providers that this transition to value has the support of federal policymakers.

Invest in infrastructure

Transitioning to value requires capital investments in infrastructure and cultural change. Under many value-based contracts, providers see reimbursement six to eight months after a measurement period ends. Systemic improvements require investments not only in technology but also in care management, leadership, and analytics to ensure our patients get the right care at the right time. AMGA recommends that Congress support funding for programs that provide upfront cost support for the value-based care transition. AMGA believes that value-based payment models must fully support providers, medical groups, and healthcare systems in offering all patients the ability to receive high-quality care with access to innovative technology.

Incentivize patient engagement

A patient's overall health is not limited to the interaction within a provider visit, and patients need to be incentivized to take a more active role in their overall health. Financial rewards for patients to remain or become healthy provide tangible incentives to become active participants in their own well-being. Other policies that would assist patients in getting the proper care would be waiving co-pays for services and ensuring access to providers through technology such as telehealth. AMGA recommends that Congress develop and implement strategies that encourage and support patients and their ability to be engaged in their healthcare.

Promote end of life care

End-of-life care can be a stressful experience for patients and their loved ones. The patient experience at this time requires extra time and attention. Reimbursement needs to reflect the time it takes to engage with patients regarding the palliative care process. AMGA recommends that Congress implement provisions that will increase and provide adequate payment so providers can have critical end-of-life discussions with patients and their families.

Promote telehealth

At the onset of this pandemic, AMGA members altered how they delivered care by eliminating elective surgeries and procedures and keeping patients away from their facilities. As a result, telehealth services expanded significantly, allowing providers to reach patients in unprecedented ways. For example, some AMGA members reported an increase in telehealth services from a low of 10 telehealth visits per month to an average of 2,000 telehealth visits per week. Patients have come to expect telehealth services as a standard method of care delivered by their provider. Congress needs to ensure that this service remains available to all patients permanently and that AMGA members can use the technology as part of their innovative delivery models, which promote patient convenience and safety.

Through the *Consolidated Appropriations Act of 2023*, Congress waived Medicare's telehealth originating site and geographic limitations for an additional two years through December 31, 2024. The law also extended recognition of audio-only payments in that same period. But all of these policies need to continue permanently to ensure patient access to care. Congress must recognize the need for reimbursement policies that support the abilities of medical groups and integrated systems to reach their patients via telehealth. Payment parity between in-office, telehealth, and audio-only should continue permanently as AMGA members have made significant investments in telehealth modalities and platforms to ensure that their patients have access to care. A recent survey found that if payments were reduced, 92% of AMGA members would not be able to provide the same level of telehealth services which would impact patient access. Sixty-eight percent of survey participants also cited limited to no difference in expense to provide telehealth visits than in-person visits. These comments underline a need for payment parity in telehealth services so patients can continue receiving telehealth services.[2]

In addition, audio-only diagnoses that are made via telehealth should be factored into Medicare Advantage risk adjustments. Also, federal licensing and credentialing standards for telehealth services should be established so that care can be delivered regardless of the state in which a provider or patient resides. Policymakers need to address all of the issues to ensure a more stable delivery system with optimal access.

Preserve Medicare Advantage

Today, 48% of all Medicare beneficiaries have enrolled in Medicare Advantage (MA) plans. AMGA members care for many of these patients.[3] As a financing model that emphasizes preventative care and value, MA aligns with the goals of both multispecialty medical groups and integrated systems of care, resulting in improved care at a reduced cost. MA plans incentivize team-based care and help providers deliver the right care at the right time. Congress should carefully consider any MA policy changes to ensure that they do not negatively impact care, which can disproportionally affect minority beneficiaries and those with social risk factors, as those beneficiaries are served more by MA plans than by traditional Medicare fee-for-service.[4]

Promote health equity

To create true equity, we must reduce the barriers to accessing care. It is important that Congress create legislative frameworks that address health equity. According to the Department of Health and Human Services, social determinants of health (SDOH) are the "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."[5] AMGA strongly believes that SDOH play a vital role in achieving health equity, which is essential for providing high-quality care. Congress must address the total cost of treatment to meet these social demands, address health equity issues frequently caused by certain aspects of poor SDOH, and in turn, transition our healthcare system toward value-based care.

Ensure provider access to administrative claims data

AMGA has conducted five risk-readiness surveys of its membership to obtain a snapshot of the progress and challenges providers face during this transformation of the U.S. healthcare system. Legislators must address significant obstacles in the healthcare market identified in the survey results to ensure the successful transition from volume to value. In the surveys, AMGA members repeatedly expressed concern with the lack of access to timely federal and commercial payer administrative claims data. Studies have shown that if providers have access to commercial claims data, they can understand what services their patients utilize outside of their practices, allowing them to create better care management plans for their patients.[6] Policymakers should require federal and commercial payers to provide healthcare providers access to all administrative claims data.

Improve care for the chronically ill

Chronic care management (CCM) is an essential part of coordinated care. In 2015, Medicare began reimbursing providers for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for primarily non-face-to-face care management. Under current policy, however, Medicare beneficiaries are subject to a 20% coinsurance requirement to receive the service. Consequently, only 684,000 out of 35 million eligible Medicare beneficiaries with two or more chronic conditions benefitted from CCM services over the first two years of the payment policy.[7] Removing the coinsurance payment requirement would facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients. Removing coinsurance payments may also lead to greater CCM access for patients suffering from long COVID. Additionally, the removal of patient coinsurance may facilitate greater care coordination for vulnerable patient populations. Congress must approve legislation similar to the *Seniors' Chronic Care Management Improvement Act of 2021* (H.R. 4755) introduced last Congress. This bill would waive the current CCM code coinsurance requirements for Medicare beneficiaries.

Thank you for supporting policies that ensure providers have the resources to care for patients during this public health crisis and beyond. If we can provide you with more information, please contact me or AMGA's Senior Director of Government Relations Jamie Miller at jmiller@amga.org.

Sincerely,

Jerry Penso, MD, MBA
President and Chief Executive Officer
AMGA

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