April 8, 2020

Ms. Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue SW, Room 445-G  
Washington, DC 20201

Dear Administrator Verma:

As the Centers for Medicare & Medicaid Services (CMS) moves to provide relief for providers and other healthcare entities to cover unreimbursed expenses or lost revenues due to the COVID-19 public health emergency, America’s Physician Groups (APG) would like to bring attention to the need to support providers participating in Medicare Advantage (MA) particularly as it pertains to those who engage in high-value MA risk contracts.

MA is instrumental to the transformation of our nation’s health care system from volume to value. We know that MA provides better quality care for seniors and our members’ value-based payment arrangements in MA create incentives for: (1) a team-based approach that emphasizes primary care; (2) physician organizations to provide the right care at the right time in the most appropriate setting; and (3) a care team that addresses the patient’s total care needs, including mental health, behavioral health, and home environment. As CMS extends financial relief for providers, it is important that the progress that MA and its providers represent is recognized and the amounts awarded reflect the costs associated with providing care under this model.

About America’s Physician Groups

APG is a national professional association representing over 300 physician groups, approximately 195,000 physicians, and the nearly 45 million patients they care for. Our tagline, “Taking Responsibility for America’s Health,” represents our members’ vision and efforts to move away from the antiquated fee-for-service (FFS) reimbursement system where clinicians are paid “per click” for each service rendered rather than on the outcomes of the care provided. Our preferred model of capitated, delegated and coordinated care avoids incentives for the high utilization associated with FFS reimbursement. APG is committed to Medicare Advantage and the flexible, affordable, and efficient care it provides for seniors as emphasized by HHS. APG member organizations are working diligently in rising to the challenges presented by the COVID-19 pandemic, namely through the transition of most patient visits toward telehealth so as to comply with the best practices in slowing the spread of the virus and keeping patients safe.
Summary of APG’s Recommendations

- A $80-100 per member per month (PMPM) payment over a three-month period, based on plan enrollment
- Payment should be provided to risk organizations/health plans and then disseminated to their networks and subsequently to providers without any withholds. Weekly oversight over distribution should also be included to ensure payment in full.

It is important that relief funds for providers are disseminated as quickly as possible in order to support those who are working tirelessly to meet the needs of those impacted by COVID-19. It is equally important that CMS continues its support of MA and the role it plays in moving healthcare from volume to value. The program and its providers are the cornerstone of where our system has been trending for the past decade, which is currently reflected in the agency’s expansion of things such as telehealth services. MA providers are experiencing large-scale reductions in FFS payments from Medicare and other programs, putting them in serious financial peril. Ensuring stability for Medicare Advantage providers and patients alike by guaranteeing those providers in risk-based contracts receive adequate financial assistance will keep the momentum for the transformation of our healthcare system viable throughout this pandemic. A substantial PMPM amount for a period of three months based on plan enrollment that goes through the at-risk organization or plan and not the provider will ensure financial support and considers the fact that the at-risk entity still must pay claims on their patients. Disseminating payment through organizations/health plans also allows for CMS oversight in maintaining accountability for the distribution of funds and ensuring that providers receive their payments in full. As the financial toll on providers continues to mount, providing assistance that they can count on during this emergency will help greatly in managing this pandemic now, and ensuring the viability of MA in the future.

Thank you for your attention to the above comments. Again, we reiterate our robust support for your efforts to support providers during this public health emergency. It is important that CMS continues to work with stakeholders to encourage value in MA. We look forward to corresponding with the agency in the future on more detailed recommendations for best supporting providers in MA financially through this pandemic. Please feel free to contact Valinda Rutledge, Senior Vice President, Federal Affairs, (vrutledge@apg.org) if you have any questions or if APG can provide any assistance as you consider these issues.

Sincerely,

Donald H. Crane
President and CEO
America’s Physician Groups