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WASHINGTON UPDATE



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Welcome to "Washington Update," the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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APG Asks CMS to Reconsider or Delay Multiple Proposed Changes to MA

As reported in last week's *Washington Update*, APG and its members continue efforts to analyze the impact of the Centers for Medicare & Medicaid Services' (CMS) [proposed changes](#) to the Medicare Advantage (MA) risk adjustment model. Although CMS has shared estimates of the impact on individual MA plans directly with those plans, it has not shared similar estimates of the impact with provider groups that contract with MA plans. Preliminary estimates completed by APG members suggest that the effects will be significant for some, and especially for those that focus on serving enrollees who are dually eligible for Medicare and Medicaid, among others. APG President and CEO Susan Dentzer wrote about these variable effects in a recent [blog post](#).

APG continues to prepare its comment letter back to CMS, which is now due on [March 6](#). Members are invited to share their estimates of the effects on their groups by no later than March 2 with APG Vice President of Federal Policy, Jennifer Podulka, at jpodulka@apg.org.

Meanwhile, APG and other health care groups also continue to communicate their concerns to members of Congress and their staff. APG board members and other organizational representatives will be on Capitol Hill on February 28 to press lawmakers to pass along these concerns to both CMS and the Biden White House. The main “ask” is that CMS consider delaying moving forward with the risk adjustment portions of the Advance Notice, and that it allow more time for CMS and stakeholders to understand fully the implications of the proposed changes. Please contact Matt DoBias (mdobias@apg.org), APG Vice President of Congressional Affairs, for more information about these planned Hill visits.

Study Finds That Many Medicaid Beneficiaries Still Unaware That They Could Lose Pandemic-Era Coverage

Nearly two-thirds of adults enrolled in Medicaid reported last December that they had heard nothing about their potential need to re-enroll in Medicaid, even though the continuous enrollment provisions put in place during the pandemic will end on March 31, 2023. This finding about beneficiaries’ lack of awareness, in a newly-published Urban Institute [study](#), has spurred calls for increased outreach to Medicaid enrollees before states resume disenrolling ineligible beneficiaries in April. An estimated 18 million Medicaid beneficiaries could lose coverage without careful disenrollment and re-enrollment processes by the states, the study said. [Other estimates](#) of potential coverage losses as the pandemic-era provisions end have ranged from 5 million to 15 million.

As previously reported in *Washington Update*, states received a 6.2 percent increase in federal Medicaid matching funds during the pandemic in exchange for keeping Medicaid beneficiaries continuously enrolled in the program for the past three years. The [Consolidated Appropriations Act of 2023](#) allows states to begin removing ineligible enrollees on April 1. As discussed in APG’s Medicaid Coalition meetings, APG members and other provider organizations should now increase and improve their own communication efforts with Medicaid beneficiaries as the Medicaid renewal process continues, advising them to work alongside plans to contact beneficiaries to ensure that their contact information is up-to-date, and beneficiaries are informed on the renewal process.

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