

# AMERICA'S PHYSICIAN GROUPS

December 6, 2023

Chiquita Brooks LaSure  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

Dear Administrator Brooks LaSure:

America's Physician Groups (APG) deeply appreciates the Administration's and the Centers for Medicare & Medicaid Services' (CMS) stewardship of the Medicare Advantage (MA) program and their ongoing commitment to improving care for all Medicare beneficiaries.

As physician-led organizations that seek to be held accountable for costs and quality, APG's 360 physician-led groups share CMS's goal of ensuring that Medicare and MA support the optimal care for patients, while also delivering value for them and America's taxpayers. APG's members are committed to the transition to value, and engage in the full spectrum of alternative payment models in both Traditional Medicare and Medicare Advantage (MA). APG members collectively employ or contract with approximately 195,000 physicians (as well as many nurse practitioners, physician assistants, and other clinicians). These professionals in turn provide care for nearly 90 million patients, including roughly one-third of all MA enrollees.

In recognition of the fact that MA is increasingly becoming beneficiaries' preferred choice for Medicare coverage – especially for those who are Black, Latino, and/or historically disadvantaged – APG urges you to support stability and continuity in forthcoming MA rulemaking. The MA program will undergo significant policy changes in 2024-2026 due to the phase-in of the new risk adjustment model, resumption of recovery audit data validation (RADV) audits, and other recently finalized regulations. These refinements are essential for addressing ongoing challenges in the program, but their ultimate impact on beneficiaries and the overall MA program is not yet known, and should be evaluated before additional significant policy changes are considered.

APG's motto, "Taking Responsibility for America's Health," underscores our members' preference for being in risk-based, accountable, and responsible relationships with all payers, including MA health plans, rather than being paid by plans on a fee-for-service basis. Delegation of risk from payers to providers creates the optimal incentives for our groups to provide integrated, coordinated care; make investments in innovations in care delivery; advance health equity; and manage our populations of patients in more constructive ways than if our members were merely compensated for the units of service that they provide.

Many of our groups do have these delegated relationships with MA plans, while still others – despite their preference for delegated relationships – are in contractual relationships with plans in which they are paid on a fee-for-service basis. In either case, payment-related actions that affect MA plans will directly affect APG

providers and their ability to provide optimal care to MA enrollees. In the past, we have urged CMS to take further steps to incentivize these high-value models of care within MA, including via Star Ratings changes that would reward MA plans that maintain delegated relationships with providers.

We welcome the agency's openness to stakeholder input and ongoing commitment to improving the entire Medicare program. Our comments reflect our commitment to working with CMS to build on Medicare's potential to provide all beneficiaries in both Traditional Medicare and MA with consistently accessible, high-quality, person-centered healthcare.

Sincerely,

A handwritten signature in cursive script that reads "Susan Dentzer".

Susan Dentzer  
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