

2024 Federal Advocacy Priorities



Accelerate the Overall Movement to Value

APG's physician-led groups provide value-based health care under arrangements with public and private payers that hold them accountable for costs and quality. They provide care to nearly 30 percent of the nation's Medicare Advantage (MA) enrollees, optimally through "delegated" arrangements in which the financial risk for the cost of services is shifted from the insurance company to the provider group. They also participate in such alternative payment models as Medicare Shared Savings Plans (MSSP) and the ACO Realizing Equity, Access, and Community Health (ACO REACH) Model for Traditional Medicare.

APG works with policymakers at the federal and state level to advance policies that support the provision of value-based care across Medicare and Medicaid, in the provision of care to dual-eligible populations, and through commercial insurance.

Our overall objectives include the following:

- Work with federal policymakers to promote understanding of the value of risk-based arrangements in improving care to patients.
- Work with federal policymakers and others to strengthen the Medicare Advantage program and avert any policy changes that would thwart our groups' ability to deliver excellent care to MA enrollees.
- Continue to work with the Centers for Medicare & Medicaid Services (CMS), the Center for Medicare and Medicaid Innovation (CMMI), and others in the Biden administration toward the goal of having all Medicare beneficiaries and the vast majority of Medicaid beneficiaries in a health care relationship with an entity accountable for quality and total cost of care by 2030. APG believes strongly that CMS should also ensure that MA enrollees are in these accountable relationships.
- Help to refine existing alternative payment models (APMs), and develop new ones, which empower physicians to transition to financial risk contracting and to be rewarded for improving quality and providing cost-effective care.
- Increase the number of individuals in the United States who are in accountable relationships with their providers and are thus receiving health care in the most coordinated and responsible ways possible.
- Increase public understanding and acceptance of, and appreciation for, these value-based, coordinated-care models.
- Strengthen the partnership between health plans and providers in supporting the move to value-based care within both public programs and private insurance. Create stronger incentives to encourage health plans to support prospective payment models and transfer more risk and shared savings opportunities to providers.

Drive Better Value in Medicare Advantage

An integral part of the move from volume to value is supporting Medicare Advantage (MA). Not all MA enrollees today are in accountable relationships with their providers, who in many instances are simply paid on a fee-for-service basis by health plans. APG supports an alternative approach in which health plans give physicians and other clinicians more responsibility for costs and quality in caring for populations of patients.

These delegated models, in which our groups take on the financial risk of caring for patients, demonstrate better patient outcomes and often help lower overall health care spending. These provider and plan combinations should be incentivized and rewarded for their superior efforts.

APG has the following policy and advocacy objectives for MA in 2024:

- Work with federal policymakers and others to strengthen and improve the MA program and oppose any policy changes that would thwart our groups' ability to deliver excellent care to MA enrollees.
- Amplify the voice of both APG physicians and beneficiaries in the policy discussions about the MA program.
- Urge Congress, federal agencies, and stakeholders to work together to put in place incentives that further drive value-based, accountable care approaches in MA just as they are working to do so in traditional Medicare.
- Represent the perspectives of physicians who contract with MA plans in delegated relationships and encourage federal agencies to offer incentives to expand such models.
- Oppose all fraudulent and abusive practices that tarnish the MA program and support policies that improve stewardship of the program, such as increased audits.
- Support policies that allow for greater ability by our member groups to meet enrollees' health-related social needs and address health equity.

Strengthen Alternative Payment Models (APMs)

APMs are at the forefront of CMS's efforts to test and promulgate innovations in the move from volume to value.

APG has the following policy and advocacy objectives for APMs in 2024:

- Continue to support and encourage refinements in MSSP and ACO REACH models, particularly those that advance health equity.
- Work with CMMI to develop a model to follow ACO REACH and with CMMI and CMS to integrate successful aspects of the ACO REACH Model into MSSP.
- Create greater incentives and regulatory flexibilities for clinicians to participate in two-sided risk arrangements in these and other so-called Advanced Alternative Payment Models (AAPMs).
- Ensure that there is less variation and more transparency around the rules and regulations that govern AAPMs, such as those around beneficiary assignment, benchmarking, risk adjustment, and overall payment.
- Provide a reasonable glide path that enables physician groups that are new to value-based care arrangements to take on increasing levels of financial risk.
- Develop and advocate for policies that encourage growth of APMs in rural and other underserved communities.
- Advocate for changes in the Medicare Access and CHIP Reauthorization Act (MACRA) to end the Merit-based Incentive Payment System (MIPS) program and accelerate the transition from fee-for-service care to APMs.
- Support the growth and evolution of AAPMs by ensuring they are physician-led, and encourage primary care and specialty care integration as well as the involvement of safety net providers and non-physician practitioners.

Ensure the Continued Stability of Medicaid

The Medicaid program continues to wrestle with the aftereffects of the post-COVID redetermination process and the effort to assist beneficiaries in maintaining continuity of coverage as states embarked upon disenrollment. To ensure that the Medicaid program remains a strong and viable program for providers and beneficiaries alike, APG will pursue the following advocacy strategy:

- Urge Congress to address the Medicaid coverage gap for low-income Americans in states that have not expanded Medicaid under the Affordable Care Act.
- Advocate for a permanent and sustainable Medicaid federal financing mechanism for Puerto Rico and other U.S. territories.
- Advocate for the creation of a National Standard for Quality Measurement and Reporting, Data Sharing, and Interoperability with Medicaid.
- Continue to explore opportunities to raise Medicaid payment levels, particularly in California.