



Hill Seekers

AMGA's 16th Annual Capitol Hill Day **By Jamie Miller, MBA**



From left: Aric Sharp, MHA, CMPE, FACHE, CEO of Value-Based Care at Clover Health, Chair of the 2023 AMGA Board of Directors; Christina Taylor, MD, Chief Medical Officer at McFarland Clinic; and Jerry Penso, MD, MBA, AMGA President and Chief Executive Officer, on the steps of the U.S. Capitol in Washington, DC.

On June 6, AMGA held its annual Capitol Hill Day, which gave members the opportunity to educate and advocate to their Congressional representatives on critical health-care policy concerns.

This year marks the second Capitol Hill Day since the Capitol closed in March 2020 as a precaution against the COVID-19 pandemic. AMGA had a significant representation in the summer of 2022 for Hill visits, but this summer marks the first time since the onset of the pandemic that all AMGA members had the opportunity to have face-to-face meetings with their respective policymakers. During the event, 37 AMGA members traveled to Washington, DC, representing 28 medical groups and integrated systems of care. These leaders from 21 states met with well over 100 policymakers in Congress that day.

AMGA members highlighted priorities that would aid their work in value-based care delivery, focusing on improving patient outcomes while driving down overall healthcare costs. Priorities include the future of value in healthcare, telehealth, Medicare cuts, preserving Medicare Advantage, and other policies that increase access to and improve the quality of care.

In addition to directly lobbying on current issues, these meetings allowed AMGA members to establish and nurture relationships for the long term. Policymakers directly impact care delivery to patients in their respective states, and AMGA members making those connections is vital.



From left: Dr. Jerry Penso, Dr. Christina Taylor, Sen. Chuck Grassley (R-IA), and Aric Sharp meet in the Senator's office.

Prior to meetings on Capitol Hill, AMGA prepared members to advocate successfully on behalf of their organizations and patients by providing briefings and essential resources about the following issues.

Stop Medicare Cuts

Providers have faced close to 10% cuts in Medicare reimbursement for the past two years. Congress intervened in December 2021 and 2022 by temporarily pausing some of these cuts. Part of that relief came through Congress passing temporary patches to the Medicare conversion factor, which converts relative value units into an actual dollar amount. Medicare updates the conversion factor annually according to a formula specified by statute and, importantly, within the constraints of Medicare's budget-neutral financing

system. But in 2024, providers will face a 3.4% cut to the Medicare conversion factor. Our providers told Congress that they must act soon to prevent these cuts.

Promote Telehealth

At the onset of the pandemic, policymakers waived certain Medicare telehealth requirements during the public health emergency (PHE). After more than three years of the pandemic, our members' patients have come to expect telehealth services as a standard option for the care their providers deliver. We indicated that Congress must ensure that this service remains permanently available to all patients and that AMGA members can use the technology as part of their innovative delivery models, promoting patient convenience and safety.

Incentivize Value-Based Care

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 Alternative Payment Model (APM) payment, incentivizing providers to move toward value-based models. Eligibility to earn incentive payments is set to expire at the end of 2023. Our members indicated that policymakers need to 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.

Preserve Medicare Advantage

Today, more than half of all Medicare beneficiaries are enrolled in Medicare Advantage (MA) plans.¹ 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, resulting in the provision of the right care at the right time. AMGA members advocated that Congress should carefully consider any MA policy changes to ensure that they do not negatively impact care.

Ensure Provider Access to Administrative Claims Data

AMGA has conducted five risk-readiness surveys of its members 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



From left: Aric Sharp, Rep. Larry Bucshon (R-IN), MD, and Dr. Jerry Penso.

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 indicate 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.² AMGA members echoed the point that policymakers should require federal and commercial payers to supply healthcare providers with 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 of 35 million eligible Medicare beneficiaries with two or more chronic conditions benefited from CCM services during the first

two years of the payment policy.³ AMGA members urged Congress to remove the coinsurance payment requirement to facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients.

Stay Connected

Capitol Hill Day 2023 was a great success, but policies including Medicare cuts and the Advance APM bonus extension must be addressed by January 1. On top of face-to-face meetings with Congress, AMGA also offers members the opportunity to advocate year-round through the District Advocacy Program (DAP). DAP coordinates meetings between AMGA members and their Congressional delegation, allowing members to keep in contact with their elected representatives.

Meeting with your elected officials in Washington, DC, is the best way to influence change by ensuring that policymakers understand the principles that guide our industry. We thank all AMGA members who participated in Capitol Hill Day for being part of transforming the way healthcare is delivered in the U.S. [GPI](#)

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To participate in the District Advocacy Program, please reach out to Lauren Lattany at llattany@amga.org.

References

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