



Making a House (and Senate) Call

AMGA's 2022 priorities on Capitol Hill

By Madison
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With the pandemic lingering, multispecialty medical groups and integrated systems of care are still faced with significant challenges, and AMGA has a list of legislative asks that Congress should address this year. The list includes addressing the delayed Medicare reimbursement cuts that were postponed in 2022. Additionally, we're asking for Congress to address issues in critically important programs such as Medicare Advantage (MA), telehealth, and Accountable Care Organizations (ACOs).

Outreach efforts include frequent advocacy on Capitol Hill through meetings and coordinated messaging on our legislative priorities. In January, AMGA outlined our priorities in a letter to Congressional leadership. Additionally, through AMGA's District Advocacy Program (DAP) and grassroots network, members are connecting with their elected officials to voice their concerns. Through combined efforts, we aim to get the following legislative priorities addressed to maintain and improve care resources for our members, ensure our members remain viable, and foster the path for the transition to value-based models.

Addressing Upcoming Medicare Cuts

Providers faced an almost 10% cut to Medicare reimbursement at the end of 2021. AMGA developed a Stop the Cuts campaign and, together with the active participation of AMGA members, convinced Congress to pass S. 610, the Protecting Medicare and American Farmers from Sequester Cuts Act. This legislation delayed the majority of the cuts throughout most of 2022. However, Medicare cuts still loom, including a 1% Medicare sequester cut from April through June 2022, with the full 2% cut resuming on July 1. In addition, providers also risk a 4% Medicare Pay-As-You-Go (PAYGO) cut, as well as reductions to the Medicare conversion factor starting in 2023.

To protect our members as they continue to grapple with the cumulative effects of the pandemic, AMGA continues to highlight the critical need for Congress to address the Medicare sequestration cuts in the near future. Additionally, policymakers must eliminate the PAYGO cuts and address the decrease in the Medicare conversion factor before 2023.

Preserving Medicare Advantage

Potential reform that could involve cuts to the MA program remains a topic of discussion among policymakers. Serving 42% of all Medicare beneficiaries, MA is a financing model that emphasizes preventative care and value.¹ MA plans align with both the multispecialty medical group and integrated delivery system models, resulting in improved care at a reduced cost.² AMGA continues to lobby members of Congress to ensure that any MA policy changes do not negatively impact care. AMGA will monitor legislative discussions surrounding the MA program and advocate for its role as a value-based payment model in Medicare.

Promoting Telehealth

The issue of telehealth remains very popular on Capitol Hill, with numerous pieces of legislation introduced on the issue last year. There also continues to be momentum among key policymakers to ensure that the current telehealth waivers continue beyond the public health emergency (PHE).

In 2020, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act, waiving Medicare's telehealth originating site and geographic limitations.

Additionally, the Centers for Medicare & Medicaid Services (CMS) expanded the number of services that can be accessed through telehealth, while increasing payments for services to ensure reimbursement is equivalent to face-to-face services. The key challenge remaining is that many of these policies are tied to the PHE. The need for certainty in ensuring that these waivers will continue beyond the PHE is a top concern for medical group leaders.

In a survey of AMGA members, there was an almost 20% increase in telehealth utilization among primary care specialties during the pandemic, with the majority of appointments made for chronic care and mental health services.³ Due to the increased utilization of telehealth, AMGA continues to push Congress to ensure not only that this service remains available beyond the PHE, but also that payment parity exist between telehealth services, including audio-only services, and face-to-face services. AMGA also recommends to Congress that audio-only visits should satisfy face-to-face requirements for collecting diagnoses for risk-adjustment and care coordination purposes. Additionally, we recommend a national, standardized licensing and credentialing system that would enable improved access and collaboration among providers.

The utility of these virtual services is now widely agreed upon, and it is up to Congress to recognize the vital role telehealth plays in the future of modern healthcare delivery by permanently authorizing all of these policies.

Promoting Health Equity

AMGA believes that an essential component of patient-centered care is equitable access to quality care for all patient populations. In order to foster health equity, the barriers to accessing care must be addressed. To that end, AMGA is advocating for the passage of the Social Determinants Accelerator Act (H.R. 2503/S.3039), which would allocate grants to communities with evidence-based approaches to coordinating health and social services. This legislation would be a key development in increasing health equity in underserved communities served by AMGA members.

Providing a Pathway to Value

The move towards value-based care is a crucial step in improving the way health care is financed and delivered. Policymakers should address

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obstacles and challenges that impede the transition toward value, so AMGA members can continue providing high-quality, cost-effective, and patient-centered care.

Improving Care for the Chronically Ill

The issue of chronic care is a topic of interest in Congress, as members grapple with the effects of long COVID-19 on patients across the country. AMGA has been at the forefront of this issue, highlighting the need to reform the underused Medicare chronic care management (CCM) codes. In 2015, Medicare began reimbursing providers for CCM under a separate code in the Medicare Physician Fee Schedule, which is designed to reimburse providers for primarily non-face-to-face care management. As a result, Medicare beneficiaries are subject to a 20% coinsurance payment for the service. AMGA believes that removing the coinsurance payment requirement would facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients. AMGA has been working with key Congressional allies to highlight the need for Congress to approve the Seniors' Chronic Care Management Improvement Act of 2021 (H.R. 4755), which would waive the current CCM code coinsurance requirements for Medicare patients and facilitate increased access to necessary care coordination.

Reforming Accountable Care Organizations

Over recent years, participants in the federal ACO program have made great progress in improving care quality and its delivery process, while reducing healthcare utilization. Last year, CMS announced that the Medicare Shared Savings Program (MSSP) generated \$1.9 billion in total net savings in 2020, marking four consecutive years of savings for the federal ACO program.⁴ Despite these successes, the ACO

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program design still faces significant obstacles that threaten its long-term viability. AMGA recommended necessary reforms to the ACO program, as well as a six-year extension of the 5% Advanced Alternative Payment Model (APM) incentive payment program created in the Medicare Access to CHIP Reauthorization Act of 2015.

Ensuring Provider Access to Data

AMGA conducted four annual risk-readiness membership surveys to better understand the progress and challenges groups face throughout the transition to value-based payment arrangements. The surveys found that AMGA members expressed persistent concern with the lack of access to timely federal and commercial payer administrative claims data. Through access to data, providers are able to better understand what services patients utilize outside of their practices, allowing for comprehensive and improved care management plans. To ensure more coordinated and cost-efficient care, AMGA will urge Congress to require federal and commercial payers to provide healthcare providers access to administrative claims data.

Next Steps

In 2022, AMGA will continue to promote the medical group model of care delivery through unwavering advocacy efforts on Capitol Hill to ensure patients have access to the highest-quality care at the most affordable costs. Our efforts will continue to support providers as they face the ongoing effects of the COVID-19 pandemic while trying to best serve their patient populations and communities. Furthermore, AMGA will continue to push for necessary care delivery improvements that support the transition toward value-based care. 

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References

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