

**FOR IMMEDIATE RELEASE**

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**\*\*\*WHAT THEY ARE SAYING\*\*\***

**Dozens of Groups Representing Millions of Medicare Advantage Beneficiaries Urge CMS to Delay Proposed Changes**

**WASHINGTON** – **Clinicians, health equity organizations, patient advocates, labor unions, and business associations** representing millions of Medicare Advantage beneficiaries have called on the Centers for Medicare & Medicaid Services (CMS) to delay the agency’s proposed changes to Medicare Advantage until further review can be conducted and the impact of the proposal can be more fully understood.

Significant changes to Medicare Advantage’s coding and risk adjustment model were proposed by CMS on February 1. A five-week comment period ending on March 6 was allotted for comments; however experts say the magnitude of changes proposed by CMS require additional time to study the impacts on 30 million seniors and individuals with disabilities enrolled in Medicare Advantage.

Stakeholders from across the country and across the political spectrum have raised concerns that CMS’ proposed changes for the 2024 plan year could jeopardize high-value, high-quality care, and advances made in health equity, and are urging the agency to postpone final rulemaking.

Below includes excerpts from statements from groups and comments submitted to CMS echoing calls for delay:

**AMERICAN MEDICAL GROUP ASSOCIATION:**

"The Agency should reconsider the removal of codes from the HCC model, as it may have significant downstream fiscal implications for providers as well as enrollee access to services. **CMS should extend the deadline for implementation, and in the meantime, work with stakeholders to project potential impacts on providers and patients prior to removing codes from the HCC model**,” *wrote Jerry Penso, MD, MBA, President & CEO of the American Medical Group Association.*

**ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS:**

"Higher proportions of the MA population experience mental health conditions than the traditional fee-for-service Medicare population. ABHW is concerned that the Advance Notice will decrease access to critical mental health care for the more than 30 million older adults and people with disabilities who choose MA. **We request that CMS withdraw and reconsider implementing the risk adjustment proposal to collaborate with stakeholders to ensure any revisions will not have a detrimental impact on MA beneficiaries in need of behavioral health services**," *wrote Pamela Greenberg, President & CEO of the Association for Behavioral Health and Wellness.*

**AMERICA’S PHYSICIAN GROUPS:**

“Although the overall effects will be felt unevenly across plans and medical groups, those hardest hit will be the entities making the greatest efforts to serve these populations and maintain their health and wellbeing. These unintended consequences are the reason that **APG has asked CMS to put the proposed changes on hold for a year to further understand the effects and craft better approaches to addressing the agency’s concerns about risk adjustment**,” *said APG President and CEO Susan Dentzer.*

**ALLIANCE OF COMMUNITY HEALTH PLANS:**

"[M]any plans feel strongly that **circumstances necessitate additional time and further information and are requesting a one-year delay of the reclassification portion of the risk-model update**. It remains imperative that health plans maintain the ability to strengthen benefit design and value-based care delivery that meet the needs of consumers and communities. CMS should work closely with health plans to move forward with the timely implementation of a revised risk-adjustment while mitigating the impact on consumers,” *wrote Ceci Connolly, President and CEO of ACHP.*

**MEDICAL GROUP MANAGEMENT ASSOCIATION:**

"[W]e ask that CMS provide timely information and greater transparency on the estimated effect of the changes to the CMS-HCC model. CMS has provided 30 days for stakeholders to comment on these proposals that could potentially have a significant impact. Group practices need time to understand the full impact these changes could have on delivering care. We are concerned with CMS’ lack of transparency regarding the estimated effects of the revisions. **[W]e ask that CMS pause implementation of this proposal until information on the estimated impact on physician groups and their patients is examined.** We are especially concerned about the impact on practices that are at the forefront of value-based care initiatives. It is imperative that the downstream impact of these changes is fully understood before these changes go into effect," *wrote Anders Gilberg, Senior Vice President, Government Affairs at Medical Group Management Association (MGMA).*

**NATIONAL HEALTH COUNCIL:**

"CMS’ proposed changes to the risk adjustment model in this notice are likely to have significant  impacts on the program, with potentially disproportionate negative impacts on people with some  chronic diseases and disabilities. **Given the short timeframe for analysis, it is difficult for the patient community to fully analyze and comprehend the potential consequences**. The NHC has historically supported risk adjustment changes that would incentivize health plans to enroll a higher proportion of chronically ill and disabled individuals. However, it is unclear to us whether this proposal would have this effect," *said Randall L. Rutta, Chief Executive Officer of the National Health Council.*

**SNP ALLIANCE:**

"We are concerned that the expectations put into the CY24 Proposed Rule for Medicare Parts C and D are misaligned with this strategy of eliminating key chronic condition codes and penalizing plans caring for those most in need**. We encourage CMS to work with all stakeholders to assess the impacts these proposals will have on beneficiaries, especially vulnerable populations served by Special Needs Plans**," *wrote Cheryl Phillips, M.D., President & CEO of SNP Alliance.*

**DUKE-MARGOLIS CENTER FOR HEALTH POLICY:**

"While the proposed changes appear to make significant progress on this goal, they also appear to have some unintended consequences for beneficiaries more likely to have the conditions involved, including more serious or complex forms of these conditions that are more costly to manage, creating offsetting reductions in the accuracy of risk adjustment. **We strongly encourage CMS to use this opportunity for stakeholder engagement to take further steps beyond short term patches to its methodology, especially since these patches appear to complicate moving to an accurate, clinically based risk adjustment methodology**," *wrote Mark McClellan, MD, PhD, Director at the Duke-Margolis Center for Health Policy, Frank McStay, MPA, Assistant Research Director for Medicare Transformation and Delivery System Implementation at the Duke-Margolis Center for Health Policy, alongside members of the CareJourney team.*

**NEVADA CHRONIC CARE INITIATIVE:**

"CMS must consider the devastating impact that these proposed cuts would have on the tens of millions of Americans, including those with chronic health care conditions, who rely on the affordable, high-quality and comprehensive health care coverage they receive through Medicare Advantage. **I urge CMS to delay these widespread changes to the program, including risk adjustment changes, that would impact 30 million beneficiaries and instead allow stakeholders to fully assess the impact it would have on beneficiaries**," *wrote Tom McCoy, Executive Director of Government Affairs at the Nevada Chronic Care Initiative.*

**NEVADA LATIN CHAMBER OF COMMERCE:**

“Our great Senator Catherine Cortez Masto recently led 60 of her Senate colleagues, including our other Senator Jacky Rosen, in a bipartisan effort to urge your agency to protect these crucial benefits for Nevada’s seniors and individuals with disabilities. **We join with Senators Masto and Rosen to urge you on behalf of Nevada’s Latin community to heed this warning and go back to the drawing board for a solution** to ensure the long-term stability of Medicare Advantage while not leaving behind communities of color and other underserved populations who so desperately rely on their lower-cost, high quality care. More than 266,000 Nevadans are counting on it.” *wrote Peter Guzman, President and CEO, Latin Chamber of Commerce Nevada*.

**PENNSYLVANIA ASSOCIATION OF SCHOOL RETIREES:**

"I ask that you consider the uncertainty this proposal could bring to seniors across the nation and quickly work to protect Medicare Advantage from unnecessary cuts. **CMS must delay the implementation of this proposal until stakeholders can fully assess the impact it will have on the beneficiaries they serve**. PASR is committed to ensuring our members have access to affordable care – and Medicare Advantage will continue to be an effective partner in that fight," *said Kristen Holjes, Executive Director of Pennsylvania Association of School Retirees (PASR). "*

**FAYETTE, GEORGIA, CHAMBER OF COMMERCE:**

“I am writing on behalf of the Fayette County Chamber of Commerce to express our concern with the Medicare Advantage risk adjustment changes proposed by the Centers for Medicare and Medicaid Services, **and we strongly urge you to reconsider the risk adjustment changes and instead allow stakeholders to fully assess the impact it would have on beneficiaries**,” *wrote Colin Martin, President and CEO, Fayette County, Georgia, Chamber of Commerce.*

**70+ PROVIDER, BENEFICIARY ORGANIZATIONS:**

“Based on these concerns, **we urge CMS to reconsider and not move forward with these risk adjustment changes for the 2024 plan year. Instead, we encourage CMS to work with all stakeholders to assess the impacts these proposals will have on beneficiaries**, especially vulnerable populations whose needs are best served by the coordinated care models under Medicare Advantage. Any proposals finalized for future implementation based on a thorough review of stakeholder input should be phased in over multiple years to maintain program stability for beneficiaries,” [*wrote*](https://bettermedicarealliance.org/wp-content/uploads/2023/03/Advance-Notice-Letter-3.1.pdf) *73 provider, minority health, and community-based organizations.*

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Better Medicare Alliance is a community of more than 1 million grassroots beneficiaries and 200+ Ally organizations working to improve health care through a strong Medicare Advantage. Learn more at www.bettermedicarealliance.org.