

No UP CODE Act: A Threat to Seniors' Health and Access

The No UP CODE Act (No Unreasonable Payments, Coding, Or Diagnoses for the Elderly Act), introduced in 2025, proposes changes to Medicare Advantage (MA) risk adjustment under the guise of improving payment accuracy. However, these changes would ultimately harm seniors and people with disabilities by:

- Undermining care coordination
- Reducing access to preventive services
- Increasing costs for beneficiaries

Better Medicare Alliance (BMA) strongly opposes the No UP CODE Act. We urge Congress to pursue an alternative policy that:

- Preserves in-home health assessments, also known as health risk assessments (HRAs)
- Enhances follow-up and coordination with primary care providers
- Establishes additional oversight and transparency safeguards

Key Concerns with the No UP CODE Act

1. Use of Two Years of Diagnostic Data (Starting 2026)

- Provision: Beginning in 2026, HHS must use two years of diagnostic data in the Medicare Advantage risk adjustment methodology.
- **BMA Concerns:**
 - Delays incorporation of newly identified conditions, reducing risk adjustment accuracy.
 - Undermines support for higher-need populations and reduces timely care resources.

2. Exclusion of Diagnoses from Chart Reviews and HRAs

- Provision: Prevents diagnoses from chart reviews or in-home health assessments from counting toward risk adjustment.
- **BMA Concerns:**
 - Reduces access to in-home health assessments: Comprehensive clinical visits identify fall risks, unmanaged chronic conditions, and unmet social needs.
 - Disproportionate impact: Harms low-income, homebound, chronically ill, and rural beneficiaries.
 - Threatens care coordination: Weakens Medicare Advantage ability to manage conditions like diabetes and heart disease, increasing avoidable hospitalizations.

3. Application of Coding Adjustment

- Provision: Grants HHS discretion to adjust payments based on coding pattern differences between Medicare Advantage and Fee-for-Service Medicare.
- **BMA Concerns:**
 - Risks blunt payment cuts without accounting for care model differences or patient acuity.
 - Payment reductions could vary across health plans, limiting comprehensive care and supplemental benefits.

Implications for Beneficiaries

- **Higher premiums, fewer benefits:** CBO and Milliman analyses project increased premiums and cost-sharing, plus a \$62 billion revenue reduction in Medicare Advantage over 10 years.
- **Supplemental benefits at risk:** Cuts may affect dental, vision, hearing, transportation, and wellness programs.
- **Weakened chronic disease management:** Limiting in-home health assessments and chart reviews compromises early detection and treatment.

A Better Path Forward: BMA's Policy Solutions

Better Medicare Alliance supports targeted reforms that preserve access and enhance integrity:

- Promote enhanced follow-up care following in-home health assessments.
- Strengthen program integrity and oversight.
- Standardize the in-home health assessment clinical model and requirements.

The Bottom Line

The No UP CODE Act takes a misguided approach that jeopardizes the health and well-being of more than 34 million Medicare Advantage beneficiaries. Better Medicare Alliance urges Congress to pursue thoughtful reforms that support care coordination, promote transparency, and strengthen oversight — without harming seniors.

Better Medicare Alliance stands ready to work with policymakers to safeguard and enhance care for all who rely on Medicare Advantage.