

Academy Public Policy E-Briefing

Welcome to the Academy's Quarterly Public Policy E-Briefing. Highlights in this quarterly e-brief include:

1. Summary of the Academy's Regulatory Advocacy Related to Medicare Physician Reimbursement
2. ASPE Releases Issue Brief on Primary Care Spending in Medicare FFS
3. CMMI Provides Update on Value-Based Care Initiative
4. ACL Releases Strategic Framework for National Plan on Aging
5. MACPAC Publishes Issue Brief Examining Access to Services and Supports for Seniors and Adults with Physical Disabilities
6. HRSA Invests Over \$200 Million to Improve Care for Older Americans

Summary of the Academy's Regulatory Advocacy Related to Medicare Physician Reimbursement

The Academy advocates for the unique needs of home-based primary care practices. We do this through bipartisan, bicameral legislative and regulatory advocacy efforts that are focused on fostering innovative solutions to complex challenges facing the provider community. We submitted a comment letter to the Centers for Medicare and Medicaid Services (CMS) concerning the [2025 Medicare Physician Fee Schedule](#) (MPFS) recommending consensus positions supporting the profession in response to proposals from government regulators.

In our [comment letter](#), the Academy forcefully opposed the proposed reimbursement decrease for providers and its disproportional impact on home-based care providers by stating that "CMS may not intend to disadvantage home-based primary care providers relative to office-based primary care providers through its collective policy decisions. However, that is the practical effect when payment rates for home-based E&M services drop in real dollars over time and relative to other E&M services."

The Academy expressed support for the newly proposed Advanced Primary Care Management (APCM) services payment proposal, and called on CMS to create an additional payment tier to cover the resource costs that HBPC providers face for furnishing APCM services to high acuity Medicare beneficiaries.

The Academy reaffirmed its position that CMS recognize home-based primary care as primary care, delivered in a different setting to a population with limited mobility, and thus there is no reason to distinguish it for payment purposes, including to qualify for billing the complexity add-on code which provides additional reimbursement for particularly acute patients.

The Academy continues to promote these and other policies that support payment parity, oppose payment cuts, and ensure the long-term financial viability of HBPC providers.

Executive Summary of AAHCM Advocacy:

- Press CMS to ensure the severity add-on code (G2211) is available for HBPC providers to utilize in 2025.
- Bring to CMS's attention the need for a higher value Severity add-on code for 2026 in conjunction with AGS.

- Support and adopt the advanced primary care management (APCM) code proposal with either an expansion of the higher-paid QMB group to a) all Dual Eligibles, and/or b) all High Needs patients or create a higher-paid 4th tier for High Needs patients.
- AAHCM leadership set to meet with CMS to review comments on proposed fee schedule changes, including coverage for travel time.

ASPE Releases Issue Brief on Primary Care Spending in Medicare FFS

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) released an issue brief analyzing Medicare fee-for-service data to understand primary care spending. The issue brief focuses on four types of measures of primary care based on provider type, specialty, and service location, and found that the estimates vary. Results show that in 2019, the average monthly per beneficiary spending on primary care in the Medicare fee-for-service program ranged from \$32 to \$69. The brief points out that while the estimates were variable, the trends across all four measures remained relatively consistent over the three-year period of analysis. It found that across all estimates, there was a decrease in primary care and overall health care utilization throughout 2020, due to the impacts of the COVID-19 pandemic. The report noted that female beneficiaries, Asian/Pacific Islander beneficiaries, and beneficiaries ages 65 to 74 had comparably higher percentages of spending for primary care while those with the lowest percentage were beneficiaries dually enrolled in Medicaid and beneficiaries with more chronic conditions. Looking forward, findings from the issue brief can aid in determining a foundational metric to assess if investments in primary care are effective.

Figure 1: Percent and amount of monthly per capita Medicare fee-for-service spending on primary care using Estimate 1, 2019

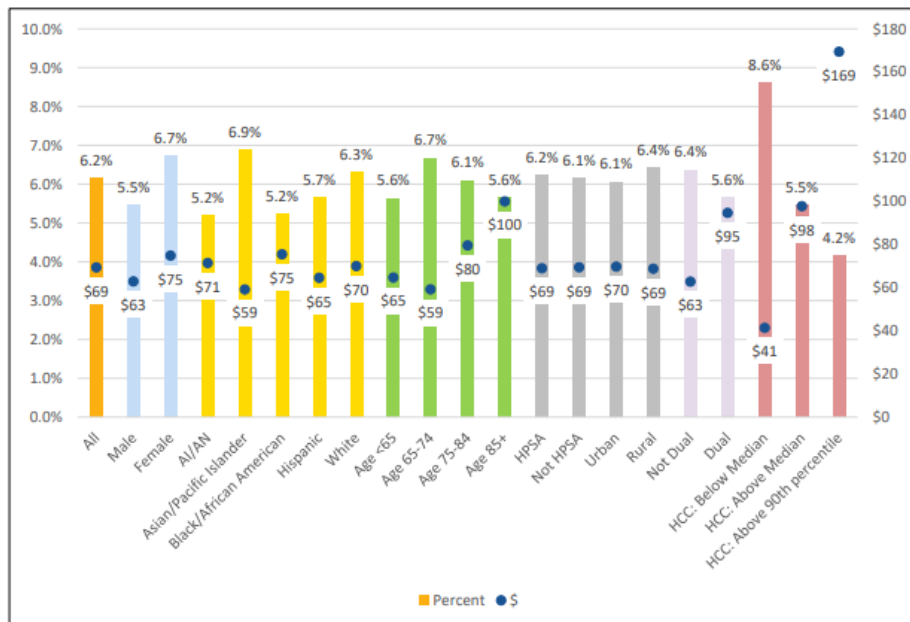


Figure 2 displays the percent of beneficiaries without any spending or without primary care spending in 2019. Here, too, there is considerable variation by subgroup, with men; Hispanic, Black, and Asian/Pacific Islander beneficiaries; beneficiaries under 65; and beneficiaries with lower HCC scores being more likely to have no primary care spending compared to their peers. There were smaller differences between beneficiaries in rural versus urban areas, beneficiaries in HPSAs versus non-HPSAs, and beneficiaries who are or are not dually enrolled in Medicaid.

CMMI Provides Update on Value-Based Care Initiative

On June 4, 2024, the Centers for Medicare & Medicaid Services' (CMS) Center for Medicare & Medicaid Innovation (CMMI) [recently provided an update](#) on its initiative to build a health system that ensures equitable outcomes through high-quality, affordable, person-centered care, with health equity as a central objective. CMMI tests value-based healthcare payment and service delivery models aimed at reducing costs while maintaining or improving care quality for Medicare and Medicaid beneficiaries. The following updates comes after CMMI shared [progress](#) on the first year of its health equity initiative in 2023.

Safety-Net Provider Participation in Models to Improve Care for More Beneficiaries

- CMMI has announced nine new models with health equity explicitly embedded into the model design since June 2023.
- New models are testing a range of design features to make it possible for safety-net providers to both be eligible for participation and transform care in the model. These features include:
 - Ensuring a pathway for safety-net providers to participate in models
 - Enabling readiness for successful participation
 - Including lower levels of financial risk

Data Collection and Tools that Support Whole-Person Care

- Participants in new models are required to collect and report self-reported sociodemographic data to CMS.
- Participants are required to collect and submit data on HRSN screenign across at least three domains (food insecurity, housing insecurity, and transportation needs), and have policies in place to make referrals after identifying an unmet HRSN.
- CMS is collecting health equity plans from participants in the ACO REACH Model, MA VBID Model, and EOM, and are considering opportunities to standardize information to inform model participants as they identify and seek to close gaps in access and outcomes.

Payment Innovations to Narrow Disparities

- CMMI is testing two approaches to payment adjustments that capture different dimensions of need: income status or eligibility for means-tested programs, and the economic and social deprivation in a locality.

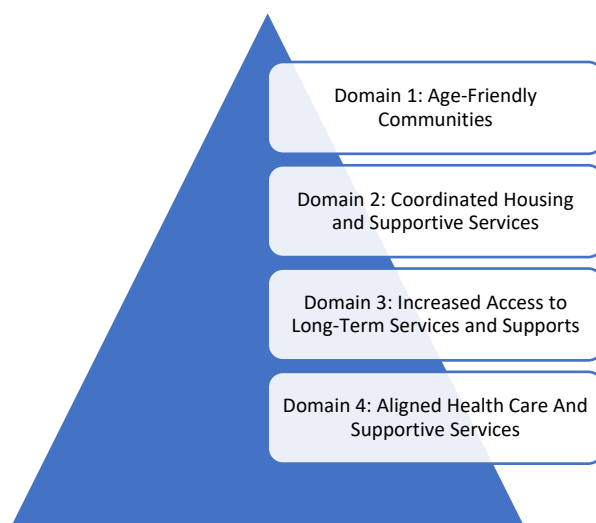
Informing Future Activities

- Learnings from the impacts of equity-related policies will inform future activities to improve the delivery of whole-person care to address HRSNs, strengthen workforce and communication between care teams and beneficiaries, and improve quality through measurement approaches that support and advance health equity.

ACL Releases Strategic Framework for National Plan on Aging

On May 30, 2024 the U.S. Department of Health and Human Services (HHS), through its Administration for Community Living, released "[Aging in the United States: A Strategic Framework for a National Plan on Aging.](#)" The report serves as a first step in a coordinated effort across private and public sectors to

create a national set of recommendations aimed at advancing healthy aging and age-friendly communities. Leaders and experts from 16 federal agencies came together through the [Interagency Coordinating Committee \(ICC\) on Healthy Aging and Age-Friendly Communities](#) to develop the Strategic Framework, which hopes to advance best practices for service delivery, support development of partnerships within and across sectors, and identify solutions for removing barriers to health care for older adults. The ICC took into account the factors that influence the aging experience, and the things people need as they age, such as housing services, aligned health care and supportive services, accessible communities, and increased access to long-term services and supports. The framework discusses key issues within these factors, separating them into four domains within the report to address underlying causes of them and to highlight ongoing work across the federal government within these spaces.



MACPAC Publishes Issue Brief Examining Access to Services and Supports for Seniors and Adults with Physical Disabilities

On August 13, 2024, the Medicaid and CHIP Payment and Access Commission (MACPAC) [released](#) an issue brief examining access to services and supports for two groups of survey respondents who used Medicaid-funded long-term services and supports (LTSS): Medicaid beneficiaries aged 65 and older (including individuals with physical disabilities) and Medicaid beneficiaries aged 18-64 with physical disabilities.

Researchers found that, among the study population, fewer than a quarter of people could move themselves without aids, and the share of Asian, non-Hispanic beneficiaries who could navigate their environment without aids was lower than white, non-Hispanic beneficiaries. Regarding service use, about one-third of the study population stayed overnight in a hospital or rehabilitation facility in the past year. Of those who did, 87 percent felt comfortable or supported enough to return home after hospitalization and had someone follow up with them after being discharged. However, a smaller share of Hispanic beneficiaries had someone follow up with them compared with white, non-Hispanic beneficiaries.

Home- and community-based services (HCBS) experience was generally positive, as a majority of this population reported that paid support staff do things the way they want them done and arrive and leave on time, but over a quarter shared that paid support staff change too often. Nearly 75 percent of this population had an emergency plan in place and reported that long-term care services met all of their current needs and goals. Although most beneficiaries reported receiving HCBS information in their preferred language, this was much less common for Asian, non-Hispanic beneficiaries compared with their white, non-Hispanic counterparts.

In their analysis of the study population, MACPAC compared individuals who were dually eligible for Medicaid and Medicare to people covered by Medicaid only. Dually eligible survey respondents were less likely than Medicaid-only beneficiaries to live in their own home, a family house, or an apartment or to reside in a group home, adult family home, or foster home. Analyzing the dually eligible respondents by age, individuals aged 65 and older, including those with physical disabilities, were less likely than younger respondents age 18 to 64 with physical disabilities to have visited the emergency room in the past year for any reason or to know whom to contact for making changes to their services.

HRSA Invests Over \$200 Million to Improve Care for Older Americans

On July 1, 2024, the Department of Health and Human Services (HHS) through the Health Resources Services Administration (HRSA) [announced](#) a more than \$200 million investment in [42 programs](#) to improve care for older Americans. HRSA's Geriatrics Workforce Enhancement Program will provide age-friendly and dementia-friendly care training to primary care physicians, nurse practitioners, and other clinicians. In addition to integrating geriatric training not primary care, this program will also provide education on supporting caregivers and family members of aging Americans.

This program supports Secretary Becerra's Health Workforce Initiative to support, strengthen, and grow the health workforce. HHS' initiative includes a coordinated Department-wide effort to identify opportunities to improve health workforce recruitment, retention, and career advancement.