

Physicians for MA Beneficiaries Express Concerns About How Medicare Reimbursement Cutbacks Will Harm Senior Citizens

Supplement letter urges immediate changes to V28 risk adjustment initiative

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/EINPresswire.com/ -- [Physicians for MA Beneficiaries](#) (the Coalition), a non-profit organization of physician groups providing value-based care to Medicare patients, has distributed a [supplemental comment letter](#) to the Centers for Medicare & Medicaid Services (CMS) addressing the adverse impact on Medicare Advantage (MA)

beneficiaries of the new risk adjustment model being implemented in the MA program. The letter highlights significant concerns related to the quality of care and scope of services for the Coalition members' Medicare patients in the future if the MA funding continues to fall under the new model that excludes risk adjustment for many common and costly chronic conditions.

[Click here](#) to view or download the Coalition letter.

The Physicians for MA Beneficiaries is sharing new data derived from its physician members which highlights how CMS implementation of the new MA risk adjustment model is negatively impacting beneficiaries. The Coalition is asking for modifications to that model in order to address the more severe impacts on patient care projected for the future. The letter urges immediate changes to risk adjustment policy within CMS' 2025 MA Advance Notice.

"Medicare Advantage up to now has offered our physicians the ability to be at the front line of realizing CMS' vision of a 'health system that achieves equitable outcomes through high quality, affordable, person-centered care.' The Coalition's physician members specialize in treating low-to middle-income beneficiaries with high rates of chronic conditions," notes Donna Wallker, Coalition President. "Unfortunately, these are the very patients whose care is being disproportionately and increasingly impacted by the ongoing implementation of the new risk





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*Donna Walker, President,
Physicians for MA
Beneficiaries*

adjustment model.”

Over the past several months, the Coalition has been surveying the impact of the V28 risk adjustment changes. The responses highlight real concerns, such as:

- **Cost-Sharing Increases.** Approximately one-third of responding members report that their MA patients are already faced with increased cost-sharing in 2024.
- **Benefit Reduction.** Approximately one-third of responding members report that they’ve already dropped patient support services of non-emergency medical transportation, which significantly curtails access for some of the most at-risk beneficiaries unable to find a way to get

to crucial appointments.

- **Accessibility.** Half of our responding members report that average patient panel sizes have increased in 2024. This increase is occurring partly due to insufficient funding to attract new physicians to fill vacancies, partly due to physicians exiting the value-based care space because of inadequate compensation, and partly due to increased burnout amongst the remaining providers being asked to care for larger panels with less support. This means that there are fewer physicians to see beneficiaries. The remaining physicians are burdened by higher workload with fewer support services, and the beneficiaries face longer wait times and shorter appointment times. All our responding members report that average patient panel sizes will increase further in 2025.
- **Market Retraction.** All our responding members report that they have been forced to cancel plans to open or expand clinics in 2024 to meet the demand of a growing beneficiary population. One third of responding members report that they have been forced to commence some clinic closures in 2024 and anticipate ongoing further consolidation of clinic practices in 2025. This most significantly impacts at-risk populations in smaller communities, sometimes doubling or tripling the miles needed to travel to find providers or clinics able to care for their medical needs. Patients seeking to transition to “advanced primary care” practices from traditional primary care are consistently finding long wait times and reduced capacity for care.
- **Clinical Labor Reduction.** All our responding members report that they will have to terminate clinical staff positions in 2025 if the new risk adjustment model continues. Dropping clinical staff necessarily has an impact on our members’ ability to offer patient support services and person-centered care and increases the administrative and non-clinical workload on physicians, further exacerbating physician burnout and turnover. In addition, all our members report that the payment reductions continuing under current trends will necessitate eliminating physician positions in either 2025 or 2026.

"The Coalition is asking CMS to pause on further implementation until the full impact of the new risk adjustment model on providers and beneficiaries can be transparently assessed. The survey responses and data analysis provides growing evidence to CMS of the reality that reductions in MA plan rates have been and continue to be largely passed through to at-risk, value-based providers treating MA beneficiaries," explains Ms. Walker. "These cuts thus directly impact patients and those providers most invested in caring for them."

The Coalition is looking to actively engage CMS offices and members of Congress to rectify and update the risk adjustment model starting with the adjustments for 2025 and future years. We also encourage other physician groups to get involved with this important initiative.

The Physicians for Medicare Advantage Beneficiaries is dedicated to amplifying the voices and unique perspectives of doctors who want to ensure that senior citizens enrolled in Medicare Advantage continue to have access to care they need. To learn more about the Coalition, see www.Docs4Seniors.org or email the group at info@docs4seniors.org

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About The Physicians for MA Beneficiaries – www.Docs4Seniors.org

Formed in early 2024, the Physicians for MA Beneficiaries is a nonprofit coalition of value-based care provider organizations collectively treating over 200,000 Medicare beneficiaries at more than 800 locations. The primary purpose of the Coalition is to address the new Medicare Advantage (MA) risk adjustment methodology developed by the U.S. Centers for Medicare and Medicaid Services (CMS), and being implemented 2024-2026, which undercuts the ability of physicians in the Coalition to provide the best care to their patients enrolled in Medicare Advantage. Our member physician practice models are consistent with CMS' definition of "advanced primary care" which CMS says consists of "improving primary care financing through increased, stable revenue that moves practices away from fee-for-service payments that pay for the volume of services delivered and toward support for team-based care, coordination with specialty providers, and community-based supports."

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