



October 5, 2023

The Honorable Jason Smith
House of Representatives
Washington, DC 20515

Dear Chairman Smith,

The Alliance of Community Health Plans (ACHP) appreciates the opportunity to respond to the Ways and Means Committee Request for Information (RFI) seeking feedback to advance innovative policies to increase access to health care in rural and underserved communities. ACHP and its member companies are committed to increasing access to care and coverage in rural and underserved communities by advancing virtual care and reimagining Medicare Advantage (MA) network composition requirements.

ACHP is the only national organization promoting the unique payer-provider aligned model in health care, delivering affordable, coordinated and comprehensive coverage options. ACHP member companies collaborate with their provider partners to deliver higher-quality coverage and care to tens of millions of Americans in nearly 40 states and D.C. Deeply rooted in their communities, ACHP member companies understand the value of an integrated system of care, in which providers, payers and community leaders work together to enhance access to services and improve health outcomes.

The challenges of providing health care to individuals residing in rural communities are well documented with 20 percent of the nation's population spread throughout 80 percent of the nation's land mass. The sparsely populated nature of rural America can make access to health care services and coverage difficult. ACHP member companies are leading the way in innovating rural care delivery through virtual care options, including Acute Hospital Care at Home Program waivers, and reimagining network composition in the MA program.

Virtual Care

The COVID-19 pandemic sparked the largest expansion of virtual care options in our nation's history. While beneficial for all Americans, virtual care proved immensely important for individuals residing in rural communities. In December 2022, Congress recognized the benefit of telehealth by extending Original Medicare's pandemic era telehealth flexibilities until December 31, 2024. This extension has provided policymakers an opportunity to evaluate the success of telehealth following the end of the public health emergency in May 2023. The answer is clear: Medicare telehealth flexibilities should be made permanent to ensure beneficiaries have continued access to the care options they want, delivering care at the right time and right place for each beneficiary.



In addition to traditional telehealth flexibilities, it is critical that the Acute Hospital Care at Home Program waiver be extended beyond December 31, 2024. The waiver has proven to be a game changer for hospitals and health systems delivering care in rural communities, particularly those with a depleted workforce. One ACHP member, Security Health Plan, part of the Marshfield Clinic Health System in Wisconsin, became the first insurer in the country to implement an episode of home care lasting 30 days. The program reduced post-acute utilization and readmissions for 150 inpatient conditions – including congestive heart failure, pneumonia and asthma – resulting in improved outcomes and beneficiary cost savings of 15 to 30 percent compared to traditional hospital-level care. Additionally, New Mexico-based Presbyterian Healthcare Services’ - the parent company of Presbyterian Health Plan, an ACHP member – has a high-touch Complete Care program that provides home care for beneficiaries with complex medical needs. The program has reduced hospitalization rates and lowered the cost of care per member by 38 percent, all while increasing beneficiary satisfaction. In rural communities, flexibility is a necessity of innovation. Continuing the Acute Hospital Care at Home Program waiver will allow health plans and health systems to continue to innovate, save taxpayer dollars and improve beneficiary satisfaction.

MA Network Composition

In June 2023, ACHP launched [*MA for Tomorrow*](#), an ambitious set of policy proposals to modernize and improve the MA program through five pillars: (1) raising the bar on quality; (2) improving consumer navigation; (3) advancing risk adjustment for care, not codes; (4) modernizing network composition; and (5) transforming benchmarks.

In rural communities, one of the most significant hinderances to robust MA competition is stringent network adequacy requirements. Currently, the Centers for Medicare and Medicaid Services (CMS) uses time and distance, provider ratios and appointment wait times to determine MA plan network adequacy. These metrics are dated and do not sufficiently assess a health plan’s provider network. The metrics also fail to appropriately consider the value of virtual care in expanding access, particularly in communities struggling with workforce shortages. *MA for Tomorrow* seeks to modernize network composition to increase competition and provide beneficiaries with care options that meet their needs.

To modernize MA network composition requirements, ACHP recommends imposing adequacy standards that reflect current approaches to care delivery. *MA for Tomorrow’s* recommendations allow health plans to demonstrate network adequacy by building on the success of virtual care and allowing providers to practice at the top of their licensure. Additionally, *MA for Tomorrow* streamlines the network adequacy exceptions process and outlines clear, expanded criteria for when exceptions are appropriate, reducing administrative burden for health plans and CMS.

In many parts of rural America, a health plan may not be able to meet MA network adequacy requirements because there is a lack of specialists within the region. Current MA network composition



requirements allow only a small reliance on virtual care, making it difficult for health plans to serve rural communities. Allowing health plans to rely more on virtual care will allow stronger MA networks, more competition among plans and more plan options for seniors, ultimately bridging the rural-urban MA divide.

MA plans also struggle to meet network composition requirements because there aren't always enough primary care providers to meet time and distance standards. ACHP supports expanding primary care provider requirements to include alternative care providers such as physician assistants and nurse practitioners, among others. Beneficiaries in rural America don't always have access to a primary care physician, but many have access to other high-quality health care professionals. Modernized network composition requirements must allow these professionals to practice at the top of their licensure, ensuring seniors have access to MA plan offerings that meet their needs.

Currently, health plans can request an exception to expand coverage options into rural and underserved communities, but this has not been fully realized. Lack of utilization of the exception process has contributed to rural and underserved communities across the country with low MA penetration rates. *MA for Tomorrow* reimagines the exception process to allow high-quality health plans opportunities to provide coverage in rural and underserved communities where they currently are unable to.

Modernizing the current network composition requirements and adopting new metrics will improve beneficiary access to high-quality coverage and care in rural and underserved areas. The unfortunate reality is many communities in rural America do not have access to any MA plan options and those that do have limited choice. Updating network composition requirements to be reflective of rural health care realities will improve competition for those that have an MA presence and provide a MA plan option for those that don't. With MA now enrolling the majority of seniors (and counting), the disparity between rural and urban/suburban plan options is evident. Improving MA network composition requirements can bridge the rural divide and provide rural beneficiaries with more choice and care options.

ACHP looks forward to working with the Committee to improve access to health care access and coverage in rural communities. Please contact Josh Jorgensen, ACHP Associate Director of Legislative Affairs, at jjorgensen@achp.org with any questions.

Sincerely,

Dan Jones
SVP, Federal Affairs
Alliance of Community Health Plans