

AAFP's Health Plan Advocacy and Engagement

In its first installment of the new *Beyond the Beltway* series (appearing in the Sept/Oct issue of *FPM*), the American Academy of Family Physicians (AAFP) shared the goals for this feature, which include providing you greater visibility into ongoing efforts to improve payment and reduce burden for family physicians.¹ The AAFP's public and private advocacy strategies are wide-ranging and we are always looking for new ways to expand our engagement with the many decision-makers across the health care landscape and share what we learn with you.

More than half of AAFP members contract with 10 or more payers,² creating a complex and unsustainable approach to coverage, payment, and reporting. The AAFP's advocacy with health plans is one of the most critical, ongoing efforts the AAFP undertakes to address this complexity. Serving your best interests is our top priority when we engage with private payers. This *Beyond the Beltway* feature describes the AAFP's national private payer engagement and advocacy strategy, and includes recommended ways to engage with payers to amplify your priorities.

AAFP'S PRIVATE HEALTH PLAN ADVOCACY

In addition to regularly monitoring payer activities and staying informed of policy changes, the AAFP meets with the largest health plans annually to advocate for your top priorities. To proactively engage payers in advance of these meetings, the AAFP solicits information to assess the degree to which health

plans' decisions and actions align with AAFP policies and priorities. The survey is organized into topics that reflect the following priorities of AAFP members:

- Eliminate unnecessary administrative burdens, including eliminating, reducing, or automating prior authorization, particularly for prescription medications and durable medical equipment.
- Increase investment in primary care and expand opportunities for family physicians to participate in well-designed value-based payment (VBP) models that align with the AAFP's Guiding Principles for VBP (<https://www.aafp.org/about/policies/all/value-basedpayment.html>).³
- Reduce administrative burden by limiting the number of performance measures and improve measure alignment and processes across payers.
- Support advanced primary care and population-health capabilities with timely and actionable information.
- Protect physician autonomy and your ability to practice full-scope family medicine.

Answers from the survey inform meeting agendas and an overall advocacy strategy for maintaining active and ongoing engagements with payers. The survey is updated annually to account for evolving AAFP priorities and previous payer responses.

The AAFP also uses these meetings to find other areas of collaboration that benefit our specialty. All of these activities inform the AAFP's priorities when advocating with private payers to advance family medicine and primary care.

AAFP'S ONGOING ENGAGEMENT

In addition to our annual meetings, the AAFP participates in workgroups that provide opportunities for ongoing stakeholder engagement, collaboration, and transparency on payer policies. For example, the AAFP participates in the American Medical Association's (AMA's) Administrative Simplification Workgroup, the Health Care Transformation Taskforce's Advanced Payer/Provider Partnerships Workgroup, UnitedHealthcare's Medical Society Forum, and Elevance Health's Medical Society Roundtable. These meetings allow us to advance the AAFP's advocacy agenda, communicate AAFP members' concerns, and help keep us informed about new payer policies and priorities. The work with these and other groups allows the AAFP to engage and advocate against payer policies harmful to primary care and in favor of policies that align with your priorities.

ENGAGEMENT LEADS TO POSITIVE RESULTS FOR AAFP MEMBERS

One example of a successful engagement was when Cigna announced their intention to update their modifier 25 policy to require physicians to submit documentation on all claims in which an office visit is billed with modifier 25 and a minor procedure.⁴ The AAFP wrote to Cigna, urging them to reconsider their policy, as the update would add undue administrative burden to practices. We reiterated our strong message to Cigna during our annual meeting

and signed a joint letter with the AMA, calling on the insurer to immediately rescind the policy, given its unnecessary and burdensome impact and its potential adverse effects on patients.⁵ These actions led Cigna to delay implementing the policy (<https://www.aafp.org/pubs/fpm/blogs/gettingpaid/entry/cigna-modifier25-delay.html>). We will continue to advocate against this policy and others that negatively impact patient care and place undue burdens on physicians and their care teams. The AAFP communicates these payer policy changes to members through AAFP News stories, blogs, and the Beyond the Beltway series.

CALL TO ACTION FOR AAFP MEMBERS

Payers need to hear about issues impacting family medicine and primary care directly from the source—YOU! The following are ways you can take action to make your voice heard:

- *Join a health plan advisory committee composed of physicians, other clinicians, and patients who provide input on policies and programs.*
- *Contact your health plan representatives with questions, concerns, or suggestions.* If you don't know your health plan representative, check their website or call their provider relations or customer service department.
- *Attend health plan meetings and events.* Health plans often host events for physicians to learn more about their plans and network with other physicians.
- *Follow FPM's Getting Paid blog* (<https://www.aafp.org/pubs/fpm/blogs/gettingpaid.html>), the *Beyond the Beltway* series, and *AAFP News* (<https://www.aafp.org/news.html>). Stay informed about payer policy news so you can engage with health plans in your region and join us in advocating for payers to change plans to positively impact your practice and patients.
- *Contact the AAFP with questions, concerns, and suggestions.* We want to hear from you! Contact us at katef@aafp.org.

Emerging Issue: G2211 Add-on Code

There is often a convergence of policies in the public and private sectors. Much of what the AAFP advocates for with the Centers for Medicare and Medicaid Services (CMS) will eventually affect or become policy for private payers. One emerging issue is implementing the G2211 add-on code in the Medicare Physician Fee Schedule (MPFS). CMS initially finalized G2211 in the calendar year (CY) 2021 MPFS final rule, but Congress temporarily delayed implementing it to focus on pandemic-related relief to physicians. G2211 will go into effect in 2024 if CMS finalizes its proposal in the final MPFS in November 2023 and Congress does not intervene. G2211 would be billed with codes for office/outpatient evaluation and management (E/M) visits to recognize better the inherent resource costs primary care physicians and other clinicians incur when longitudinally managing a patient's overall health or treating a patient's single, serious, or complex chronic condition. By paying physicians for providing this highly effective, low-cost care, G2211 is a step toward recognizing the value of primary care and will ultimately help improve patient- and population-health outcomes.

AAFP Advocacy on G2211

The AAFP strongly supports CMS' plan to fully implement G2211 in CY 2024, but others are lobbying to delay it. AAFP members can join their colleagues in calling Congress to support this vital policy by learning more at the AAFP's Speak Out to Fight for Family Medicine campaign webpage (<https://www.aafp.org/advocacy/fight/speak-out.mem.html>). Many private payers base their payment policies on regulations established for Medicare. If G2211 is implemented in the final MPFS, the AAFP will strongly advocate that private payers align with CMS by implementing G2211 across all business lines. Learn more about G2211 at Decoding G2211: Myths Versus Facts (<https://www.aafp.org/advocacy/advocacy-topics/physician-payment/medicare/advocacy-focus-g2211.html>).