

UNITEDHEALTH GROUP

A Path Forward to a Modern, High-Performing Health System



The COVID-19 pandemic has underscored both the strengths and shortcomings of the U.S. health care system. Providers, scientists, policymakers and other stakeholders have responded with resilience and compassion. Yet the pandemic also highlighted the gaps in coverage, systemic inequities, outdated care models and unsustainable cost structures that persist across the system. We believe these long-standing challenges can and must be met. While the obstacles to reform are not insignificant, we see a path forward to universal coverage, more affordable care, and a better health care experience for patients and providers alike.

We are committed to a future where every person has access to high-quality, affordable health care and a modern, high-performing health system that reduces disparities, improves outcomes and lessens the burden of disease.

Access

Universal coverage is within reach and can be achieved by ensuring continuity of coverage for those currently insured, enrolling people in the coverage for which they are currently eligible, completing Medicaid expansion and providing more affordable coverage options.



Protect Against Loss of Coverage



- Enable health plans to facilitate enrollment of people losing coverage due to Medicaid redeterminations into Exchange, employer or other coverage options.
 - Adequately fund Exchange education and enrollment outreach.
 - Streamline enrollment applications and expand presumptive eligibility authority in Medicaid to more populations and providers.
 - Enact continuous 12-month enrollment for children in Medicaid and CHIP, ensure 12 months of postpartum coverage in Medicaid and permanently reauthorize CHIP.
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Cover 20 Million Uninsured Individuals Through Medicaid and the Exchanges and Strengthen These Programs



- Passively enroll uninsured individuals eligible for Medicaid or Exchange subsidies into coverage – with a consumer opt-out – to cover 18 million individuals.
 - Expand Medicaid to serve 2 million uninsured individuals across 12 states that have not yet expanded Medicaid.
 - Ensure adequate Medicaid funding, permanently authorize the enhanced Exchange subsidies and establish a federally funded Exchange reinsurance program to maintain comprehensive and affordable coverage for enrollees.
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Enable More Affordable Choices in the Commercial Market to Improve Coverage Options for the 9 Million Remaining Uninsured



- Eliminate barriers to offering innovative and affordable commercial products – such as defined contribution, transitional and personalized plans – to better meet the needs of consumers and employers.
 - Eliminate restrictions on coverage of high-value services such as primary care, behavioral care and select prescription drugs before the deductible in high-deductible health plans, and allow health savings accounts to be used with all plan types to reduce access barriers for consumers.
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Affordability

Accelerating value-based care systemwide, using higher-value sites of service, reforming prescription drug pricing and ending wasteful administrative spending will make health care more affordable for consumers and employers, and more sustainable for all levels of government.



Accelerate Value-Based Care to Lower Costs for Consumers, Employers and Governments



- Eliminate state laws restricting capitated arrangements between providers and self-funded plans to increase the number of commercial enrollees served under value-based arrangements.
 - Include investments Medicare Advantage and Medicaid managed care plans make in social services infrastructure and provider practice capabilities in their medical loss ratios to facilitate the transition to whole-person and value-based care models.
 - Use proven private-sector capabilities such as care coordination and value-add benefits and gradually transition to full-risk payment in Medicare fee-for-service to improve outcomes and reduce unnecessary spending by beneficiaries.
 - Maintain sustainable funding in Medicare Advantage to enable plans to continue offering consumer-centric benefits to the 29 million beneficiaries who spend up to 40% less on their care on average compared to Medicare fee-for-service beneficiaries.
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Shift More Care to Higher-Value Providers and Sites of Service



- Maintain access to telehealth services made available during the public health emergency by eliminating restrictions – such as originating site, face-to-face, practicing across state lines, and prescribing limits on medication-assisted therapy – and allow diagnoses made during a telehealth visit to count toward risk adjustment programs.
- Modify Medicare rules to make payment amounts for the same services uniform across various provider types, allowing provider clinical expertise and consumer choice to determine the most appropriate care setting to save \$270 billion over 10 years.
- Prohibit anti-competitive clauses in commercial provider contracts that inhibit referrals to higher-quality and lower-cost providers.
- Expand Medicare coverage of, and ensure adequate payment for, home-based services such as home infusion, remote monitoring and post-acute care; protect in-home care models in Medicare Advantage; and fully fund Medicaid home- and community-based services to better serve beneficiaries.

Address Rising Prescription Drug Costs



- Reform government payment methodologies such as Medicare Average Sales Price and Medicaid Best Price that act as pricing floors, and transition to value-based pricing in the commercial market, supported by independent third-party drug valuation entities, to reduce costs and increase value to consumers.
 - Prohibit abuses of patent laws and establish reasonable exclusivity periods for high-cost drugs to create more competitive markets and reduce prescription drug costs.
 - Provide plans additional tools and flexibilities to better manage drug costs in the newly redesigned Medicare Part D benefit to reduce beneficiary premiums and government spending.
 - Enable pharmacy benefit managers to establish pharmacy accreditation standards and performance networks to drive services toward higher-quality, lower-cost pharmacies to improve outcomes and reduce the costs of medication non-adherence.
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Eliminate Wasteful Administrative Spending in Health Care



- Improve data sharing across payers and government programs to reduce the \$185 billion in wasteful fraud and abuse each year.
- Standardize appropriate plan administration functions and underpin requirements with quality and clinical rationales – such as network adequacy requirements – across markets and programs to increase plan efficiency and lower costs for employers, governments and consumers.
- Clarify the goals and objectives of federal and state compliance and enforcement efforts and eliminate duplicative audits to prioritize access to care and preserve government resources.

Experience

The health care experience can be transformed by focusing on equity and reducing disparities, expanding and diversifying the health care workforce, empowering consumers with actionable information and enabling clinicians to focus on patient care.



Advance Health Equity and Improve Care for Vulnerable Populations



- Invest in a data-driven understanding of health disparities and social determinants of health needs to help identify gaps in care and advance health equity.
- Deploy high-quality, comprehensive maternity programs in Medicaid to support healthy pregnancies and postpartum care and to reduce inequitable health outcomes.
- Advance health equity in Medicare Advantage by amending the Star Ratings program to include outcome measures that directly address social determinants of health.
- Provide additional benefits and financing flexibilities in Medicare chronic and dual eligible special needs plans, including in rural and urban geographies, to improve health outcomes for these high-cost populations.
- Integrate behavioral health into Medicaid managed care and ensure these programs provide multiple access points to care for children and adolescents.

Increase Workforce Capacity to Improve Access to Care



- Increase community-based graduate medical education slots designated for primary care and behavioral health clinicians to reduce time-to-care for consumers and expand access to underserved populations.
- Fund nursing educator positions and expand federal loan repayment programs to nurses working in rural and other underserved areas to reduce care wait times and health disparities.
- Amend federal and state laws that limit clinicians' scope of practice to bolster the primary care workforce to help offset the projected shortage of up to 48,000 primary care physicians by 2034.
- Fund programs to increase health care workforce diversity and ensure providers receive training on the delivery of culturally competent care.
- Align substance use disorder privacy rules with HIPAA standards to improve care coordination across providers to foster better treatment outcomes and experiences.

Increase Consumer Engagement



- Enable Medicare Advantage, Medicaid and Exchange plans flexibility to offer broader financial and benefit incentives for members taking action on their health to reverse or delay disease progression, improve medication adherence, and increase beneficiary satisfaction.
 - Aid consumers in making informed health care decisions by prioritizing digital cost estimator tools and increasing access to hospital price transparency data, and prevent consumer confusion by repealing requirements to deliver potentially inaccurate advance explanation of benefit communications.
 - Amend state and federal rules to catalyze the transition to paperless health care communications to consumers – with a consumer opt-out – to speed and simplify engagement with consumers and reduce paper waste and minimize the health care sector’s impact on climate change.
 - Modernize patient experience measures in Medicare Star Ratings to more meaningfully and comprehensively measure the beneficiary experience.
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Enable Clinicians to Focus on Delivering High-Quality Care



- Promote the adoption of technologies that embed actionable clinical information in the physician workflow to increase the share of patients receiving evidence-based care and reduce prior authorization burden.
- Accelerate secure, bidirectional data flow in electronic medical records and third-party apps to reduce gaps in care, minimize duplicative care and improve health outcomes.
- Establish credentialing programs and expand coverage for non-clinician providers – such as community health workers, counselors and doulas – to bolster the caregiver workforce, enable team-based care and reduce physician burnout.
- Establish a national core set of evidence-based care and health outcomes measures to drive better outcomes and reduce provider burden.
- Develop evidence-based care guidelines and quality measures in behavioral health care to support value-based care models and improve outcomes.

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A Path Forward to a Modern, High-Performing Health System represents UnitedHealth Group's policy and advocacy priorities based on the company's distinctive experience serving people across the health care system.