



UNITEDHEALTH GROUP

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

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.

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A Vision for the Future of Health Care

The U.S. health care system is on an unsustainable trajectory. It is too expensive, inefficient and frustratingly inaccessible for far too many. Roughly 25% of the \$5 trillion spent on health care annually is wasted on administrative complexity, overtreatment, and lack of coordination. Moreover, people of color and rural Americans continue to face significant health disparities. In fact, compared to many peer countries around the world, the U.S. reports worse outcomes at a remarkably higher cost.

The good news is a better model is emerging – one that moves beyond a transaction-based health care system to a value-based model designed to proactively help keep people healthy over the course of a lifetime.

As doctors, we know firsthand how transformative good health care can be. We also know the detrimental impact a lack of such care can have on the millions of Americans who depend on it. It's why we feel a deep responsibility to patients and clinicians to make the health care system work better for everyone by helping to accelerate a systemwide transition to value-based care.

Today, we have a tremendous opportunity to change health care for the better by advancing a system that puts greater emphasis on high-quality, preventive care, fosters greater collaboration, and delivers better outcomes at a lower cost. A system that breaks down silos and delivers whole-person care to help people get well and stay well.

That's exactly what value-based care is designed to achieve. We've seen it work in programs like Medicare Advantage, where patients in value-based care models are 18% less likely to be admitted to the hospital and 11% less likely to visit the emergency department, compared with patients in fee-for-service Medicare.

As patients, clinicians and policymakers embrace models that prioritize patient-first, holistic care over a transactional health system rooted in episodic and disconnected patient interactions, we believe this shift will only continue to grow.

Because people appreciate high-quality care that is easier to find and pay for. They value unhurried interactions with their care providers. And they appreciate knowing their own healthiest life is the guiding principle for providers and health plans alike.

Hand in hand with this transition is a thoughtful embrace of modern technology. With safety and security at the forefront, and a human always in the loop, artificial intelligence tools can lessen the administrative burden on providers and maximize face time with patients. In an era of unprecedented provider burnout, technology can help make health care both smarter and more human.

These solutions are about the health of our nation. That's why we are confident elected officials across the political spectrum will see the common good in advancing smart, sound policies focused on expanding and diversifying the health care workforce, reforming prescription drug pricing, and simplifying the enrollment process to achieve universal coverage, ultimately ensuring every American has access to high-quality, affordable health care.

To create a healthier, more sustainable future, we must acknowledge the challenges we face in the present. Our system isn't working as well as it should. With thoughtful policy changes and bold steps toward a value-based health care model for everyone, it can.



Margaret-Mary Wilson, MD, MBA, MRCP
Chief Medical Officer
UnitedHealth Group

As a geriatrician and cardiologist, Dr. Wilson's experience includes direct patient care, medical education, patient safety, quality improvement, risk management, and global healthcare systems management in a variety of health care settings across four continents: Africa, the United Kingdom, South America, and the United States.



Wyatt Decker, MD, MBA
Chief Physician,
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Dr. Decker is an emergency medicine physician. He served as CEO of Mayo Clinic in Arizona, establishing it as the safest hospital in the United States, and launched a state-of-the-art cancer center and the second campus of Mayo Clinic Alix School of Medicine. Prior to his current role, Dr. Decker was CEO of Optum Health.



Value-Based Care

The transformation to a higher quality, lower cost health system can be accomplished by supporting existing value-based care models and incenting the adoption of new ones, and by reducing costs elsewhere in the system.

Accelerate Value-Based Care



- Update MACRA’s Medicare physician payment model and fund physician infrastructure needs to advance adoption of two-sided risk models and improve payment stability.
- Amend the medical loss ratio methodology in government health programs to include spending on social services (e.g., housing, nutrition, and transportation) and provider practice capabilities (e.g., interoperable EHR systems and care management software) to incent the provision of whole-person care.
- Apply 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 lower costs for beneficiaries.
- Promote a stable Medicare Advantage payment environment that reflects a medical trend accounting for rising health care costs and increases in utilization.
- Enhance the Medicare Advantage program by requiring plans to provide coordinated and managed supplemental benefits and ensuring rural access for beneficiaries through programs that stabilize revenue for rural providers.
- Prevent restrictions on corporate practice of medicine laws where practices are engaged in or transitioning to value-based care arrangements.
- Improve health system resiliency by establishing mandatory minimum cybersecurity standards developed collaboratively by the government and private sector.
- Ensure AI-regulatory policy allows health care entities to deploy AI tools that will improve the care experience for consumers and providers, lower costs and facilitate earlier treatment of medical conditions.

Shift More Care to Higher-Value Providers and Sites of Service



- Remove barriers in Medicare coverage and payment policy to shift more care to lower cost settings when clinically appropriate and ensure appropriate payment mechanisms for novel care modalities to ensure access to care in Medicaid.
- Prohibit anti-competitive clauses – such as “all or nothing” and anti-steering 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 hospital-at-home services; and protect in-home care models in Medicare Advantage.
- Bolster access to Medicaid home- and community-based services by leveraging managed care capabilities to better serve beneficiaries.

Modernize Pharmacy Care Services and Address Rising Drug Costs



- Eliminate structural barriers like government price reporting metrics that inhibit the adoption of value-based pricing for prescription drugs to lower costs and increase access for patients.
- Reform patent laws and FDA approval processes that confer market exclusivity for far longer than intended and reduce competition in the market for generics and biosimilars.
- Enact legislative and regulatory reforms to the Part D benefit that provide greater flexibility for plans to promote affordable drug coverage for Medicare beneficiaries.
- Protect and enable the use of the full suite of PBM tools to harness competition, lower the cost of medicines, and promote high-quality care.
- Recognize the critical role of pharmacies as care providers by allowing pharmacists to bill for certain Medicare Part B services.

Eliminate Wasteful Administrative Spending



- Improve data sharing across payers and government programs to reduce the \$185 billion in wasteful fraud and abuse each year.
- Standardize select plan administration requirements – such as network adequacy standards and select prior authorization requirements – across programs and create a national provider directory 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.



Access

Universal coverage is within reach and can be achieved by enrolling people into coverage they are eligible for, completing Medicaid expansion, making it easier to stay enrolled in coverage, and making it easier for insurers to make coverage more affordable.

Cover the Uninsured and Extend Coverage Funding Mechanisms



- Passively enroll uninsured individuals eligible for Medicaid or Exchange subsidies into coverage – with a consumer opt-out – to cover 9 million uninsured individuals.
- Expand Medicaid to serve 2 million uninsured individuals across 10 states that have not yet expanded Medicaid.
- Ensure adequate Medicaid funding, permanently reauthorize enhanced Exchange subsidies and CHIP, and establish a federally funded Exchange reinsurance program to maintain stable and affordable coverage for 100 million consumers.
- Preserve affordable coverage for 157 million consumers by protecting the tax treatment of employer-sponsored insurance.

Make It Easier for People to Enroll in and Maintain Coverage



- Simplify and invest in modernizing Medicaid and subsidized Exchange enrollment and re-enrollment processes and allow health plans to conduct consumer outreach and facilitate enrollment via text and other consumer-friendly methods.
- Expand presumptive eligibility authority in Medicaid to more populations and providers.
- Extend Medicaid coverage for longer periods of time before an eligibility redetermination, for example, consider multiyear continuous eligibility for children and 12 months of continuous eligibility for adults.

Support Coverage Innovations to Better Meet Evolving Consumer Needs



- Eliminate barriers to offering innovative and affordable coverage options, including value-based copay plans with no deductibles.
- Remove restrictions on pre-deductible coverage of primary care, telehealth and select prescription drugs in plans with health savings accounts (HSAs), allow HSAs with all types of coverage, and allow Medicare Advantage beneficiaries to use HSA funds to pay premiums.
- Eliminate state laws that restrict risk-based compensation arrangements to increase the number of consumers who can enroll in products designed around value-based care.
- Permanently eliminate restrictions on telehealth coverage – such as originating site, face-to-face, practicing across state lines, and prescribing limits on medication-assisted therapy – and include telehealth providers in calculations of network adequacy standards.



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 drivers of health needs to help identify gaps in care and advance health equity.
- Achieve more equitable maternal health and birth outcomes by supporting evidence-based, accountable and comprehensive health and social services health coverage for women before, during and after pregnancy.
- Protect state Medicaid program flexibilities and dual-eligible beneficiary choice of Medicare Advantage plan to better integrate Medicare and Medicaid benefits.
- Further integrate behavioral and physical health care in primary care settings.

Increase Workforce Capacity



- Increase the number of federally funded medical residency slots for community-based primary care and behavioral health physicians.
- Expand visa slots for foreign-trained clinicians.
- Increase government investment in advanced practice clinician education and clinical training programs.
- Amend federal and state laws that limit clinicians' scope of practice to bolster the primary care workforce and help offset the projected shortage of up to 68,000 primary care physicians by 2036.
- Fund programs to increase health care workforce diversity and ensure providers receive training on the delivery of culturally aligned care.
- Establish standardized credentialing programs and fee schedules for licensed clinicians of an interdisciplinary team and for non-clinician providers – such as community health workers, counselors, doulas, peer support specialists and supervised mental health and substance use recovery coaches.

Consumer Engagement



- Provide Medicare Advantage, Medicaid and Exchange plans flexibility to offer broader financial and benefit incentives for members taking action on their health to prevent, reverse or delay disease progression, improve medication adherence, and increase beneficiary satisfaction.
- Amend state and federal rules to catalyze the transition to paperless health care communications to consumers – with an opt-out – to speed and simplify engagement with consumers and minimize the sector’s impact on climate change.
- Modernize patient experience measures in Medicare Star Ratings to more meaningfully and comprehensively measure the beneficiary experience.

Improve the Physician Experience



- Reform prior authorization practices by reducing the number of codes subject to prior authorization; accelerating electronic prior authorization adjudication; reducing determination timeframes; and exempting high-performing provider practices from prior authorization for select services.
- 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 a national core set of evidence-based care and outcomes measures for physical and behavioral health to drive better outcomes and reduce provider burden.

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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.