HBMA GOVERNMENT RELATIONS COMMITTEE
2025 ADVOCACY PRIORITIES

The HBMA Government Relations (GR) Committee has been fighting hard to make sure the voice of the RCM industry is heard in Washington, D.C. With a new presidential administration and Congress, the new year will see plenty of activity on issues that impact the RCM industry.

The GR Committee's 2023 Strategic Plan identified two lenses through which we will examine and advocate on all policy priorities: 1) reimbursement policy, and 2) administrative burden.

The HBMA GR Committee is outlining our top advocacy priorities for 2025 based on the direction we established in the Strategic Plan. These priorities reflect the most pressing issues for our members and federal policymakers. The GR Committee remains flexible to address other policy issues that arise throughout the year.

Medicare Reimbursement

Fixing how Medicare pays providers continues to be HBMA's top advocacy priority. Inflation has outpaced updates to the Medicare Physician Fee Schedule (PFS) Conversion Factor (CF) by over 20% since 2010. Providers also face more reimbursement reductions unless Congress acts to prevent those cuts from taking effect. There are various bills in Congress that seek to provide relief. One bill would make changes to how the PFS makes budget neutrality adjustments. Others would directly offset reductions to the 2025 PFS CF. Most notably, several bills would provide an annual inflationary update to PFS adjustments. HBMA has endorsed all of these measures and will continue to urge Congress to pass legislation that fixes our broken Medicare reimbursement policies.

Medicare Advantage

Medicare Advantage (MA) is an increasingly significant administrative and financial pain point for many physician practices and RCM companies. These challenges will only continue to grow as MA accounts for a growing portion of Medicare beneficiaries (over half of all Medicare beneficiaries are currently enrolled in an MA plan). Congress and CMS are becoming gradually more interested in addressing some of these issues such as prior authorization and network adequacy. HBMA intends to make improving Medicare Advantage one of our top advocacy priorities in 2025.

Oppose CMS' Overreliance on G Codes and Promote Consistent Coverage Policies Across Payers

HBMA criticized the 2025 Medicare Physician Fee Schedule for its overreliance on G Codes for new coverage policies when CPT codes already exist for those services. G Codes create burdens for practices and RCM companies that must update software and retrain staff on these new codes. This exacerbates a growing issue where Medicare coverage policies do not align with coverage policies from other payers. HBMA will continue to advocate against using G

Codes when CPT codes already exist and promote consistent coverage policies across all payers.

EFT Fees and Virtual Credit Cards

For years, physicians have faced unfair payment cuts from virtual credit card (VCC) fees and from third-party payment vendors charging similar fees for standardized EFT transactions. The fees charged to providers for these payments add to the many financial burdens physicians already face. A recent HBMA member survey shows these fees are overwhelmingly burdensome for medical practices and RCM companies. A ProPublica article spotlighting this issue helped motivate a bipartisan group of legislators to introduce legislation that would prohibit third-party vendors from charging EFT fees. HBMA supports this bill and encourages Congress to introduce legislation that also addresses VCCs.

No Surprises Act and Patient Medical Debt

The No Surprises Act (NSA) continues to be a top priority for our members. Successful legal challenges have forced CMS to revise key details of the NSA's Independent Dispute Resolution (IDR) process. Additionally, a proposed rule issued in 2023 would make many meaningful improvements to the IDR process. A bill introduced in 2024 would penalize health plans for not paying providers after an IDR determination is made. Meanwhile, practices are still struggling to fully comply with the burdensome good faith estimate (GFE) provision, much of which is not currently being enforced. CMS intends to propose a rule for how it will begin enforcing both the Advanced Explanation of Benefits (AEOB) and the currently unenforced connected care portion of the GFE as early as the spring. Lastly, policymakers are increasingly focusing on how patient medical debt is collected and treated on credit reports. HBMA will remain engaged with these efforts to improve the IDR process, reduce administrative burdens associated with the AEOB and GFE, and oppose policies that will prevent practices from collecting payments they are owed.

Federal agencies such as the Consumer Financial Protection Bureau (CFPB) are also seeking to protect patients from harmful medical debt. However, the CFPB's most recent proposed rule would prevent any medical debt from impacting a patient's credit report. This leaves practices with essentially no recourse to collect unpaid patient amounts. HBMA supports common-sense flexibilities for patients who need assistance paying their bills. But this proposed rule contains no such nuance. It also does not address the underlying cause of patient medical debt – high health insurance cost-sharing. Practices have no control over a patient's cost-sharing benefit. To truly address the root cause of patient medical debt policymakers must focus on how health insurers structure their cost-sharing benefits.

Telehealth

Medicare telehealth coverage policy is very outdated and does not reflect how commercial payers and patients utilize telehealth. The COVID-19 Public Health Emergency (PHE) allowed CMS to waive many of these restrictive coverage requirements and institute a more modern telehealth coverage framework. Congress finalized a short-term extension of these popular Medicare telehealth coverage waivers through March of 2025. Failure to extend these policies or permanently change the Medicare telehealth coverage statute will result in a pre-COVID

Medicare telehealth coverage framework. HBMA will support efforts to extend these important flexibilities, ideally in a permanent way.

Cybersecurity

The 2024 Change Healthcare cyberattack caused massive disruptions to the RCM process. In response to this and other cyberattacks, Congress and HHS are exploring ways to improve cybersecurity throughout the healthcare sector. While HBMA supports cybersecurity, we will advocate to ensure new measures focus on enforcing existing standards and guidance and not imposing new financial and administrative burdens on RCM companies and medical practices.

Value-based Care

With payers increasingly shifting providers into value-based payment models, it is essential that HBMA uses its voice to raise awareness about the administrative burdens associated with these models. For Medicare, participation in value-base payment models such as the Merit-based Incentive Payment System (MIPS) is the only way for providers to earn positive payment adjustments. Providers should not have to rely on these programs as the only opportunity for increased payments. HBMA will continue to advocate for improvements to value-based payment programs to make them more workable and less burdensome for practices and RCM companies.