In addition to the regular Medicare program, many Medicare patients choose to get their Medicare insurance through private health plans, known as Medicare Advantage. Medicare also uses private health plans—known as Medicare Part D—to provide insurance for prescription drugs.

Some practices of these private health plans can get in the way of providing proper patient care and can impose administrative burdens on physicians, such as requiring prior authorizations. Thanks to the AMA’s advocacy efforts, physicians and patients have a voice to make these programs work better and more efficiently by speaking to Medicare program and individual plan administrators on behalf of physicians and their patients. The goal is to have a system that:

- Protects patients
- Improves patient access to high-quality care
- Reduces patients’ out-of-pocket costs
- Lowers administrative burdens on physicians

To read more about specific Medicare Advantage and Part D advocacy efforts, type a topic into the AMA’s Federal and State Correspondence Finder.

**AMA letters**

- Advance notice of 2017 changes for Medicare Advantage capitation rates and 2017 draft call letter
- Advance notice of changes for CY 2016 for Medicare Advantage capitation rates and 2016 call letter
- Increasing patient protections in the Medicare Advantage plan offerings in the draft 2016 call letter
- Advance notice of changes for CY 2015 for Medicare Advantage capitation rates and 2015 call letter
- Medicare program CY 2015 policy and technical changes to Medicare Advantage and Medicare Part D programs