

**POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION
HOUSE OF DELEGATES**

RESOLUTION # C26

SUBJECT: Medical Director and Clinical Practitioners’ gain share in I-SNPs and IE-SNPs

INTRODUCED BY: PALTmed Value Based Care Work Group/ Public Policy Committee

INTRODUCED ON: March 2026

1 **Whereas**, Value Based Care (VBC) programs aim to promote best practices in clinical care of
2 patients in all settings of care; and
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4 **Whereas**, improved patient care in VBC programs is expected to produce better clinical
5 outcomes for their beneficiaries and avoid unnecessary hospitalizations resulting in substantial
6 savings in patient care expenses; and
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8 **Whereas**, most VBC programs including Accountable Care Organizations (ACOs) reward
9 physicians and clinical practitioners for improved clinical outcomes and reduced care spend for
10 the plans’ beneficiaries by sharing program generated savings with clinical practitioners; and
11

12 **Whereas**, Institutional- Special Needs Plans (I-SNPs) and Institutional Equivalent- Special
13 Needs Plans (IE-SNPs) belong to the VBC category, and are designed to improve long term care
14 (LTC) residents’ clinical outcomes and reduce care spend by treating them in place at long term
15 care facilities by the provision of complex and coordinated clinical care by clinical practitioners
16 and Medical Directors designed to prevent unnecessary hospitalizations, but most I-SNPs and
17 IE-SNPs do not currently share savings generated by these programs with clinical practitioners
18 and medical Directors; and
19

20 **Whereas**, Medicare Advantage (MA) plans generate savings by managing utilization at the
21 expense of increased workload on the clinical workforce coupled with diminished
22 reimbursements despite higher patient acuity in post-acute and long- term care settings; therefore
23 be it
24

25 **RESOLVED**, that our Post-Acute and Long-Term Care Medical Association (PALTmed)
26 advocate for legislative and regulatory changes in concert with American Medical Association
27 and other like-minded parties to ensure a fair and equitable distribution of generated savings
28 from Institutional Special Needs Plans (I-SNPs) and Institutional Equivalent- Special Needs
29 Plans (IE-SNPs) with nursing home Medical Directors and clinical practitioners providing
30 clinical, administrative, quality improvement, and clinical care co-ordination services to the
31 plans’ beneficiaries, commensurate with the time and effort expended by the clinicians to
32 achieve better clinical outcomes and generate savings for the said plans; and to require Medicare
33 Advantage Organizations (MAOs) to pass through acuity-adjusted capitated payments to
34 clinical practitioners, ensuring that those delivering care to the most complex patients receive
35 commensurate resources.
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FISCAL NOTE:



RESOLUTION RESULTS: < FOR PALTmed OFFICE ONLY >