2018 POLICY PRIORITIES

JANUARY 2018

BETTER MEDICARE ALLIANCE

Better Medicare Alliance is the leading coalition for a strong Medicare Advantage option for Medicare-eligible beneficiaries. We support policies that recognize Medicare Advantage as driving value-based care delivery and innovations that provide high-quality, cost-effective care with better outcomes and high beneficiary satisfaction.

2018 Goals for Medicare Advantage

- Ensure consumer-friendly, enrollment materials on the choice and benefits of the Medicare Advantage program.

- Modernize the regulatory processes on rates and policies to support stability and ensure accurate payment in Medicare Advantage.

- Ensure high-quality care for beneficiaries with multiple chronic conditions.

- Promote innovation in care delivery through flexibility in benefits, plan design, community partnerships, and integrated care.

- Encourage value-based care by promoting value-based payment arrangements, insurance design, and aligning program goals and measurements.

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Recommendations for Action on Medicare Advantage:

Legislative Actions

- ✓ Permanently authorize Special Needs Plans and expand the definition for use of supplemental benefits to offer services and support.*

- ✓ Repeal the Independent Payment Advisory Board.*

- Repeal or delay the Health Insurance Tax.†

- Freeze the coding intensity adjustment at the current statutory minimum.

- Eliminate the benchmark cap for plans rated 4 stars or higher.

- Recognize value-based payment arrangements in Medicare Advantage as an advanced alternative payment model.

- Establish a formal Medicare Advantage stakeholder advisory group within the Centers for Medicare & Medicaid Services.

- Support increased funding for State Health Insurance Assistance Program counselors.

Regulatory Actions

- Improve CMS and SSA beneficiary materials for initial and open enrollment.

- Eliminate barriers to flexible benefit design and expand the definition of supplemental benefits to include additional social supports and services.

- Account for social determinants of health in the calculation of risk scores and star ratings.

- Ensure smooth program transitions to Medicare Advantage through Employer Group Waiver Plans and seamless conversions.

- Delay the use of encounter data as the sole source of risk adjustment until identified data issues are addressed.

- Ensure accurate Medicare Advantage benchmark calculations by only using Fee-For-Service Medicare data from individuals enrolled in both Part A and Part B.

- Align the Medicare Advantage Star Rating System measures with other public quality rating systems.

- Implement a two-year policy-setting cycle for non-payment policy changes.

* Completed as part of the Bipartisan Budget Act of 2018 (P.L. 115-123) passed by Congress on February 9, 2018
† Delayed for 2019 only as part of the continuing resolution (P.L. 115-120) passed by Congress on January 22, 2018