

POLICY PRIORITIES TO SUPPORT AND STRENGTHEN MEDICARE ADVANTAGE

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Better Medicare Alliance is the leading coalition of diverse stakeholders and beneficiaries that advocates for Medicare Advantage. We support policies that strengthen Medicare Advantage, enabling plans, providers, and community partners to offer high-quality, affordable, integrated care for Medicare beneficiaries. We seek to ensure that Medicare Advantage (MA) continues to modernize Medicare through enhanced benefits and innovations in financing and care delivery that meets the needs of today's – and tomorrow's – Medicare beneficiaries.

Implement Effective COVID-19 Response

Ensure Medicare Advantage beneficiaries have full, equitable, and appropriate access to testing, vaccination, and treatment for the coronavirus and beneficiaries maintain access to other care and services, including ensuring that regulation and legislation account for the annual prospective payment system in MA.

- Allow diagnosis identified in audio-only telehealth visits and other accommodations to be used for risk assessment during the public health emergency.
- Make permanent the waivers granted during the public health emergency that have resulted in improvements and enhancements in access, equity, and quality.
- Modify Medical Loss Ratio (MLR) requirements to eliminate the multi-year enrollment and contracting penalties impacted by the pandemic.
- Ensure access to COVID-related health services for beneficiaries in Medicare Advantage given that over half of all Hispanic seniors and almost half of Black seniors are enrolled in Medicare Advantage and are at high risk of serious consequences of the coronavirus.
- Ensure Medicare Advantage is considered as changes are made in Traditional Medicare, so that providers and beneficiaries in MA are not disadvantaged as regulatory or legislative actions are taken to address the pandemic.

Build on Medicare Advantage's Capabilities to Address Health Equity and Social Risks

Enable health plans and providers to effectively address health disparities and enhance their capacity to improve health equity.

- Consider means to assess and incentivize improvements in racial, ethnic, and gender disparities through risk adjustment and the Star Ratings System.
- Ensure flexibility in benefit design and use of supplemental benefits to address social determinants of health.

- Expand Medicare Advantage supplemental benefit flexibilities to address social needs and health disparities, by allowing socioeconomic, functional limitations, and other select factors as criteria for eligibility of non-medical supplemental benefits.
- Enhance collection of data on demographics and health equity.

Promote Care Delivery Innovations and Telehealth in Medicare Advantage

Support and grow opportunities for innovative care delivery in Medicare Advantage that promote quality care, expand access, and address needs of beneficiaries.

- Continue the flexibility in benefit design and network adequacy to allow innovation and use of technology in care and services for beneficiaries.
- Ensure continued use of telehealth visits to enhance access to care and services, including in underserved communities in both urban and rural areas.
- Support innovation to improve outcomes by expanding access to long-term support services, care in the home, and appropriate use of post-acute care.
- Continue to encourage innovation in care and services for beneficiaries in MA with complex needs, chronic conditions, special needs, social risk factors, and functional limitations.
- Enable data collection and utilization across plans and providers to facilitate identification and care for beneficiaries with high needs.

Improve Enrollment Experience and Enhance Patient Engagement

Modernize and enhance the information, materials, and processes to maintain high beneficiary engagement and satisfaction.

- Modernize the consumer experience survey to capture meaningful and actionable findings.
- Ensure complete, accurate, culturally and linguistically appropriate communications on consumer choices in Medicare.



- Streamline the enrollment process for beneficiaries by moving the responsibility for initial and annual enrollment from the Social Security Administration to CMS.
- Require CMS to inform employers about the decision-making process and options available to employees when they reach age 65 and provide appropriate materials.

Improve Consumer Cost Protections in Part D Prescription Drug Coverage

Support actions that enable health plans to keep beneficiary costs low.

- Rescind the Final Medicare Part D Rebate Rule to protect beneficiaries from higher premiums.
- Enact legislation to create annual limits on out-of-pocket beneficiary costs in Part D.
- Allow health plans to offer consumer incentives to support medication adherence.

Support the Functional Structure of Medicare Advantage

Maintain accurate and adequate policy to support full-risk and population based payment, the collection of data necessary for accurate payment and identification of beneficiary health status, protection of the successful quality incentive program, and support for care management essential to high-value, integrated care.

- Support care management tools, network adequacy rules, care coordination, flexibility and resources for supplemental benefits to address beneficiary needs and improve health outcomes.
- Ensure adequate payment and accurate risk assessment through regulation and legislation.
- Maintain accountability and incentives to ensure continuity of high-quality care, supplemental benefits availability, and investments in innovation.
- Ensure accurate and complete data collection and availability of data by health plans and providers to identify and care for beneficiary's clinical, functional, and social needs and address health equity.