

December 6, 2021

Chiquita Brooks-LaSure, Administrator
The Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8013

Re: Calendar Year 2023 Medicare Advantage Rate and Policy Setting Process

Administrator Brooks-LaSure:

As the Centers for Medicare & Medicaid Services (CMS) prepares for the Calendar Year (CY) 2023 Medicare Advantage rate and policy setting process, we write to urge you to consider policies that maintain stability and support a strong Medicare Advantage option for over 27 million beneficiaries. Better Medicare Alliance is a diverse coalition of 160 Ally organizations and more than 600,000 beneficiaries who value Medicare Advantage. Together, our Alliance of community organizations, providers, health plans, aging service organizations, and beneficiary advocates share a commitment to ensuring Medicare Advantage remains a high-quality, cost-effective option for current and future Medicare beneficiaries.

Medicare Advantage currently serves 43 percent of the Medicare population, which is expected to increase in 2022 as enrollment is projected to reach 29.5 million beneficiaries.¹ Medicare Advantage also covers an increasingly diverse population, including Black, Latinx, Asian American and Pacific Islander, dual eligible, and low-income beneficiaries. The value and innovation in Medicare Advantage is demonstrated by its high-quality ratings and by increasingly offering enhanced supplemental benefits that meet the health care needs of Medicare's most underserved populations. Medicare Advantage delivers on its commitment to providing value to both beneficiaries and the federal government. Medicare Advantage:

- **Offers Affordable, High-Quality Coverage to Beneficiaries.** CMS recently announced that Medicare Advantage premiums will continue to decline, to a 15-year low, while plan choices, benefits, and enrollment will increase in 2022.² Approximately 90 percent of beneficiaries currently enrolled in Medicare Advantage with prescription drug coverage are in health plans with a rating of four or more stars in 2022, a record high.³ Also, Medicare Advantage plans are increasing and expanding the availability of important

¹ MedPAC. Report to the Congress: Medicare Payment Policy. March 2021. Available at: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/reports/mar21_medpac_report_to_the_congress_sec.pdf;

Centers for Medicare and Medicaid Services. "CMS Releases 2022 Premiums and Cost-Sharing Information for Medicare Advantage and Prescription Drug Plans." September 30, 2021. Available at: <https://www.cms.gov/newsroom/press-releases/cms-releases-2022-premiums-and-cost-sharing-information-medicare-advantage-and-prescription-drug>

² Centers for Medicare and Medicaid Services. "CMS Releases 2022 Premiums and Cost-Sharing Information for Medicare Advantage and Prescription Drug Plans." September 30, 2021. Available at: <https://www.cms.gov/newsroom/press-releases/cms-releases-2022-premiums-and-cost-sharing-information-medicare-advantage-and-prescription-drug>

³ Centers for Medicare and Medicaid Services. "CMS Releases 2022 Medicare Advantage and Part D Star Ratings to Help Medicare Beneficiaries Compare Plans." October 28, 2021. Available at: <https://www.cms.gov/newsroom/press-releases/cms-releases-2022-medicare-advantage-and-part-d-star-ratings-help-medicare-beneficiaries-compare>

supplemental benefits to enrollees, such as home meal delivery, transportation, nutrition and in-home support services.⁴

- **Provides Value to the Federal Government.** Recent research finds Medicare Advantage provides \$32.5 billion annually in additional benefits and cost protections not available in FFS Medicare, highlighting the value of Medicare Advantage to the federal government and the program's ability to do more with the taxpayers' dollar.⁵
- **Supports Underserved and Diverse Populations**
 - Enrollment among minority and dual eligible beneficiaries has grown 111 percent and 125 percent, respectively, since 2013.⁶
 - Nearly 50 percent of Black seniors and 53 percent of Latinx seniors are enrolled in Medicare Advantage.⁷
 - Twenty-two percent of Medicare Advantage beneficiaries are dually eligible for Medicare and Medicaid.⁸
 - Over half of Medicare Advantage beneficiaries live on annual incomes of less than \$24,500.⁸
 - Medicare Advantage has a 63 percent higher rate of beneficiaries who enroll in Medicare due to a disability.⁹
- **Improves Health Outcomes**
 - Beneficiaries in Medicare Advantage experienced 33 percent fewer emergency room visits than their FFS Medicare counterparts.⁹
 - Medicare Advantage beneficiaries have nearly 29 percent fewer potentially avoidable hospitalizations, 41 percent fewer avoidable acute hospitalizations, and 18 percent fewer avoidable chronic hospitalizations than FFS Medicare beneficiaries.⁹
 - Vaccination rates in high-need, high-cost Medicare Advantage beneficiaries are as much as 52 percent higher than FFS Medicare vaccination rates.¹⁰

⁴ Avalere Health. "More Medicare Advantage Plans Will Offer Non-Medical Benefits in 2022." October 19, 2021. Available at: <https://avalere.com/insights/more-medicare-advantage-plans-will-offer-non-medical-benefits-in-2022>

⁵ Milliman. Value to the Federal Government of Medicare Advantage. October 21, 2021. Available at: <https://www.milliman.com/en/insight/Value-to-the-federal-government-of-medicare-advantage>

⁶ Milliman. Comparing the Demographics of Enrollees in Medicare Advantage and Fee-For-Service Medicare. October 2020. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2020/10/Comparing-the-Demographics-of-Enrollees-in-Medicare-Advantage-and-Fee-for-Service-Medicare-202010141.pdf>

⁷ Better Medicare Alliance. Medicare Advantage Offers High Quality Care and Cost Protections to Racially and Ethnically Diverse Beneficiaries. June 2021. Available at: https://bettermedicarealliance.org/wp-content/uploads/2021/06/BMA_2021-Q2-Data-Brief_6.15.21.pdf

⁸ Better Medicare Alliance. Medicare Advantage Outperforms Traditional Medicare on Cost-Protections for Low- and Modest-Income Populations. March 2021. Available at: <https://bettermedicarealliance.org/publication/data-brief-medicare-advantage-outperforms-traditional-medicare-on-cost-protections-for-low-and-modest-income-populations-2/>

⁹ Avalere Health. Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare. July 2018. Available at: https://bettermedicarealliance.org/wp-content/uploads/2020/03/BMA_Avalere_MA_vs_FFS_Medicare_Report_0.pdf

¹⁰ Better Medicare Alliance. Positive Outcomes for High-Need, High-Cost Beneficiaries in Medicare Advantage Compared to Traditional Fee-For-Service Medicare. December 2020. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2020/12/BMA-High-Need-Report.pdf>

Medicare Advantage continues to serve its beneficiaries by increasing access to care, reducing out-of-pocket costs, and improving patient care and outcomes. As CMS considers future rulemaking, Better Medicare Alliance requests that CMS maintain a stable and predictable regulatory environment and that any policy changes to the Medicare Advantage program be considered in a holistic manner to avoid disruption in care for millions of beneficiaries.

On behalf of our 160 Ally organizations and more than 600,000 beneficiaries, Better Medicare Alliance would like to offer specific Medicare Advantage policy recommendations for CMS' consideration in the areas related to supporting care coordination with supplemental benefits, advancing health equity, and ensuring high-quality in-home health risk assessments. Together, these recommended actions are offered to advance Better Medicare Alliance's and CMS' shared goals of fostering quality and innovation, improving the quality of care for beneficiaries, and promoting access to care while reducing health disparities.

Support Care Coordination with Supplemental Benefits

The ability to offer supplemental benefits is a unique feature nearly all Medicare Advantage plans incorporate into their benefit design and are critical in supporting care coordination as well as reducing health disparities and advancing health equity. Recent legislative and regulatory changes allow Medicare Advantage to offer targeted and comprehensive supplemental benefits, addressing both primarily health related and non-primarily health related benefits. Health plans are increasingly offering such benefits to foster care coordination, address social determinants of health (SDOH), and focus on the health of the whole beneficiary.¹¹

Meals on Wheels America, a Better Medicare Alliance Ally, partners with health plans to deliver millions of nutritious meals each year to beneficiaries and utilizes supplemental benefits to provide such meals. During COVID-19, Meals on Wheels America not only provides food to Medicare Advantage beneficiaries but also connects and engages with them during a time when many feel isolated or alone.¹² Another Better Medicare Alliance Ally, SilverSneakers, is a healthy aging program offered as a supplemental benefit and promotes physical activity and social engagement among Medicare Advantage beneficiaries. Participating beneficiaries have 7.3 fewer inpatient hospitalizations, 7.6 fewer emergency department visits, and lower health care costs (total health care costs declined 16.3 percent and total medical costs declined 18.4 percent) than comparable non-participating beneficiaries.¹³ The flexibility to offer supplemental benefits is critical to connecting beneficiaries with resources from organizations and programs like Meals on Wheels America and SilverSneakers.

¹¹ See Milliman. Overview of Medicare Advantage Supplemental Benefits and Review of Contract Year 2021 Offerings. February 2021. Available at: <https://bettermedicarealliance.org/publication/overview-of-medicare-advantage-supplemental-benefits-and-review-of-contract-year-2021-offerings/>; see also Milliman. Review of Contract Year 2022 Medicare Advantage Supplemental Healthcare Benefit Offerings. November 2021. Available at: <https://bettermedicarealliance.org/publication/review-of-contract-year-2022-medicare-advantage-supplemental-healthcare-benefit-offerings/>

¹² Better Medicare Alliance. Spotlight on Innovation: The Response to COVID-19 (Expanded Edition). June 24, 2020. Available at: <https://bettermedicarealliance.org/publication/spotlight-on-innovation-the-response-to-covid-19-expanded-edition/>

¹³ Avalere Health. Evaluating a Healthy Aging Program's Impact on Health Outcomes in Medicare Advantage Beneficiaries. September 21, 2021. Available at: <https://www.tivityhealth.com/wp-content/uploads/2021/09/Avalere-SilverSneakers-White-Paper-Full-Version-FINAL1.pdf>

Supplemental benefits have long been a part of Medicare Advantage, and new opportunities have increased activity in this space. Providers, health plans, and community-based organizations are investing in offerings and partnerships, and any change that negatively impacts supplemental benefits will minimize the innovative approaches to addressing SDOH and advancing health equity.¹⁴ Better Medicare Alliance asks CMS to ensure Medicare Advantage retains the ability to design benefits to include robust supplemental benefit offerings that deliver coordinated care and further address the social needs of millions of beneficiaries. Better Medicare Alliance recommends CMS:

- **Preserve the flexibility permitted in designing supplemental benefit offerings.**¹⁵ Flexibility allows health plans to address issues applicable to their members and tailor benefits accordingly. Since these flexibilities began to be implemented, an increasing number of health plans offer services to address the non-medical needs of beneficiaries. For example, in 2022, 68 percent of health plans will offer meals, 39 percent will offer transportation, and 11 percent will offer in-home support, increases from 55 percent, 36 percent, and 6 percent, respectively, in 2021.¹⁶ Further, supplemental benefit flexibility is an important tool for health plans as they seek to combat the ongoing opioid crisis. Plans can offer expanded options for substance use disorder and treatment, including counseling, massage therapy, telehealth services, and transportation to appointments.
- **Standardize the format and language used on the Medicare Plan Finder to ensure health plans discuss supplemental benefits in a similar manner.** Standardization will increase transparency in supplemental benefit offerings while providing beneficiaries with additional information to make more informed decisions about plan options. Beneficiaries may struggle to compare supplemental benefit offerings because of the variance in how supplemental benefits are described.
- **Require the disclosure of additional information about supplemental benefits on the Medicare Plan Finder.** Disclosing additional information about supplemental benefits will highlight the variety of benefits offered in Medicare Advantage, which can be unclear given the current limitations in the Medicare Plan Finder.

¹⁴ Better Medicare Alliance. Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries. August 2021. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2021/08/Innovative-Approaches-to-Addressing-SDOH-for-MA-Beneficiaries-FINAL.pdf>

¹⁵ See Department of Health and Human Services. Memo to MAOs "Reinterpretation of 'Primarily Health Related' for Supplemental Benefits." April 27, 2018. Available at: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/hpms%2520memo%2520primarily%2520health%2520related%252004-27-18_21.pdf; see also Department of Health and Human Services. Memo to MAOs "Implementing Supplemental Benefits for Chronically Ill Enrollees." April 24, 2019. Available at: https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Supplemental_Benefits_Chronically_Ill_HPMS_042419.pdf

¹⁶ Avalere Health. "More Medicare Advantage Plans Will Offer Non-Medical Benefits in 2022." October 19, 2021. Available at: <https://avalere.com/insights/more-medicare-advantage-plans-will-offer-non-medical-benefits-in-2022>; see Milliman. Review of Contract Year 2022 Medicare Advantage Supplemental Healthcare Benefit Offerings. November 2021. Available at: <https://bettermedicarealliance.org/publication/review-of-contract-year-2022-medicare-advantage-supplemental-healthcare-benefit-offerings/>

- **Build on the opportunities available under the V-BID model so health plans can better address and reduce health disparities.** For example, the authorities should be consolidated to promote transparency, reduce confusion around eligibility and the type of benefits offered, and facilitate broader adoption of SDOH-related supplemental benefits. This should include allowing Employer Group Waiver Plans (EGWPs) the ability to participate in the model, which is not currently permitted. CMS should also consider permanent authorization at the end of the demonstration to promote innovations and investments that require multi-year continuity for effectiveness.

Advance Health Equity

As a diverse community of Ally organizations and beneficiaries, Better Medicare Alliance has a keen focus on addressing health and racial disparities that persist across the health care spectrum. Medicare Advantage is uniquely positioned to address SDOH, reduce disparities, and advance health equity.¹⁷ The Medicare Advantage population is increasingly diverse, lower income, and serves beneficiaries with more social risk factors compared to FFS Medicare beneficiaries.¹⁸ Through supplemental benefits and a focus on coordinated and primary care, Medicare Advantage has the tools available to close the gap on longstanding health and racial disparities and advance health equity. The following considerations offer additional opportunities for partnership and will further enable Medicare Advantage to effectively address disparities and work alongside CMS as it seeks to advance health equity. Better Medicare Alliance recommends CMS:

- **Strengthen the guidance and establish standards and processes for the collection of race, ethnicity, gender, and additional SDOH information in partnership with stakeholders.** Standardization will ensure consistency in data elements collected and allow for more robust analysis and evaluation. SDOH information collected may address food insecurity, housing instability and homelessness, financial insecurity, employment status, and social connection.¹⁹ Moreover, standardizing information will ensure accurate and timely data²⁰ and enable the communication of beneficiary needs between health plans and providers and across the health care and social service sectors, further leading to addressing disparities effectively and advancing health equity.
- **Identify and adopt appropriate quality measures related to addressing SDOH and modify Star measures to account for social risk factors.** For example, additional measures may include the beneficiary's experience with how their social needs were

¹⁷ See Better Medicare Alliance. Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries. August 2021. Available at: <https://bettermedicarealliance.org/wp-content/uploads/2021/08/Innovative-Approaches-to-Addressing-SDOH-for-MA-Beneficiaries-FINAL.pdf>

¹⁸ Better Medicare Alliance. Social Risk Factors are High Among Low-Income Medicare Beneficiaries Enrolled in Medicare Advantage. September 8, 2020. Available at: <https://bettermedicarealliance.org/publication/data-brief-social-risk-factors-are-high-among-low-income-medicare-beneficiaries-enrolled-in-medicare-advantage/>

¹⁹ See The Gravity Project, a project of the Social Interventions Research and Evaluation Network, for additional data elements. <https://confluence.hl7.org/display/GRAV/The+Gravity+Project>

²⁰ Better Medicare Alliance. Addressing Health Disparities in Medicare. December 2019. Available at: https://bettermedicarealliance.org/wp-content/uploads/2019/12/BMA_AddressingHealthDisparities_FIN.pdf

addressed or the adoption of the Health Equity Summary Score²¹ to measure a health plan's ability to address social risk factors.

- **Aggregate and make available health outcomes data collected by health plans, providers, and other health care and social service organizations to evaluate SDOH-related interventions.** The availability of aggregated data for health plans, researchers, and when possible, the public, will encourage the sharing of best practices to address SDOH and promote learning from and effectively scaling interventions across the country based on evidence and outcomes.
- **Support the update to the systems used by many states to determine eligibility and perform enrollment in social support programs that address SDOH and encourage states to adopt integrated eligibility systems.** Improving the eligibility and enrollment process for programs like USDA's Supplemental Nutrition Assistance Program (SNAP) will reduce barriers to accessing necessary services that support social needs. CMS' support can also facilitate the sharing and matching of eligibility and enrollment data with Medicare beneficiaries, which can then be shared with health plans to promote the identification of members with social needs.
- **Promote the use of Z codes to identify beneficiary social needs.** Most recent data show less than 2 percent of Medicare beneficiaries had their social needs tracked using Z codes.²² Incentivizing providers to use Z codes with trainings, guidance on follow-up referrals, and possible financial incentives will help in identifying beneficiaries that could benefit from additional non-health related services.

Ensuring High-Quality In-Home Health Risk Assessments

Health care is increasingly being delivered in the home and home-based services are often the only clinical touchpoint for many Medicare beneficiaries. During the initial months of the COVID-19 pandemic, in-office visits drastically declined, while telehealth and in-home visits increased,²³ further supporting the importance of an effective and reliable in-home clinical care model. Medicare Advantage leverages in-home clinical visits, also known as in-home health risk assessments, to deliver primary care and address a beneficiary's physical, mental, and functional needs. In-home health risk assessments manage care for acute and chronic conditions, identify and address unmet needs and diseases, and coordinate care by connecting beneficiaries to community resources, follow-up care, and care coordination programs.

²¹ Denis Agniel, Steven C. Martino, Q Burkhart, et al. Incentivizing Excellent Care to At-Risk Groups with a Health Equity Summary Score. *J Gen Intern Med.* 2021;36(7):1847-57. Available at: <https://pubmed.ncbi.nlm.nih.gov/31713030/>

²² Caroline Pearson & Dianne Munevar. "Few Physicians Document Social Needs of Older Adults." NORC at the University of Chicago. September 30, 2021. Available at: <https://www.norc.org/NewsEventsPublications/PressReleases/Pages/few-physicians-document-social-needs-of-older-adults.aspx>

²³ University of Michigan National Poll on Healthy Aging. "Telehealth Use Among Older Adults Before and During COVID-19." August 17, 2020. Available at: <https://www.healthagingpoll.org/reports-more/report/telehealth-use-among-older-adults-and-during-covid-19>; Kieran Gallagher, Jackie Gerhart, Krutika Amin, et al. "Early 2021 Data Show No Rebound in Health Care Utilization." August 17, 2021. Available at: <https://www.healthsystemtracker.org/brief/early-2021-data-show-no-rebound-in-health-care-utilization/>

In-home health risk assessments are essential to the high-quality, value-based clinical care model deployed in Medicare Advantage, and all in-home health risk assessments should provide clinical care that meets beneficiary needs through a holistic approach. Better Medicare Alliance recommends CMS:

- **Codify the best practices proposed in the CY 2016 Rate Announcement and Final Call Letter for in-home health risk assessments.**²⁴ Codifying the best practices further promotes the stability and program integrity of Medicare Advantage, while simultaneously raising the bar on the quality of these in-home clinical visits. Best practices include:
 - In-home clinical assessments be performed by physicians, or qualified non-physician practitioners, specifically advanced practice registered nurses, nurse practitioners, physician assistants or certified clinical nurse specialists
 - All components of the annual Medicare wellness visit, including a health risk assessment such as the model health risk assessment developed by the Centers for Disease Control and Prevention
 - Medication review and reconciliation
 - Assist with scheduling appointments with appropriate providers and making referrals and/or connections for the beneficiary to appropriate community resources
 - Conducting an environmental scan of the beneficiary's home for safety risks and need for adaptive equipment
 - A process to verify that needed follow-up care is provided
 - A process to verify that information obtained during the assessment is provided to the appropriate plan provider(s)
 - Provision to the beneficiary of a summary of the information, including diagnoses, medications, scheduled follow-up appointments, plan for care coordination, and contact information for appropriate community resources, and
 - Enrollment of assessed beneficiaries into the plan's disease management/case management programs, as appropriate.
- **Establish guidelines for follow-up care after an in-home health risk assessment.** For example, the guidelines may consist of health plans establishing a process to make urgent referrals, facilitate coordinated care visits with the appropriate clinician, conduct direct outreach to the beneficiaries, and assist with follow-up care.
- **Develop enhanced screening for social risk factors as part of an in-home health-risk assessment.** Enhanced screening for social risk factors will promote the identification of beneficiaries with unmet needs and provide the information necessary to properly address the needs and connect the beneficiary to appropriate services.

²⁴ Centers for Medicare and Medicaid Services. "Announcement of Calendar Year (CY) 2016 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. April 6, 2015. Available at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvgtgSpecRateStats/Downloads/Announcement2016.pdf>

We appreciate your consideration of these comments and policy recommendations and look forward to partnering with CMS on our shared goals of promoting stability and affordability for the over 27 million beneficiaries who choose and rely on Medicare Advantage.

Sincerely,



Mary Beth Donahue
President & CEO
Better Medicare Alliance

cc: Jonathan Blum, Principal Deputy Administrator and Chief Operating Officer
Dr. Meena Seshamani, Deputy Administrator and Director, Center for Medicare
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