

January 25, 2022

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 28 million beneficiaries. The undersigned organizations represent integrated health care systems, physician practices and other health care providers that support high-quality, in-home health risk assessments in Medicare Advantage to meet beneficiaries where they are, deliver primary care, and address beneficiaries' physical, mental, and functional needs.

Medicare Advantage currently serves 46¹ percent of the Medicare population, which is expected to increase in 2022 as enrollment is projected to reach 29.5 million beneficiaries.² 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 provide value to both beneficiaries and the federal government.

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, we request 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.

Our organizations would like to offer specific Medicare Advantage policy recommendations for CMS' consideration related to ensuring high-quality in-home health risk assessments. Together, these recommended actions are offered to advance CMS' goals of fostering quality and innovation, improving the quality of care for beneficiaries, and promoting access to care while reducing health disparities.

¹ MedPAC Public Meeting. January 14, 2022. Available at: <https://www.medpac.gov/wp-content/uploads/2021/10/MA-status-MedPAC-Jan22.pdf>

² 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>

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,³ 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 preventive care and address a beneficiary's physical, mental, and functional needs. In-home health risk assessments contribute to the management for acute and chronic conditions, by identifying and addressing unmet needs and diseases, and coordinating care by connecting beneficiaries to community resources, follow-up care, and care coordination programs. Research has demonstrated the value of in-home clinical visits, including reducing hospital admissions by 14 percent while also increasing access to primary care visits.⁴

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. We recommend that CMS:

- **Codify the best practices proposed in the CY 2016 Rate Announcement and Final Call Letter for in-home health risk assessments.**⁵ 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)

³ 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.healthvagingpoll.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/>

⁴ "Medicare Home Visit Program Associated With Fewer Hospital And Nursing Home Admissions, Increased Office Visits." Health Affairs. December 2015. Available at: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.0583>

⁵ 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/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>

- 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.

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 28 million beneficiaries who choose and rely on Medicare Advantage. To that end, we also request a meeting to engage in a dialogue on these important policy priorities and share our organizations' insights and perspectives on ways to strengthen Medicare Advantage.

Sincerely,

Agilon Health
 Atrius Health
 Austin Regional Clinic
 Buffalo Medical Group
 Central Ohio Primary Care
 Family Care Medical Group
 Physician Group of Southeastern Ohio
 Premier Health Physicians
 Pinehurst Medical Clinic
 Pioneer Physicians Network
 PriMed Physicians
 Signify Health
 Starling Physicians
 The Toledo Clinic
 The Vancouver Clinic
 VillageMD
 Visiting Nurse Service of New York
 Wilmington Health

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

Cheri Rice, Deputy Director, Center for Medicare
Jennifer Shapiro, Director, Medicare Plan Payment Group