

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4203-NC
P.O. Box 8013, Baltimore, MD 21244-8013

29 August 2022

To Whom It May Concern:

We write on behalf of the Arizona Nurses Association, the oldest and largest nursing organization in the state of Arizona. Since 1919, the Arizona Nurses Association has been the voice of licensed nurses across the state of Arizona, representing every walk of the nursing profession to ensure that nurses can provide care to all Arizonans. With an explicit focus on health equity for Arizonans, the Arizona Nurses Association values programs like Medicare Advantage that serve our aging population by providing access to the healthcare services that allow seniors' equitable access to health.

The Centers for Medicare & Medicaid Services (CMS) must ensure Medicare Advantage continues to grow and evolve to meet the needs of the tens of millions of Americans who rely on it. Medicare Advantage allows health care providers to deliver affordable, high-quality, and comprehensive care and services to our nation's seniors and patients with disabilities. The program partners with local providers to build networks of care and support that result in better health outcomes for the patients we serve.

We note that Medicare Advantage presently serves more than half of the Medicare-eligible population in Arizona, including an increasing proportion of minority and low-income individuals. In light of Arizona's demographics representing an increasing population of minority residents, access to high-quality Medicare Advantage health plans is important to ensuring that our seniors have access to healthcare services.

One of the challenges that Arizona nurses often observe in our most vulnerable senior patients is diminished nutrition related to poor dentition, as dental services are not covered by typical fee-for-service programs. Patients who are Medicare Advantage subscribers, however, do have access to dental coverage. As a result, they have better access to nutrition and better health overall with fewer complications related to poor nutrition. For this reason alone, Medicare Advantage should be considered as a key strategy to secure the health of America's seniors.

Our observations are bolstered by the data. When compared to fee for service Medicare, Medicare Advantage beneficiaries experienced 33% fewer emergency room visits. They also had 43% fewer avoidable hospitalizations, including 51% fewer avoidable acute hospitalizations and 40% fewer avoidable chronic hospitalizations. Additionally, vaccination rates for Medicare Advantage beneficiaries are up to 52% higher than FFS Medicare vaccination rates among key populations. All these factors add up to healthier patients and a reduced strain on our medical and health care resources.

One of our perennial concerns as nurses is the quality of care afforded to our patients. We are bolstered, therefore, to note that annual reporting on performance helps hold Medicare Advantage to the highest of quality standards. As a result, roughly 9 in 10 of Medicare

Advantage beneficiaries are in plans that are rated four stars or more this year—a record high and an important indicator of equitable care. Through the value-based partnerships Medicare Advantage helps build, the program is helping to improve health care outcomes for more than 28.5 million medically vulnerable patients nationwide, including more than half of Medicare beneficiaries in the state of Arizona.

We urge CMS to continue strengthening Medicare Advantage and ensuring that it is well positioned for long-term success. The agency can do so by ensuring a smooth, successful implementation of the *Improving Seniors' Timely Access to Care Act*, which would help providers and others in the Medicare Advantage community more easily share data and information to simplify and modernize the prior authorization process for all parties involved. We note that reducing the prior authorization burden has the potential to further improve equitable access to care by allowing nurses to actually focus on caring for patients rather than wasting time navigating byzantine and nonproductive administrative barriers to healthcare. CMS should also work to help aggregate and make publicly available data on health care outcomes collected within plans and by providers to 1) better assess the social determinants of health; 2) more effectively tailor Medicare Advantage plans to meet current and future beneficiaries' needs; and 3) ensure high standards of quality and accountability across the system.

Finally, we wish to comment on the need for CMS to codify best practices for in-home health risk assessments (HRAs), including establishing new guidelines for follow-up care to streamline coordinated care processes for patients with acute and chronic conditions. These updates would help health care providers better care for their patients while assuring Medicare Advantage beneficiaries of the program's stability. CMS should also work with providers to improve the scheduling and referring of patients, including leveraging the whole of the licensed healthcare team to the top of their respective education and training, to make these processes easier and more transparent.

With these changes, nurses and all Medicare Advantage health care providers in Arizona can continue to provide high-quality care to 51% of Arizona Medicare beneficiaries – more than 650,000 individuals in our state alone. Thank you for your time and consideration of this important matter.

Sincerely,



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