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August 31, 2022

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850

# RE: Request for Information (RFI): Medicare Program; Request for Information on Medicare

Dear Administrator Brooks-LaSure:

On behalf of the AMGA, I appreciate the opportunity to comment on the Request for Information on the Medicare Advantage (CMS–4203–NC). The Medicare Advantage (MA) program is a financing model that emphasizes preventative care, chronic care management, patient experience, and innovation in care delivery. AMGA members are working to transition the health care system to one based in value; the MA program aligns with this goal of improved care at a reduced cost.

Founded in 1950, AMGA is a trade association leading the transformation of health care in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high-performance health. AMGA is the national voice promoting awareness of our members' recognized excellence in the delivery of coordinated, high-quality, high-value care. Over 177,000 physicians practice in our member organizations, delivering care to more than one in three Americans. Our members are also leaders in value-based care delivery, focusing on improving patient outcomes while driving down overall healthcare costs.

MA is an increasingly popular option for Medicare beneficiaries. Currently, about 46% of Medicare beneficiaries are enrolled in the program. As early as next year, estimates indicate that more than 50% of all Medicare beneficiaries will select a MA plan. Medicare beneficiaries appreciate the program's benefits, including out-of-pocket spending protection, reductions in cost sharing and Part B premiums, access to prescription drug benefits at no additional cost, and essential supplemental benefits. AMGA members understand how the program supports their ability to provide high-quality care.

AMGA appreciates that CMS is seeking input to uphold the MA program's intent by taking the steps needed to ensure adequate care quality is provided and avoiding additional costs for providers already facing financial challenges. AMGA is pleased to offer the following recommendations to improve MA for patients and providers.

## Supplemental Benefits

AMGA members understand the effect that social risk factors have on beneficiaries' health outcomes. Food insecurity, housing needs, and transportation issues are leading social risks among the MA beneficiary population. Additionally, social isolation and loneliness are serious problems. While many of these problems go beyond what has traditionally been the responsibility of healthcare delivery, AMGA members know that as trusted healthcare providers, they have a unique relationship with their patients. Healthcare providers may be unable to address the root causes of these social problems, but Medicare can help providers begin to improve health equity by tackling social determinants of health.

AMGA recommends that CMS continue enabling MA health plans to implement innovative strategies to eliminate barriers to care. Currently, benefits designed to address social determinants of health largely are limited to those with chronic conditions. However, providing these benefits only if the care maintains or improves health function is limiting. If CMS can allow more flexible, supplemental benefits, providers can help more beneficiaries with their social needs. We urge CMS to work with Congress to ensure these benefits are available to all MA enrollees.

#### Audio-Only and Risk Adjustment

AMGA members are committed to ensuring every American has access to high-quality, affordable health care. Our members are responsible for protecting access to health care for the oldest and most vulnerable members of our society. During the COVID-19 pandemic, access to telehealth services proved to be a valuable way to deliver care for seniors living with chronic conditions. As we move beyond the COVID-19 public health emergency, it is important that the Medicare program incorporate the lessons learned from the pandemic, including the importance of telehealth and audio-only services. To that end, AMGA recommends video and audio-only visits satisfy the face-to-face requirement for the purpose of gathering diagnosis information for risk adjustment and care coordination purposes.

### **Reduce Prior Authorization**

AMGA believes the issues surrounding prior authorization can best be solved by eliminating it when possible. As we noted in comments earlier this year to the Office of the National Coordinator, regulators and stakeholders should implement an electronic prior authorization process that automatically clears or waives prior authorization requirements, including for pharmaceuticals, for those providers who either are participating in a value-based model of care or have demonstrated they deliver high-quality care. AMGA maintains that prior authorization is a blunt tool to manage utilization that ultimately results in care access barriers for MA enrollees. For those providers delivering care in a value-based model, the incentives to over-utilize select procedures, tests, or medications do not exist. Similarly, those providers with a history of delivering high-quality and clinically appropriate care should not be prevented from providing that care due to an unnecessary administrative hurdle.

#### Coding Adjustment

Historically, CMS has implemented the statutory minimum coding adjustment factor. AMGA recommends that CMS continue to do so for MA.

We thank you for your consideration of our comments. Should you have questions, please do not hesitate to contact AMGA's Darryl M. Drevna, senior director of regulatory affairs, at 703.838.0033 ext. 339 or at <u>ddrevna@amga.org</u>. Sincerely,

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Jerry Penso, M.D., M.B.A. President and Chief Executive Officer, AMGA