August 30, 2022

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

re: CMS-4203-NC – Request for Information on Medicare Advantage

Dear Administrator Brooks-LaSure:

On behalf of the New York Health Plan Association (HPA), I am writing in response to the Department’s request for information (RFI) on the Medicare Advantage program. HPA represents 29 health plans throughout New York, which collectively serve more than eight million fully insured residents. This includes individuals enrolled in commercial coverage through their employer, those who shop for coverage through the state’s official Marketplace or directly from individual health plans, and residents covered through a variety of government-sponsored programs, including Medicare Advantage (MA).

Today, more than 3.6 million New Yorkers ages 65 and up are enrolled in Medicare, with more than 40 percent of eligible beneficiaries choosing MA plans over traditional Medicare.¹ Further, it is expected that MA will be the dominant source of Medicare coverage by 2025, a testament to seniors’ satisfaction with the program.

Medicare Advantage has had great success in improving quality of care for beneficiaries, as well as providing enhanced benefits and lower costs for individuals compared to traditional Medicare. Because MA plans are more comprehensive than traditional Medicare, most enrollees pay a monthly premium without having to spend more on supplemental coverage. Individuals enrolled in Medicare Advantage plans spend 40 percent less annually than those in Medicare FFS,² spending about $1,965 less in total out-of-pocket costs annually than traditional Medicare. Further, the average enrollee is paying just $19 per month for coverage this year, with many individuals enrolled in $0 premium plans.

Compared to traditional Medicare, MA delivers better services, better access to care, and better value, and continues to receive high rates of satisfaction from members who use it. Most beneficiaries enrolled in Medicare Advantage plans have access to additional benefits that

¹ Kaiser Family Foundation State Health Facts; Total Number of Medicare Beneficiaries by Type of Coverage, 2020
² UnitedHealth Group, “Medicare Advantage Beneficiaries Receive Better Value and Spend 40% Less,” April 8, 2021. Available at: https://www.unitedhealthgroup.com/newsroom/research-reports/posts/2021-4-8-medicare-advantage-better-value.html
traditional Medicare does not cover, including vision, hearing, and dental benefits, as well as fitness offerings, wellness programs, in-home care giver support, screening for social assistance like food programs and affordable housing access, and enhanced telehealth services.

These plans have been proven to be highly effective in reducing preventable hospital readmissions, increasing the use of primary care, and managing chronic illnesses. For example, individuals in MA have a 43 percent lower rate of avoidable hospitalizations for any condition and 21 percent higher rate of seeing a physician within 14 days of a hospital discharge. Additionally, MA patients have much higher rates of primary and preventative care, which lowers costs for the health care system in general.

Further, as noted in the chart below, MA serves a more diverse population than traditional Medicare and provides significant savings to these individuals. For example, Black beneficiaries enrolled in Medicare Advantage spend an average of $1,104 less on out-of-pocket costs and premiums than Black beneficiaries enrolled in FFS Medicare, while Latino beneficiaries enrolled in Medicare Advantage spend an average of $1,421 less on out-of-pocket costs and premiums than Latino beneficiaries enrolled in FFS Medicare.

---


A strong Medicare Advantage program improves Medicare for all beneficiaries, including those in the traditional program. Competition within our sector has led to great advances in health care delivery that are now being adopted in non-managed Medicare. These include use of incentives for individuals to receive preventive care and payment arrangements between health plans and providers that reward quality and value over volume. MA plans are also working to reduce inequities in care delivery by focusing on social determinants of health in ways that will continue to support CMS’s goals for strengthening the Medicare program.

The program is enjoyed by enrollees, saves money for seniors, and provides better care. The continued success of such a program is an advantage to all and we urge CMS to strengthen and expand Medicare Advantage plans so that more seniors in New York and across the country can access these crucial services at an affordable price.

Thank you for the opportunity to comment on this RFI. We are happy to provide further information or answer questions.

Sincerely,

Eric Linzer
President & CEO