

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

To Whom It May Concern:

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.

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. 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.

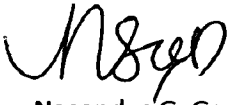
When compared to fee for service Medicare, Medicare Advantage beneficiaries experienced 33% fewer emergency room visits. They also had 43% fewer avoidable hospitalizations, including 51% fewer avoidable acute hospitalizations and 40% fewer avoidable chronic hospitalizations. Additionally, vaccination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

That is why CMS should continue strengthening this program and ensuring 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. CMS should also work to help aggregate and make publicly available data on health care outcomes collected within plans and by providers to better assess the social determinants of health and more effectively tailor Medicare Advantage plans to meet current and future beneficiaries' needs.

The agency should also work to codify best practices for in-home health risk assessments (HRAs), including establishing new guidelines for follow-up care in order 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 to make these processes easier and more transparent.

With these changes, Medicare Advantage health care providers in Georgia can continue to provide high-quality care to the more than 900,000 beneficiaries in our state alone. Thank you for your time and consideration of this important matter.

Sincerely,



Nacondus G. Gamble OD FAAO
The South Eastern Eye Center