



August 31, 2022

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

Re: Request for Information, Centers for Medicare & Medicaid Services; Medicare Program; Docket No. CMS-4203-NC; 87 Fed. Reg. 46918 (August 1, 2022)

To Whom it May Concern:

The U.S. Chamber of Commerce (the “Chamber”) appreciates the opportunity to comment on the Request for Information (“RFI”) regarding various aspects of the Medicare Advantage program published in the Federal Register on August 1, 2022.¹ We value the interest in strengthening Medicare Advantage (“MA”) in ways that align with CMS’ Vision for Medicare. As employers first and foremost, our member companies remain committed to preserving the viability and continuity of trusted, meaningful coverage through MA plan offerings for their retirees. Thank you for the additional opportunity to engage with CMS on this critical program.

Our members have long valued the ability to provide integrated retiree benefits through MA, because it delivers better services, better access to care, and better health outcomes. The value MA plans deliver to enrollees includes out-of-pocket spending protections, reductions in cost sharing and Part B premiums, access to prescription drug benefits - often at no additional cost, and important supplemental benefits like dental, vision, hearing, transportation, nutrition, and in-home support services. It is through MA that employers are best able to seamlessly transition retirees from active employee coverage to retiree coverage while maintaining stability in out-of-pocket health care costs.

¹ Medicare Program; Request for Information on Medicare. 87 Fed. Reg. 46,918-46,921. (August 1, 2022) [hereinafter referred to as the “RFI”] <https://www.govinfo.gov/content/pkg/FR-2022-08-01/pdf/2022-16463.pdf>

The RFI is soliciting public comments to achieve five worthy goals that reflect the strategic pillars of the CMS Strategic Plan.² The business community shares the goals of advancing health equity, expanding access to coverage and care, driving innovation to promote patient centered care, supporting programmatic sustainability and engaging partners to improve the MA program. CMS should facilitate policies that ensure beneficiaries have appropriate access to care in the right setting and utilization management that reflects evidence-based guidelines. Efforts to advance these commendable and important goals must also ensure stability for retirees and balance the important flexibility currently permitted under the program and important deadlines and timeframes in the process.

Advance Health Equity by Expanding Supplemental Benefit Opportunities and Permitting Flexibility

The Chamber encourages CMS to provide plans greater flexibility in offering supplemental benefits. We urge CMS to protect supplemental benefits that provide members access to services and preventive care in their homes as well as from a benefit perspective to allow members additional supports to address social risk factors before a health function is negatively impacted. Access to pharmacological treatments, nutritious meals, transportation to clinics and providers, and home safety assessments helps improve health and avert more costly medical interventions later. Additionally, to further health equity, we urge the Agency to examine rules and regulations that inhibit the ability of beneficiaries to access treatments that reduce chronic, high cost, conditions, such as obesity, diabetes and cardiovascular disease.

Expand Coverage and Care Access with Telehealth

During the public health emergency under the waiver authority included in the Coronavirus Preparedness and Response Supplemental Appropriations Act (and as amended by the CARES Act), the Secretary has temporarily waived certain restrictions to allow Medicare beneficiaries to access health care services through audio-visual or audio only technologies telehealth services when necessary. In addition, the Consolidated Appropriations Act, 2022, has extended these waivers and flexibilities for 151 days after the end of the COVID-19 Public Health Emergency (“PHE”).

Prior to the pandemic, telehealth utilization among traditional Medicare beneficiaries was extremely low, with only 0.3% of traditional Medicare beneficiaries enrolled in Part B using telehealth services in 2016. Between 2019 and 2020, the number of telehealth visits in traditional Medicare increased 63-fold. During the first year of the pandemic, more than 28 million Medicare beneficiaries overall used

² <https://www.cms.gov/cms-strategic-plan>

telehealth services, including almost half (49%) of Medicare Advantage enrollees and nearly 4 in 10 (38%) beneficiaries in traditional Medicare.³

We urge the Secretary to maintain this coverage of telehealth and consider additional avenues and opportunities to facilitate the use of this technology for accessing care after the PHE and extension period, especially for those in rural or underserved areas. In particular, we recommend:

- Providing a permanent safe harbor that allows pre-deductible coverage of telehealth services for HDHP and HSA-eligible plans; and
- Eliminating the telehealth originating site requirements and geographic restrictions on telehealth services, allowing patients to visit with doctors from the location most convenient for them, including the patient's home.

Promote Patient Centered Care and the Role of EGWPs

Roughly five million Medicare Advantage enrollees are covered by a Medicare Advantage Employer Group Waiver Plan (“MA-EGWP”) product, comprising nearly 1/5 of total Medicare Advantage enrollment in 2021. MA-EGWPs allow employers to provide comprehensive coverage with out-of-pocket cost protections and prescription drug benefits through Part D, often at no additional cost to their retired seniors and the disabled. MA EGWPs not only include more comprehensive benefits and superior care coordination and disease management programs; they also give beneficiaries greater guaranteed provider access and choice when compared with traditional FFS Medicare. Ensuring that MA-EGWPs remain a valuable coverage option for employers and for state employees, teacher unions, police departments, and municipal workers is essential. To this end, we urge CMS to ensure payment methodologies adequately account for the costs associated with the EGWP population to support continued stability in the benefits MA-EGWPs provide to employers. Ongoing support for MA-EGWPs will ensure Medicare beneficiaries continue to receive high-value and affordable care.

Conclusion

The Chamber urges CMS to issue a 2024 MA Final Notice that will further stabilize the MA program and preserve the ability for employers to continue offering these highly valued coverage options and retirees to have stable and affordable benefits. This is vitally important to the millions of Americans with Medicare

³ <https://www.kff.org/medicare/issue-brief/faqs-on-medicare-coverage-of-telehealth/>

Advantage plans and to the many employers that sponsor EGWP plans for their retirees.

Sincerely,

A handwritten signature in black ink that reads "Katie Mahoney". The signature is written in a cursive, flowing style.

Katie Mahoney
Vice President, Health Policy
U.S. Chamber of Commerce