

March 20, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard Washington, D.C. 20201
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

Thank you for your leadership in protecting health care access for the more than 30 million seniors and people with disabilities who choose Medicare Advantage. As stakeholders, we want to recognize the efforts of this Administration to improve Medicare Advantage for seniors and those with disabilities.

As we continue to assess the impact of the CY 2024 Medicare Advantage Advance Notice, we want to express concern over proposed risk adjustment changes jeopardizing progress made in advancing health equity, preventing disease progression, and delivering high-value, high-quality care. For these reasons, we are requesting the Centers for Medicare & Medicaid Services (CMS) reconsider implementation of the risk adjustment changes so stakeholders can fully understand the impact these changes will have on beneficiaries with multiple chronic conditions and social risk factors.

A recent analysis by Avalere shows the impact these changes could have on beneficiary premiums and benefits, with an average reduction of \$540 per beneficiary per year and higher impacts in many underserved metropolitan communities.¹ We are concerned the biggest impact could be on our most vulnerable seniors, including beneficiaries dually eligible for Medicare and Medicaid and those in chronic condition special needs plans. Many seniors and those with disabilities live on a fixed income—over 52% of Medicare Advantage beneficiaries report an annual income of less than \$25,000 per year.² In addition, 53% of Latino Medicare beneficiaries and 50% of Black Medicare beneficiaries are enrolled in Medicare Advantage.³ The Asian American and Pacific Islander (AAPI) community continues to grow too; over 900,000 AAPI beneficiaries choose Medicare Advantage.⁴ For those living on a fixed income, \$540 per year in reduced benefits or increased costs can drastically impact their ability to afford rent, food, transportation, internet, and other basic costs, particularly in an inflationary economic environment.

The Medicare Advantage model and flexibility enable providers to have more comprehensive, frequent visits with their patients. This leads to chronic and life-threatening diseases being diagnosed earlier and having greater access to benefits that can change lifestyles and improve

¹ Avalere. Proposed MA Plan Payment Changes May Impact Premiums and Benefits. February 2023. Available at: <https://avalere.com/insights/proposed-ma-plan-payment-changes-may-impact-premiums-and-benefits>² Better Medicare Alliance. Medicare Advantage Outperforms Fee-for-Service Medicare on Cost Protections for Low-Income and Diverse Populations. April 2022. Available at:

https://bettermedicarealliance.org/wp-content/uploads/2022/04/BMA-Medicare-Advantage-Cost-Protections-Data-Brief_FINv2.pdf

³ Better Medicare Alliance. Medicare Advantage Offers High Quality Care and Cost Protections to Racially and Ethnically Diverse Beneficiaries. June 2021. Available at:

https://bettermedicarealliance.org/wp-content/uploads/2021/06/BMA_2021-Q2-Data-Brief_6.15.21.pdf

⁴ Analysis of CMS Master Beneficiary Summary File, March 2022.

health status. For example, one recent study found Medicare Advantage patients with prediabetes are diagnosed nearly five months earlier on average than those enrolled in FFS Medicare and those with chronic diabetes have fewer hospitalizations and more preventative care.⁵

The CY 2024 Advance Notice proposes changes and elimination of over 2,200 unique codes from the Hierarchical Condition Category (HCC) used to determine coding variations. Downgrading and eliminating the codes used by clinical physicians in diagnosing conditions such as depressive disorder, diabetes with chronic conditions, vascular disease, protein-calorie malnutrition, rheumatoid arthritis and inflammatory connective tissue disease may disrupt the care of thousands of beneficiaries who seek care to prevent or reduce the impact these conditions have on their lives.

Medicare Advantage is a leader in value-based care arrangements, specifically those that are two-sided risk and population-based and has outpaced traditional Medicare, Medicaid, and commercial markets year over year.⁶ CMS encourages patient-centered, coordinated health care models across programs and is committed to ensuring all FFS Medicare beneficiaries are in an accountable care arrangement by 2030. The priority on value-based, accountable care across CMS has fostered innovation and growth of medical centers and has accelerated investment in critical primary care access in communities that are historically medically underserved and serve a significant number of Medicare Advantage beneficiaries. Value-based care is the present and future of health care in the U.S. and proposals hindering further progress, such as those in the Advance Notice, are concerning.

This unprecedented cut will also lead to a decrease in funding for supplemental benefits. The decrease in funding for supplemental benefits could mean a loss of dental, hearing, and vision coverage, less access to telehealth, decreased allowances to help beneficiaries afford over-the-counter products, reduced fitness and wellness benefits, no annual vision exams and coverage for glasses or contact lenses, diminished transportation benefits to health care appointments, and no more nutrition-related services or prepared meals after a hospital or nursing facility stay. Beneficiaries have come to rely on these benefits, and losing them, coupled with increased premiums, is a burden many of these seniors cannot afford.

The changes CMS proposes in the CY 2024 Advance Notice to risk adjustment go far beyond variations in coding and threaten the advancements and achievements made over the last decade that could disproportionately impact the very populations CMS seeks to protect and support.

Based on these concerns, we urge CMS to reconsider and not move forward with these risk adjustment changes for the 2024 plan year. Instead, we encourage CMS to work with all stakeholders to assess the impacts these proposals will have on beneficiaries, especially vulnerable populations whose needs are best served by the coordinated care models under Medicare Advantage. Any proposals finalized for future implementation based on a thorough review of stakeholder input should be phased in over multiple years to maintain program stability for beneficiaries.

⁵ Avalere. Comparing Detection, Treatment, Outcomes, and Spending for Patients with Type 2 Diabetes Between Medicare Advantage and Fee-for-Service Medicare. January 2023. Available at: <https://avalere.com/wp-content/uploads/2023/01/Diabetes-Progression-Whitepaper.pdf>

⁶ HCP LAN. APM Measurement, Progress of Alternative Payment Models. 2022 Methodology and Results Report. November 2022. Available at: <https://hcp-lan.org/apm-measurement-effort/2022-apm/>

Sincerely,

Advanced Medical
Management (CA)

Ebenezer Outreach
Ministries (PA)

Morehead Primary Care
(KY)

SilverSneakers by
Tivity Health

agilon health

Edward-Elmhurst
Health

NAMI of Southern
Nevada

SNP Alliance

Amarillo Medical
Specialists (TX)

El Paso Health

National Adult Day
Services Association

Southeast Primary
Care Partners (GA)

AMCP

Family HealthCare
Associates (TX)

National Association of
Benefits and Insurance
Professionals

Southern Nevada
Building Trades
Union

America's Physician
Groups

Family Medicine
Associates (Bowling
Green, KY)

National Association of
Nutrition and Aging
Services Programs

St. Elizabeth
Healthcare (KY)

AMGA

Family Practice
Associates, Lexington,
KY

National Hispanic
Medical Association

Summit Medical
Group

Arab American
Chamber of
Commerce

Gerontological
Advanced Practice
Nurses Association

Network for Excellence
in Health Innovation
(NEHI)

Teachers'
Retirement System
of Kentucky

Arizona Community
Physicians

Greater Good Health

Network Solutions IPA
(NY)

TJ Regional Health

Arizona Nurses
Association

Hattiesburg Clinic (PA)

Nevada Adult Day
Healthcare Centers

Tower Health
Providers

Asian & Pacific
Islander American
Health Forum

Health CAWS

Nevada Chronic Care
Collaborative

UofL Health

Austin Regional Clinic	Healthcare Leadership Council	New Jersey Association of Nurse Anesthetists	Upstream
Association for Behavioral Health and Wellness	HealthIE Georgia Corporation	New Jersey State Nurses Association	Vancouver Clinic
American Telemedicine Association	Healthy Places by Design	Nguyen Medical Group (FL)	Vandalia Health (WV)
Ballad Health (TN)	Heritage Valley Healthcare Network and Health System	NorthShore University HealthSystem	Village Health Partners
The Baptist Ministers Conference of Chicago and Vicinity	Howard Brown Health Center (IL)	Ochsner Health	VillageMD
Belen Health MSO	Huron Valley Practice Affiliates (MI)	Olympia Medical Group	VNS Health
Better Medicare Alliance	Imperium Health	One Medical	Wellvana
Burke Primary Care (NC)	InterMed	Palmetto Primary and Specialty Care Physicians	West Virginia Health Network
Cano Health	Jefferson Health	Pennsylvania Association of Area Agencies on Aging	YMCA of Southern Nevada
Cascades of Tucson	Key Medical Group (CA)	Pennsylvania Medical Society	YMCA of the USA

Central Virginia Coalition of Healthcare Providers	Las Vegas HEALS	Pisgah Network
The Chicago Baptist Institute	Leung Health Care	PO Partners
Christus Quality Network (TX)	Live Oak Care (GA)	Podometrics
Coalition of Texans with Disabilities	Meadowcrest Family Physicians (FL)	Population Health Alliance
Coastal Carolina Health Care (NC)	Med Center Health Partners	Premier Family Physicians
Consumer Action	MedGroup Medical Center	Prestige Primary Care
Delaware Valley ACO	Medical Care, PLLC	Primary Care Associates (SC)
DHG Medical Centers	Mercy Health System	ProHealth Care (WI)
Dunbar Medical Associates (WV)	Michigan Independent Physician Alliance	Senior Helpers of Tempe
Ebenezer Baptist Church (PA)	Missionary Baptist Ministries Conference of DC/Vicinity	Sequoia Health Plan (CA)