

In 2023, more than 31 million Medicare beneficiaries are enrolled in Medicare Advantage, and over 54% of all Medicare beneficiaries are expected to be enrolled by 2030.¹ As the program grows, Better Medicare Alliance (BMA) seeks to partner with community-based organizations, providers, health plans, minority health groups, patient advocates, beneficiaries, and policymakers to develop policy recommendations that enable Medicare Advantage to continue to deliver coordinated, value-based, and affordable care for seniors and people with disabilities.

In this policy report, BMA recommends a series of solutions for policymakers designed to support and strengthen Medicare Advantage for beneficiaries and Medicare more broadly. Foundational to these solutions and work is supporting a stable payment environment to ensure beneficiaries continue to receive the affordable, quality care they depend on and stakeholders across the health care community can continue to innovate in benefit design and care delivery to holistically improve the health care experience. This is especially important as stakeholders implement significant ongoing and new and revised regulations to core components of Medicare Advantage over the next few years.

As policymakers explore opportunities, these policy solutions will continue to build upon the success of Medicare Advantage and maintain and modernize the program to improve the value and care experience for the beneficiaries who choose Medicare Advantage.

OVERVIEW OF BMA'S RECOMMENDATIONS

GOAL: ADVANCING HEALTH EQUITY AND REDUCING DISPARITIES

Congress could:

- Enable Medicare Advantage plans, through legislation, additional flexibility to target and tailor benefits to address social risk factors based on the health needs of beneficiaries with low socioeconomic status and/or specific subpopulations (e.g., people living with disabilities, who are LGBTQ+, who live in rural communities, and women).

- Update entitlement to Medicare to align with entitlement to disability coverage.

CMS could:

- Create alignment of data elements and definitions when developing data collection standards and guidelines for assessment tools and payer software (e.g., electronic health records).
- Assess the impact of new policies focused on reducing disparities and advancing health equity finalized through rulemaking.
- Foster partnerships between health plans, providers, and community-based organizations by providing guidelines and technical assistance (e.g., assisting community-based organizations seeking to partner with health plans to collect and share data).

Congress and CMS could:

- Improve integration for dual eligible beneficiaries at both the state and federal level.
- Pursue efforts that enhance and expand retention efforts that support a diverse health care workforce.

GOAL: ENHANCING SUPPLEMENTAL BENEFIT DATA COLLECTION AND EVALUATION

CMS could:

- Provide more detailed information about supplemental benefit offerings available on Plan Finder
- Standardize language and descriptions for supplemental benefits to support beneficiary decision-making.
- Collect standardized data on utilization of supplemental benefits (e.g., by creating new procedure codes).
- Evaluate supplemental benefit use and impact on social, emotional, and physical health outcomes and subsequently highlight any high-value benefits it identifies in public reports with the aim of incentivizing health plans to offer these benefits.

GOAL: STRENGTHENING THE VALUE OF IN-HOME HRAs

CMS could:

- Expand and codify in-home HRA best practices and assess whether health plans act in accordance with the best practices.
- Encourage health plans to incorporate questions related to health equity into all HRAs.

GOAL: INCREASING ACCESS TO MENTAL AND BEHAVIORAL HEALTHCARE

Congress could:

- Support the retention and expansion of the mental and behavioral health workforce.

CMS could:

- Add mental and behavioral health management measures to Star Ratings.
- Facilitate behavioral health provider access to health information technology systems necessary for effective coordination.

Congress and CMS could:

- Require health plans to offer robust mental and behavioral health services with low to no cost sharing.
- Promote the integrations of mental and behavioral health care with primary health care services.

GOAL: IMPROVING PROVIDER DIRECTORIES AND ACCURACY OF INFORMATION

Congress could:

- Require independent audits from health plans and CMS, with results posted publicly.

CMS could:

- Require health plans to standardize their processes for requesting personnel changes from providers.
- Increase accessibility-related information to provider directories.

- Improve provider directory information by establishing shorter deadlines for directory updates.
- Codify additional oversight and requirements for accuracy and timely updates to current Medicare Advantage provider directories, especially for mental and behavioral health.
- Create a national provider directory to streamline reporting and beneficiary access.

GOAL: MODERNIZE AND STREAMLINE UTILIZATION MANAGEMENT TO IMPROVE PATIENT ACCESS

Congress could:

- Enact the Improving Seniors' Timely Access to Care Act, which would require Medicare Advantage plans to establish electronic prior authorization standards.

CMS could:

- Require health plans to provide beneficiaries with clear, detailed, easily accessible information about coverage policies, criteria, and requirements via plan communication and enrollment tools.
- Require health plans to collect and analyze data on electronic prior authorization adoption and integration.

GOAL: ESTABLISH MARKETING GUIDANCE THAT SUPPORTS BENEFICIARIES IN MAKING INFORMED CHOICES

Congress could:

- Enhance oversight of companies engaging in misleading marketing practices.

CMS could:

- Enhance ongoing enforcement of misleading marketing practices.
- Establish a code of conduct and/or best practices for TPMOs with continued oversight from health plans and CMS.
- Prohibit TPMOs from distributing beneficiary contact information.

1. Data.CMS.gov. Medicare Enrollment for April 2023. Available [here](#); 2023 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds (Table IV.C1), June 2023. Available [here](#).