

Physicians for MA Beneficiaries Responds to CMS RFI on Medicare Advantage Data

Third comment letter makes data collection and reporting recommendations to create transparency into value-based reimbursement methodologies and patient impacts

ANNAPOLIS, MD, UNITED STATES, July 9, 2024 /EINPresswire.com/ --

[Physicians for MA Beneficiaries](#) (the Coalition), a non-profit organization of physician groups providing value-based care to Medicare patients, has responded to a Request for Information (RFI) from the U.S. Centers for Medicare & Medicaid Services (CMS) on Medicare Advantage (MA) data. The Coalition's response shared a number of important issues for CMS, Congress, and other policy makers to track in order to preserve the promise advanced primary care and value-based arrangements within the MA program.



Physicians for Medicare Advantage (MA) Beneficiaries

“

The Coalition is dedicated to amplifying the voices of doctors who want to ensure that senior citizens enrolled in Medicare Advantage continue to have access to care they need.”

Jeffrey Lowenkron, MD, Chief Medicare Officer of The Villages Health

Through the RFI, CMS seeks input from a wide variety of stakeholder regarding all aspects of data related to the MA program, especially the role of value-based care arrangements between MA plans and primary care providers treating MA beneficiaries.

[Click here](#) to view or download the May 29th Coalition letter to CMS. The Coalition made the following observations in the letter:

The Role of Value-Based Care Arrangements in MA

To some degree, more and more MA program care is delivered through value-based care arrangements, wherein MA plans contract with providers to provide services to beneficiaries to

be funded through regular capitated payments, usually with some level of financial risk for total cost of care for patient population. That is, the chance of financial losses or the opportunity to share in savings achieved.

According to Jeffrey Lowenkron, MD, Chief Medicare Officer of The Villages Health, “Value-based care arrangements improve primary care services for beneficiaries through increased, stable revenue that moves practices away from fee-for-service payments that pay for the volume of services delivered and toward support for team-based care, coordination with specialty providers, and community-based supports.”

Up to now, CMS and stakeholders have little insight into the extent of value-based arrangements between MA plans and providers or the ability to quantify the degree to which these arrangements are delivering on their promise for beneficiaries.

The Coalition recommends that CMS regularly collect and release data on the extent to which MA plans engage in value-based care arrangements with primary care providers, including the portion of MA physician contracts that are full-risk for total cost of care. CMS is further encouraged to generate data categorizing varieties of risk arrangements. For example: How much of premium risk is passed through to providers? To what extent are providers bearing risk for non-medical supplemental benefits outside of their control?

In order to fully understand the role of value-based care, CMS should collect and report differences in key quality considerations between original fee-for-service Medicare, MA delivered through value-based care arrangements, or MA delivered without value-based care arrangements. For instance, are hospital admission and readmission rates different under these categories? Is the application and/or denial of prior authorization different under these categories? How do cost-sharing, supplemental benefit availability and other patient-centered care management services for enrollees served under value-based care arrangements compared to all MA beneficiaries a reduction in benchmark rates for that plan, as well as during and following the implementation of a new risk adjustment model?

“Such data is necessary is for federal policy makers and the wider public to understand the degree to which reductions in federal payments to MA plans are automatically passed through to beneficiaries and providers under value-based care arrangements,” said Scott Sears, MD, Chief Physician Executive at Honest Medical Group.

Promoting Transparency in MA Policy.

The Coalition asks for CMS to regularly release several data points to provide greater transparency into the annual MA rate setting process and greater transparency into beneficiary impacts of rate changes. This request is driven by the experience of Coalition members who hear CMS state that it “anticipates stable premiums and benefits for individuals in 2025” under its

proposals for a rate reduction or the implementation of the V28 risk adjustment model,” when in reality Coalition members observe MA plans increasing cost-sharing, deductibles and premiums and significantly reducing supplemental benefits that are important to care coordination.

Supplemental Benefits.

The increased offering of cash cards as supplemental benefits necessitates more detailed reporting and publication on how the cards are being used in order to distinguish expenditures related to health from mere cash incentives as a marketing tool to promote enrollment. Among other recommendations, the Coalition asks CMS to collect and release plan data on how cash cards are used by enrollees. Specifically, collect and release data as to the different categories of beneficiary expenditures made with the cash cards. What is cash being used for? At the SKU level, how much is spent on food, or other items that are permissible expenditures for cash cards?

The Coalition Mission.

Until these data and transparency requests are implemented, the Coalition continues to actively engage members of Congress and CMS offices to rectify and mitigate the adverse impact on beneficiaries and advanced primary care arising out of the ongoing implementation of the V28 risk adjustment model. We also encourage other physician groups to join this important endeavor.

The Physicians for Medicare Advantage Beneficiaries is dedicated to amplifying the voices and unique perspectives of doctors who want to ensure that senior citizens enrolled in Medicare Advantage continue to have access to care they need. To learn more about the Coalition, see www.Docs4Seniors.org or email the group at info@docs4seniors.org

#

About The Physicians for MA Beneficiaries – www.Docs4Seniors.org

Formed in early 2024, the Physicians for MA Beneficiaries is a nonprofit coalition of value-based care provider organizations collectively treating over 200,000 Medicare beneficiaries at more than 800 locations. The primary purpose of the Coalition is to address the new Medicare Advantage (MA) risk adjustment methodology developed by the U.S. Centers for Medicare and Medicaid Services (CMS), and being implemented 2024-2026, which undercuts the ability of physicians in the Coalition to provide the best care to their patients enrolled in Medicare Advantage. Our member physician practice models are consistent with CMS’ definition of “advanced primary care” which CMS says consists of “improving primary care financing through increased, stable revenue that moves practices away from fee-for-service payments that pay for the volume of services delivered and toward support for team-based care, coordination with specialty providers, and community-based supports.”

Philo Hall

Physicians for MA Beneficiaries

+1 202-861-1382

info@docs4seniors.org

Visit us on social media:

[X](#)

[LinkedIn](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/725981867>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

© 1995-2024 Newsmatics Inc. All Right Reserved.