July 18, 2022



Chiquita Brooks – LaSure, Administrator Meena Seshamani, Deputy Administrator and Director Centers for Medicare & Medicaid Services Department of Health and Human Services 200 Independence Avenue, SW, Room 445-G Washington, DC 20201

Sent electronically

Dear Administrator Brooks-LaSure and Deputy Administrator Seshamani:

I write to request an opportunity to meet to discuss your vision for the future of Medicare and how it intersects with LeadingAge's goals to see both Medicare and Medicare Advantage (MA) sustained for beneficiaries and their access to care preserved into the future. As an association representing a continuum of more than 5,000 aging services providers and as a long-standing proponent of integrated service delivery and a whole-person approach to addressing the needs of older adults, we support the aspects of MA that seek to take a more comprehensive view of an individual's needs and flexibility to address those needs. However, there continue to be opportunities to improve MA to ensure its viability for beneficiaries and providers to come.

We are on the precipice of a significant shift in who pays for Medicare benefits as MA enrollment has reached 46% of those who are eligible, more than 28 million lives. This new and rapidly changing distribution of how Medicare beneficiaries receive care is altering the landscape and has potential consequences for the future of beneficiary access to care and choice of how they receive that care. We must take steps now to protect the future of both Medicare and MA.

LeadingAge supports a two-pronged approach. First, we should preserve provider-led care within the CMS/CMMI alternative payment models. At the same time, we must revisit the MA law and regulations to ensure appropriate protections are in place to preserve access to quality care and the ability of providers to continue to provide that care.

When the MA program was initiated, its rules were likely sufficient for the time but as the MA program becomes the dominant payer for services, we must ensure that these rules protect beneficiaries served by the program. Therefore, there must also be assurances/protections for the providers who deliver the Medicare benefits.

For example, we support many aspects of what the MA program offers to beneficiaries such as predictable out-of-pocket costs and low premiums, efforts to coordinate care, and offering of

supplemental benefits to address more holistic needs of the individual. Low premiums, however, are not a positive if they are on the backs of substantial rate cuts to providers who are no longer able to sustain their services. The MA plans point to high-quality care with 90% of enrollees in a plan with 4 stars or higher but the question is—are we measuring all the right things? Medical Loss Ratios tell us of the proportions of premium dollars that are paid for care versus those paid for administrative expense. However, while much may be spent upon care, it does not tell us if those dollars covered the actual cost of that care.

In addition, the April 2022 Office of the Inspector General provides a guide for another area of the MA regulations that require further shoring up. The report notes that 18% of prior authorization requests are initially denied. Care denied, is care delayed and we know care delayed can lead to health declines.

These are but two areas within broader MA regulatory reform we would like to discuss to guarantee its future. With the right protections and policies in place, we can preserve beneficiary choice of how to receive their Medicare benefits and ensure providers are available to address their needs.

We are grateful for your commitment to and strategic vision for the future of Medicare and look forward to an opportunity to work with you to shape that future. Please contact Ruth Katz, Senior Vice President of Public Policy, at <u>RKatz@LeadingAge.org</u> for additional details and Lea Chambers-Johnson at <u>LChambers-Johnson@LeadingAge.org</u> to set up a time to meet. Thank you.

Sincerely,

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Katie Smith Sloan President and CEO LeadingAge