

MEDICARE ADVANTAGE & INTEGRATED SERVICES

TRANSPARENCY & ADEQUACY OF MA PLAN PROVIDER PAYMENTS

Skilled nursing facilities and home health agencies are currently paid significantly less by Medicare Advantage (MA) plans than their traditional Medicare rates to provide the same level of skilled care, while simultaneously incurring greater costs due to the increased administrative burdens MA plans impose on providers through prior authorizations, appeals, and defending against payment clawbacks. CMS lacks the tools needed to ensure provider payment adequacy in MA, including key data elements. Inadequate provider payments jeopardize beneficiary access to care and threaten disrupting all of health care if they continue.

ENACT LEGISLATION FOR GREATER MA TRANSPARENCY & PROVIDER PAYMENTS TO:

- Require CMS to collect MA plan claims data to assess how MA plans' payments to providers compare with Medicare rates and require MedPAC to analyze these data to evaluate payment adequacy for each provider type and make recommendations. Such requirements could be added to S. 3307, the Encounter Data Enhancement Act, and/or similar legislation.
- Establish limits on how far back MA plan audits of provider payments can be considered.
- Authorize CMS to oversee provider payments from plans, ensure provider payment adequacy, and to provide incentives for plans to enter into value-based or other payment arrangements with providers that promote access to high-quality care.

SUPPORT DUAL-ELIGIBLE INTEGRATION PROGRAMS

Today, 12.5 million dual-eligible individuals must navigate a complicated labyrinth of Medicare and Medicaid. Individuals would benefit from enrollment in a holistic approach and model that clinically, financially, and administratively integrates care and services for them.

ENACT THE DELIVERING UNIFIED ACCESS TO LIFESAVING SERVICES ACT (S. 3950) TO:

- Deliver—through a single pooled payment—seamless access to care and services, including conducting a comprehensive needs assessment from which an interdisciplinary team develops an individualized service plan, and assigning a single care navigator/coordinator to assist the individual in getting their questions answered and needs met.
- Preserve and incorporate existing, proven integrated programs, such as the Program for All-Inclusive Care for the Elderly, in a new integrated care plan program as an option that dual eligibles may choose.