

MEDICARE ADVANTAGE & INTEGRATED SERVICES



Fulfilling the Promise of Medicare Advantage and Our Integrated Services Vision

Increasingly, Medicare beneficiaries are choosing to receive their Medicare benefits through a Medicare Advantage (MA) or Special Needs Plan (SNP). Too often, when they need post-acute care services, they encounter delays and denials. Providers are plagued with inadequate payments and saddled with significant administrative burden imposed by these plan processes. Without MA reform, Medicare beneficiaries will encounter access to care issues as providers can no longer afford to provide services. It is also time to redesign the nation's current patchwork approach of delivering long-term services and supports to dual-eligible people.

LeadingAge Goals Include:

- Reform Medicare Advantage before considering further enrollment expansion.
- Support dual eligible integration models that achieve clinical, financial, and administrative integration and holistic care.
- Support reintroduction of bipartisan bills from the 118th Congress including *Encounter Data Enhancement Act* ([S. 3307](#)), *Improving Seniors' Timely Access to Care Act* ([S. 4532 / H.R. 8702](#)) and the *Delivering Unified Access to Lifesaving Services (DUALS) Act* ([S. 3950/ H.R. 8503](#)) to further these objectives.

Improve MA Before Further Expanding its Enrollment

With the volume of Medicare beneficiaries enrolled in an MA or SNP plan exceeding 50%, areas for improvement have been brought into sharp focus. While MA enrollees may enjoy access to attractive extra benefits, they also encounter barriers to core services due to prior authorization delays, erroneous coverage denials, and service availability. MA must be reformed to remedy these and other concerns before further expansion is considered.

Enact Legislation to Reform Medicare Advantage to Achieve the Following:

- **Preserve Access and Reduce Administrative Burden:** Reintroduce a version of the *Improving Seniors' Timely Access to Care Act* or similar legislation to modernize and standardize the prior authorization processes for all providers, expedite decision making and ensure plan accountability through required prior authorization reporting to CMS on volume and outcomes.
- **Collect Data to Assess MA Payment Adequacy to Providers:** Build upon and introduce legislation similar to the *Encounter Data Enhancement Act* that: 1) collects the necessary encounter claims data to analyze provider payment types and adequacy, 2) ensures plans report the data accurately and completely, and 3) authorizes MedPAC to analyze the collected data and report on provider payment adequacy, the quality of care provided, and the comparative value delivered through the MA and Medicare fee-for-service (FFS) programs.

- **Accountability:** Providers can play a critical role in CMS’s MA enforcement and oversight activities, but they need a channel to report the MA non-compliance issues they witness – both trends and individual case concerns – to CMS. These reports should be tracked in the Complaint Tracking Module to monitor plan accountability with MA and Medicare regulations. Therefore, Congress must instruct CMS to collect and publish data on MA provider payment adequacy and plan utilization management usage and outcomes to support MA plan enforcement and oversight activities and ensure continued access to medically necessary post-acute care service.
 - **Sustainability:** MedPAC estimates plans are paid 22% more to care for the Medicare population than what it costs in Medicare Fee for Service (FFS). MA plan payments must be reformed to protect the sustainability of the Medicare Trust Fund and protect beneficiary access to Medicare benefits under MA. Payments to MA plans can no longer be based off the shrinking Medicare FFS population and must address current coding intensity and selection bias.
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Support Dual Eligible Integration

Today, 12.8 million dual-eligible individuals must navigate a complicated labyrinth of Medicare and Medicaid rules. Individuals would benefit from enrollment in a holistic approach to addressing their needs through a model that clinically, financially, and administratively integrates care and services for them.

Enact the Delivering Unified Access to Lifesaving Services (DUALS) Act or Similar Legislation 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, then 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 (PACE), in a new integrated care plan program as an option that dual eligibles may choose.