

WHAT THEY ARE SAYING

Comments Show Major Concerns with Medicare Advantage Advance Notice

Every American deserves affordable health coverage and access to high-quality care – including the more than 30 million seniors and people with disabilities who choose Medicare Advantage (MA). But major proposals in the MA Advance Notice are raising major concerns for seniors, people with disabilities, health equity leaders, government and business leaders, and many others.

In comment letters responding to the Advance Notice, dozens of key stakeholders weighed in on why the MA program, with its long history of strong, bipartisan support, must be protected for the health and stability of millions of Americans.

A Dramatic Impact on Health Care Disparities

“...if implemented, the Advance Notice would further exacerbate the disparities by effectively imposing the largest federal healthcare funding cut in Puerto Rico’s history. Managed Care Organizations (MCO’s) have estimated that the reduction would be over \$800M from 2023 to 2024, more than negating the recent funding gains achieved on the Medicaid program. A reduction of this magnitude would dramatically impact Puerto Rico’s entire healthcare system and economy. More importantly, it would seriously and directly affect the most vulnerable citizens in our society.”

– Pedro R. Pierluisi, Governor of Puerto Rico

“Finally, this set of proposed changes to payment policies will have a significant and negative impact to enrolled Medicare beneficiaries...This will directly impact premiums and decrease or eliminate supplemental benefits. **Many of these benefits are in place to improve health equity, access, and reduce disparities, and are directed to those with the greatest need** and to provide supports and services above most states’ Medicaid LTSS benefits.”

– Cheryl Phillips, SNP Alliance

“We are concerned that the proposed changes to the Medicare Advantage program will create more barriers to health for seniors, straining them financially and reducing their access to quality, affordable health care. Notably, Medicare Advantage has played a critical role in providing health care for groups who are often at disproportionate risk of being uninsured...**Proposed changes to Medicare Advantage in the Advance Notice risk exacerbating existing health inequities by making vital care financially unattainable for many eligible seniors.**”

– Rev. Camille Henderson-Edwards,
The United Methodist Church

“The NMA strongly urges CMS to seriously consider the consequences that the Advance Notice may have for the millions of African American seniors who rely on Medicare Advantage for care. We further urge that CMS reject the proposals that would increase costs, and implore CMS to, at least preserve the current benefit structure or ideally expand coverage and enhance this critical program.”

– Joy D. Calloway, National Medical Association

“While we support the Agency’s goal in correcting risk adjustment in a manner that addresses increased and discretionary spending that is not clinically or empirically valid, we also believe there is some evidence that the **proposed reforms will have consequences for beneficiaries facing real health risks, particularly for conditions like diabetes and depression that are common and often undertreated in fee-for-service medicine, particularly among lower-income and underserved beneficiaries.**”

– Duke-Margolis Center for Health Policy

“We urge CMS to take time to ensure proposed changes do not threaten Medicare Advantage’s ability to offer high quality and affordable health care to Arizona’s seniors and individuals with disabilities. **These cuts will disproportionately impact seniors and individuals with disabilities living on a fixed income who cannot afford higher premiums and shouldn’t have essential services or benefits taken away.** The Greater Phoenix Chamber urges you to find ways to improve and strengthen Medicare Advantage instead of employing CMS’ cuts which would jeopardize more than 682,000 Arizonans access to quality, affordable healthcare.”

– Greater Phoenix Chamber

Risks to Important Benefits and Services that Improve Health

“**We are concerned that the proposed policies in the 2024 Advance Notice could have an unintentional impact on seniors who rely on Medicare Advantage for health care and for access to healthy meals.** A recent study demonstrated that these proposed changes could lead to increased premiums and reduced benefits that would put a healthy life out of reach for many, including those facing food insecurity. We urge you to keep this vulnerable population in mind as you prepare to finalize the Advance Notice.”

– Eric Mitchell, Alliance to End Hunger

“**The proposed changes outlined in the Advance Notice pose a serious threat to the seniors we serve – both in terms of their financial wellbeing and their physical health.** A recent study estimates that, should the changes be implemented, Medicare Advantage beneficiaries could face a \$540 increase in premiums and/or reduction in benefits annually. We are committed to making sure health care is accessible and affordable for all Americans and urge the Centers for Medicare and Medicaid Services to amend the Advance Notice to reflect the needs of the millions of seniors and people with disabilities who rely on Medicare Advantage.”

– Dr. Martha A. Dawson,
National Black Nurses Association

“CMS’ proposed changes to the risk adjustment model in this notice are likely to have significant impacts on the program, **with potentially disproportionate negative impacts on people with some chronic diseases and disabilities.**...we strongly urge CMS to withdraw and reevaluate the proposed approach and undertake a more thorough and deliberative process to ensure the right balance is struck to avoid unintended consequences.”

– Randall Rutta, National Health Council

“If finalized, the changes proposed under the Advance Notice would reduce Medicare Advantage (MA) payments to plans by -2.27% in 2024. This cut translates to a decrease of \$540 in spending per beneficiary per year compared to 2023.1 Nearly half of the Medicare-eligible population chooses Medicare Advantage because it offers lower costs, greater benefits, and higher value. **If the policies in this Advance Notice are finalized, 30 million seniors and individuals with disabilities enrolled in Medicare Advantage nationwide will face increased premiums and/or reduced benefits next year – directly impacting what matters to them the most.**”

– Edward T.A. Fry, American College of Cardiology





“... the ATA was concerned by several proposals in the Advance Notice that would create barriers for those who would otherwise choose Medicare Advantage for their care. According to a recent study, the Advance Notice would lead to an average cost of \$540 in increased premiums or reduced benefits per beneficiary per year. **This significant impact would likely decrease access to supplemental benefits, including telehealth, on which many seniors have come to rely.** We urge the Centers for Medicare & Medicaid Services to assess the full impact of its proposals in the Advance Notice, to ensure that access to Medicare Advantage and telehealth remains strong for all who need it.”

– Kyle Zebley, American Telemedicine Association

“When employees retire from the Texas workforce, Medicare Advantage plans help maintain their access to affordable, high-quality health care. Today, Medicare Advantage beneficiaries across the U.S. report spending about \$2,000 less annually on out-of-pocket costs and premiums compared to Fee-for-Service Medicare, and monthly average Medicare Advantage premiums have reached a 15-year low of \$19...**Nearly half of all Medicare-eligible seniors in Texas choose to enroll in a Medicare Advantage plan, and the cuts proposed by CMS would impact more than 2.1 million Texas seniors.** I urge you to protect the Medicare Advantage program and maintain these affordable benefits for our seniors.”

– Glenn Hamer, Texas Association of Business

A Flawed Process that Threatens Major Disruption

“Historically, CMS has phased in changes to the MA risk adjustment model to allow plans and providers to adjust their systems and anticipate the potential effects of the changes...**CMS should not move forward with a major change to the MA risk adjustment model under such an aggressive timeline.** Instead, we urge CMS to extend the timeline for implementing changes to the MA risk adjustment model to allow sufficient time for both plans and providers to consider its impacts.”

– Jerry Penso, AMGA

Given these grave concerns, AHIP urges the Centers for Medicare & Medicaid Services (CMS) to withdraw the proposed risk model changes for 2024, and instead engage in a collaborative, deliberative process with stakeholders to assess future changes in the risk adjustment model.