National Organization of Rheumatology Management

March 4, 2022

Meena Seshamani, MD, PhD
Director, Center for Medicare
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue
Washington, DC 20201
Submitted electronically via Regulations.gov

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (CMS-2022-0021)

Dear Dr. Seshamani,

Thank you for your leadership on behalf of health care providers and patients during the ongoing public health emergency (PHE). The National Organization of Rheumatology Management (NORM) is a nonprofit organization that promotes education, expertise, and advocacy for rheumatology managers and their practices. We are focused on supporting our patients and pursuing excellence in medical practice management.

Quality Ratings System

Complaints about the Health/Drug Plan (Part C and D)

We strongly support the inclusion of additional measures to hold plans accountable for complaints, which CMS found "primarily originate from beneficiary confusion around misleading marketing materials and/or inadequate training of marketing personnel."

Rheumatology practice administrators see first-hand the impact of deceptive marketing practices by MA plans, as many of our patients are targeted by these dishonest enrollment campaigns. When researching MA plan options, beneficiaries are often told by MA plan enrollment representatives that there will be no disruption in their treatment, and they can continue seeing their current care providers. Some beneficiaries will contact their rheumatology practice for confirmation. The practice administrator can share whether the treating rheumatologist is "in-network," whether the prescribed medications are on the plan's formulary and/or subject to prior authorization or step therapy, or whether the patient would need to be "switched" to another option, as well as what their expected out-of-pocket costs would be, if they proceed with MA plan enrollment. Far too often, beneficiaries learn the information shared

by the MA plan representative was incorrect. At that point, the beneficiaries will usually opt to maintain traditional Medicare coverage to ensure continuity of treatment.

In those situations, although the MA plan's provision of wrong information is frustrating, no real harm has been done to the beneficiary. More frequently, however, practice administrators learn of a patient's change in coverage at the time the patient requests an appointment (and the practice does not participate in the plan) or visits the pharmacy to request a refill (and learns they either need prior authorization or the medication is now cost-prohibitive). At that time, the damage has been done, as the patient is "stuck" with the new MA plan until the next open enrollment period. Another frequent scenario that our practices encounter is when a beneficiary attempts to enroll in a Part D Prescription Drug Plan, but – unbeknownst to the beneficiary – is already enrolled in a MA plan, which may or may not meet their medication needs. The outcome is the same as above, and there is no recourse for the patient, nor accountability for the plan.

In these situations, the patient's care is severely disrupted solely as a result of misleading marketing tactics used by the plan to increase enrollment. Unfortunately, these scenarios are becoming all too common as the financial incentives for MA plans continue to grow. In fact, payments to MA plans in CY 2023 will increase almost 13 percent when factoring in the potential for a 5 percent quality bonus payment. As payments increase, more growth is expected. A recent Kaiser Family Foundation study just found an 8 percent increase in plan growth from 2021 to 2022 – a rate of growth that is expected to increase as more seniors age into Medicare, payments remain exorbitant, and plans are not accountable for misleading and unethical enrollment tactics.

CMS must hold plans accountable for their actions. We urge the agency to tie beneficiary complaints, and the resultant impact on quality and outcomes, to the payments and quality ratings for MA plans.

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NORM stands ready to work with you to address the issues raised above. Thank you for your consideration of our feedback. Should you have any questions or would like to set a time to discuss these issues in more detail, please contact Andrea Zlatkus, CMPM, CRMS, CRHC, Executive Director, NORM, at andrea@normgroup.org.

Sincerely,

Nancy Ellis

Nancy JH Ellis, MBA, MHA
President, NORM