

NAHC Submits Recommendations for MA Plan Data

Source: NAHC, June 3, 2024

- [Read the NAHC comments](#)

In January, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a Request for Information (RFI) seeking input from the public regarding various aspects of Medicare Advantage (MA) data. Feedback from stakeholders over the past several years reflected a strong desire for more comprehensive high quality MA programmatic data to increase MA program transparency.

The National Association for Home Care & Hospice (NAHC) submitted comments (linked above) with its recommendations for greater data transparency for MA plans.

NAHC's comments focused on three main areas:

- beneficiary protections,
- provider protections, and
- marketing activities.

Also included were recommendations for hospice data related to the Value-Based Insurance Design (VBID) Demonstration.

Requiring the MA plans publicly report data related to patient experience, enrollment and disenrollment rates, utilization patterns, and networks by service area as compared to Fee for Service (FFS) Medicare would strengthen transparency and better inform a beneficiary's decision on whether to enroll in an MA plan.

Considering the myriad of issues that home health agencies have had with MA plans, NAHC recommended MA plans should be required to publicly report data on prior authorization, payment methodology, medical review policies and claim denials rates. Additionally, data on the use of artificial intelligence for coverage decisions and utilization patterns for ancillary services, such as home care aide services, should be shared with providers.

The predatory marketing practices by some MA plans raise concerns, particularly for underserved populations. Attempts to steer beneficiaries to a particular MA plan by providing incentives, such as gift cards and free gifts, which patients

adversely affected by persistent poverty and inequality find hard to decline or ignore should be tracked. NAHC recommended that CMS collect and report data on MA plan marketing strategies and incentives used to enroll beneficiaries, along with geographic or demographic data of enrollees targeted for specific marketing strategies.

Although the Center for Medicare and Medicaid Innovation (CMMI) has decided to end the hospice component of the VBID demonstration, NAHC recommended CMMI should share baseline comparison data for VBID hospice patients and FFS hospice beneficiaries receiving care outside of the demonstration. This comparison data should support evaluation of whether the model, in its final year and across all the years, met CMMI's stated goals for the demonstration to drive greater care continuity and higher quality hospice care for beneficiaries and families. Additional recommendations included measures and data that could help determine the model's impact on improving quality of care.