



Advising the Congress on Medicare issues

Medicare Advantage: MedPAC work plan

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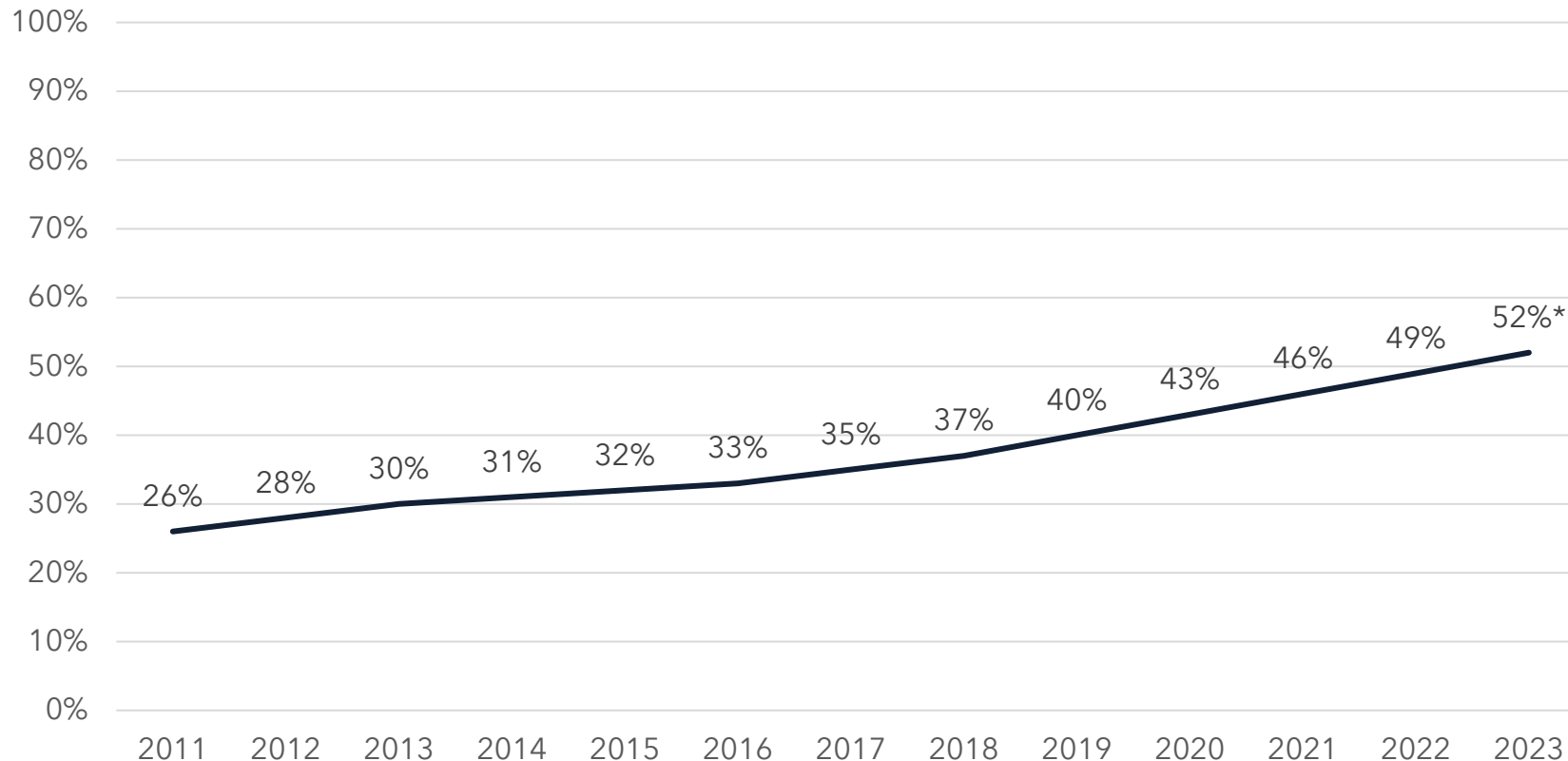
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Today's presentation

- 1 Background and context
- 2 Overview of MA work plan
- 3 Preview of March 2024 MA chapters
- 4 Preview of June 2024 MA chapters
- 5 Commissioner discussion & questions

Medicare Advantage makes up a large and growing share of Medicare

Share of eligible Medicare beneficiaries in Medicare Advantage



Note: Beneficiaries must have both Part A and Part B coverage to enroll in a Medicare Advantage plan; therefore, beneficiaries who have Part A only or Part B only are not included in the denominator of eligible Medicare beneficiaries.*Estimates for 2023 are preliminary.

Source: MedPAC analysis of CMS enrollment files, July 2010 through February 2023.

Planned MA chapters

Report	Chapter
March 2024	MA status report
	Mandated report on D-SNP quality
June 2024	Standardizing MA benefits
	Access and quality in MA
	MA encounter data

Note: MA (Medicare Advantage). D-SNP (dual-eligible special needs plan).

MA status report

- Annual update on plan enrollment and availability; bids and payments; risk adjustment and coding intensity; and quality
- Update to method for estimating coding intensity
- Update on favorable selection
 - Estimate degree of favorable selection in MA
 - Discuss the implications of accounting for favorable MA selection in estimates of payments to MA plans

Note: MA (Medicare Advantage).

Mandated report on D-SNP quality

- BBA of 2018 mandates biannual MedPAC reports on D-SNPs and other plans serving dually eligible beneficiaries
- Mandated analysis: Performance on HEDIS[®] and CAHPS[®] measures
- Other topics related to dual eligibles
 - Recent trends in D-SNP market
 - Planned end to Medicare-Medicaid financial alignment demonstration

Note: BBA (Bipartisan Budget Act), D-SNP (dual-eligible special needs plan), HEDIS[®] (Health Effectiveness Data Information Set[®]), CAHPS[®] (Consumer Assessment of Healthcare Providers and Systems[®]).

Standardizing MA benefits

- MA coverage options highly variable and difficult to understand
 - Increase in the number of plans and insurers
 - Regional variation in plan benefits
- Standardized benefits could make it easier to compare plans
- Continuation of work begun in 2022-2023

Access and quality in MA: Background

- CMS uses a 5-star rating system as the basis for the MA QBP
 - Intended to both allow beneficiaries to compare across coverage options and reward MA organizations for quality of care provided to enrollees
 - QBP adds \$16 billion to MA payments
- Problems with the QBP
 - Contract-level data don't meaningfully reflect care received in local area
 - Bonus payments not budget neutral (unlike most FFS quality programs)
- MedPAC recommendation (2020): Replace QBP with MA-VIP

Note: QBP (Quality Bonus Program). FFS (Fee for service). MA-VIP (Medicare Advantage Value Incentive Program).

Source: MedPAC estimate using 2023 bid data.

Access and quality in MA: Planned work

- New framework for evaluating MA plan performance
 - Plan behaviors influence quality, access, and cost
 - Potential new performance metrics
- Analysis of:
 - Plan-provider network design
 - Ambulatory care sensitive hospitalizations
 - Compare performance across MA plans at local market level
 - Peer grouping mechanism to account for social risk factors

MA encounter data: Background

- MA plans are required to submit encounter data about items and services provided to MA enrollees
- Complete encounter data is needed to assess the care provided to MA enrollees
- The Commission has previously found that the encounter data submitted through 2019 lacked completeness and accuracy
- MedPAC recommendation (2019): CMS should take steps to improve the completeness and accuracy of encounter data records

MA encounter data: Planned work

- Update assessment of encounter data completeness
- Review literature that has used encounter data
- Compare utilization data in plans' bids versus encounter data

Note: MA (Medicare Advantage).

Commissioner questions/comments on workplan?

	Chapter	Topic
March 2024	MA status report	Plan enrollment and availability, bids and payments, risk adjustment and coding intensity, quality
		Update on coding intensity
		Update on favorable selection
	Mandated report on D-SNP quality	Plan performance on HEDIS® and CAHPS® quality measures, update on trends in D-SNP market
June 2024	Standardizing MA benefits	Recap our work from the last meeting cycle and provide additional information
		Policy options and potential recommendations
	Access and quality in MA	Framework for evaluating MA plan performance
		Comparing MA plan performance on rates of ambulatory care sensitive hospitalizations
		Initial discussion of plan networks, prior authorization, and claims denials
	MA encounter data	Update assessment of encounter data completeness
		Compare utilization data in plans' bids versus encounter data



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