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Februrary 2022

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4192-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via http://www.regulations.gov

RE: 42 CFR Parts 422 and 423: Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and medicare Prescription Drug Benefit Programs

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal lawmakers. The Panel is pleased to offer comments in response to the proposed updates to the CY 2023 Policy and Technical Changes to Medicare Advantage and Medicare Prescription Drug Benefit Programs. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Standardizing Questions on Health Risk Assessments

The Panel supports the requirement that Special Needs Plans draw from a standardized set of questions, provided in sub-regulatory guidance, on housing stability, food security, and access to transportation as part of the health risk assessment (p. 1859 of FR). The Panel continues to underscore the importance of network adequacy for rural populations and the challenges faced due to travel time/distance to non-local providers and the limited availability of transportation options. The Panel applauds CMS for aligning select questions with social determinants of health and urges CMS to take additional considerations around the limited availability of transportation options in rural communities when finalizing the proposal.

Amend Medicare Advantage Network Adequacy Rules

The Panel applauds CMS's efforts to strengthen oversight over the Medicare Advantage (MA) application process for new and expanding services areas. However, requiring applicants to have a full network one year in advance may result in unintended consequences for MA organizations, particularly those based locally or regionally, to exclude rural communities from the application process altogether. The Panel recommends that CMS consider two potential modifications to ensure that the timeline does not preclude plan willingness to serve rural beneficiaries. First, allow rural applicants to move ahead if they reach a certain percentage of their full network threshold, as additional time is required to negotiate with independent providers in rural areas. Second, CMS should consider authorizing a letter of intent to sign a contract as a secondary option to fulfill network requirements.

The Panel commends CMS's continued work on these critical issues and we thank you for the opportunity to submit comments prior to the finalization of this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

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