



RURAL POLICY RESEARCH INSTITUTE

RUPRI Health Panel

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February 13, 2023

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-4201-P
By electronic submission at <http://www.regulations.gov>

[Dear Administrator Brooks-Lasure:](#)

RE: CMS-4201-P: Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D

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 this proposed rule, focused on sections that fall within the scope of our expertise.

The Panel supports prohibiting marketing of benefits in service areas where they are not available (Subpart V of Parts 422 and 423). CMS should be alert to the spillover though, of marketing in multi-county regions where benefits are available in some counties but not others. This is an especially meaningful concern in rural counties.

The Panel applauds the intent of creating a health equity index reward in the Star Ratings (§§ 422.166(f)(3) and 423.186(f)(3)). We agree with being certain that plans and providers continuously improve quality as measured by preventive measures and clinical outcomes (FR 79624). However, we encourage CMS to move cautiously in changing the weight of patient experience and access measures, especially in the context of how rural provider payment might be affected by increased effects outcome measures that may not reflect their contributions to health equity. Differential impacts of changing the weighting (i.e., rural remote, rural adjacent, and urban) should be understood before the complete transition as of 2026.

The Panel strongly supports the requiring MA plans to provide educational programming for enrollees as a means of increasing likelihood that all beneficiaries will benefit from expanded use of services delivered through telehealth. Rural beneficiaries who gain access to telehealth as a result of investments in broadband capabilities in their communities will need these programs.

Respectfully submitted,

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