

Rural Health Panel

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Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-4207-NCI
By electronic submission at: <http://www.regulations.gov/>

RE: CMS-4207-NCI
Medicare Program: Request for Information on Medicare Advantage Data

Dear Administrator Brooks-Lasure,

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 Request for Information on Medicare Advantage Data, focused on sections that fall within the scope of our expertise. The following comments are organized based on topics listed within the RFI.

As of March 2023, 45.1% of eligible beneficiaries in rural America were enrolled in MA plans. The rate of enrollment growth from 2022 to 2023 is higher in rural America compared to metropolitan counties, at 10.5% compared to 7.2%. The increase of MA enrollment in rural areas has caused unintended consequences, such as reduced access to care, a decline in quality of care, and reduced provider eligibility. [Data are taken from [previous RUPRI brief found here.](#)] Research is needed to fully understand the dynamics of the market for MA plans in rural places, consequences for beneficiary health (comparisons of use of essential services, quality indicators with traditional Medicare beneficiaries), access to services (analysis of networks and access to nearest providers), and contract negotiations with and payment to local rural providers. Well-designed research requires access to encounter and other beneficiary data, in de-identified files.

Encounter Data

For encounter data already collected, the Panel recommends CMS consider current challenges such as hospitals only including information relevant to their payment, patients switching plans (including changes between MA and traditional Medicare), and the error rate for final discharge status. As CMS requires and encourages more complete and accurate reporting of encounter data by MA organizations, there is an expectation of improved validity and reliability. Additionally,

researchers and other individuals cannot access current data due to cost as a barrier to entry. For example, data for inpatient encounters for a cohort of beneficiaries of up to one million for one year is \$1,500; therefore a study design over five years would be \$7,500. CMS is considering new policies for accessing data through the Virtual Research Data Center, which will include an annual fee for each “seat” with access to the data and annual project fees that can exceed prior data costs. If those policies are implemented as proposed, researcher access will be more restricted because of increased costs. The Panel recommends CMS continue its dialogue with the research community to optimize use of the data by a diverse community of researchers.

When considering encounter data that should be collected, the panel recommends its use to complete the picture of quality of care. CMS should combine data from Traditional Medicare claims and MA encounters to present a complete picture of the quality of care delivered by healthcare organizations and providers. Another recommendation that CMS should consider is to improve the ability of small systems and organizations to use the encounter data. Lastly, CMS should consider checking for geographic bias in data reporting.

Data Recommendations Related to Beneficiary Access to Care

Data already collected that relates to beneficiary access to care includes audited data by geography. The Panel recommends increasing transparency of networks by requiring plans to provide easy access to provider data kept up-to-date for their networks, incorporating changes to the networks during a plan year. The Panel also recommends CMS consider a place where an individual may see both network participation and quality data within the same space. This would aid beneficiaries in making decisions and improving access to quality care.

Prior Authorization and Utilization Management

The RUPRI panel applauds CMS for addressing issues that exist within prior authorization and utilization management. We recommend providing geographic identification at the lowest possible level that does not risk beneficiary identification. A lower geographic level allows easier identification of issues experienced by beneficiaries in rural America, specifically dealing with processes such as denials of care, appeals, and the use of algorithms. The Panel also recommends CMS publicly provide trend line data in dashboard reports by service area. This would allow researchers, beneficiaries, and others to assess differences between service areas and geographic areas.

Further, future data collection should include plan tracking and reporting of prior authorization requests, including beneficiary ID, date of request, requested procedure (e.g., CPT or HCPCS code), authorization determination and resolution of any appeal, and making such data publicly available. This includes utilizing metrics over time, such as denials and reversals after appeal.

Cost and Utilization of Different Supplemental Benefits

When considering the cost (we assume the cost to the beneficiary) and utilization of supplemental benefits, the panel recommends making all data available, inclusive of cost and use of all supplemental benefits. This would address the benefits to both the beneficiary and to Medicare. Additionally, it is critical to have geographic information when looking at supplemental benefit costs

and utilization patterns. This includes the number of plans by county offering specific supplemental benefits and the number of beneficiaries by county who access specific supplemental benefits. The Panel recommends data be collected and available for research that tracks utilization of supplemental benefits.

MA Marketing and Consumer Decision-Making

The RUPRI panel recommends making MA marketing data available by plan and by area served. Other recommendations include mapping the media reach of marketing compared to the counties where marketed benefits are offered and used. This would allow for the analysis of marketing impact on benefit utilization patterns.

Healthy Competition in the Market

To assess competition, integration, and enrollment concentration, the Panel recommends continuing to make available specific data and information about plans by county in which they are offered and have enrollees. This includes affiliations with national and regional firms.

Sincerely,

The Rural Policy Research Institute Health Panel

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