**Medicare Red Tape Relief Project**

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date: August 25, 2017

Name of Submitting Organization: Physicians Advocacy Institute

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Statutory ✓

Regulatory

Please describe the submitting organization’s interaction with the Medicare program: PAI is a not-for-profit advocacy organization focused on securing fair and transparent payment for physicians. PAI’s Board is comprised of CEOs/former CEOs of state medical associations from California, Connecticut, Georgia, Nebraska, New York, North Carolina, South Carolina, Tennessee and Texas and a Kentucky physician. A significant portion of the members of these and other states’ medical societies treat Medicare patients and submit claims to Medicare

**Short Description**: Medicare Advantage Network Adequacy Standards

**Summary:** More robust network adequacy standards and oversight are needed in the Medicare Advantage program. Medicare Advantage network adequacy standards do not reflect issues such as provider availability and/or willingness to accept new patients, which is required in Medicaid managed care networks. Current network adequacy standards also fail to reflect key subspecialty services, allowing plans to omit physicians who perform necessary but high-cost services to our nation’s elderly population. This trend to “narrow networks” is well-documented in both Medicare Advantage and in the private insurance market. All too often, beneficiaries are not able to access the full array of covered services.

CMS’ oversight of network adequacy for MA plans is also lacking rigor. Without active oversight and verification of submitted information, even the most comprehensive network adequacy standards will not protect MA beneficiaries from plans that employ various practices to exclude certain health care providers from the networks. For instance, when MA plans terminate physicians or other provider contracts between enrollee enrollment periods, patients often suffer from lack of continuity of care.

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**Related Statute/Regulation:**

Proposed Solution: Network adequacy standards should be refined to account for factors such as providers’ ability to accept new wait times, to better reflect whether the network includes all of the physicians and other health care providers needed to provide timely, comprehensive services to enrollees.

HHS should adopt regulations to ensure more active and meaningful oversight of network adequacy for MA plans.