

CMS Proposes Changes to Medicare Advantage

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Officials at the Centers for Medicare and Medicaid Services are proposing changes to the Medicare Part D prescription drug plans and Medicare Advantage plans in an effort to strengthen oversight of the programs.

The proposal includes mandatory self-reporting aimed at curbing potential fraud and misconduct by plans. The CMS proposal also includes changes to streamline the process of intermediate sanctions and contract determinations. In addition, the proposal clarifies the process for imposing civil money penalties.

"While the majority of Medicare Advantage and Medicare Prescription Drug Plans that offer important benefits to beneficiaries are conducting themselves professionally, it is important for CMS to be able to take swift action to safeguard beneficiaries from unlawful or questionable business practices," Leslie Norwalk, acting CMS administrator, explained in a statement.

But the Bush administration is falling short in policing the marketing practices of Medicare Advantage plans, according to Robert M. Hayes, president of the Medicare Rights Center.

Mr. Hayes has called on Congress to establish clear safeguards against "abusive and deceptive" marketing practices and to give state governments the power to enforce those standards.

He also called on Congress to establish minimum benefit standards and to standardize Medicare Advantage benefit packages to allow for better consumer comparison of plans.

Officials at the American Medical Association (AMA) are also reporting problems

with Medicare Advantage plans. An online survey conducted by the AMA in March involving more than 2,200 member physicians found that patients had difficulty understanding how the Medicare Advantage plans work or have experienced coverage denials for services that were typically covered under traditional Medicare plans.

For example, about 84% of physicians with patients in Medicare Advantage managed care plans reported that their pa-

tients had difficulty understanding how the plan works. About 80% of physicians with patients in Medicare Advantage private fee-for-service plans also reported confusion about the plans among their patients, according to survey data collected by the AMA.

More than half of the physicians surveyed also reported excessive hold times and excessive documentation requested by payers with both types of Medicare Advantage plans. ■

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