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AMERICAN MEDICAL
ASSOCIATION

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The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to offer our comments and recommendations concerning needed improvements in Medicare Advantage (MA) physician networks. Based on action taken this year by the AMA House of Delegates, the AMA recommends that the Centers for Medicare & Medicaid Services (CMS) adopt a suite of policy proposals to enhance network directory accuracy, network adequacy, network stability, and communication with patients about MA plans' physician networks. The AMA also recommends that CMS establish an external advisory group to obtain ongoing input regarding MA plan network issues.

Ensuring MA Network Directory Accuracy

A July 2019 report from the U.S. Government Accountability Office (GAO) highlighted the need to improve the accuracy of MA plans' network directories and the way this information is communicated to patients. The report reviewed research, including a CMS-sponsored study, that identified access to particular physicians as a key consideration for Medicare beneficiaries when selecting their Medicare coverage. The GAO also conducted a survey in which respondents stated that the Medicare Plan Finder (MPF) provides incomplete information on MA plan networks.

MA plans are required to maintain accurate directories of in-network physicians on a real-time basis. However, currently they are only required to submit network directories to CMS when the plan first begins operations in an area, and then every three years unless CMS requests a review based on significant terminations of contracts or complaints. The triennial reviews of network directories by CMS have found significant inaccuracies. For example, the most recent review found errors in nearly half of all network directories reviewed, including physicians not practicing at the listed location, incorrect phone numbers, or physicians who were not accepting new patients when the directory indicated they were. The persistently high error rates justify more frequent reviews and more significant penalties for non-compliance. MA plans could reduce the administrative burden on themselves and on physicians if they would develop and use a common system for updating provider directory information.

The AMA urges CMS to boost its efforts to ensure directory accuracy by:

- Requiring MA plans to submit accurate network directories to CMS every year prior to the Medicare open enrollment period and whenever there is a significant change to the status of the physicians included in the network;
- Auditing directory accuracy more frequently for plans that have had deficiencies;
- Publicly reporting accuracy scores on the Medicare Plan Finder;
- Taking enforcement action against plans that either fail to maintain complete and accurate directories or have a sufficient number of in-network physician practices open and accepting new patients;
- Encouraging plans to develop a common system to update physician information in their directories, for example, solutions such as VerifyHCP encourage collaboration between payers and limit the frequency of outreach to practices; and
- Requiring MA plans to immediately remove from network directories physicians who no longer participate in their network.

Ensuring that CMS Network Adequacy Standards Provide Adequate Access for Beneficiaries and Support Coordinated Care Delivery

Current standards do not assess the extent to which physicians in an MA network are willing and able to accept new patients or the extent to which patients want to use the physicians in the network. If most plan members are receiving services only from a subset of physicians in the network, that subset may not represent the "true" network that is available to patients. CMS has not released or sought public comments on its standards for Minimum Provider Ratios and Maximum Time/Distance. In addition, current adequacy standards are established separately for each specialty and there is no requirement that physicians who work together must all be included. For example, there is a requirement to include at least one hospital that offers cardiac catheterization services and at least one cardiologist, but there is no requirement that the network cardiologist be able to perform cardiac catheterizations or that the network cardiologist has privileges at the network hospital.

The AMA urges CMS to ensure that network adequacy standards provide adequate access for beneficiaries and support coordinated care delivery by:

- Requiring plans to report the percentage of physicians in the network, broken down by specialty and subspecialty, who actually provided services to plan members during the prior year;
- Publishing the research supporting the adequacy of the ratios and distance requirements CMS currently uses to determine network adequacy;
- Conducting a study of the extent to which networks maintain or disrupt teams of physicians and hospitals that work together; and
- Evaluating alternative/additional measures of adequacy.

Ensuring Lists of Contracted Physicians Are More Easily Accessible

The GAO report confirmed that determining whether a patient's physicians are in each MA plan's network requires going separately to each plan's website, finding the directory, and searching it. Beneficiaries trying to use the MPF to select a plan may need to call individual plans to determine if

physicians are in a plan's network. If a patient receives care from multiple physicians, this search process requires even more time and effort. The lack of physician network information on the MPF significantly limits its utility for beneficiaries who want to use the MPF to narrow their options to MA plans that include desired physicians or make comparisons among these plans. According to the GAO report, CMS officials have indicated that they are currently examining how to integrate network information into the MPF, but this was not part of the redesigned MPF released in August 2019.

MA plans are already required to submit their initial list of network physicians to CMS in an electronic form that includes the physician's National Provider Identifier, so it should be feasible to make the lists downloadable as well as link the information in the lists and make it available in one place, such as an improved version of Physician Compare. Currently, there is no simple way for physicians to determine whether a plan is accurately identifying them as in-network when they have a contract and out-of-network when they do not have a contract. An enhanced Physician Compare or a new site where physicians and patients could see all the MA plan networks in which a physician participates in one place would help provide more accurate, real-time information.

Since the advent of the Medicare Part D prescription drug benefit, patients have been able to input information about their prescription drugs and obtain comparisons on the MPF showing what their out-of-pocket costs would be for their drugs in different Part D plans offered in their community. The MPF would be considerably more useful for patients if they could similarly put in the name of one or more physicians and see information displayed for each MA plan in their area indicating whether the physician is in the plan's network.

In addition to being unable to determine whether or not the physician(s) they are currently seeing are in various MA plans' networks, it is difficult for patients to determine which plans will have physicians available nearby if new conditions arise or their existing conditions worsen. Patients should have a way to use the MPF or another method to compare plans based on the relative size and specialty structure of each plan's network.

The AMA recommends that CMS adopt the following policy changes to improve communications with patients about MA plan networks:

- Requiring that MA plans submit their contracted provider list to CMS annually and whenever changes occur, and post the lists on the MPF website in both a web-friendly and downloadable spreadsheet form;
- Linking the provider lists to an enhanced Physician Compare or an alternative site so that a patient can first find a physician and then find which health plans contract with that physician; and
- Simplifying the process for beneficiaries to compare network size and accessibility by expanding the information for each MA plan on the MPF website to include:
    - the number of contracted physicians in each specialty and county;
    - the extent to which a plan's network exceeds minimum standards in each specialty, subspecialty, and county; and
    - the percentage of the physicians in each specialty and county participating in Medicare who are included in the plan's network.

Developing an Effective Communication Plan

The AMA encourages CMS to create a plan to effectively communicate with patients about network access and any changes to the network that may directly or indirectly impact patients. **As CMS contemplates integration of MA network information into the MPF website, the AMA urges CMS to ensure the MPF website is user-centered.**

User-centered design is an iterative process in which architects of the technology or platform focus on the users and their needs in each phase of the design process. User-centered design requires the involvement of applicable users throughout this process via a variety of research and design techniques in order to create highly usable and accessible products.

The need for user-centered design has become increasingly important, as more health care professionals and patients are exposed to, rely on, and operate within electronic platforms for information related to treatment and diagnosis, disease management, prescription drug coverage, health insurance, and general health care delivery. In 2006, 80 percent of American internet users, or approximately 113 million American adults, searched for a health-related topic online, with 28 percent of that population seeking information regarding health insurance—although that number has likely increased significantly during the past 13 years.[1] Of note, between 2000 and 2013, internet and technology usage among seniors rose from 14 to nearly 60 percent.[2]

Medicare patients continue to report frustration and difficulty comparing plans (both fee-for-service and MA) using the "Medicare Compare" tool. They avoid switching plans due to the complexity surrounding initial set-up and voice concern in accessing their preferred physicians and providers.[3] Further examination of the MPF by the National Council on Aging found that poor plan selection and patient confusion often flows from poorly presented information and outdated, misleading user design.[4] Improved and intuitive user-centered design application can enable and empower patients to successfully shop for Medicare plans that meet both clinical need and financial reality.

Measuring the Stability of Networks

Patients need to know whether they will need to keep changing physicians if they choose a particular MA plan. There is currently no way to determine if MA plans tend to have the same physicians in-network each year or if their networks change significantly from year-to-year.

Physicians have outlined many concerns with the processes that MA plans use to narrow their networks. Plans often send notices to physicians terminating their participation in the network with no explanation, and they do not take steps to ensure that patients can complete their treatment plan and/or find an in-network physician who can take over their care. The lack of explanation for the change, often referred to

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[1] Online Health Search 2006 - http://www.pewinternet.org/2006/10/29/part-1-113-million-internet-users-seek-health-information-online/

[2] Older Adults and Technology Use - http://www.pewinternet.org/2014/04/03/older-adults-and-technology-use/

[3] How are Seniors Choosing and Changing Health Insurance Plans? - https://www.kff.org/medicare/report/how-are-seniors-choosing-and-changing-health-insurance-plans/

[4] Modernizing Medicare Plan Finder - Evaluating and Improving Medicare's Online Comparison Shopping Experience - https://www.ncoa.org/wp-content/uploads/CC-2018-MedicarePF-Report-Final-0418.pdf

as "no cause terminations," also makes it impossible for physicians to successfully challenge plans' decisions. As many adverse events occur during transitions in care, a more cautious approach with more active management of the transition process and more emphasis on supporting established physician-patient relationships would be a major improvement.

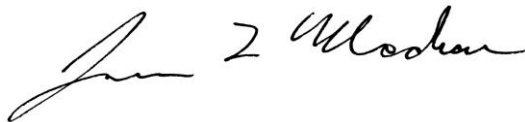**The AMA urges CMS to do the following to enhance the stability of networks**:

- Measure the stability of networks by calculating the percentage change in the physicians in each specialty and subspecialty in an MA plan's network compared to the previous year and over several years, and post that information on the MPF website; and
- Ban "no cause" terminations of MA network physicians during the initial term or any subsequent renewal term of a physician's participation contract with a MA plan.

Process Improvements for Recurring Physician Input Regarding MA Network Policies

In addition, the AMA urges CMS to initiate a Network Adequacy Task Force that would allow CMS to engage on a regular basis with multiple stakeholders, including MA network physicians and Medicare patients or their representatives, to review current policies and develop new policies to address network adequacy issues. The AMA believes that this task force would ensure that CMS continues to obtain ongoing input from physicians, patients, and other stakeholders on needed improvements.

In conclusion, the AMA appreciates the opportunity to provide input and thanks you for considering our recommendations. If you have any questions, please feel free to contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD