

August 24, 2022

Submitted electronically via: www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Program; Request for Information on Medicare (CMS-4203-NC)

Dear Administrator Brooks-LaSure,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) Medicare Program; Request for Information (CMS-4203-NC) (hereinafter, "RFI"). While the RFI seeks comments on a range of policy issues relevant to hospitals and health systems, and the patients they serve, it particularly seeks feedback regarding opportunities to strengthen the Medicare Advantage (MA) program. Vizient appreciates the agency's efforts to increase stakeholder engagement and looks forward to working more closely with CMS as the agency continues such outreach.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Advancing Health Equity

CMS seeks comment on the steps the agency should take to better ensure that all MA enrollees receive the care they need. According to Vizient provider members, there are two primary concerns related to how MA plans may contribute to health inequities: 1) lack of clear communications to enrollees regarding benefit design and enrollment so that beneficiaries can receive the care and support needed to thrive; and 2) MA plans unnecessarily and routinely limiting access to care. In addition, in our comments, Vizient provides recommendations regarding health equity and screening and quality measurement.

Communications

With respect to the need for improved MA plan communications, Vizient members have indicated that MA beneficiaries are often unaware of the scope of services covered by their MA plan, or even the fact that they are actually enrolled in an MA plan. Individuals with disabilities or those with limited English proficiency may be uniquely at risk for communication challenges. Further, communications by MA plans or third parties often begin before an individual is eligible for Medicare and the volume of communications can be overwhelming and have an overall chilling effect on subsequent patient-initiated communications.

Given the range of communications beneficiaries receive, including marketing efforts, it can also be challenging for beneficiaries to discern what is relevant to their current and future care needs. Vizient appreciates the agency's recent decision to include in regulation several sub-regulatory requirements related to communication and marketing for MA plans in response to the increase in beneficiary complaints related to such marketing practices.¹ As these changes take effect, Vizient believes it will be critical for CMS to closely monitor compliance and continue to learn from beneficiaries as it considers future needed reforms and regulations. As an interim step to additional rulemaking and oversight, Vizient suggests CMS communicate with beneficiaries regarding how to confirm their plan selection during open enrollment and clarifications regarding communications options with plans, such as language access services.

Confusion often extends beyond enrollment and, as noted above, includes uncertainty regarding the scope of benefits. For example, a beneficiary may be unaware that their MA plan provides supplemental benefits, such as access to gyms, vision care, hearing aids or, for beneficiaries with chronic conditions, benefits may even include meal delivery or transportation. However, due to a lack of communication, many of these resources go underutilized. Alternatively, even if a beneficiary is aware of supplemental benefits, the plan may impose burdensome requirements that make it excessively challenging to utilize such benefits. Vizient encourages CMS to require plans to improve initial and subsequent communications with beneficiaries and demonstrate that beneficiaries have the ability to access and are taking advantage of the opportunity to utilize such covered benefits to improve health.

In addition, to the extent possible, plans should also consider sharing coverage information and improving care coordination more proactively with providers as patients receive care across multiple delivery settings. For example, should transportation be offered by a plan, the provider and patient will often not be made aware of this option. Vizient suggests CMS work with MA plans, providers and beneficiaries to better understand how these information gaps occur and identify potential solutions. As MA plans broaden what is covered, it is imperative that clear communications are provided to the beneficiary, and potentially the provider, to

¹ <https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and>

support uptake. Again, Vizient notes our concern that benefits, including supplemental benefits, are being limited and underutilized due to a lack of clear communications regarding availability of such services and access. Policy changes that allow plans to cover more services have little value if beneficiary utilization of such services is not also considered.

Screening, documenting and furnishing health care informed by social determinants of health (SDoH)

CMS also seeks feedback regarding the screening, documentation and furnishing of health care informed by social determinants of health. Vizient emphasizes the need to ensure validated and standardized screening tools are used across CMS programs as an initial step. Vizient notes that information collected by plans could be shared with providers to help improve and streamline care. For example, as providers input information into the electronic medical record regarding a patient's gender identity, the same data fields and options for both providers and payers should exist, and potentially be shared, as appropriate, with the other stakeholders.

Quality Measurement

Also, as various tools and indices are being considered in the context of quality measurement, Vizient suggests that only indices developed specifically to help address health inequities be considered to help guide interventions and plan choices. For example, the [Vizient Vulnerability Index](#)TM (patent pending and further detail in Appendix 1), was designed to adjust geographically to identify which vulnerabilities, based on social determinants of health domains, exist within a community. Alternatively, other indices may ultimately just distinguish neighborhoods based on a few measures, such as wealth, and may not consider geographic variation. As a result, factors influencing health outcomes may be overlooked and opportunities to address inequities missed. Appendix 1 of Vizient's comments helps distinguish various indices that CMS and MA plans may be considering, as related to health equity and potentially quality measurement. Vizient welcomes the opportunity to further discuss these options with CMS, particularly the Vizient Vulnerability Index.

Expand Access: Coverage and Care

Vizient appreciates CMS's efforts to provide affordable quality health care for all people with Medicare. As CMS is aware, various MA plans impose prior authorization (PA) policies and other utilization management techniques. While MA plans indicate that these techniques are meant to help ensure patients receive appropriate care, Vizient members frequently indicate that PA policies lead to delays in treatment and add significant administrative burden and workload, among other issues. Vizient believes greater oversight of MA plans, including oversight of PA policies, is one critical step to ensuring that such policies do not harm beneficiaries.

Additionally, PA policies may lead to provider decisions and clinical judgment being predetermined, overridden or unnecessarily questioned by the plan. While various efforts are underway, such as a recent request for information from the Office of the National Coordinator for Health Information Technology (ONC) to identify prior

authorization standards, implementation specification and certification criteria², Vizient understands that this effort will take much time and testing before implementation and adoption. As such, it is important that CMS take more immediate steps to improve the PA process, such as requiring determinations to be issued within shorter timeframes. Further, plans should be required to process PAs at all times, and not just during business hours. Vizient believes that these steps, among others, will help patients more effectively receive care that is already covered when a PA policy exists.

As CMS considers opportunities for plans to align on PA processes, such as reducing or standardizing information demands, we also recommend the agency carefully consider the clinical implications of such processes to clarify their appropriateness. For example, if all plans require the same lab results before providing authorization, the agency should work with providers and patients to understand how these requirements impact patient care, especially for patients from under-resourced communities where access to lab services is limited, before presuming such requirements are appropriate because such requirements are common among plans.

Vizient notes that the scope of services a plan appears to cover does not necessarily reflect services that beneficiaries utilize or can easily utilize. Vizient is aware of numerous circumstances in which plans have variable and narrow interpretations of coverage requirements, which then requires the provider to devote additional time and resources to communicating with the plan to advocate for coverage for the patient. Alternatively, as noted above, it is not always clear to beneficiaries which benefits are covered. Vizient encourages CMS work with MA plans to determine which services are consistently utilized and underutilized, especially considering the additional requirements plans may impose for coverage.

In addition, patient access may also be limited in circumstances related to post-acute care services for a variety of reasons. Factors such as bed availability (both generally and based on the plan's network), plan coverage requirements, and instructions related to observation care can make post-acute care transfers more challenging. For example, the provider must search for a bed that is within network and ensure patient eligibility, as noted below. While some factors, such as bed availability, are beyond a provider's or plan's control, narrow networks and rigid coverage policies that add to provider burden and limit patient access are within a plan's control and can be eased to improve patient access to care.

Also, patient eligibility determinations can be challenging because the plan may impose policies that effectively presume observation status is appropriate and require the provider to justify their clinical opinion that a patient should be admitted as an inpatient. Should the patient remain in observation status, access to post-hospitalization services is limited, as plans may require that the patient be in the

² <https://www.healthit.gov/topic/laws-regulation-and-policy/request-information-electronic-prior-authorization-standards-implementation-specifications>

hospital for three consecutive days before being eligible for certain post-acute care services, such as skilled nursing care. Often, the burden is placed on providers to both justify a patient as being inpatient and then to identify post-acute care options while considering countless plan limitations, with little support from the plan. Not only does this framework tend to result in longer lengths-of-stay, but it can, in effect, lead to MA beneficiaries receiving a different, less-preferential, level of care than they would have received through traditional Medicare.

Support Affordability and Sustainability

Like CMS, Vizient believes Medicare beneficiaries must have access to affordable, high value options for healthcare services. As CMS explores options to improve the MA market and support competition, Vizient encourages CMS to identify opportunities to overcome current barriers enrollees and providers face. The variable policies and limited support offered by MA plans impose unnecessary, time-consuming barriers that often impede care. Two key examples of this are plan-mandated white bagging policies and plan policies that are not sustainable because they disrupt patient care and increase costs.

Regarding payer-mandated white bagging, plans may cover certain specialty medications but require that those medications be dispensed by a specific pharmacy, which can be extremely disruptive to care. Often, medications that must be dispensed from a specific pharmacy are specialty medicines that have unique storage needs (e.g., cold-chain), require provider administration (e.g., infusions), may demand additional modifications before administration to the patient, or are subject to significant variability in dosing and selection based upon the patient's lab results and health status. Vizient surveyed our members on this issue³ and estimates that health systems across the U.S. are spending \$310 million annually on labor required to manage the additional workload associated with these types of payer mandates. In addition, an estimated \$144 million in resource costs have already been spent to hire additional staff to manage logistics for medications and ensure continuity of care. Most importantly, the top issues survey respondents noted regarding white bagging is that the product did not arrive in time for administration (83%), the product delivered was no longer correct due to updated treatment course or dose being changed (66%), the product was delivered in the inappropriate or the wrong dose (42%) or the product was damaged (37%). While plans may argue such practices help reduce costs or are done in the interest of patient care, Vizient's survey and communications with members calls into question these potential benefits, particularly those related to patient safety. As CMS examines PA issues, Vizient encourages the agency to closely examine white bagging practices, as they are imposed by MA plans. As Vizient's survey of our members has demonstrated, often these practices are to the detriment of both provider and patient. Vizient welcomes the opportunity to further discuss this issue with CMS.

³ <https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/noindex/whitebaggingreport.pdf>

Another concerning practice by MA plans relates to policies that disrupt patient care or challenge clinical decisions, such as the prior authorization policies or observation status requirements described above. While plans may be imposing such requirements to help control costs, these policies may negatively impact patient care and quality, increase provider burden, add to hospital expenses and potentially expose patients to greater cost-sharing burdens. As CMS considers opportunities to support MA plan affordability and sustainability, the agency should also consider patient and provider experiences to ensure quality is not sacrificed. In addition, CMS should consider provider burden and additional costs hospitals and patients may incur because of inappropriate MA plan denials and excessively rigid coverage barriers. Vizient encourages CMS to broadly consider affordability and stability to include the impacts of the MA program on providers and patients.

Conclusion

Vizient thanks CMS for requesting comments regarding various aspects of the Medicare Advantage Program. Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank CMS for providing us the opportunity to respond to the RFI. Please feel free to contact me, or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,



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Appendix 1

	Area Deprivation Index	Distressed Communities Index	Social Vulnerability Index	Intercity Hardship Index	Child Opportunity Index	AHRQ Socioeconomic Status Index	Vizient Vulnerability Index
Data granularity	<ul style="list-style-type: none"> ✗ County ✗ Zip Code ✗ Census Tract ✓ Block Group 	<ul style="list-style-type: none"> ✓ County ✓ Zip Code ✗ Census Tract ✗ Block Group 	<ul style="list-style-type: none"> ✓ County ✗ Zip Code possible ✓ Census Tract ✗ Block Group possible 	<ul style="list-style-type: none"> ✗ County possible ✗ Zip Code possible ✗ Census Tract possible ✗ Block Group possible 	<ul style="list-style-type: none"> ✗ County ✓ Zip Code ✓ Census Tract ✗ Block Group 	<ul style="list-style-type: none"> ✗ County ✗ Zip Code ✗ Census Tract ✓ Block Group 	<ul style="list-style-type: none"> ✓ County ✓ Zip Code ✓ Census Tract ✓ Block Group
Timeliness	Updated in 2015 and 2019	Updated annually	Updated every two years	Not provided at the national level; algorithm available	2010 and 2015	Updated in 2015 and 2019	Updated annually
Social Determinants of Health Domains	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✓ Transportation ✓ Social Environment ✗ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✗ Social Environment ✗ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✓ Transportation ✓ Social Environment ✗ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✗ Social Environment ✗ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✓ Social Environment ✓ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✗ Health Systems ✗ Transportation ✗ Social Environment ✗ Physical Environment ✗ Public Safety 	<ul style="list-style-type: none"> ✓ Income & Wealth ✓ Employment ✓ Education ✓ Housing ✓ Health Systems ✓ Transportation ✓ Social Environment ✓ Physical Environment ✗ Public Safety (in development)
Health Care Focus	<ul style="list-style-type: none"> ✓ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✓ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✗ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✗ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✗ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✓ Life Expectancy / Mortality ✓ Chronic Disease Prevalence ✗ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✓ Life Expectancy / Mortality ✗ Chronic Disease Prevalence ✓ Readmissions ✗ ED utilization ✗ Maternal Health 	<ul style="list-style-type: none"> ✓ Life Expectancy / Mortality ✓ Chronic Disease Prevalence ✓ Readmissions ✓ ED utilization ✓ Maternal Health
Measurement Focus	<p>17 components</p> <p>2 components account for almost all of the variation (income and housing)</p> <p>Intended to predict mortality, but a poor fit to life expectancy (r^2 0.25)</p>	<p>7 components</p> <p>2 components account for almost all of the variation (income and housing)</p> <p>Intended to describe economic differences; poor fit to life expectancy (r^2 0.31)</p>	<p>14 components in 4 domains, 2 components account for almost all of the variation (income and education)</p> <p>Intended for disaster management planning; poor fit to life expectancy (r^2 0.20)</p>	<p>6 components</p> <p>2 components account for almost all of the variation (income and education)</p> <p>Intended to describe economic differences; poor fit to life expectancy (r^2 0.14)</p>	<p>29 components in 3 domains</p> <p>no serious issues with partial correlations</p> <p>Reports a moderate relationship to life expectancy (r^2 0.43)</p>	<p>7 components</p> <p>no serious issues with partial correlations</p> <p>Intended to describe economic factors related to health care access; poor fit to life expectancy (r^2 = 0.30)</p>	<p>19 components in 8 domains. All are significant in different locations</p> <p>Intended to describe differences in life expectancy (r^2 0.63)</p>
Geospatial Adjustments	Single index algorithm for the whole country	Single index algorithm for the whole country. Small zip codes excluded	Single index algorithm for the whole country	Single index algorithm for the whole country	Single index algorithm for the whole country, but with state or local standardization options	Single index algorithm for the whole country	Index adapts to local relevance of each domain as it correlates with life expectancy