Medical Xpress

Researchers describe urgent need for data on quality of care offered by Medicare Advantage plans

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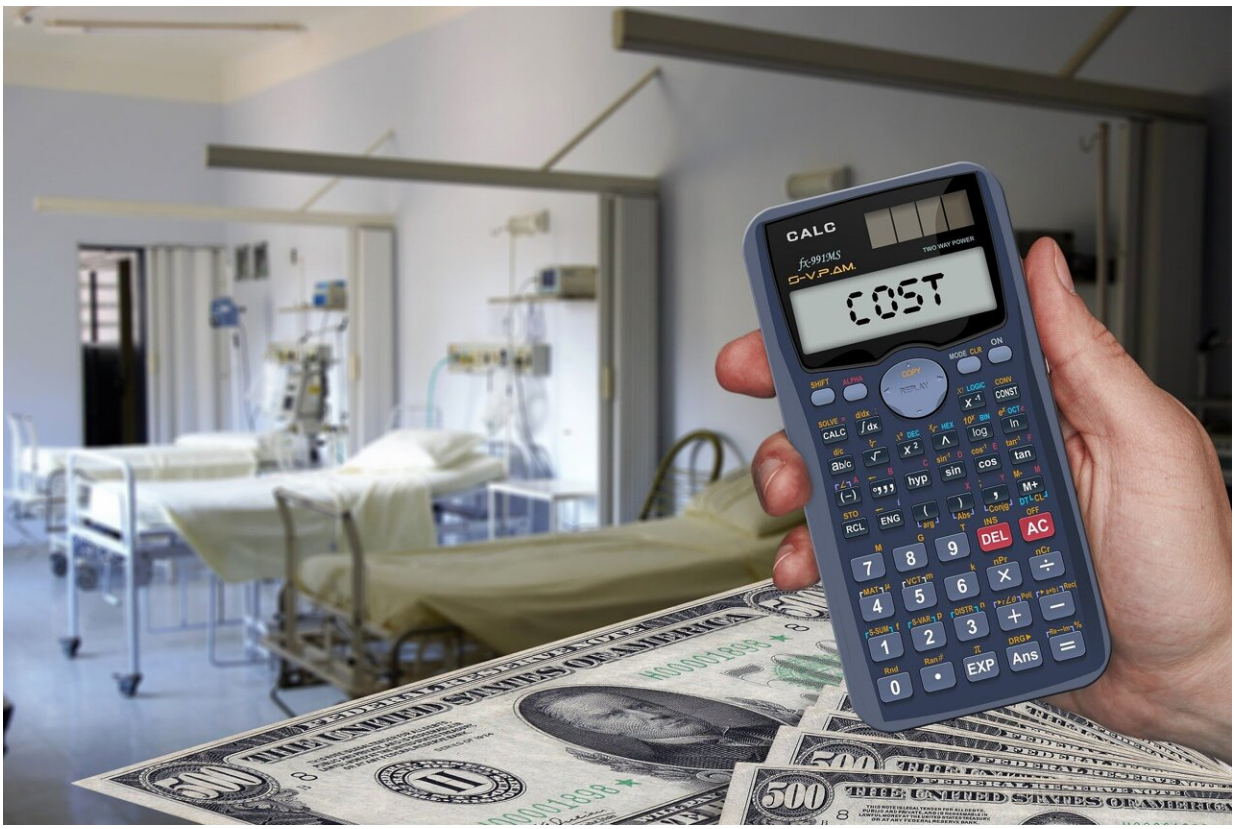

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As Medicare Advantage plans enroll more and more patients with serious illness, it is not clear how well the plans take care of these

patients, Mount Sinai researchers say in a Perspective piece published today in the *New England Journal of Medicine*.

Medicare Advantage, the privately operated alternative to traditional Medicare, has been growing in popularity among all populations, but fastest among Latino and Black older adults and those who qualify for both Medicare and Medicaid, known as "dual-eligibles." Medicare Advantage currently enrolls 48% of Medicare beneficiaries and is expected to account for approximately 60% of beneficiaries by 2030.

"Next October, we will see a critical turning point for Medicare as it will be the first time that Medicare Advantage has truly dominated, with more than half of enrollment," says first author Claire S. Ankuda, MD, MPH, Assistant Professor, Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai. "With our analysis, we are hoping to plant a seed early among families who will enroll for the first time in Medicare or prepare to make important plan choices."

Medicare Advantage plans come in many types, but all are required to cover both Part A, hospital insurance, and Part B, medical insurance. However, they can, and do, create barriers to services through various restrictions. "Doctors and patients alike are often critical of Medicare Advantage due to rigid provider networks, requirements for prior authorizations, and the overall structure of the plans which can be confusing," says Dr. Ankuda.

"With Medicare Advantage growing disproportionately among Black and Latino beneficiaries, there is strong cause for concern that any quality deficiencies in the program will widen and reinforce the racial and ethnic disparities in quality of care that we have been working so hard to address," says Dr. Ankuda.

Some highlights of Dr. Ankuda's analysis:

- For beneficiaries with serious illness, there aren't sufficient data to evaluate quality of care. For three consecutive years, the Medicare Payment Advisory Commission (MedPAC) has stated that it cannot provide accurate descriptions of care quality. While some data have been released, they are both incomplete and unreliable. More needs to be done to cull meaningful data.
- Information is lacking on supplemental benefits. Such benefits are of great importance to those with chronic illness who require nonmedical assistance in the form of meals, transportation, and caregiver benefits.
- Additionally, the quality bonus program (QBP), which offers incentives for high-quality care, needs strengthening and accountability. Implemented a decade ago, the QBP continues to face questions about its accuracy in quality measurement. Says Dr. Ankuda, "I worry that the QBP is not capturing the voices of adults with serious illness. If the program is not hearing from these adults, or factoring in their experiences, the accuracy of their reporting has a true missing piece."

The authors outline several strategies for improvement, including action by Congress, which could commission a report from the National Academies of Sciences, Engineering, and Medicine on quality of care in Medicare Advantage.

The National Institutes of Health could prioritize research on care delivery.

More immediately, the Medicare Compare website would benefit from clearer context. The Centers for Medicare and Medicaid Services, which runs the website, could and should publish encounter data, as well as requiring data on supplemental benefits, the researchers said.

More information: Claire K. Ankuda et al, Addressing Serious Illness

Care in Medicare Advantage, *New England Journal of Medicine* (2023).
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