

Ways & Means Advances Bill Requiring MedPAC MA Cost Analysis Include Additional Data

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The House Ways & Means Committee Wednesday (Sept. 16) advanced along party lines legislation backed by Medicare Advantage plans that aims to ensure Congress' Medicare pay advisors are making accurate comparisons between fee-for-service and MA by requiring CMS publish more data, but that Democratic lawmakers say is designed to put MA plans in a better light compared to FFS.

After rejecting several Democratic-led amendments, including one that only narrowly failed, the Apples to Apples Act moved out of committee 25-15.

Co-sponsor Rep. Aaron Bean (R-FL) kicked off debate over the bill by arguing that it would require more transparency from plans, which he said is needed as more than 50% of beneficiaries are now signed up for MA.

But Texas Democrat Lloyd Doggett argued that the bill would allow insurers to essentially “cook the books” by cherry-picking data that are favorable to the private plans. The Medicare Payment Advisory Commission for example is not required to include data on MA capitation payments, or the bonus payments they receive, he said. Such requirements would undermine MedPAC’s independent work, and disproportionality advantage MA, he added.

Doggetts' arguments align with those from the Center for Medicare Advocacy, which had urged the committee to reject the bill in a Tuesday letter. “While we strongly support greater transparency in the Medicare program in order to assist beneficiary decision-making and inform policymakers, certain provisions of the ‘Apples to Apples’ bill appear designed to paint the Medicare Advantage (MA) program in a light most favorable compared to traditional Medicare, to the detriment of the latter,” CMA wrote.

Insurers, including the Better Medicare Alliance, AHIP and others, strongly backed the bill. “With more seniors than ever choosing Medicare Advantage, policymakers need complete and accurate data to guide decisions about the program. Yet existing analyses of Medicare Advantage costs -- including those published by MedPAC -- too often rely on incomplete data or comparisons that do not fully account for

differences between Medicare Advantage and Fee-for-Service Medicare,” BMA President Mary Beth Donahue said in a Tuesday statement.

Rep. Greg Murphy (R-NC) said that he’s the first to call for MA reforms, but argued bill would require more transparency which he supports.

Doggett filed an amendment that would require MedPAC to look at additional data, including rates of prior authorization requests and denials -- but it was rejected.

Rep. Judy Chu (D-CA) bemoaned the committee’s decision to focus on the bill instead of working to provide relief to constituents struggling with high costs. She later filed an amendment that would require MedPAC’s report to consider how much more seniors pay due to MA, but it was shot down.

Rep. Susan Del Bene (D-WA) argued that the bill follows a pattern by the Republicans and the administration of trying to bury information that may be bad for stakeholders, as the MedPAC analysis is for MA plans. For example, she said, the administration had slow walked its response to her questions about the controversial Wasteful and Inappropriate Service Reduction (WISeR) program that is ongoing in six states -- and the answers were ambiguous. Del Bene offered an amendment requiring MedPAC to analyze the impact of prior authorization and other utilization management techniques. The measure also would require CMS to release audits or corrective action plans for WISeR vendors within three months.

Although six Republicans initially voted for the amendment, four reversed their vote and the amendment failed 19-18. -- *Amy Lotven*(alotven@iwpnews.com)