

PUBLIC SUBMISSION

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Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey (CMS-R-246)

Comment On: CMS-2020-0133-0001

Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey (CMS-R-246)

Document: CMS-2020-0133-0002

Comment on CMS-2020-0133-0001

Submitter Information

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General Comment

Re: CMS-R-246, Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

To Whom It May Concern:

My name is Joseph Piccolo and I am an MPH Candidate at George Washington University in Washington D.C. I am writing in regards to your currently proposed regulation titled Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

Health insurance can be a difficult thing for many individuals to understand; as well as their ability to make informed and important decisions that benefit them without putting any financial burden on them. The information collected from Medicare beneficiaries will allow for a better understanding of how to best provide for the insureds and better deliver services to them.

The most compelling part of this regulation is the notification to be distributed to the insureds regarding the plan to be sent out the individuals. Since many people may not have an in-depth understanding of their benefits all together, ensuring the plan is readable, understandable and

thoroughly explains the reasoning behind their conclusions for denial benefits the insureds because it allows for a better understanding without leaving them with multiple questions. In addition, I see it as beneficial to remind the enrollees of their rights related to the requests for coverage pertaining to prescription drugs as well as additional information if the appeal process.

Confusion may come from multiple documents that are delivered to the enrollees. By making the approval messaging and the required denial messaging in a more understandable format, the information will be more concise and allow individuals to follow along better without flipping through multiple documents in an attempt to gain a better understanding of the information trying to be conveyed. Outlining the approval requirement and bringing a higher level of focus to this rather than the denial can improve enrollee satisfaction as well.

Furthermore, the 5-star rating system of the Medicare Advantage plans allows for a better understanding for the enrollees by allowing them to see how these plans compare to one another by providing information surrounding each plan which includes that quality. Comparing plans may be difficult for the insureds without having the information readily available in one concise area that may be easily accessed and easy to view. This allows for the enrollees to make more informed decisions by having not only the information easily available, but by also viewing the opinions and ratings of other enrollees.

Overall, I see the collection of this information as a major benefit to those who are interested in enrolling Medicare as well as individuals who are current beneficiaries. Too often may people feel over whelmed by the information provided to them regarding their health benefits or coverage types and may be confused when receiving denial letters for some medications they need to receive. By giving information surrounding the approval and denial for current beneficiaries, they may be better equipped to act in cases when they receive a denial letter and what to do in these situations. By also providing concise and general knowledge as well as ratings for the plans that are available for these enrollees, reviewing general information from current beneficiaries may allow for a better understanding on their part of how a plan would benefit them and which one most suits their needs.

As a side note, I feel that there are some things that need to be addressed before allowing current beneficiaries to market their opinions of these plans for other people to make decisions. Fully understanding the information is important because without this, it may lead to others misinterpreting or misunderstanding certain aspects of their plans and providing inaccurate reviews to potential enrollees. By providing concise and informative documentation to potential enrollees upfront, they may be better prepared to make these decisions regarding their Medicare enrollment plans.

Thank you for the opportunity to comment on this regulation. I believe it may have many benefits if the correct approach is taken and will be helpful for many existing beneficiaries and future enrollees.

Respectfully,

Joe Piccolo