## **PUBLIC SUBMISSION**

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Comment On: CMS-2024-0126-0001

Medicare Advantage, Medicare Part D, and Medicare Fee-For-Service Consumer Assessment of Healthcare

Providers and Systems (CAHPS) Survey (CMS-R-246)

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## **General Comment**

Medicare Advantage has created a major burden for rural health clinics and rural hospitals. Many payers will not reimburse us at the Medicare rate, which makes it difficult to recoup our cost for the services we provider. Any requests to revise existing contracts are generally met with silence from the payer. We have been unable to establish any new contracts as well, due to the declination on the behalf of the payer to reimburse us at the Medicare rate. For this reason, many of the facilities I am affiliated with are out-of-network with these payers, which results in higher out-of-pocket expenses for our patients. Medicare Advantage plans are attractive to patients as the premiums they offer are much lower compared to traditional Medicare, despite the higher out of pocket costs for services/procedures, and the difficulty to obtain prior authorizations. Patients who subscribe to these plans also reduce our overall Medicare population, which affects our cost based reimbursement from Medicare. I foresee many facilities facing closure due to lack of financially sustainability if this issue persists.