

PUBLIC SUBMISSION

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Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP) (CMS-10142)

Comment On: CMS-2024-0317-0001

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Comment on CMS-2024-0317-0001

Submitter Information

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Organization: HealthHIV

General Comment

HealthHIV appreciates the opportunity to comment on the proposed changes to the Bid Pricing Tool (BPT) for Medicare Advantage (MA) Plans and Prescription Drug Plans (PDP).

As background, HealthHIV is a national non-profit working with healthcare organizations, communities, and providers to advance effective HIV, Hepatitis C (HCV), Sexually Transmitted Infection (STI), and LGBTQI+ health care, harm reduction, and health equity through education and training, technical assistance and capacity building, advocacy, communications, and health services research and evaluation.

With that, we recognize the importance of balancing regulatory oversight with operational flexibility, and we urge CMS to prioritize the following considerations to ensure equitable access and affordability for marginalized populations:

1. **Protecting Access for Vulnerable Communities:** The BPT and related rebate reallocation policies must ensure that low-income, dual-eligible, and medically complex beneficiaries—including people aging with HIV and chronic conditions—retain access to essential benefits without increased premiums or reduced coverage. Flexibility for Medicare Advantage Organizations (MAOs) must not come at the expense of vulnerable populations.
2. **Clarity and Stability During Implementation of the IRA:** While HealthHIV acknowledges the challenges posed by the Inflation Reduction Act (IRA) for MAOs, we stress the importance of clear communication to beneficiaries regarding any changes to benefits or cost-sharing. Misalignment or confusion in plan offerings disproportionately impacts populations with lower health literacy—many of whom rely on MA plans for comprehensive care, like those constituents we represent.
3. **Equity in Rebate Reallocation:** CMS should evaluate proposed flexibilities, such as those requested by UnitedHealthcare, through an equity lens. Policies that overly benefit large MAOs could exacerbate disparities by disincentivizing investments in underserved communities. We support CMS exploring options to incentivize alignment of benefits across plans while maintaining safeguards that prioritize equity for beneficiaries in marginalized groups.
4. **Safeguarding the Patient Experience:** As CMS revises the BPT and rebate processes, it is crucial to center—and prioritize—the real-world patient experience and health outcomes in all plan benefit decisions. Any temporary adjustments to rebate reallocation must prioritize preventing disruptions in care for dual-eligible and chronically-ill individuals, especially those facing systemic health disparities.

HealthHIV is committed to ensuring that Medicare Advantage and Part D remain vehicles for equitable access to high-quality care. We encourage CMS to use this opportunity to align its regulatory framework together with the broader goal of reducing disparities and advancing health equity for all Medicare beneficiaries.

Thank You for your consideration, and your work!

Sincerely,

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Director of Advocacy, HealthHIV