OCHIN

A driving force for health equity

Submitted via www.regulations.gov

May 23, 2024

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: *Medicare Program; Request for Information on Medicare Advantage Data*

Dear Administrator Brooks-LaSure,

On behalf of OCHIN, we welcome the opportunity to provide feedback on how to enhance Medicare Advantage (MA) data capabilities and increase public transparency. OCHIN is a national nonprofit health information technology and research network that serves more than 2,000 community health care sites with 33,000 providers in 43 states, reaching more than 6.1 million patients in underserved and rural communities. For over two decades, OCHIN has provided technology solutions, informatics, evidence-based research, workforce development and training as well as policy insights for federally qualified health centers, rural health clinics, local public health agencies, critical access hospitals and other community providers.

In addition to providing critical health IT infrastructure, technical expertise, and professional services to support our members, OCHIN has a premier research department, led by a team of scientists and over 60 staff members who collaborate with over 25 different research partners. These research projects cover a wide range of topics that seek to advance health equity in rural and underserved communities in order to improve health care and health outcomes for OCHIN members and their patients. With over half of all Medicare enrollees now participating in a Medicare Advantage program, availability of data regarding these programs is more critical now than ever before. Medicare research has traditionally focused on those patients insured via a fee-for-service model given the lack of claims-level data for Medicare Advantage enrollees. With the growing share of enrollees in Medicare Advantage programs, research will increasingly lean on CMS data to understand care for individuals 65 years and older or who otherwise qualify for Medicare due to, for example, disability. Therefore, availability of Medicare Advantage data is critical.

In addition to following data recommendations, we encourage CMS to continue prioritizing reducing administrative barriers to data access increasing the timeliness of data. We urge CMS to make several key data elements, that are collected, available to stakeholders:

- **Claims Data.** Completeness of Medicare Advantage encounter claims is a major limitation. Fundamentally, we cannot assess access and equitable care delivery without claims data, that includes critical measures of utilization and payment. Enhancement and expanded accessibility Medicare Advantage data, and corresponding claims data for fee-for-service patient populations is

needed to support health equity efforts for the totality of the Medicare population. This should be a top priority.

- **Demographic and SDOH Data**. Ensuring that Medicare Advantage programs are equitably investing in and supporting all communities and populations must be a priority and necessitates disaggregated data by race, ethnicity, rurality, and other social demographics.
- **Out-of-Pocket Expenses**. While out-of-pocket liabilities are collected by CMS they are not publicly reported or available. For systemically underserved patients, such as those who OCHIN members serve, out-of-pocket expenses are an important barrier to care and equitable outcomes. By understanding the out-of-pocket costs that patients in Medicare Advantage programs experience, we will be able to understand how these programs contribute to patient care and outcomes, and the financial burden on patients.
- **Preventative Care Spending Limits**. The lack of availability of data on preventive care spending limits our ability to understand how Medicare Advantage programs are investing in critical preventive care for their enrollees.
- **Reasons for Disenrollment**. Data regarding reasons for disenrollment from Medicare Advantage programs are collected but not published. Despite its rapid growth, it is possible that enrollees will leave Medicare Advantage for reasons at varying rates. Understanding this disenrollment is critical to identifying ways in which enrollees' needs are not being met.

We also want to highlight OCHIN's continued encouragement of CMS-led, harmonized, up-to-date, national digital datasets. To advance health equity, there is a need for data that can help reflect the patient care continuum under a fragmented system. For example, being able to link OCHIN member patient's electronic health record data with national, up-to-date Medicaid claims would greatly bolster the ability to study care and outcomes for some of the most systemically underserved patients.

Please contact me at stollj@ochin.org if we can provide any additional information to support your efforts/if you have any questions/if we can be of further assistance.

Sincerely,

Jennifer Stoll
Chief External Affairs Officer