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Washington, D.C.

February 26, 2015

Marilyn Tavenner
Administrator
Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Advance Notice of Methodological Changes for Calendar
Year 2016 for Medicare Advantage Capitation Rates, Part C and
D Payment Policies and 2016 Call Letter.

Dear Administrator Tavenner:

On behalf of the Society for Women's Health Research, a
leading national non-profit, widely-recognized as a thought-
leader in promoting research on biological differences in
disease and dedicated to transforming women's health through
science, advocacy and education, I write this letter to express
concern about the proposed payment cuts to the Medicare
Advantage program in the recently released 2016 Advance
Notice/Draft Call Letter.

There are approximately 23 million women ages 65 and older
in the U.S. More than half, 56 percent, of all older Medicare
beneficiaries are women; two of every three beneficiaries ages
85 and older are women.¹ Approximately one-third of women
Medicare beneficiaries have selected a Medicare Advantage
plan as their health plan, consistent with the 30 percent of all
Medicare beneficiaries that have opted into a Medicare
Advantage plan.

Older women have a greater share of health and functional
problems and they experience multiple chronic conditions,
such as arthritis, osteoporosis, and hypertension, at higher
rates than older men. In addition, older women also have
higher rates of functional and cognitive impairments that
challenge their ability to live independently.

Medicare Advantage plans have been an incubator for senior-
focused innovations for over 35 years, beginning in 1978 with
clinical management programs aimed at addressing gaps in
care and providing proactive health management programs,
and accountable care organizations that supported provider

¹ "Medicare's Role for Older Women," May 2013 Kaiser Family Foundation



efforts to provide the right care in the most effective setting. The Evercare program is an institutional care management program focused on coordinated programs and services for the frail elderly. In-home clinical assessments by nurse practitioners provide Medicare Advantage beneficiaries with in-depth, detail health appraisals and follow-up care plans. Medicare Advantage offers routine disease management program, focuses its plan design to emphasize prevention and provider networks that improve quality and coordination of care. Reports by MedPAC and analysis by CMS, have found that when comparing health outcomes in Medicare Advantage plans to traditional Medicare, Medicare Advantage plans have more favorable clinical outcomes and lower associated costs.

Another important feature of Medicare Advantage plans is its integrated clinical and pharmacy benefit design and its out-of-pocket spending caps, which are incredibly important for older women, who receive lower average Social Security and pension benefits than men and have a lower per capita income, \$21,853, compared with that of men, \$27,480.²

Despite its clear success in providing improved health outcomes and allowing seniors to have increased financial security associated with their health care costs, the program has incurred almost 10 percent of cuts in the last two years, with additional cuts proposed this year. This will harm beneficiaries in the form of reductions to provider networks, and larger out-of-pocket costs being shifted onto beneficiaries.

We believe that further cuts to the Medicare Advantage program will undermine its ability to maintain the impressive health care offerings for its beneficiaries and respectfully request that you abstain from additional cuts to the program when the final rule is released in April.

Thank you for your time and attention to this important issue.

Yours truly,

Phyllis Greenberger
President and CEO
Society for Women's Health Research

² Ibid