June 25, 2024

Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier CMS–P–0015A
Room C4–26– 05, 7500
Security Boulevard, Baltimore, Maryland 21244–1850

Via Electronic Submission
www.regulations.gov

Re: Medicare Current Beneficiary Survey (MCBS) (CMS-P-0015A)

Dear Administrator Brooks-LaSure:

The undersigned organizations focus on health equity, social and economic justice, and aging populations. We applaud the inclusion of questions on medical debt in the Medicare Current Beneficiary Survey (MCBS). We appreciate the opportunity to provide comments and to offer suggestions about this collection of information.

We strongly support the addition of questions regarding medical and credit card debt to the MCBS. Medical debt among older adults is increasing,[1] and this additional data will help policymakers address the key drivers of this concerning trend. We urge CMS to move forward with adding questions on medical and credit card debt.

We support areas for questioning that CMS announced: (1) whether the medical bills leading to debt were for the beneficiary's care or someone else's care; (2) what types of medical events contributed to the medical debt; (3) whether the medical bills were for short- or long-term medical expenses; and (4) the approximate time range of the beneficiary's medical debt.[2]

We offer three recommendations in these comments.

First, we urge CMS to include questions about the following issues:

1. **Whether the debt was incurred due to: (a) medical services that are not covered by traditional Medicare; (b) Medicare Advantage prior authorization or payment denials; (c) required cost-sharing for Medicare; or (d) Medicare premiums;**
2. **The types of providers to whom the debt is owed (e.g., hospitals, nursing homes, or dentists); and**
3. **Whether the beneficiary believes that the medical bills included an error.**

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[1] Consumer Financial Protection Bureau (CFPB), "Medical Billing and Collections Among Older Americans," May 30, 2023, https://www.consumerfinance.gov/data-research/research-reports/issue-spotlight-medical-billing-and-collections-among-older-americans/full-report/.

[2] CMS, "Supporting Statement A: For Revision of Currently Approved Collection: Medicare Current Beneficiary Survey (MCBS)," at 11, March 26, 2024.

This information is important to determine the specific causes of medical debt among Medicare beneficiaries. For instance, traditional Medicare does not cover most routine dental or vision care, which may be a source of medical debt among beneficiaries.[3] In addition, one recent study found that 23 percent of Medicare beneficiaries struggled to afford their premiums.[4] Please see our third recommendation for additional discussion on Medicare Advantage denials.

We also believe information on the specific providers and billing issues causing this debt will be essential for addressing these issues. For instance, one year of nursing home care cost $108,485 on average in 2021, but Medicare only covers 100 days of care under specific circumstances, resulting in large bills that residents and caregivers are forced to cover out of pocket.[5] While we appreciate that CMS addressed nursing home debt in its joint letter with the CFPB to the nursing home industry in 2022,[6] additional data about the financial impact of nursing home debt is necessary to address this issue more comprehensively.

Finally, medical billing errors appear to be prevalent for older adults, including individuals eligible for both Medicare and Medicaid who are improperly balance billed by providers.[7] We urge CMS to investigate the connection between billing problems and medical debt.

Second, we encourage CMS to either use administrative sources or add questions to determine whether the beneficiaries who report medical or credit card debt are:

1. **Eligible for and enrolled in Medicaid;**
2. **Eligible for Medicaid coverage but not enrolled;**
3. **Enrolled in Medicare Savings Program (MSPs); or**
4. **Eligible for MSPs but not enrolled.**

Low-income Medicare beneficiaries may be eligible for assistance with Medicare cost-sharing and premiums through the MSPs. The MSPs include: the Qualified Medicare Beneficiary (QMB) program, the Specified Low-Income Medicare Beneficiary (SLMB) program, the Qualified Individual group, and the Qualified and Disabled Working Individual group.[8] Most MSP beneficiaries

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[3] Medicare.gov, "Dental services," https://www.medicare.gov/coverage/dental-services; Medicare.gov, "Eye exams (routine), https://www.medicare.gov/coverage/eye-exams-routine.
[4] The Commonwealth Fund, "Medicare's Affordability Problem: A Look at the Cost Burdens Faced by Older Enrollees," Sept. 19, 2023, https://www.commonwealthfund.org/publications/issue-briefs/2023/sep/medicare-affordability-problem-cost-burdens-biennial.
[5] CFPB, "Nursing home debt collection," Sept. 9, 2022, https://www.consumerfinance.gov/data-research/research-reports/issue-spotlight-nursing-home-debt-collection/full-report/.
[6] CMS, CFPB, "Joint Letter: Nursing Facility Debt Collection Practices," Sept. 8, 2022, https://files.consumerfinance.gov/f/documents/cfpb_nursing-home-debt-collection_joint-letter_2022-09.pdf.
[7] CFPB, "Medical Billing and Collections Among Older Americans," May 30, 2023, https://www.consumerfinance.gov/data-research/research-reports/issue-spotlight-medical-billing-and-collections-among-older-americans/full-report/.
[8] *Id*. at 70.

are also eligible for full Medicaid benefits ("full duals"), but some beneficiaries are eligible for MSP coverage only ("partial duals"). [9]

Historically, MSP enrollment by eligible beneficiaries has been relatively low. For instance, based on data from 2009-2010, only 53 percent of eligible beneficiaries were enrolled in the QMB group, and 32 percent of eligible beneficiaries participated in in the SLMB group.[10] Today, enrollment in MSPs has increased, but low-income Medicare beneficiaries still struggle with medical costs.

We urge CMS to research the connection between MSP participation rates and medical debt. From 2010 – 2021, enrollment in MSPs increased at an annual growth rate of 3 percent, higher than the 2.4 percent annual growth rate of the Medicare program.[11] Despite the increased MSP enrollment, however, one recent survey found that one-third of Medicare beneficiaries with incomes under 200 percent of the Federal Poverty Level (FPL) struggled with medical costs.[12] Additional data on MSP participation rates and medical debt may help states target and enroll the eligible beneficiaries who most need MSP assistance.

Third, we encourage CMS to report on trends related to medical debt and access to care among Medicare Advantage beneficiaries. For instance, CMS should report on:

1. **The prevalence and level of medical debt and concerns with access to care among Medicare Advantage beneficiaries as compared to beneficiaries in traditional Medicare; and**
2. **The prevalence and level of medical debt and concerns with access to care among Medicare Advantage beneficiaries in specific plans.**

Medicare Advantage enrollment is steadily increasing. By 2021, 49 percent of eligible Medicare beneficiaries were enrolled in Medicare Advantage plans.[13] At the same time, Medicare Advantage denials are also increasing. As noted in our first recommendation, we urge CMS to study the impact of such denials on medical debt. We also urge CMS to study and report on medical debt and access to care for Medicare Advantage beneficiaries compared to traditional Medicare and among different Medicare Advantage plans.

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[9] Medicare and CHIP Payment Advisory Committee (MACPAC), "Medicare Savings Programs: Enrollment Trends," at 69, June 2024, https://www.macpac.gov/wp-content/uploads/2024/06/MACPAC_June-2024-Chapter-3-Medicare-Savings-Programs-Enrollment-Trends.pdf.
[10] *Id*. at 69.
[11] *Id*. at 75.
[12] The Commonwealth Fund, Medicare's Affordability Problem: A Look at the Cost Burdens Faced by Older Enrollees, Sept. 19, 2023, https://www.commonwealthfund.org/publications/issue-briefs/2023/sep/medicare-affordability-problem-cost-burdens-biennial.
[13] Medicare and CHIP Payment Advisory Committee (MACPAC), "Medicare Savings Programs: Enrollment Trends," at 70, June 2024, https://www.macpac.gov/wp-content/uploads/2024/06/MACPAC_June-2024-Chapter-3-Medicare-Savings-Programs-Enrollment-Trends.pdf.

Medicare Advantage denials impact both access to care and medical debt. About one-third of Medicare beneficiaries experience a denial each year.[14] Notably, the Government Accountability Office (GAO) found that 13 percent of the Medicare Advantage denials they sampled *met Medicare coverage rules*.[15] We applaud the April 2023 rule requiring Medicare Advantage coverage restrictions to be no more restrictive than traditional Medicare coverage,[16] and we appreciate the forthcoming reporting on Medicare Advantage denials.[17] That said, we urge CMS to use the MCBS to study the effectiveness of these new rules and to determine where further action is necessary to ensure proper coverage for Medicare Advantage beneficiaries.[18]

In sum, we thank CMS for including questions on medical and credit card debt in the MCBS, and we appreciate the opportunity to comment on these important issues. If you have any questions, please contact Mona Shah at mshah@communitycatalyst.org.

Respectfully submitted,

Community Catalyst
Justice in Aging
National Consumer Law Center, on behalf its low-income clients

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[14] Gondi S, Kadakia KT, Tsai TC, "Coverage Denials in Medicare Advantage—Balancing Access and Efficiency," *JAMA Health Forum.* 2024;5(3):e240028, doi:10.1001/jamahealthforum.2024.0028, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2815743.

[15] GAO, Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care, April 27, 2022, https://oig.hhs.gov/oei/reports/OEI-09-18-00260.asp.

[16] CMS, Medicare Advantage and Part D Final Rule (CMS-4201-F), April 5, 2023, https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-final-rule-cms-4201-f.

[17] CMS, "Medicare and Medicaid Programs; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children's Health Insurance Program (CHIP) Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally Facilitated Exchanges, Merit-Based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program," at 8764, Feb. 8, 2024, https://www.govinfo.gov/content/pkg/FR-2024-02-08/pdf/2024-00895.pdf.

[18] For additional recommendations related to data collection on Medicare Advantage denials, please see Community Catalyst, Comment on CMS-2024- 0008-0001, at 6-9, May 31, 2024, https://www.regulations.gov/comment/CMS-2024-0008-0424.