## Congress of the United States Washington, DC 20515

March 19, 2024

The Honorable Chiquita Brooks-Lasure Administrator Centers for Medicare and Medicaid Services 200 Independence Avenue, S.W. Washington, DC 20201

## Dear Administrator Brooks-LaSure:

Medicare Advantage is one of the most successful programs in modern times. It costs seniors less than traditional Medicare, provides more benefits, and results in better health outcomes. As a result, a majority of Medicare enrollees—over 31 million—are now enrolled in Medicare Advantage plans <sup>1</sup> and a million more seniors are projected to switch from traditional Medicare to Medicare Advantage plans in 2024.<sup>2</sup>

Medicare Advantage (MA) plans provide seniors with high-quality affordable care at lower prices than traditional fee-for-service (FFS) Medicare. In addition to lower costs for seniors, MA plans offer out-of-pocket spending limits, care coordination, and additional benefits such as dental, vision, and prescription coverage—often with no additional premiums. This is possible because robust competition and choices that enable our constituents to choose from among MA plans that compete to provide additional benefits and services at lower costs than government-run FFS Medicare.

Given this record of success, it is baffling that the Centers for Medicare and Medicaid Services (CMS) has proposed a nearly 0.2% cut to the Medicare Advantage insurer reimbursement rate for 2025. This is in addition to the 1.12% cuts MA took in 2024. As a result, insurers offering MA plans are already signaling that plan benefits may be cut<sup>3</sup> which will undermine the program and hurt seniors. These consecutive cuts raise questions about the future viability of the robust choices and options available to seniors in MA. Without necessary support, these options will wither and seniors will be left with fewer benefits, less access to affordable coverage, and higher out-of-pocket costs.

As Americans feel the sting of rising inflation and see the havoc wreaked on their household budgets, they are keenly aware of the rising costs of everything from

<sup>1</sup> https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/

<sup>&</sup>lt;sup>2</sup> https://www.cbo.gov/system/files/2024-02/59710-Outlook-2024.pdf, 17

<sup>&</sup>lt;sup>3</sup> https://www.modernhealthcare.com/insurance/centene-medicare-advantage-rate-cut-2025-sarah-london

groceries to insurance. Seniors on fixed incomes are especially sensitive to the rising prices as pensions and other income sources simply cannot keep up. The same is true for MA.

It is out of concern for our constituents that we request that CMS reevaluate the proposed MA cuts for 2025. The stability and quality of the hugely successful MA program should not be put in jeopardy by these proposed cuts. In particular, we are concerned about the proposed effective growth rate for 2025, which ignores financial realities by not accounting for the growth in costs and inflation and will deepen funding disparities. CMS has proposed an effective growth rate of 2.44%, which is below the Medicare Trustees projected 5.80% growth<sup>4</sup> in per beneficiary Medicare costs in 2025 and is also inconsistent with projections from the CMS Office of the Actuary, which recently published a report stating that spending per beneficiary growth is anticipated to be 5.60% in 2025. We request more transparency into how this decision was made and would like to note that we expect more transparency on decisions related to the Medicare Advantage program moving forward.

Above all, we believe the MA effective growth rate for 2025 should be set at a level that allows MA plans to flourish and American seniors to continue to receive the high-quality affordable health care coverage they have enjoyed under the MA program.

Sincerely,

Virginia Foxx

Member of Congress

Kevin Hern

Member of Congress

<sup>4</sup> https://www.cms.gov/oact/tr/2023

 $<sup>^{5}\</sup> https://www.cms.gov/files/document/release-presentation-slides-national-health-expenditure-projections-2022-31-growth-stabilize-once.pdf$ 

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