

PROVIDING VERMONTERS ABOUT MEDICARE PRIVATE SUBCONTRACTOR POLICIES

Medicare Advantage:

- 1 Prior authorization: List of procedures for which PA is required & number of PAs requested/ 100 enrollees
- 2 Number of PAs denied / per 100 enrollees
- 3 Number of denials or restrictions of payment / 100 hospitalizations
- 4 Random audit of payment denials
- 5 # Mental health providers in network/ 100 enrollees
- 6 Audit of actual availability of in network mental health providers (appointment available within 4 weeks)
- 7 Policies for out of network coverage for uncommon, serious health problems
- 8 In advertising, require disclosure that the MA plan is a commercial product
- 9 Disclosure by all Medicare subcontracting plans about payment amount to insurance brokers for both MA and Medicare Supplemental plans
- 10 All plans should disclose whether they are a for-profit entity, and disclose profit per enrollee
- 11 Disclose Medicare payment per enrollee

Private subcontractors within traditional Medicare “alternative payment model” providers

- 1 Redesign information sheets so that patients can understand the nature of APM provider payments to primary care providers. Ombudsman should review this document for accuracy and clarity
- 2 Disclose whether private equity financed/owned, for profit, vs not-for-profit status
- 3 Disclose Medicare payment per enrollee
- 4 Disclose shadow provider network