

# IMPROVING ACCESS AND AFFORDABILITY

April 2024

BCBSA is committed to ensuring that everyone has access to health care at an affordable price. Evidence shows that both the quality and affordability of care can close gaps in health outcomes based on race, ethnicity, sex, gender identity, sexual orientation and age. With health care costs growing every year and a shortage of health care providers in critical geographic and specialty areas, it is more urgent than ever that we commit to accelerating efforts to improve access and bring down costs.

## KEY FACTS:

In 2022, nearly

**4 IN 10**

said they put off care because of cost

Nearly

**84M** PEOPLE IN THE U.S.

live in communities where access to primary care is limited

Less than

**30%** OF HOSPITALS IN THE U.S.

are in rural communities

## BCBSA RECOMMENDS:

### 1. Congress and CMS should expand access to Medicare Advantage (MA) supplemental benefits for the chronically ill.

- **Broaden eligibility criteria for Special Supplemental Benefits for the Chronically Ill (SSBCI)** to allow for additional flexibility (e.g., health-related social needs (HRSN), indicators of high health care utilization, etc.).
- **Clarify the definition of “chronic condition”** so functional need/frailty and cognitive needs are included.
- **Develop stronger evidence on SSBCI benefits** by convening a multi-stakeholder workgroup to develop recommendations around building, managing and disseminating a stronger evidence base on non-medical supplemental benefits.
- **Expand the categories of supplemental benefits listed in the Medicare Plan Finder (MPF)** and indicate more clearly when limits apply.
- **Modify the MPF to show comprehensive summaries of available supplemental benefits.** We recommend working with health plans to improve and test the online MPF so that stakeholders can provide suggestions on how to file for some of the more complex benefits.
- **CMS should consult stakeholders on how to best leverage the MPF** to ensure clarity and accuracy of benefits available to MA and Part D beneficiaries.

*Continued on reverse*

**BCBSA RECOMMENDS:**

**CMS should remove barriers to enrollment and retention for Medicaid-eligible individuals by supporting state outreach, community collaboration and improved enrollment technology.**

- **Work with states to ensure they have robust strategies to promote awareness of the Medicaid program** and Medicaid application process and that they provide other key information, such as alerts about re-determinations.
- **Outreach campaigns should be available in multiple languages** and disseminated in collaboration with trusted Community-Based Organizations (CBOs).
- **Ease concerns about immigration status** by making it clear that enrollment in Medicaid will not impact immigration status or public charge determinations.
- **CMS should continue to work with states to stand up Integrated Eligibility Systems (IES)** and modernize aging systems, in line with the Medicaid Information Technology Architecture framework.
- **For in-person enrollment, CMS should work with states to deploy mobile enrollment offices** to areas with no brick-and-mortar enrollment office. Communities with limited internet access in rural areas and those with mobility limitations would benefit from this outreach. States should post schedules for mobile enrollment events on Medicaid websites and share with CBOs.

**BCBSA RECOMMENDS:**

**Congress should increase access to marketplace plans and providers by maintaining affordability through tax credits and by promoting and investing in access to care through telehealth.**

- **Permanently extend the enhanced American Rescue Plan Act premium tax credits.**
- **Increase ability of providers to use telehealth** as a mode of delivering needed care to help address gaps in access.
- **Invest in broadband access** to facilitate the delivery of care in underserved and rural areas. This includes promoting access through patient portals, telehealth, member apps and interfaces, mobile medical solutions, digitally enhanced screening, monitoring and treatment technologies and connectivity for health care centers and hospitals.