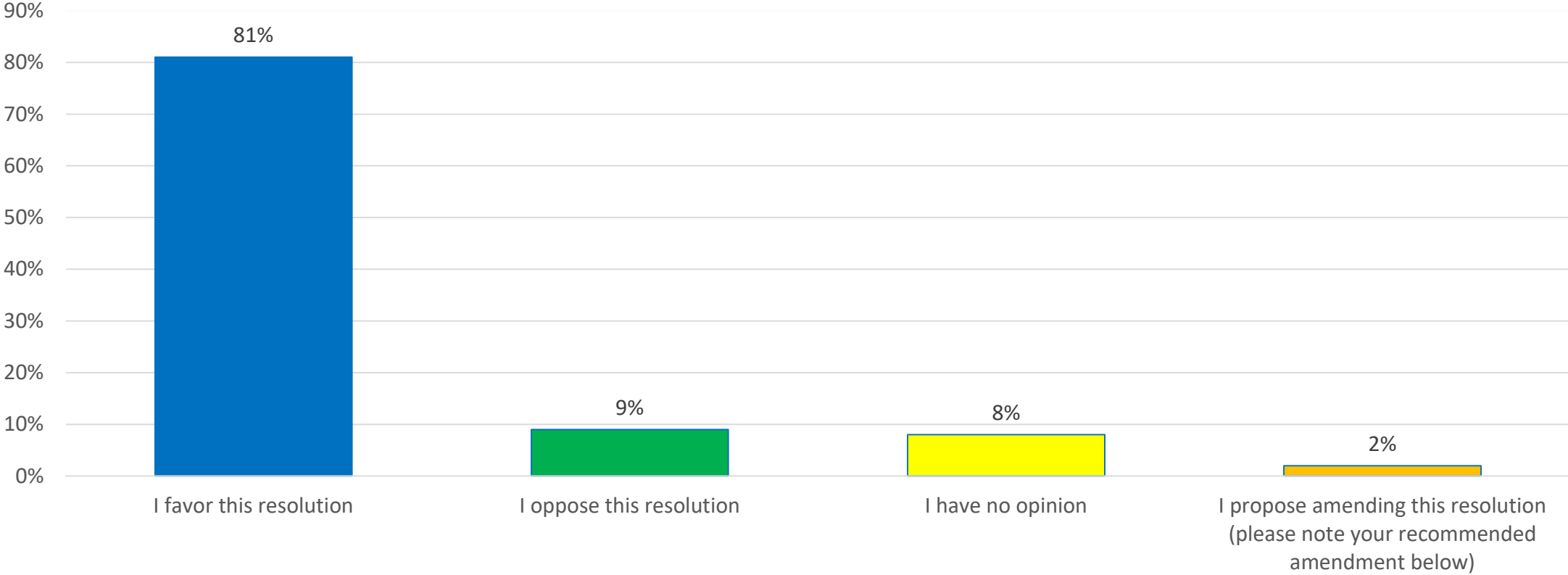


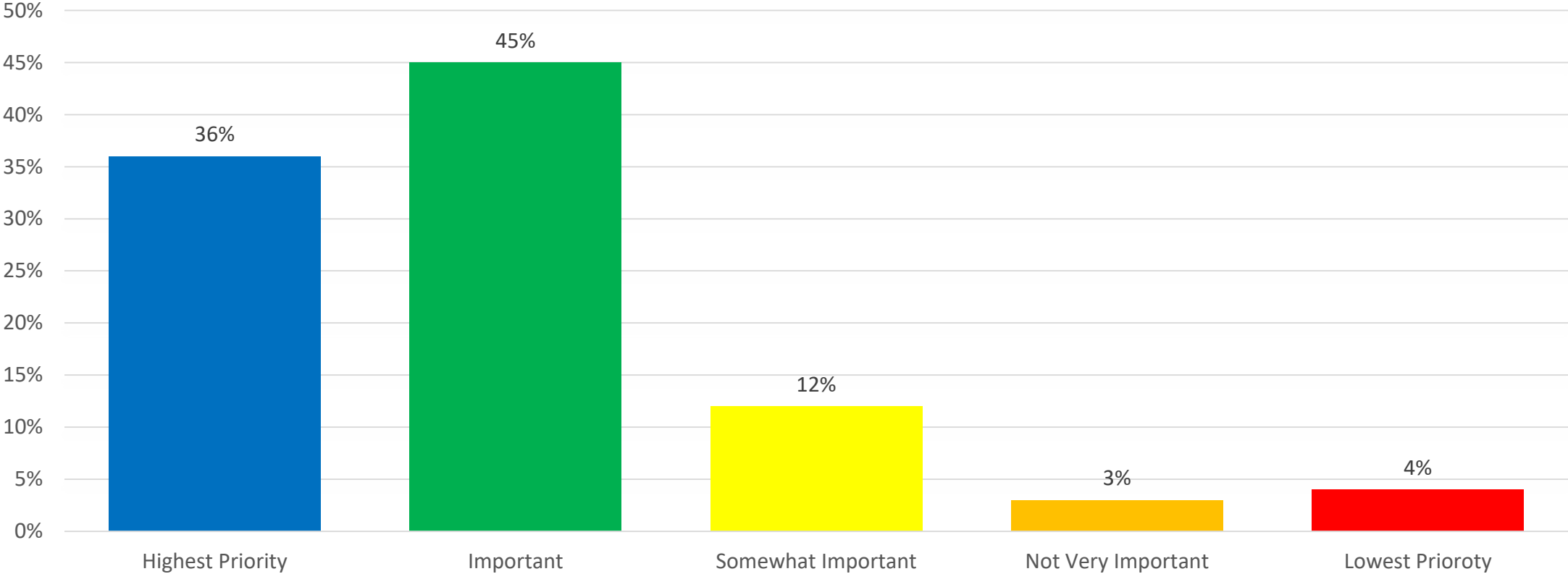
Medicare Advantage Policies to Offer Same Access to Procedures as Traditional Medicare

116 responses



Please indicate your view of this resolution as an ISMS priority.

112 responses



Comments

Response Text

I agree that patients enrolled in Medicare advantage ,may not realize the restrictions on which doctors & which procedures will be available to them. Have studies been done to evaluate the potential problem? I am not sure we should mandate insurance coverage for all treatments

This will hopelessly compromise our objectivity. We should NEVER be acting on behalf of any commercial interest regardless of potential financial benefit.

ISMS Is finally making the necessary fiscal changes to support what has always been one of its primary functions, i.e., to be the effective voice of Illinois physicians in matters related to regulations and mandates imposed by governmental and insurance entities. Its past failure my to represent the needs of the practicing physician was the main reason I withdrew membership many years ago

I believe that Medicare advantage programs should not deny patients access to services they are entitled to under traditional medicare- which they have earned

Flies in face of economics of Advantage plans. Insisting on same procedure coverage as standard Medicare at cheaper Advantage premium cost is trying to get something for nothing - gutsy but not practical.

Bad idea.

Some of the Medicare Advantage plans appear to be going through a phase much like the early HMOs -- overly restrictive to achieve profit over reasonable medical care.

We need other sources of income beside membership dues!

It's difficult for me to understand the efficacy of the individual resolutions in best meeting the titled resolution to combat policies with divergent treatment of patients who are on different categories of Medicare. We definitely want the same ethics and medical care for all patients.

Not to be a supporter of insurance companies but some patients might opt for a restricted list based on pricing of the policy. Letting patients know they are not getting the same access to procedures might change their mind or might not.

Looks like AMA has already put this in policies. Again, Advantage is fundamentally flawed, so we'll see if it implodes further, and we can try to focus on keeping Medicare itself sustainable.

Medicare Advantage is NO advantage. Another means of greedy insurance corp to get public funds

I am quite surprised to even learn about different access to procedures I thought it was simply more of a limited network access Specific examples would be helpful. If true this should be FULLY disclosed when patients apply for Medicare

We need UNIVERSAL health insurance-- MEDICARE for ALL-- paid for by individual income taxes.

The difference between Medicare Advantage and regular Medicare is that the Medicare Advantage companies perform prospective reviews of coverage decisions, and Medicare may review services retrospectively. This is sometimes an advantage in that much care that is currently provided is either considered low value care (see Choosing Wisely from ACP and Consumer Reports) and some is unnecessary care, such as cardiac cath and angioplasties that are done for profit and not patient benefit (can provide references if needed). If a procedure is well established as standard of care, then I feel most if not all Advantage companies would either cover the procedure or review for necessity.

Sometimes Medicare will cover more experimental procedures that some Advantage plans do not cover. Ideally should be "buyer beware".

Prevent Medicare Advantage Plans from Limiting Care D-285.959: "Our AMA will: (1) ask the Centers for Medicare and Medicaid Services to further regulate Medicare Advantage Plans so that the same treatment and authorization guidelines are followed for both fee-for-service Medicare and Medicare Advantage patients, including admission to inpatient rehabilitation facilities; and (2) advocate that proprietary criteria shall not supersede the professional judgment of the patient's physician when determining Medicare and Medicare Advantage patient eligibility for procedures and admissions." so R2 should be deleted.

Medicare disadvantage is the catchphrase Bad for patients burdens doctors Adds a barrier to Medicare traditional

this must be an incomplete resolution - when opened there are no examples or references as to what is denied. In addition, a more professional tone omitting purported "references" and insults would be appropriate

Lessens discrimination based on ability to pay

Very important as we see increasing numbers of bait and switch advertisements for these private incursions into traditional Medicare. They pander to what consumers think they want from Medicare and neglect those benefits they have removed to make a profit on this new aspect of an enlarged private health market.

The important thing is that people who sign up for a certain type of Medicare insurance should know exactly what they are getting. If something is cheaper, or discounted, it stands to reason you will not get the same thing. You get what you pay for.. I do not think you can legislate insurance contract terms. It WOULD be appropriate to inform people who are signing up for Medicare Advantage policies what they are NOT getting.

IN THE INTEREST OF A FREE AND OPEN MARKET: RATHER THAN RESTRICT THE POLICIES, I FAVOR EDUCATING POLICY BUYERS -- AND PERHAPS, I THE SPIRIT OF DRUG MARKETING TO THE PUBLIC, REQUIRING SPECIFIC INFORMATION ABOUT WHAT IS AND ISN'T TO BE COVERED

agree, if true

Agree

Not enough background in the whereas to support the resolveds. Without background, I can have no opinion.

It is not that simple. I have been dealing with MA plans for over two decades. In theory they offer same access to procedures as traditional Medicare but in practice they impose barriers such as preauthorization and step therapy mandates. This is a vague resolution and needs to be narrowly drafted and designed.

Concur