



**Docket Number: CMS-4203-NC**

United Ostomy Associations of America, Inc. (UOAA) is a 501(c)(3) national nonprofit organization that supports, empowers, and advocates for people who have had or will have ostomy or continent diversion surgery. There are between 725,000 to one million Americans living with an ostomy or continent diversion, and over 100,000 new life-saving ostomy surgeries occur in America yearly<sup>1</sup>. Approximately, 65% of this patient population are Medicare/Medicaid beneficiaries.

After undergoing surgery, patients rely on pouching systems for the collection of their bodily waste, sometimes for the rest of their life. Ostomy supplies restore the lost functions of waste storage and elimination, and are therefore, defined in the Social Security Act as prosthetics (Social Security Act Section 1861(s)(8)). These supplies are not one-size-fits-all.

Patients along with their medical team often go through a lengthy process of trial and error to find a pouching system that meets these goals: 1) the system is appropriate for their stoma and body habitus; 2) it maintains a predictable 2-5 day leak-proof wear time; and 3) is suitable for the performance of their occupational and personal activities.

As the voice and leading organization advocating for people living with an ostomy, we know first-hand how important access to quality care and ostomy supplies are for this patient population.

UOAA welcomes the opportunity to provide feedback on ways to strengthen Medicare Advantage (MA) in ways that align with the Vision for Medicare and the CMS Strategic Pillars to ensure beneficiaries living with an ostomy have high quality, and whole-person care that is affordable and sustainable.

UOAA recommends the following ways that CMS can strengthen Medicare Advantage to align with the vision for Medicare and expand beneficiary access to coverage and care for this underserved patient population:

**I. For Advance Health Equity and Expand Access: Coverage and Care - RFI questions:**

*1. What steps should CMS take to better ensure that all MA enrollees receive the care they need including enrollees with disabilities and serious health conditions and those who live in rural or other underserved communities?*

*2. What additional information is or could be most helpful to beneficiaries who are choosing whether to enroll in an MA plan or Traditional Medicare and Medigap?*

*3. How well do MA plans' marketing efforts inform beneficiaries about the details of a given plan? Please provide examples of specific marketing elements or techniques that have either been effective or ineffective at helping beneficiaries navigate their options. How can CMS and MA plans ensure that potential enrollees understand the benefits a plan offers?*

- Although MA plans must cover the same medical services and treatments as Original Medicare, how much they cover is up to them. Some MA plans have less ostomy supply coverage than Medicare (For ostomy supplies this is specifically under the CMS policies A52487 and L33828) specifically by restricting where beneficiaries can shop for supplies and what kind. Oftentimes ostomy patients must use products from multiple manufacturers. Additionally, some MA plan benefits exclude Medicare HCPCS (Healthcare Common Procedure Coding System) product codes for ostomy supplies such as filters, tape, adhesives, deodorants and other medically necessary items. This practice of restricting beneficiaries to particular brands, specific suppliers or less product coverage, limits patient access to the products they need. The consequence of this practice is that many ostomates are unable to obtain their prescribed prosthetic devices and are no longer able to effectively manage their ostomy. This negates the purpose of a prosthetic device and jeopardizes their health and well being. Without coverage, ostomy supplies may run anywhere from \$300-\$600 each month<sup>2</sup> and many face the financial burden of paying out-of-pocket for their prosthetic appliances. UOAA recommends that this practice be abandoned to prevent further cost-shifting aimed at patients with chronic health needs as well as to prevent physical harm to those living with an ostomy. Treatment to manage ostomies and ostomy pouching prosthetic devices should be recommended and prescribed by medical professionals in collaboration with the ostomy patient to obtain the goal of whole-person centered care.
- UOAA recommends that CMS ensures all MA plans offer better than just “adequate” ranges of in-network providers in geographic areas and also not restrict people to plans because of where they live. Plans are filed at the county level, so not all plan types are available in every state or county nor is the HMO national network available in all plans. Case in point: Compare areas such as Kern, CA versus super rich plans in Los Angeles,

CA. The California market is one of the most confusing due to their high amount of HMO plans. To exemplify restrictions and confusion below is a MA plan of a real-life beneficiary who resides in the Lancaster/Palmdale area:

Patient's Medicare Advantage insurance is a national HMO with a primary medical group (PMG). In the geographical area where this patient lives there are **only two** PMG's for these HMO patients. Additionally, the beneficiary is even further restricted as they are only able to utilize the PMG network of providers, not the in-network of the national HMO insurer. *This beneficiary has very limited options to both medical care providers and DME providers simply because of where they live.*

- Marketing efforts for plan explanations need to be more clear and comprehensive to ensure beneficiaries have a complete picture to avoid confusion and frustration when choosing their plan during open enrollment. When people do research for plans, it is sheer overwhelming to see if their medical needs are covered under plans. Bottom line: Traditional Medicare, Medicare Advantage, and Medigap plans need to be more transparent about their coverage and communicate ostomy supply coverage better.

**II. Support Affordability and Sustainability: We are committed to ensuring that Medicare beneficiaries have access to affordable, high value options. We request feedback on how we can improve the MA market and support effective competition.**  
**RFI question:**

*1. What policies could CMS explore to ensure MA payment optimally promotes high quality care for enrollees?*

- Recent payer trends in the Medicaid, private insurance, and Managed Care Organizations (MCO) markets have made it more challenging for Home Medical Equipment (HME) providers to provide the ostomy supplies and services that meet clinical and personal needs of individuals living with an ostomy. Unsustainable reimbursement rate reductions jeopardizes access to ostomy supplies and services. HCPCS (Healthcare Common Procedure Coding System) reimbursement for ostomy appliances has been trending downward against research and development costs, causing increased out-of-pocket expenses for beneficiaries. These restrictions ultimately add risk for adverse health outcomes that affect the total cost of care and cause inequity in access to care.

To ensure ostomates receive appropriate supplies and to promote the most positive outcomes, UOAA recommends that CMS ensures rates for these services are no less than the current Medicare fee for service rates for these products. A fee schedule floor will prevent MA plans from paying fees lower than Medicare established reimbursement rates. This minimum would protect the patient living with an ostomy by allowing

DME/HME providers to work with the prescriber and patient to supply the most appropriate product. A fee schedule floor policy would also encourage manufacturers to continue to develop new innovative technology/products and support tools that address the unique challenges faced by those living with an ostomy. For further supporting information and research refer to the [White Paper](https://www.ostomy.org/wp-content/uploads/2021/09/AAH_Ostomy_White-Paper_20210827.pdf) entitled *The Critical Need to Provide Ostomy Supplies Specific to Patient Need to Improve Health Outcomes* ([https://www.ostomy.org/wp-content/uploads/2021/09/AAH\\_Ostomy\\_White-Paper\\_20210827.pdf](https://www.ostomy.org/wp-content/uploads/2021/09/AAH_Ostomy_White-Paper_20210827.pdf))

**III. Engage Partners: The goals of Medicare can only be achieved through partnerships and an ongoing dialogue between the program and enrollees and other key stakeholders. We request feedback regarding how we can better engage our valued partners and other stakeholders to continuously improve MA. RFI question:**

*How could CMS promote collaboration amongst MA stakeholders, including MA enrollees, MA plans, providers, advocacy groups, trade and professional associations, community leaders, academics, employers and unions, and researchers?*

UOAA welcomes the opportunity for further meaningful engagement with CMS. Quite simply, actually contact those interested parties who want to collaborate with you and foster a relationship to improve MA. Reach out to responders/stakeholders of this RFI. Talk to beneficiaries - the end users of these programs. Patient advocacy organizations such as UOAA can connect you to beneficiaries with unique medical needs where you can conduct focus groups or disseminate surveys and utilizing those results meaningful improvements can be realized. Contact UOAA's Advocacy Manager at [advocacy@ostomy.org](mailto:advocacy@ostomy.org)

Thank you for your consideration of the above recommendations from UOAA.

1. Ostomy 101 - Provided by United Ostomy Associations of America. (2017). Retrieved August 30, 2022, from [https://www.ostomy.org/wp-content/uploads/2019/03/ostomy\\_infographic\\_20170812.pdf](https://www.ostomy.org/wp-content/uploads/2019/03/ostomy_infographic_20170812.pdf)

2. Esch, Jagger. "Does Medicare Cover Ostomy Supplies?" *MedicareFAQ*, 30 Sept. 2021, <https://www.medicarefaq.com/faqs/does-medicare-cover-ostomy-supplies/>. Accessed August 30, 2022.