

# Rural Medicare Advantage

## NRHA Urges Congress to...

- **Require Medicare Advantage plans to pay rural providers their special traditional Medicare rates.**
- **Ensure plans must provide Medicare beneficiary education regarding traditional Medicare and Medicare Advantage benefits.**
- **Enforce prompt payments by Medicare Advantage plans to rural providers.**
- **Ensure CMS must exercise greater enforcement and oversight of Medicare Advantage plans, including their prior authorization practices.**

## NRHA Supported Legislation

### **Improving Seniors' Timely Access to Care (S.1816 / H.R.3514)**

*Sen. Marshall (R-KS) and Rep. Kelly (R-PA)*

Establishes requirements with respect to the use of prior authorization under Medicare Advantage plans.

**MA plans may address these unique needs by providing a wider range of benefits, but it remains unclear whether enrollment in MA plans translates into improvements in access to care and financial burden of care for rural beneficiaries.**

In **seven** states, Medicare Advantage penetration **exceeds 50%** in their rural communities.

Figure 2: Percentage growth of Medicare Advantage enrollees in rural communities between 2019 and 2023

0 20%-40% 41%-60% 61%-80% 81%-100% >101%

- MA plans often **pay rural providers less** than their traditional Medicare rates, including Critical Access Hospitals and Rural Health Clinics, eroding the importance of their rural designations.
- MA plans create **administrative burdens for rural providers** who struggle to keep up with prior authorization requests, denials, and appeals for necessary services.
  - In 2023, MA insurers **denied 3.2 million** prior authorization requests
- Rural providers generally do not have ample cash on hand to sustain significant **delays in timely payments** by MA plans.
- MA **may not cover** services traditional Medicare does, including swing beds, which provide local skilled nursing care for patients and are often a source of financial stability for rural hospitals.
- Rural Medicare beneficiaries reported a **greater financial burden of care** than urban, with the most significant burden among rural MA beneficiaries, possibly due to the less generous financial structures offered by rural MA plans.