



February 13, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 445-G
Washington, D.C. 20201

RE: CMS-4201-P; Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D Overpayment Provisions of the Affordable Care Act and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications

Dear Administrator Brooks-LaSure,

Louisiana Rural Health Association (LRHA) is pleased to offer comments on the proposed CY 2024 MA rule (CMS-4201-P).

LRHA is a membership association that is made up of Louisiana rural health care providers. This includes rural health centers (RHCs); federally qualified health centers (FQHCs); and rural hospitals across the state. LRHA provides a unified voice that promotes and enhances the quality of rural health in Louisiana and works to ensure that all Louisiana residents have access to high quality healthcare and the opportunity to live a healthy life.

In this proposed rule, we appreciate CMS' continued commitment to the needs of Medicare Advantage (MA) beneficiaries that reside in rural areas.

Attention to the needs of rural residents

In your proposed rule you intend to require Medicare Advantage Organizations (MAOs) to ensure that services are provided in a culturally competent manner, which includes ensuring that MAOs are delivering services to members who live in rural areas.

LRHA strongly supports this provision. We recognize the unique aspects of rural life, rural culture, and rural needs. Individuals who live in rural areas have different life experiences and often less access to services and resources than individuals in urban areas. In order to effectively communicate with and provide services to rural residents, considerations must be made for the unique aspects of these populations, including, but not limited to, differences in health beliefs, health literacy, digital literacy, communication needs, and ability to access services and resources.

In your proposed rule also you intend to require MAOs to develop and maintain digital health education to enrollees with low digital health literacy to assist them in accessing telehealth benefits. You state that you are doing this because you found that research showing that rural communities are disadvantaged by limited access to technology.

LRHA agrees with the conclusion found in the research. Lack of access to broadband connectivity continues to be a challenge in rural areas across Louisiana. While there are ongoing and upcoming initiatives to address the issues of connectivity, many of our rural residents lack the technical and digital literacy needed to adequately access digital services, such as telehealth. We know that our rural populations are older, sicker, and have often have less access to healthcare and transportation. These factors make telehealth an important tool for improving health outcomes in rural areas. However, without the capacity and knowledge to access these services, our rural residents cannot take advantage of this tool.

LRHA thanks CMS for the opportunity to offer comments on this proposed rule and for your consideration of our comments. If you would like additional information, please contact Denae Hebert at dhebert@lrha.org or 337.366.5915.

Sincerely,



Denaé M. Hebert
Executive Director
Louisiana Rural Health Association