



Dear Community Member:

This letter is intended to provide information to the community regarding the increasing presence and availability of Medicare Advantage plans in Klickitat County. Choosing a Medicare plan is highly personal and can be confusing. Skyline recognizes and supports every patient's right to choose health plan coverage that best suits his/her individual needs. Skyline's purpose with this letter is to offer information to help our neighbors make more informed choices.

Medicare Advantage plans are offered by **private insurance companies** and are often advertised as a more affordable alternative to traditional Medicare. While the advertised monthly premiums for a Medicare Advantage plan might be lower, if you get sick, need to be hospitalized, go to the emergency department, have surgery, or require specialized care you may end up paying more out of pocket compared to someone who is covered by traditional Medicare with a Medicare supplement.

Unlike traditional Medicare, which is widely accepted, Medicare Advantage plans usually work in a narrow network of providers with a limited number of medical specialists. Medicare Advantage plans direct you only to those doctors they have contracts with. These doctors may not be your first choice, the choice of your primary care provider, or a doctor you have already established care with. Receiving care from these contracted doctors may require you to travel a significant distance to receive care that is available locally. Additionally, the **private insurance** Medicare Advantage plans are not required to provide an adequate network of providers in the communities they offer plans in. In other words, they can sell an insurance plan in communities where they have few to no physicians under contract to provide care.

Patients who use traditional Medicare are not required to obtain referrals or get permission ("prior authorization") from Medicare to receive most services. Medicare Advantage plans often have **substantial requirements** that must be met before services can be provided. Many healthcare organizations have found it extremely challenging to work with Medicare Advantage plans to obtain their permission to provide the care that patients need. **A 2022 report from the U.S. Department of Health and Human Services Office of the Inspector General found that many Medicare Advantage plans denied necessary medical services that should have been covered under Medicare rules. A 2024 report from the US. Senate found that Medicare Advantage plans routinely deny coverage for post-acute care services.** Rural hospitals in Washington have found that Medicare Advantage plans **deny claims at up to twice the rate of traditional Medicare.** Finally, traditional Medicare offers the same coverage nationwide. Medicare Advantage plans may only offer coverage in **specific pre-determined areas.**

Local healthcare providers are contracted with **a few** of the Medicare Advantage plans that have been available in the community.

Selecting the right Medicare plan can be confusing. You can work with local medical insurance brokers or Skyline's medical insurance navigator at **509.637.2926** if you need help sorting through the available options. Skyline is committed to providing health care services to everyone in our community, regardless of ability to pay. You can find our full Financial Assistance Policy and additional information regarding Medicare Advantage at www.myskylinehealth.org, or you can reach our Patient Financial Services team at **509.493.1101**.

Sincerely,

Matt Kollman, CEO Skyline Health