



November 29, 2016

Sean Cavanaugh
Director, Center for Medicare
Centers for Medicare and Medicaid Services
Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via email to: PartCandDStarRatings@cms.hhs.gov

RE: Request for Comments: Enhancements to the Star Ratings for 2018 and Beyond

Dear Mr. Cavanaugh:

The Alliance of Community Health Plans (ACHP) is pleased to comment on CMS' Request for Comments on Enhancements to the Star Ratings for 2018 and Beyond.

ACHP members are integrated health plans or closely aligned with providers, enabling them to achieve the highest quality ratings and lead the transformation of care to a value-based system. Members are non-profit plans active in 27 states, providing both private and public coverage to nearly 19 million Americans, including 2.4 million Medicare beneficiaries.

ACHP appreciates that CMS will not reinstate the automatic reductions to sanctioned contracts' overall star ratings or introduce an audit measure for the star ratings. As we noted previously, while operational requirements should be part of the evaluation of contracts, ACHP believes the star ratings primarily should reflect and maintain a focus on clinical care and member experience. We appreciate that CMS' decision on these two issues reflects that perspective.

We support CMS' proposal to revise the beneficiary access and performance problems (BAPP) measure. Specifically, we support the proposed revision to the data timeframe to allow the use of more recent data, and we agree with the proposed modification of the cut points. We also agree with the proposal to cap the deduction for CMPs at 40 points total, instead of deducting 40 points per CMP. Regarding possible revisions to the CMP deduction methodology, we find it difficult to recommend an option; modeling this measure is difficult, especially absent simulation data. We hope that CMS will provide simulation data in the future and additional information in the draft Call Letter for consideration by stakeholders.

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ACHP opposes CMS' proposal to change the weight of the BAPP measure to 3. CMS has designated the weight of 3 for outcomes and intermediate measures. In this Request for Comments, CMS appears to be presenting a new definition of what constitutes a weight of 3, saying it "signals that the measure is the sole measure of a critical area of performance, access, and represents a plan's cumulative performance in this area." This definition seems to be overly broad and appears to allow CMS to weight any measure a 3 as it sees fit. To maintain the soundness and reliability of the star ratings program, there should be clear definitions for measure weights. We believe the BAPP measure is a process measure and not an outcomes or intermediate outcomes measure, and that should be reflected in a weight of 1. Further, unlike the clinical metrics, a measure based on audits and CMPs has not been tested for reliability or validity. For these reasons, we recommend that the BAPP be kept as is for 2018 with the revised measure on the display page for one year; the revised measure would be included in the 2019 star ratings with a weight of 1 and should maintain that weight for future years.

Finally, ACHP would like to express that we appreciate this process in which CMS issues its Request for Comments on Enhancements to the Star Ratings. We value the opportunity to provide feedback on potential changes prior to the draft Call Letter, and we hope that CMS returns to issuing a more comprehensive Request for Comments in future years.

Thank you for your consideration of ACHP's recommendations. We are happy to assist in any way as CMS continues to consider these options. If there are questions or a need for additional information, please contact me at hshapiro@achp.org.

Sincerely,



Howard B. Shapiro, PhD
Director of Public Policy