



September 23, 2016

Sean Cavanaugh
Deputy Administrator and 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: PartCDQA@cms.hhs.gov

RE: Options for 2018 Star Ratings Adjustments for Audits and Enforcement Actions

Dear Mr. Cavanaugh:

The Alliance of Community Health Plans (ACHP) appreciates the opportunity to comment on CMS' proposals on options for adjusting star ratings for audits and enforcement actions, which were presented during the September 8th conference on Medicare Part C and D.

ACHP is a national leadership organization that brings together innovative health plans and provider groups that are among America's best at delivering affordable, high-quality coverage and care in their communities. Members are non-profit organizations or subsidiaries of non-profit health systems. They provide coverage for more than 18 million Americans, including 2.4 million Medicare beneficiaries. Eight of the twelve 5-star rated (2016) Medicare Advantage (MA) plans are offered by ACHP members; these plans enroll 93 percent of the total 5-star enrollment.

ACHP acknowledges that operational requirements play a role in the star ratings system. However, we believe the star ratings should primarily reflect and maintain a focus on clinical care and member experience. Clinical quality and member experience measures provide information that is meaningful for both beneficiaries choosing among MA options and plans seeking to improve care and patient satisfaction. We believe that these proposals, particularly an audit measure for the star ratings, would effectively create a double jeopardy situation for MA plans. We also believe that moving in this direction asks too much of the

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star ratings system and will create complexity and confusion about what the star ratings represent.

We await more complete information on these proposals in order to respond in detail, but we offer the following preliminary comments and recommendations.

Reinstate reduction to sanctioned contracts' overall star ratings

If CMS moves forward with this proposal, we recommend that CMS implement a graduated reduction approach that would take into consideration the degree and type of findings related to the sanctions. For example, sanctions that are the result of clerical and human error, as opposed to large-scale systemic reasons, should merit differing levels and degrees of penalties in the form of star rating reductions. A graduated reduction approach would be a fairer way to tailor penalties to the specific findings by CMS.

On the separate issue of CMS' updates to the display of sanctions on the Medicare plan finder, we recommend that CMS improve the identification of the level/degree of the sanction. For example, CMS could provide a description of how egregious the sanction is or its impact.

Develop an audit measure for star ratings

ACHP opposes CMS' proposal to develop an audit measure for the star ratings and to use audits conducted in the past few years. Such a measure would effectively create a double jeopardy situation for plans with negative audit results. Plans with negative audit results are already penalized on certain individual star measures as a result of those audit findings, which can then negatively affect their overall star rating. We do not see justification for additional penalties, given the significant impact that negative audit results already have on plans.

A star ratings audit measure would raise many questions. For example, issues arise regarding the length of the audit process, the lag time in receiving results, and the year in which CMS would make adjustments to star ratings. *A penalty for a negative audit would affect star ratings long after the infraction has occurred and subsequently been corrected by the plan.* Given that audits are conducted approximately once every five years for a particular plan, the effect of one year's infraction could presumably last for that entire multi-year period until a plan is audited again.

Revise the current Beneficiary Access and Performance Problems (BAPP) measure to reflect the varying sizes of civil monetary penalties (CMPs)

ACHP supports a modification to the current BAPP measure. Specifically, we support changing the CMP deduction based on the percentage of membership affected. This would be an improvement over the current 40 point deduction.

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

Sincerely,

A handwritten signature in black ink that reads "Howard B. Shapiro". The signature is written in a cursive style with a clear, legible font.

Howard B. Shapiro, PhD
Director of Public Policy
Alliance of Community Health Plans