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December 12, 2011

Ms. Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

Re: CMS-4157-P

Dear Ms. Tavenner,

Care Continuum Alliance (CCA) submits the following comments for consideration regarding the proposed changes to the *Medicare Advantage and Medicare Prescription Drug Benefit Programs for 2013*.

CCA convenes all stakeholders along the continuum of care to improve the health of populations. Through advocacy, research and education, Care Continuum Alliance advances population health management strategies to improve care quality and health outcomes and to reduce preventable costs for the healthy and those at risk of or managing chronic conditions. Our diverse membership of more than 200 organizations and individuals includes physician groups, nurses, other health care professionals, hospital systems, wellness and prevention providers, population health management organizations, pharmaceutical manufacturers, pharmacies and pharmacy benefit managers, health information technology innovators, employers, researchers and academics.

Plan Performance Ratings as a Measure of Administrative and Management Arrangements and as a Basis for Termination or Non-Renewal of a Medicare Contract (§ II.C.(2.))

CCA strongly encourages CMS to give health plans a two-year adjustment window to institute new reporting measures and retire old measures. This reasonable implementation timeline allows CMS to conduct more precise performance assessment and bonus payment calculation based on consistent measures between performance years. Further, the new contract termination provision for plans that fail to meet at least a three-star rating within a three-year period should have similar timing consideration for fluctuating reporting measures requirements. Contract termination should be deferred for plans that demonstrate continued improvement, but fall shy of specific, three-star-rating criteria.

With respect to weighting new reporting measures, some measure adjustments will incorporate new measures and require more extensive systematic changes for plans. These new measures should be initially weighted less heavily than pre-existing measures. A more appropriate time to consider increased weighting adjustments will be after plans have fully implemented the new measures during the proposed two-year time window. Overall, this approach will provide a more accurate assessment of plan performance and improvement compared with the previous performance year. This proposal also would provide CMS with an opportunity to penalize plans that regress in performance, while rewarding plans that demonstrate improvement but fall shy of specific bonus criteria.

New Benefit Flexibility for Fully-Integrated Dual Eligible Special Needs Plans (§ II.D.(2.))

We are pleased CMS has provided fully integrated Special Needs Plans the flexibility to offer additional services to improve care for dual-eligibles beyond the scope of benefits currently allowed under the Medicare Advantage (MA) Program. This supports the effort to improve care coordination and health outcomes at reduced costs within the dual eligibles population. To achieve these goals, the supplemental benefits will need to operate within a successfully integrated dual eligibles model of care. CCA is working to identify and analyze the core components of successfully integrated dual eligibles models. We would be glad to provide additional expertise and information on this ongoing project as your work continues in the dual eligibles field.

Socioeconomic Disparities

CCA continues to emphasize the need for socioeconomic disparities adjustments in assessing plan performance due to the massive regional diversity in health characteristics and risk profiles of various populations. Differences in the types and amounts of available health care resources and accessible workforce heavily influence plan performance. Also, plan performance assessments have a greater impact on available health care benefits for beneficiaries in disparity areas. We recognize that CMS currently assesses plan performance based on data from multiple counties and sometimes from multiple states and intends to revisit the challenging socioeconomic disparities issue after completing modifications to the Health Professional Shortage Areas calculus. However, to effectively begin working toward resolving this matter, CMS should consider an improved method of assessing plans based on comparing plan performance with fee-for-service health outcomes data at the contiguous market-level, state level or county level.

CCA appreciates this opportunity to provide comments and looks forward to future collaboration with CMS. Please feel free to contact us with questions or feedback.

Thank you,



Tracey Moorhead
President and CEO

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