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January 13, 2012

Ms. Cynthia Tudor
Director, Medicare Drug Benefit and C&D Data Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

Re: Proposed Methodology and Enhancements to 2013 Plan Ratings

Dear Ms. Tudor,

On behalf of over 200 Care Continuum Alliance (CCA) members and our Board of Directors, we welcome this opportunity to comment on the proposed methodology for 2013 star ratings for Medicare Advantage plans and Prescription Drug plans.

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 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.

CMS's express focus on care coordination, medication therapy management and incentivizing plan improvement directly reflects central features of Population Health Management. CCA sincerely appreciates this recognition of our industry's value and strengths through CMS's policy considerations.

A Measure of Quality Improvement

We are highly encouraged by CMS's proposed plan self-improvement measure in this 2013 methodology. This measure displays concerted effort and meaningful progress towards further incentivizing plan improvement on individual rating measures. CCA commends CMS for recognizing that plans may improve significantly and deserve recognition, while falling shy of national four-star benchmarks for bonus payments. Furthermore, calculating the improvement score based on measures that have at least two years of collected data strengthens CMS's accuracy in plan improvement evaluations. CCA members strongly support this improvement measure policy and look forward to continuing the dialogue on incentivizing plan performance by coupling measure improvement scores with tangible bonuses in the future. This will provide the greatest incentive for plans to improve.

Weighting Categories of Measures

With respect to weighting new ratings measures, CCA members were very pleased that the methodology proposes to assign all new measures a weight of "1" for the first year. Our

members appreciate that CMS positively recognized adjustment to new ratings measures will often require systematic changes for plans. A timeframe that would complement this CMS weighting policy would be a two-year adjustment window to institute new reporting measures and retire old measures. CCA recommends this reasonable implementation timeline to conduct more precise performance assessment and bonus payment calculation based on consistent ratings measures between performance years. The two-year time window gives plans the opportunity to fully implement new measures. This approach will facilitate CMS's stated goal of accurately assessing and incentivizing plan improvement compared with the previous performance year.

Socioeconomic Disparities

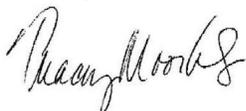
CCA continues to emphasize the need for socioeconomic disparities adjustments in assessing plan performance on ratings measures, due to the massive regional diversity in health characteristics and risk profiles of various populations. Differences in the types and amounts of available health care resources 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 on ratings measures based on data from multiple counties and sometimes multiple states. To effectively begin resolving this matter, CMS should consider an improved method of assessing plans on ratings measures based on comparing plan performance with fee-for-service health outcomes data at the contiguous market level, state level or county level.

Changes to Current and Proposed New Measures

In light of the challenging socioeconomic disparities issue, CCA strongly encourages CMS to reconsider implementing ratings measures that tie hospital data to plan performance through the Hospital Inpatient Reporting Program. In smaller or rural markets, there are often limited hospital facilities and resources. As a result, a health care plan has severely limited choice in the quality of care available. A plan should at least have an available option to contract with a higher performing hospital if CMS intends to base ratings measures on hospital data.

The proposed methodology signifies elevated attention to problematic measures, corrections and downgrading measures where appropriate. CCA's Medicare Subcommittee is currently identifying and analyzing existing star ratings measures and will produce a brief report detailing concerns with a small number of measures. This effort dovetails with CMS's clear interest in improving the measures set. We would be glad to provide additional information on this project as work progresses. CCA looks forward to collaboration with CMS and would be glad to serve as a resource in the future. Please feel free to contact us with thoughts or questions.

Thank you,



Tracey Moorhead
President and CEO

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