COMMUNITY CATALYST

CENTER FOR CONSUMER ENGAGEMENT in health innovation

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March 4, 2016

Sean Cavanaugh, Deputy Administrator
Centers for Medicare and Medicaid Services
Director, Center for Medicare
United States Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Submitted via email to: AdvanceNotice2017@cms.hhs.gov

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2017 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2017 Call Letter (2017 Advance Notice and Call Letter)

Dear Mr. Cavanaugh:

Community Catalyst is pleased to submit these comments in support of two provisions contained in CMS' 2017 Advance Notice and Call Letter: (1) proposed changes to the CMS-HCC Risk Adjustment Model for CY 2017 and (2) reminders to MA plans about the prohibition against balance billing Qualified Medicare Beneficiaries (QMB) and dual eligible plan members.

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1997, Community Catalyst has been working to build the consumer and community leadership required to transform the American health system. The Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning and sharing knowledge to bring the consumer experience to the forefront of health. We have been particularly focused on bringing consumer voices forward to improve the way we pay for and deliver care for dually eligible beneficiaries.

We are committed to supporting the transformation of our health care system from one that rewards volume to one that emphasizes value. We recognize that the current fee-for-service system too often fails the most vulnerable populations, who are likely to be both low-income and suffer from multiple chronic conditions. The success of value-based payment models depends on accurate risk adjustment of payments for poorer and sicker people, lest we risk undermining care for the very populations we are most trying to help.

We are therefore pleased CMS is proposing for payment year 2017 a CMS-HCC Risk Adjustment Model with a separate community model segment for each of six subgroups, based on dual eligible status. As CMS' analysis has shown, a six-community-segment model

better predicts risk when compared to the existing model, which consistently underpredicts the costs associated with full-benefit dual eligibles.

We also support CMS' proposed inclusion of a disease-disease interaction for psychiatric illness and substance use.

We would encourage CMS to continue to examine additional means of improving risk adjustment, such as by examining the impact of social determinants of health and functional status, but we see the proposed changes as a positive step forward and support their implementation without delay.

In addition, we applaud the strong, clear language reminding MA plans about their obligations to prevent balance billing of Qualified Medicare Beneficiaries (QMB) and dual eligible plan members. The findings of the CMS *Access to Care* paper and the reports we hear from advocates across the country demonstrate that inappropriate balance billing is pervasive and is exacting a heavy toll on low income beneficiaries. As noted by CMS, "[t]hese findings underscore the need to reeducate providers, plans, and beneficiaries about proper billing practices for dual eligible enrollees."

We particularly appreciate that the Advance Call Letter emphasizes that all MA plans, not just dual eligible special need plans (D-SNPs), have balance billing obligations and that all providers, not just those that are enrolled in state Medicaid programs, are prohibited from collecting co-payments and deductibles.

We ask that CMS add one more element to this section, specifically, a reminder that the discrimination protections in the Medicare Managed Care Manual, Ch. 4 at 10.5.2 also prohibit in-network plan providers from discriminating against dual eligibles and QMBs because of their balance billing protections.

We appreciate the many efforts of CMS to bring more attention to balance billing protections and we hope that in follow-up to the Call Letter, CMS will work with MA plans to improve education on this issue.

Thank you for the opportunity to comment on this proposal and to work with you toward models of care that better serve the needs of consumers.

Sincerely,

Ann Hwang, MD
Director, Center for Consumer Engagement in Health Innovation