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November 23, 2015

Sean Cavanaugh, Deputy Administrator
Centers for Medicare and Medicaid Services
Director, Center for Medicare
United States Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Cheri Rice, Director
Centers for Medicare and Medicaid Services
Medicare Plan Payment Group
United States Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted via e-mail to: RiskAdjustment@cms.hhs.gov

Re: Proposed Updates to the CMS-HCC Risk Adjustment Model for 2017

Dear Mr. Cavanaugh and Ms. Rice:

Community Catalyst would like to express its support for CMS's proposal to adjust the way Medicare Advantage (MA) pays for full benefit Medicare-Medicaid beneficiaries ("dual eligible"). Community Catalyst is a national consumer advocacy organization dedicated to quality affordable health care for all. Since 1997 we have been working to build the consumer and community leadership required to transform the American health system. Our *Voices for Better Health* project has 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 and recognize that the current fee-for-service system too often fails the most vulnerable populations who are likely to be both low-income and to suffer from multiple chronic conditions. However as the system transitions to a variety of risk-based arrangements, it becomes critically important to appropriately adjust payments for poorer and sicker people or we risk undermining care for the very populations we are most trying to help.

With that in mind, and in light of recent findings that the current approach underpays MA plans for full-benefit dual eligibles, we urge CMS to promptly implement proposed

changes to the HCC to more accurately capture the cost experience of full-benefit dually eligible beneficiaries.

Although we believe that additional steps should be taken to more fully recognize the cost associated with the poorest and sickest beneficiaries and to address social determinants of health, we believe the proposed adjustment to be both a positive step forward. We also commend CMS for taking immediate action to apply the new policy to plans participating in the Medicare/Medicaid financial integration demonstration project. This step will help to protect the lives and well-being of vulnerable older adults and people with disabilities.

We very much appreciate the opportunity to comment on this proposal and to work with CMS in support of moving our health care system from one that emphasizes volume to one that is focused on value.

Sincerely,

A handwritten signature in cursive script that reads "Robert Rostucci".

Executive Director