Attachment A:

Comments to CMS' Proposed Enhancements to the 2015 Star Ratings and Beyond

INSTRUCTIONS:

1. We prefer comments are sent in this format. For each proposed change, you may submit comments and recommendations separately. Please note the maximum character limit per field. You may leave a section blank if you have no comments to a proposed change.

2. Please use the following naming convention when saving this file with your comments: R4C _[Organization name]_[date]
   Example: R4C _ABC organization_120113

3. Please email your comment file to PartCRatings@cms.hhs.gov **by 5 pm ET on Thursday, 12/19/2013**. The subject of your email should include "Request for Comments".

I. COMMENTER INFORMATION

Individual Name	Mary Kennedy
Organization Name	Association for Community Affiliated Plans (ACAP)
Contract Name (leave blank if n/a)	
Contract ID (leave blank if n/a; if multiple IDs are entered use ";" as the delimiter)	
Type of Commenter (check one)	☐ Part C/D Plan Sponsor ☐ Research Organization ■ Trade/Professional Organization ☐ Consultant ☐ Pharmacy Benefit Manager (PBM) ☐ Advocacy Group ☐ Pharmaceutical Manufacturer ☐ Other (please specify):

II. COMMENTS ON CMS PROPOSED CHANGES TO THE 2015 STAR RATINGS

Comment Topic: A. New 2015 Measures

Comment Subtopic: A1. Pharmacotherapy Management of COPD Exacerbation (PCE) (Part C)

Comments (up to 5,000 characters):

***This measure is defined as the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department encounter on or between January 1– November 30 of the measurement year and who were dispensed appropriate medications. This measure includes two rates: 1) Dispensed a systemic corticosteroid within 14 days of the event; and 2) Dispensed a bronchodilator within 30 days of the event. (See HEDIS 2014 Technical Specifications, Volume 2 for more information about data specifications.) Both rates from the HEDIS 2013 data are shown on the 2014 display page. For 2015, we are considering incorporating a combined PCE measure that averages these two rates*.**

ACAP requests more information on how multi-hospitalizations in the same year are treated and information on how medication upon discharge is treated.

Recommendations (up to 5,000 characters):

ACAP recommends keeping as a display measure. If the two measures are averaged, we recommend that the new measure be a display measure for at least two years.

Comment Topic: A. New 2015 Measures

Comment Subtopic: A2. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (Part C)

Comments (up to 5,000 characters):

ACAP plans are concerned that the Medicare benefit does not cover all possible forms of treatment and the plans would not necessarily be notified if a member were partially hospitalized, for example. ACAP also requests more information regarding whether there is an upper age limit on this measure.

Recommendations (up to 5,000 characters):

ACAP recommends that this remain as a display measure.

Comment Topic: A. New 2015 Measures

Comment Subtopic: A3. Special Needs Plan (SNP) Care Management (Part C SNPs)

Comments (up to 5,000 characters):

ACAP is unsure how the SNP-only measures will affect the Stars ratings. Will SNPs get extra points for meeting standards not measured for MA plans? Medicaid dual enrollment is on a monthly basis and the measure is on a 365-day calendar approach. Some enrollees refuse an in-home assessment or are hospitalized at the time of enrollment.

Recommendations (up to 5,000 characters):

Members who refuse assessment should be removed from the denominator. Accommodation should also be made for lapses in eligibility and hospitalizations. Until some of the above concerns are addressed, this measure should remain on the display page.

Comment Topic: A. New 2015 Measures
Comment Subtopic: A4.Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (Part D)
Comments (up to 5,000 characters): ***This measure is based on the PQA-endorsed measure ("Completion Rate for Comprehensive Medication Review (CMR)") which measures the percentage of beneficiaries who met eligibility criteria for the Medication Therapy Management (MTM) program and who received a CMR. CMS proposes adding this measure to the 2015 Star Ratings (using 2013 data***).
Recommendations (up to 5,000 characters): ACAP recommends that this should be a display measure only. We are not in favor of the retroactive application of this measure.

Comment Topic: B. Changes to Current Measures
Comment Subtopic: B1.Breast Cancer Screening (Part C)
Comments (up to 5,000 characters): ***The specification for the Breast Cancer Screening measure is being modified to reflect 2014 changes in HEDIS. CMS proposes that this be a display measure in 2015, but reported in 2016.*** The change in the age range adversely impacts Medicare plans because of the disproportionate share of members in the upper age limits.
Recommendations (up to 5,000 characters): ACAP believes this should remain a display measure for more than one year.

Comment Topic: B. Changes to Current Measures
Comment Subtopic: B2.Annual Flu Vaccine (Part C)
Comments (up to 5,000 characters): ***NCQA is changing the flu shot question used in CAHPS so survey respondents will be asked whether they received a flu shot since July of each year (instead of September), since the time frame when people get flu shots has been getting earlier each year***. ACAP likes the longer time frame, but believes this should be a hybrid method if medical records or immunization registries prove the member has received the vaccination. People in SNPs are more likely to have cognitive issues, be at an advanced stage of illness or excluded from the CAHPS survey because they do not speak English or Spanish. Additionally, they may have received their flu shot at another site (for example, a drugstore chain) and the plan may not have record. The actual provision of the vaccine is the outcome, not the patient's recollection of receiving the flu shot.
Recommendations (up to 5,000 characters): ACAP recommends that the flu shot measure should be based on all information available from survey data, patient records and immunization registries. We support the longer time frame as proposed.

Comment Topic: B. Changes to Current Measures
Comment Subtopic: B3.High Risk Medication (Part D)
Comments (up to 5,000 characters): **Part D covered barbiturates will be included in the calculation for the 2015 Star Ratings (using the**

2013 PDE data).

Recommendations (up to 5,000 characters):

ACAP recommends that exclusions should be added for diagnosis of epilepsy, cancer or a chronic mental health disorder, as these members are likely to use barbiturates and plans are required to cover these medications for these diagnoses.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B4.Medication Adherence for Diabetes Medications (Part D)

Comments (up to 5,000 characters):

CMS is adopting PQA's changes to this measure's specifications for the 2015 Star Ratings (using 2013 PDE data), specifically the addition of two additional drug classes to the numerator and denominator (meglitinides and incretin mimetic agents).
Changes in measures should always be observed and reported as a display measure and not as part of the Stars ratings.

Recommendations (up to 5,000 characters):

ACAP believes this should be a display measure in 2015.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B5. Appeals Upheld (Part D)

Comments (up to 5,000 characters):
We propose to modify this measure from using the current 6-month snapshot to use the same 12-month measurement period as the Part D Appeals Auto-forward measure. For example, instead of using 6 months of 2014 data, the 2015 measure would use the full 12 months of 2013 data.

Since this measure is excluded unless you have a certain number of cases, ACAP wonders if the threshold for exclusion will change if using the full year. We are also concerned about looking back farther in time by not using the more recent 2014 data. We question why CMS would think a full year of older data gives better information than the most recent data available.

Recommendations (up to 5,000 characters):

We recommend no change in this measure. The most recent data should be used. If a change is made, this should be a display measure in 2015.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B6.MPF accuracy (Part D)

Comments (up to 5,000 characters):

This measure incorporates data from Part D organization/sponsors' Medicare Plan Finder (MPF) files, specifically information about the types of claims dispensed by each pharmacy in an organization/sponsor's network. Currently, we exclude PDE claims from retail pharmacies that are also reported by sponsors as being long term care, mail order, or home infusion pharmacies.

If reported, it makes sense to include all types of pharmacies.

Recommendations (up to 5,000 characters):

ACAP recommends that this measure is not included as a Star Rating. If this measure does expand to

include more claims, this measure should remain on the display page.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B7.Beneficiary Access and Performance Problems (Part C and D)

Comments (up to 5,000 characters):

Starting with the data for the 2015 Star Ratings, an audit score will be calculated by utilizing the audit results for each of the following program areas: Part D Formulary and Benefit Administration; Part D Coverage Determinations, Appeals, and Grievances (CDAG); Part C Organizational Determinations, Appeals, and Grievances (ODAG); and Compliance Program Effectiveness. These four core program areas are used because they are consistently audited each year and have limited changes to the audit protocols from year to year.

The final Star Rating audit score for an organization/sponsor would be calculated using the total number of audit points (determined based on both the number of unique deficiencies identified and the severity of those deficiencies) in these four areas, divided by the total number of audit elements tested. Cut points to determine the point reductions for the audit finding will be determined by an analysis of cumulative data, beginning with the 2012 audit data.

This measure is not a good one for Stars ratings especially since plans are audited on a several year cycle. ACAP also notes there were quite a few changes to the audit protocols since 2012.

Recommendations (up to 5,000 characters):

ACAP recommends that the audit data should be measured and publically reported, but not as part of the Stars quality rating. Audit findings are an important part of transparency to the public and should not be obscured by somehow blending in with measures of health care services. Any audit penalties should be outside the Star system.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B8.Medication Adherence Measures (Part D)

Comments (up to 5,000 characters):

CMS proposes to adjust the three Medication Adherence measures to account for beneficiaries with hospice enrollment or Skilled Nursing Facility (SNF) stays, during which the Part D sponsor would not be responsible for providing prescription, fills for relevant medications. However, the SNF adjustment will only impact PDP sponsors; when such data are available for MA-PD organizations, this adjustment will be expanded to include those organizations as well.

SNPs HAVE the data on SNF enrollment and to NOT exclude these members unfairly reduces the Star ratings of plans which specialize in a LTC population or serve a disproportionate number of LTC members. . D-SNPs in New York's MLTC initiative or in Arizona's ALTCCs program would be especially harmed. Many states have or are about to begin dual initiatives and some will be using the D-SNP model.

Recommendations (up to 5,000 characters):

ACAP recommends that LTC residents must be excluded from this measure. CMS should work with states and SNPs to assess HOW the data can become known to CMS.

Comment Topic: B. Changes to Current Measures

Comment Subtopic: B9.Obsolete NDCs

Comments (up to 5,000 characters):

NDCs with obsolete dates will be included in the measure calculation if their obsolete dates are within the period of measurement (measurement year) as reported by PQA. This is reasonable.

Recommendations (up to 5,000 characters):

ACAP supports this change.

Comment Topic: C. Retirement of Measures

Comment Subtopic: Glaucoma Testing (Part C)

Comments (up to 5,000 characters):

CMS plans to remove the Glaucoma Testing (Part C) measure from the 2015 Star Ratings due to the U.S. Preventive Services Task Force's recent conclusion that the current evidence is insufficient to assess the balance of benefits and harms of screening for primary open-angle glaucoma in adults.

Recommendations (up to 5,000 characters):

ACAP supports this change.

Comment Topic: D. Contracts with Low Enrollment

Comment Subtopic: Not applicable

Comments (up to 5,000 characters):

Contracts with 500 or more enrollees as of July 2013 will be included in the 2015 Star Ratings. ACAP would like to see more data on why CMS found 500 members to be as reliable as 1000.

Recommendations (up to 5,000 characters):

For plans with low enrollment, these numbers are volatile. ACAP recommends this measure should remain with a 1000 person threshold.

Comment Topic: E. Data Integrity

Comment Subtopic: Not applicable

Comments (up to 5,000 characters):

CMS' policy is to reduce a contract's measure rating to 1 Star if it is identified that biased or erroneous data have been submitted.

We wonder if there is a degree of error that justifies imposition of a lesser or greater penalty.

Recommendations (up to 5,000 characters):

ACAP supports CMS' approach to reduce the Star ratings if incorrect data is used, but recommend looking at a stepped penalty approach depending on the type and degree of error. Because this is such a severe penalty, we also recommend that there should be an ability to challenge the data during a review process.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F1. CAHPS measures about contact from a doctor's office, health plan, pharmacy, or prescription drug plan (Part C)

Comments (up to 5,000 characters):

Patient recall measures unfairly harm plans with high numbers of enrollees with advanced illness or

cognitive disorders. Health plans do not have much control over this measure leading ACAP to wonder why it is a PLAN measure.

Recommendations (up to 5,000 characters):

ACAP believes this measure is not an appropriate measure of the health plan's performance.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F2.CAHPS – Complaint Resolution (Part C and D)

Comments (up to 5,000 characters):

CMS is interested in using beneficiaries' responses regarding their satisfaction with the resolution of their complaints as a new display measure for informational purposes

Complaints may be about a number of concerns or providers and, while beneficiary responses can help guide and change policy, we do not believe this is necessarily a measure of **plan** performance.

Recommendations (up to 5,000 characters):

ACAP is concerned about this measure as a measure of health plan performance and believe, if used, it should be a display measure for more than one year.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F3. CAHPS – Health Information Technology – EHR measures (Part C)

Comments (up to 5,000 characters):

People enrolled in SNPs differ from other MA recipients in areas such as education and literacy, or may be of advanced age and be less familiar with technology, or may have cognitive problems and do not recall use of various equipment. Health plans should not be accountable for whether or not the provider utilizes Health Information Technology. Some providers may use an EMR, but not in front of their patients. ACAP seeks clarification from CMS if this data will be used to track and penalize those plans whose providers do not have EMRs.

Recommendations (up to 5,000 characters):

Again, this information may be useful for a variety of public policy reasons, but it is NOT a measure of plan performance. ACAP recommends this measure be excluded.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F4. Transition monitoring (Part D)

Comments (up to 5,000 characters):

We anticipate developing two display measures using CY 2013 results of the Transition Monitoring Program Analysis (TMPA): 1) Protected Class Failure Rates, and 2) Non-Protected Class Failure Rates. The number and weighting of Part D measures may be disproportionate to those in Part C.

Recommendations (up to 5,000 characters):

If used, this measure should be display only and should remain as a display measure for more than one year. We also recommend that CMS look at the proportionality of Part C and D measures.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F5.Combined MPF Price Accuracy (Part D)

Comments (up to 5,000 characters):

We understand that if this measure was added to Star ratings, it would replace the current price accuracy measure.

Recommendations (up to 5,000 characters):

This new measure and one that looks at overall price accuracy should be studied further. In general, it seems that consumers would be more concerned about the MPF reporting a lower price than that actually charged. If used, this measure should be display only and should remain as a display measure for more than one year.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F6.Disenrollment Reasons (Part C and D)

Comments (up to 5,000 characters):

Enrollee surveys on disenrollment reasons might be a good thing for CMS to use in monitoring plan compliance with the network, etc., but it is not appropriate for Stars quality payments. SNP plans have a continuous special enrollment period, which makes this measure unfair for them as members may join and leave plans throughout the year.

Recommendations (up to 5,000 characters):

ACAP recommends this measure be added to the display page for more than one year. This measure would be helpful for plans to understand the reasons for disenrollment, but it is different from other quality metrics.

Comment Topic: F. Changes for Measures Posted on the CMS Display Page

Comment Subtopic: F7.Drug-Drug Interactions Measure (Part D)

Comments (up to 5,000 characters):

This measure is adapted from the PQA Drug-Drug Interactions (DDI) measure. It is defined as the percent of Medicare Part D beneficiaries who received a prescription for a target medication during the measurement period and who were dispensed a prescription for a contraindicated medication with or subsequent to the initial prescription. The PQA reviewed and updated the list of drug-drug interactions.

Recommendations (up to 5,000 characters):

We support the changes to keep this measure in line with the PQA measure. ACAP recommends this measure is added to the display page. It should stay on the display page for more than one year.

III. COMMENTS TO CMS PROPOSED POTENTIAL CHANGES TO THE CY 2016 STAR RATINGS

Comment Topic: G. Forecasting to 2016 and Beyond

Comment Subtopic: G1. Changes in the Calculation of the Overall Rating and the Part C and D Summary Ratings

Comments (up to 5,000 characters):

ACAP is concerned that given the underlying disparities our plans face when targeting a difficult population that these measures are not paying for improvement. It becomes cyclical; the plans that serve duals are at a disadvantage on these standard measures, thus these plans score lower and do not receive as high of a quality bonus payment, and then do not have adequate funding to improve their services. The rewards should somehow reflect improvement in grappling with a difficult population. And, the vulnerable duals population should receive the advantages of correct assessment of their plan's quality as the additional payment must be used to enhance benefits.

We note that of the seven highest performing SNPS, four are in Minnesota in a long-standing duals product and that the other three are ACAP members. It is interesting that the even the high performing D-SNPs whose sponsors also have MA plans do not achieve as high a Star rating for the D-SNP as they do in their MA plans. CMS should study the disparity in this subset of the best of plans.

Our goal should be a performance system which incents plans to enroll challenging populations and works toward quality improvement and a reduction of underlying disparities.

CMS has data issues concerning dementia and knowledge of LTC residency which adversely impact highly specialized plans when these issues are not appropriately addressed in the Stars system.

Patient recall measures in surveys, especially surveys which exclude so many of the SNP members due to language or cognitive barriers are not an accurate measure for the SNPs.

We are also concerned that the Part D measures are overweighed compared to the Part C measures.

And, we are very concerned that the weighting, cut points etc. are not scientifically-based and distribute dollars for very minute distinctions.

Recommendations (up to 5,000 characters):

ACAP recommends that enrollees in plans be compared to a matched cohort in Fee-For-Service to see if plans are improving health. ACAP stresses the need to pay for improvement through risk adjusted measures and ratings and/or measuring D-SNPs against other D-SNPs. ACAP recommends that measures selected are appropriate to the SNP population. ACAP also recommends that "compliance" issues be removed from quality performance to improve transparency in the measurement of health services. We also recommend that CMS Use the Formal Notice and Comment Rulemaking Process to Announce and Implement Changes to Plan Ratings and those measures are publicized in advance of the data collection period.

Comment Topic: G. Forecasting to 2016 and Beyond

Comment Subtopic: G2.Expected Changes to Measure Specifications or Calculations - Osteoporosis Management in Women who had a Fracture (Part C)

Comments (up to 5,000 characters):

Like CMS, we will be monitoring and working with NCQA on the revisions they are considering.

Recommendations (up to 5,000 characters):

If these measures change, we would want the measure moved to a display measure.

Comment Topic: G. Forecasting to 2016 and Beyond
Comment Subtopic: G3.Expected Changes to Measure Specifications or Calculations - Monitoring Physical Activity (Part C)
Comments (up to 5,000 characters): Like CMS, we will be monitoring and working with NCQA on the revisions they are considering.
Recommendations (up to 5,000 characters): If these measures change, we would want the measure moved to a display measure.

Comment Topic: G. Forecasting to 2016 and Beyond
Comment Subtopic: G4.Expected Changes to Measure Specifications or Calculations - Plan All-Cause Readmissions (Part C)
Comments (up to 5,000 characters): Like CMS, we will be monitoring and working with NCQA on the revisions they are considering.
Recommendations (up to 5,000 characters): **If used, this measure should be display only.** If these measures change, we would want the measure moved to a display measure.

Comment Topic: G. Forecasting to 2016 and Beyond
Comment Subtopic: G5.Expected Changes to Measure Specifications or Calculations - Improving Bladder Control (Part C)
Comments (up to 5,000 characters): Like CMS, we will be monitoring and working with NCQA on the revisions they are considering.
Recommendations (up to 5,000 characters): If these measures change, we would want the measure moved to a display measure.

Comment Topic: G. Forecasting to 2016 and Beyond
Comment Subtopic: G6. Expected Changes to Measure Specifications or Calculations - Plan Makes Timely Decisions about Appeals (Part C)
Comments (up to 5,000 characters): Like CMS, we will be monitoring and working with NCQA on the revisions they are considering.
Recommendations (up to 5,000 characters): If these measures change, we would want the measure moved to a display measure.

IV. COMMENTS TO MEASUREMENT CONCEPTS

Comment Topic: H. Measurement Concepts
Comment Subtopic: ***H1. Alternatives to the individual measures' current level of evaluation. For example instead of measures being rated for each contract, should some be evaluated at the plan (PBP) level, or at the parent organization level? Are there other associations of contracts within business entities that could also be a measurement level?***
Comments (up to 10,000 characters):

Knowledge of care for duals is obscured in the current method especially as the definition of contract is so variable with some sponsors having only one for multi-state, multi-focused plans and others having multiple ones. Reporting should be at the plan level and CMS should examine rolling up the plan scoring for an overall parent organization rating that is for display only. That would provide the most transparency.

PBMs should be measured ACROSS plan contracts to see if there are patterns that are found in particular PBMs, so the plans could better understand their own performance issues versus those of the PBMs.

Recommendations (up to 10,000 characters):
Reporting should be at the plan level and CMS should examine rolling up the plan scoring for an overall parent organization rating that is for display only. That would provide the most transparency.

PBMs should be measured ACROSS plan contracts to see if there are patterns that are found in particular PBMs, so the plans could better understand their own performance issues versus those of the PBMs.

D-SNPs should be compared to D-SNPs. CMS should also examine whether there are differences in full versus partial- duals in plans.

Comment Topic: H. Measurement Concepts

Comment Subtopic: H2. Additional measures of care coordination focusing on how well providers and organizations coordinate services

Comments (up to 10,000 characters):

ACAP believes this measure is vague.

Recommendations (up to 10,000 characters):

ACAP believes this measure should be clarified.

Comment Topic: H. Measurement Concepts

Comment Subtopic: H3. Measures of care transitions from one healthcare setting to another, for example, care transitions following hospital discharge

Comments (up to 10,000 characters):

For D-SNPs, this is already measured through S&P measures.

Recommendations (up to 10,000 characters):

CMS should examine the S&P measures and align with any proposed changes to Stars

Comment Topic: H. Measurement Concepts

Comment Subtopic: H4. Measures of patient-reported outcomes/intermediate outcomes collected through enrollee surveys, including additional ways to measure changes in health and mental health status.

Comments (up to 10,000 characters):

Recommendations (up to 10,000 characters):
ACAP is concerned about patient recall measures being used to rank plans especially when plans have high numbers of excluded members because of language or cognitive issues.

Comment Topic: H. Measurement Concepts

Comment Subtopic: H5. Measures that are condition-specific (e.g., mental health such as depression screening, HIV/AIDs, COPD, cancer, etc.). This may include one or more measures for a particular condition

Comments (up to 10,000 characters):

Recommendations (up to 10,000 characters):

Comment Topic: H. Measurement Concepts

Comment Subtopic: H6. Combined member dissatisfaction measure – CMS is considering methodologies to combine available data sources of complaints and grievances. As an interim step, CMS may modify the CTM measurement period from 6 months of the current contract year to 12 months of the prior contract year.

Comments (up to 10,000 characters):

Recommendations (up to 10,000 characters):

Comment Topic: H. Measurement Concepts

Comment Subtopic: H7. SNP-specific measures that would focus on any unique aspects of care provided by SNPs

Comments (up to 10,000 characters):

ACAP believes this measure is vague. CMS should consider how to incorporate the SNP Structure and Process into quality metrics. For example, the SNP S&P focus on care transitions can be one of several measures.

Recommendations (up to 10,000 characters):

ACAP recommends that D-SNPs received an additional .5 Star for compliance with the SNP measures. Star ratings do not currently recognize the additional effort by SNPs to meet the extra SNP measures. Dual eligibles are penalized by a rating system which does not accurately measure the quality of their plans in the form of lower quality bonuses and in a lower percentage of rebate which may be used to enhance benefits. ACAP recommends further study on these measure before they are ready for display.

Comment Topic: H. Measurement Concepts
Comment Subtopic: H8. Alternative weighting of 1) the improvement measure(s) in order to further recognize organizations/sponsors' efforts in improving quality. For example, increasing the improvement measure's weighting as an outcomes measure (3x) to 4 or 5 times the weight of a process measure in order to reward lower-performing contracts' strides to raise their performance, and/or 2) the three Part D Medication Adherence measures.
Comments (up to 10,000 characters):
Recommendations (up to 10,000 characters):

Comment Topic: H. Measurement Concepts
Comment Subtopic: H9. Alternative methodologies for measuring improvement.
Comments (up to 10,000 characters):
Recommendations (up to 10,000 characters): **Compare plan enrollees to a matched cohort in fee –for- service**

Comment Topic: H. Measurement Concepts
Comment Subtopic: H10. Feasibility of replicating current HEDIS measures by using FFS administrative data – CMS is interested in evaluating stand-alone PDPs' performances in areas that traditionally are based on medical record reviews.
Comments (up to 10,000 characters):
Recommendations (up to 10,000 characters):

V. OTHER COMMENTS

Comment Topic (up to 5,000 characters):
Comments (up to 10,000 characters):
Recommendations (up to 10,000 characters):