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John Lovelace, Chairman | Margaret A. Murray, Chief Executive Officer

October 2, 2015

The Honorable Rob Portman  
United States Senate  
Washington, DC 20510

The Honorable Bob Casey  
United States Senate  
Washington, DC 20510

Dear Senator Portman and Senator Casey,

On behalf of the Association for Community Affiliated Plans (ACAP), I write to express our support for the Preserving Medicare Advantage for all Medicare Beneficiaries Act of 2015.

ACAP is an association of 60 not-for-profit Safety Net Health Plans. Seventeen of our members operate Medicare Advantage Special Needs Plans; 15 members operate Medicare-Medicaid plans in the Financial Alignment Demonstration, collectively covering nearly one third of all enrollees in the demonstration program.

ACAP's Medicare plans focus their care management and service delivery on high-need, high-cost, full-benefit dual-eligible beneficiaries—among the poorest, sickest, and most costly individuals to both the Medicare and Medicaid programs. Dual-eligible beneficiaries often fall through the cracks between the two programs. Many experience uncoordinated care in Medicare and Medicaid fee-for-service (FFS). Dual-eligible Special Needs Plans (D-SNPs) are an opportunity for these beneficiaries to receive better-coordinated, higher-quality care than they would otherwise receive through FFS. Unlike other types of Medicare Advantage (MA) plans, D-SNPs exclusively enroll and focus their provider networks, benefit packages, and care management resources specifically on dual-eligible beneficiaries.

The Star ratings program, in its current form, disadvantages health plans that enroll dual-eligible beneficiaries. Consistent with our plans' experiences with the Star rating system, CMS' recent research shows a clear disparity in performance on Star ratings quality measures for dual-eligible beneficiaries. This inability to accurately assess and compare quality measures for dual-eligible beneficiaries is a serious consumer issue. Dual-eligible beneficiaries will lose if their health plans – particularly those that integrate all of their Medicare and most of their Medicaid benefits – are no longer financially able to continue serving them owing to low reimbursement on account of inaccurate Star ratings.

Accordingly, ACAP applauds your efforts to implement an interim strategy for the Star rating program and its focus on quality improvement. We reiterate the need for a long-term solution that addresses the inequities in the Star rating program, which disadvantage plans with high enrollment of dual-eligible beneficiaries. ACAP supports a Star ratings program that evaluates and compares all MA plans based on the quality of care they furnish, rather than on the underlying characteristics and needs of their enrollee population.

It is a high priority for ACAP's member D-SNP plans that the quality of care they provide to their dual-eligible enrollees is accurately measured and reported to consumers. We hope that the experience of our member plans in serving some of the most complex, challenging, and costly Medicare and Medicaid beneficiaries is a resource to the Congress and to CMS as the MA program is improved, so that all Medicare beneficiaries have the opportunity to receive better quality of care through this program.

ACAP is prepared to assist with additional information, if needed. If you have any additional questions please do not hesitate to contact Christine Aguiar at (202) 204-7519 or [caguiar@communityplans.net](mailto:caguiar@communityplans.net).

Sincerely,



Margaret A. Murray  
Chief Executive Officer