ACAP
Association for Community Affiliated Plans
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Bob Thompson, Chairman | Margaret A. Murray, Chief Executive Officer

Cynthia Tudor
CMS
7500 Security Blvd, Rm. C1-25-27
Baltimore, MD 21244

July 29, 2010

Dear Ms. Tudor,

The Association for Community Affiliated Plans recently learned that CMS is conducting listening sessions with trade associations and other organizations to discuss the MA Quality Bonus for 2012. As an association which represents 51 non-profit Safety Net Health Plans, including 21 Dual Eligible Special Needs Plans, we would like to become part of the stakeholder process and share our observations about the application of the Star quality system to DE- SNPs.

ACAP recently has commissioned the research and writing of a white paper on the impact of the Star Quality Rating system on Dual Eligible Special Needs Plans. The objective of the paper is to provide insights into the impacts of the Star rating system as currently configured on SNP's serving the dual eligible population, together with recommendations for meeting the policy objectives of incenting quality health plans and improving access to care for this special needs population. We expect that this paper will be ready to share with you and your staff in mid-September and look forward to sharing it with you at that time.

ACAP has a special interest in the dual eligible population because our plans provide health care coverage to seven million people through public insurance programs, primarily Medicaid, the Children's Health Insurance Program, and Medicare. ACAP plans are community-based, partnering with governments to deliver quality health services and provide an essential health care safety net. The ACAP DE-SNPs are quite diverse, ranging from those targeted at an over-65 population whose frailty levels exceed the average frailty level of PACE plans to those which focus on an under 65 disabled population.

ACAP has long advocated for quality standards in managed care and we applaud the efforts of the Affordable Care Act to reward high quality plans through bonuses beginning in 2012. However, we do have concerns that the Star quality rating system designed for a general enrollment Medicare Advantage population does not adequately reflect SNP requirements nor does it take into account demographic differences in the dual population.

The population served by DE-SNPs across the country is quite different from the general enrollment Medicare Advantage population. By definition, a DE-SNP is limited to people who are eligible for both Medicare and Medicaid, which includes not only the over 65 population, but a large group of people under 65 who have long term disabilities which qualify for them for Medicare. This latter population often has a high incidence of mental illness or behavioral issues.

DE-SNP beneficiaries have a much poorer health status than general enrollment Medicare Advantage recipients, as was pointed out in an April 2010 study by the Government Accountability Office, "Medicare Advantage Relationship between Benefit Package Designs and Plans."

Other issues which require analysis as to their relevance or appropriateness for DE-SNPs:

- CAPHS member satisfaction is statistically downgraded for low-income people.
- Dual eligibles may not respond accurately to the CAPHS survey due to age, mental status, language issues. For example, how accurately would an elderly person respond to the question about flu vaccine when it is asked in the spring, sometimes as much as six months after the vaccine is provided?
- Some measures, e.g. osteoporosis, fit an over 65 population, while many of our plans have enrolled a predominantly under 65 population. At the same time, there is only one measure for mental health.
- Some ethnic groups may be more reluctant to answer the Health Outcomes Survey.
- None of the CMS required Model of Care standards are evaluated in the Star ratings, and yet these are the standards which differentiate SNPs from general MA plans.

The white paper we are having prepared will address these and other issues and will present data as to the relationship of specific measures and SNP populations, including clinical salience and confounders, such as heterogeneity of the population and disability status. In the meantime, we want to offer our assistance as you refine the methodology which will be the basis of calculating the plan ratings for 2011 plan year and will form the basis for the 2012 payment year.

We would appreciate the opportunity to talk to you further. Our contact person is Roberta Brill, ACAP's Director of Medicare, who can be reached at (202) 701-4749 or at rbrill@communityplans.net

Sincerely,

Margaret A. Murray
Chief Executive Officer