March 6, 2023

Meena Seshamani, MD, Ph.D.
Deputy Administrator and Director
Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CY 2024 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies

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Dear Dr. Seshamani:

The Health Care Transformation Task Force (HCTTF or Task Force) appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) CY 2024 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies (Advance Notice).

The Task Force is a multistakeholder consortium that supports accelerating the pace of transforming the delivery system into one that better pays for value. Representing a diverse set of organizations from various segments of the industry – including providers, payers, purchasers, and patient advocacy organizations – we share a common commitment to transform our respective businesses and clinical models to deliver a health system that achieves equitable outcomes through high-quality, affordable person-centered care. We strive to provide a critical mass of policy, operational, and technical support that, when combined with the work being done by CMS and other public and private stakeholders, can increase the momentum of delivery system transformation.

Our Advance Notice comments offer feedback on proposed updates to the Part C and D Star Ratings program.

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Attachment IV. Updates for Part C and D Star Ratings

Changes to Existing Star Ratings Measures for the 2023 Measurement Year and Beyond

The Task Force supports any efforts to align quality measurement across different plans and programs, particularly given the potential impact this could have on advancing multi-payer alignment. Our members support CMS' proposal to develop a "Universal Foundation" of quality metrics, and we look forward to having the opportunity to provide additional comments to CMS as this approach to quality measurement evolves.

Potential New Measure Concepts and Methodological Enhancements for Future Years

Health Equity

The Task Force strongly supports CMS in its efforts to address health inequities in the Medicare Advantage (MA) beneficiary population. Our membership recognizes that strong performance on any given quality measure is not necessarily reflective of whether all beneficiaries – regardless of race, ethnicity, gender, sexual orientation, gender identity, or other demographic factor – are receiving high quality care that is at the core of positive outcomes. Without data on how different communities and populations are faring, stakeholders do not have the tools they need to reduce inequities. **For this reason, the Task Force is in favor of stratifying MA Star Ratings measures data.**

For decades, there have been concerns raised about the potential bias conveyed when measure stratification is not based on adequate sample sizes across the stratified cohorts. CMS and many other stakeholders recognize the need for increased patient-level data on race, ethnicity, language, and social risk factors; **the Task Force strongly supports efforts to close the data gaps both to better identify inequities and to allow for stratified reporting of measures.**

Ideally, CMS would have access to comprehensive self-reported patient data, long considered the gold-standard. However, the pursuit of gold-standard data should not delay efforts to stratify data. The Task Force recognizes the value of a defined, time-limited period of using imputed data, coupled with contemporaneous efforts to gather patient self-reported data. These data should be used in developing interventions aimed at improving care equity when the only alternative is to substantially delay deployment of these interventions, and not for purposes of accountability or payment.

Proposed Health Equity Index

As noted in previous comments**, the Task Force supports the creation of a Health Equity Index as a means of incentivizing plans to focus on achieving health equity for enrollees.** While we commend CMS for working to address health equity beyond the parameters of the current reward factor, we refer to the recent comments (page 4-5) the Task Force submitted in response to the CY 2024 Medicare Advantage Notice of Proposed Rule Making which include recommendations to address aspects of the Health Equity Index that may lead to unintended consequences.

Cross Cutting: Sexual Orientation and Gender Identity for HEDIS Measures

The Task Force supports updating gender language to be more inclusive and gender-affirming for future measure years.

Social Connection Screening and Intervention

The Task Force strongly supports a two-pronged measure that not only assesses whether a beneficiary is screened for social isolation, but also if they are referred to a supporting intervention based on a positive screen. Data indicate the detrimental effects a lack of social relationships can have on a person's health, and in turn on their health care spending. A meta-analysis of 23 papers found that deficiencies in social relationships are associated with an increased risk of developing coronary heart disease and stroke, independently of traditional cardiovascular disease risk factors.[1] Further, a study by the AARP and the Public Policy Institute found that a lack of social contacts among older adults is associated with an estimated $6.7 billion in federal spending annually. This increase is due to additional skilled nursing facility spending and higher inpatient spending for individuals who were identified as socially isolated.[2] Therefore, the Task Force agrees that it is important to screen and assess the referral of seniors to needed services that would address social isolation.

However, we recommend that NCQA/CMS not require MA plans to use a specific screening tool as many organizations already have existing tools and infrastructure in place to collect this information. For these organizations, implementing a new tool, or having to redesign an existing tool to accommodate new questions, could create both administrative delays as well as put roadblocks into the process of linking beneficiaries with needed services. Ideally, after measure implementation, CMS would create a standardized data submission tool which collects the mentioned data in a way most compatible to how the MA plans currently collect and report that data.

In designing this measure, CMS should be cognizant to not differentially impact plans serving rural members. Many provider practices in rural areas do not currently have the resources to support electronic clinical submission required for this measure. The measure should also take into account patients who do not wish to receive a referral for services, as well as the potential lack of available services in the patients' community.

Finally, **the Task Force supports display of the data that results from the social isolation measure.** Screening and providing interventions for social isolation is an action that beneficiaries can intuitively understand and appreciate; publicly reporting data on this measure will be of great value to consumers.

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[1] https://pubmed.ncbi.nlm.nih.gov/27091846/

[2] https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf

Assessing Mental Health and Unmet Health-Related Social Needs via the Health Outcomes Survey (HOS)

The Task Force supports CMS' efforts to expand screening for generalized anxiety disorder (GAD). Anxiety disorders are one of the most common mental illnesses in the United States, affecting almost 20 percent of the population (aged 18 and older) each year. However, only 36 percent of those individuals receive the necessary treatment.[3] These statistics highlight the need for CMS to screen MA beneficiaries for anxiety, to ensure individuals receive the treatment necessary.

The Task Force has also long-supported CMS proposals to encourage plans to collect information about unmet health-related social needs. For example, the Task Force supported the proposal, finalized in the CY 2023 MA and Part D Final Rule, to require that all SNPs include one or more questions from a list of screening instruments on housing stability, food insecurity, and access to transportation as part of their health risk assessments.

The Task Force supports standardizing data collection on these two critical areas across programs; some Task Force members are concerned by the use of the HOS as a vehicle for implementing these assessments. This is because the cadence of receiving data from the HOS, as well as the deidentified nature of the HOS data, make the information difficult to act upon. Thus, **the Task Force suggests that in addition to considering the HOS, CMS consider other avenues that would allow for timely and meaningful implementation, without delaying the pursuit of these critical goals.**

On a related note, the Task Force supports assessing if plans provide referrals out to community-based organizations or other services based on a positive social needs screen. In its response to the FY 2023 IPPS Proposed rule, the Task Force showed support for assessing if plans provide referrals based on a positive social need screening. We suggested that in any measure developed, it should take into account the fact that providers do not have full control as to which follow-up services are sought and provided. The measure should also incorporate a way to account for the availability of services in a community to address social needs. Finally, on the "closing the loop" issue, given that efforts to connect patients to services outside of the clinical environment are often not reimbursable, we recommend CMS provide resources so that hospitals can achieve positive outcomes in this area. The Task Force continues to support referral out to needed services with the caveats listed above.

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[3] https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Anxiety-Disorders

The Task Force appreciates the opportunity to respond to the Advance Notice. Please contact HCTTF Executive Director Jeff Micklos (jeff.micklos@hcttf.org) with any questions.

Sincerely,

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