January 3, 2013

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Thank you for the opportunity to comment on proposed changes to Medicare Advantage Star Ratings for 2014. We generally support these changes, which are intended to encourage plans to further improve. Raising the bar is increasingly important now that Star Ratings support pay-for-performance bonuses that help high-value plans compete with better benefits and costs.

We are especially encouraged by the findings in our State of Healthcare Quality 2012 report ([http://bit.ly/PJEmyk](http://bit.ly/PJEmyk)) that Star Rating pay-for-performance may be getting results. There was significant improvement from 2010, when legislation passed linking Star Ratings to bonus payments, to 2011 on measures that had been stagnating on high blood pressure, colorectal cancer, body mass index and advising smokers to quit. Use of high-risk medications in the elderly and beta-blocker therapy after heart attacks also improved. Given the substantial competitive advantages that Star Ratings now provide to highly rated plans, these early results may portend even greater future improvement.

### Key Medicare Advantage Performance Improvements 2010-2011

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<tbody>
<tr>
<td>Advising Smokers to Quit</td>
<td>77.9</td>
<td>81.5</td>
<td>78.3</td>
<td>79.3</td>
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<tr>
<td>Adult BMI Assessment</td>
<td>50.4</td>
<td>68.2</td>
<td>36.6</td>
<td>62.2</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>57.6</td>
<td>60.0</td>
<td>41.0</td>
<td>55.2</td>
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<tr>
<td>High Blood Control</td>
<td>61.9</td>
<td>64.0</td>
<td>55.7</td>
<td>60.6</td>
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Below are specific comments on some of the changes that you are proposing, as well as some additional comments.
Changes to the Methodology of Current Measures: We support your proposal to modify the methodology for ‘Quality Improvement’ to hold plans harmless if individual measure stars are 5 stars in the two years being evaluated for improvement, instead of just if overall star rating is above 4. This will bring more stability to the ratings.

We also strongly support using the updated Pharmacy Quality Alliance (PQA) high-risk medication list to calculate 2014 high-risk medication rates. PQA based the update on Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, which for over 20 years have identified and promoted safer alternatives to medications for which risks may outweigh benefits in older people. A multidisciplinary expert panel updated the list through a comprehensive, systematic evidence review and public comment. NCQA is using the results in our Healthcare Effectiveness Data and Information Set (HEDIS)®, the most widely used and respected health care quality measurement tool.

The updated list groups medications into three categories instead of just the two in previous versions.
- The first includes medications that either pose high risks of adverse effects or appear to have limited effectiveness in older patients, and have safer alternatives.
- The second includes medications that may exacerbate problems with certain diseases.
- The third includes medications that require caution in older adults.

The updated list applies the most current science to this measure that protects older Americans from potentially harmful medications. Plans that provide safer drug choices will have fewer preventable and costly complications and thus have healthier enrollees and lower costs.

We ask, however, that you clarify in the final call letter whether you are changing the specifications for this measure, which we could not determine from your Request for Comments. Our understanding is that PQA is not changing their specifications, and it will be important to know if there are going to be differences.

Changes in the Calculation of the Overall Rating: We support basing overall star calculations on individual measure scores, rather than averaging Star Ratings for each individual measure. This will take into account relative differences in performances on each measure when calculating overall star ratings.

Integrity of Star Ratings: We strongly support the important steps you have taken to strengthen the integrity of the Star Ratings. Star Ratings and all other performance measurement programs must be accurate and reliable to ensure their credibility and value to all stakeholders. We constantly review our own audit process to ensure that it is the valid, rigorous process all stakeholders expect.
We strengthened our medical record review validation for 2013 by applying the Squeglia Zero-Based Acceptance Sampling Plan. This is the standard for the American Society for Quality Control, American National Standards Institute, and International Organization for Standards. We also are requiring earlier record and process submission to ensure sufficient time for this more rigorous process, an onsite sign-in sheet and more detail about the process and any problems found.

**New Measures for the Display Page/Potential 2015 use in Stars:** We support introducing the Consumer Assessment of Health Plans and Systems (CAHPS)® survey measures on contact from a doctor’s office, health plan, pharmacy, or prescription drug plan to the display page for potential inclusion in Star Ratings in 2015. This measure asks about reminders for appointments for tests or treatment, immunizations, cancer screenings, hospital stay follow up and prescription reminders. These contacts are a key feature of good care coordination that improves outcomes, experience of care and costs.

We support placing Use of Highly Rated Hospitals on the display page for potential Star Rating use in 2015. This will reward plans that contract with and/or use tiered networks and value-based cost sharing to promote use of high-value hospitals, and will encourage hospitals to provide better value. It is also important because it harmonizes and applies the same performance standards across provider and payment system.

We support display page posting for Pharmacotherapy Management of COPD Exacerbation. COPD is the fourth leading cause of death, with mortality rates still rising. Patients have frequent exacerbations that are costly and significantly impair quality of life. Appropriate pharmacotherapy, as tracked by this HEDIS measure, can greatly reduce the clinical, social and economic impact.

We support display page posting for Initiation and Engagement of Alcohol and Other Drug Dependence Treatment. Substance abuse causes more deaths, illnesses and disabilities than any other preventable health condition. Frequency and intensity of treatment engagement is important in treatment outcome and in reducing drug-related illnesses. This HEDIS measure tracks the percentage of individuals age 13 and older with a new episode of alcohol or other drug dependence who receive:
- A follow-up alcohol or other drug dependence visit within 14 days of the initial diagnosis; and
- 2 additional services for alcohol or other drug treatment within 30 days of the initiation visit.

**Potential New Measures Beyond 2015:** We agree on the need for more information on the use of electronic health records, but are not sure the proposed additions to the CAHPS survey are the best questions to ask or, more broadly, whether CAHPS is the right vehicle for collecting information on the issue. It may instead be better to address these issues through the Medicaid/Medicare Electronic Health Record Incentive (Meaningful Use) program.
Changes to Measure Specifications or Calculations: We thank you for noting and encouraging stakeholders to respond to our public comment request on proposed changes to our Breast Cancer Screening measure. We are planning to begin this public comment period in February.

OTHER ISSUES

Harmonizing CMS & NCQA Plan Ratings: On another note, we are exploring how we might further harmonize the already similar ways in which we rate health plans. Despite current methodological differences, there is generally strong agreement between the CMS Star Ratings and NCQA health plan rankings in identifying high performers. This is interesting because although we both rely on HEDIS and CAHPS measures for Part C plans, you include measures for Part D and a number of process measures that we do not and we include results from accreditation.

We are taking a fresh look at our ranking methodology and are working to get to good alignment in scoring for the same measures in both Star Ratings and Rankings.

We would encourage CMS to continue to follow its own good principles for use of measures for payment and reporting – that these are ones where there is meaningful variation and where there is rigor to the audit process.

Helping Stakeholders Better Understand Star Ratings: Finally, we want to commend you for the many improvements that are helping Medicare beneficiaries and other stakeholders access and understand Star Rating results on the Medicare Plan Finder. We encourage you to build on this valuable work by providing clear, concise explanations on the Star Ratings methodology that can be easily located on the cms.gov website.

Thank you again for the opportunity to share our thoughts. If you have any questions please contact Sarah Thomas, Vice President, Public Policy and Communications at Thomas@ncqa.org.

Sincerely,

Margaret O’Kane,
President