

November 3, 2014

*Submitted electronically via email to:
PartCandDStarRatings@cms.hhs.gov*

Marilyn Tavenner, Administrator
Center for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Response to Request for Information: “Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligibles versus Non-Dual-Eligible Enrollees”

Dear Ms. Tavenner,

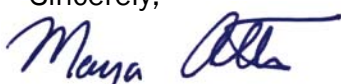
The Health Plan of San Mateo (HPSM) applauds CMS for issuing an RFI to gather more information about the Medicare Star Ratings system and Special Needs Plans for full benefit duals (D-SNPs). We respectfully request that CMS open another opportunity in the near future for organizations like HPSM to conduct detailed analyses and share specific beneficiary examples of the personal and socioeconomic factors that unfairly disadvantage D-SNPs in the current Stars Rating System. At this point in time, we do not have the staff resources to divert from implementation of the CMS duals demonstration or from a full state audit of our Medicaid program in order to respond to this RFI request. However, we also request that CMS collect data from plans in a manner which would allow thorough analysis by CMS and its HHS sister agencies of the impact of disparities on plan performance at the person level.

HPSM is a local, community-based health plan serving San Mateo County, California since 1987. HPSM has operated a D-SNP since 2006 and currently has 8,600 enrollees – approximately 60 percent of all full benefit duals are enrolled in our D-SNP. Since April 1, 2014, HPSM manages an additional 3,000 full benefit duals through our Medicare-Medicaid Financial Alignment Demonstration with CMS and the State of California.

Plans like HPSM have a concentration of members that are markedly different from Medicare Advantage plans overall. For example, 26% of our D-SNP members have indicated they speak a language other than English or Spanish; they are excluded from CAHPS survey responses as a result. We also have high concentrations of members with severe mental illness, housing insecurities; substance use disorders, and cognitive limitations, all of which provide greater challenges in affecting health status. While HPSM has developed programs to respond to these issues, plan financial reimbursement does not reward these costlier interventions. Ultimately, it will be our members that will suffer if the plan cannot make the program work financially.

Thank you again for your efforts to engage stakeholder input on this important topic and we look forward to another opportunity to share our data and experiences with operating a D-SNP and the STARs rating system. I can be reached via email at Maya.Altman@hpsm.org or 650-616-2145.

Sincerely,



Maya Altman
Chief Executive Officer