

November 3, 2014

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Centers for Medicare & Medicaid Services:

The *Promoting Integrated Care for Dual Eligibles (PRIDE)* consortium is submitting this response to the Centers for Medicare & Medicaid Services (CMS) “Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees” Request for Information (RFI). *PRIDE*, supported by The Commonwealth Fund and coordinated by the Center for Health Care Strategies (CHCS), is a consortium of seven health care organizations partnering to identify and test innovative strategies that enhance and integrate care for individuals dually eligible for Medicare and Medicaid. Members include: CareSource in Ohio; Commonwealth Care Alliance in Massachusetts; Health Plan of San Mateo in California; iCare in Wisconsin; Together4Health in Illinois; UCare in Minnesota; and VNSNY CHOICE in New York.

As *PRIDE* works with state and federal partners to advance new integrated managed care programs, we believe federal efforts to assess integrated health plan performance should account for the clinical, demographic and socioeconomic status of plan members dually eligible for Medicare and Medicaid. They have extensive health care needs due to a range of social factors in addition to their high rates of multiple illnesses and disabilities. Although not all have complex care needs, as a group they are more likely than Medicare- or Medicaid-only enrollees to have multiple, chronic physical and mental health conditions; functional limitations requiring Medicaid-covered long-term services and supports; and higher rates of Medicare-covered service use, including inpatient hospital admissions, emergency department visits, and skilled nursing facility admissions. They are twice as likely as other Medicare beneficiaries to have at least three chronic conditions and three times as likely to have a mental health diagnosis.¹ They are often low-income, have unstable or no housing and lower levels of health literacy and educational attainment. Their social circumstances create challenges that affect their ability to fully engage in

¹ *Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spending, and Evolving Policies*, Congressional Budget Office, June 2013.

their medical care. We request that CMS take these factors into account in the Medicare Advantage and Part D Drug performance measurement system.

We appreciate the opportunity to respond to this RFI. While PRIDE could not conduct an in-depth analysis demonstrating that dual status causes lower MA and Part D measure scores within the limited response timeframe provided, we respectfully request that CMS extend future opportunities with longer response periods for interested parties to conduct and submit analyses. The RFI represents an important start to a conversation that PRIDE consortium members look forward to engaging in further with CMS.

Sincerely,

CareSource (Ohio); Commonwealth Care Alliance (Massachusetts); Health Plan of San Mateo (California); iCare (Wisconsin); Together4Health (Illinois); UCare (Minnesota); VNSNY CHOICE (New York)
