

December 17, 2014



Sean Cavanaugh
Deputy Administrator
Center for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Comments: Enhancements to the Star Ratings for 2016 and Beyond

Dear Deputy Administrator Cavanaugh:

On behalf of Medicaid Health Plans of America (MHPA), I appreciate this opportunity to provide comments on your agency's proposed improvements to the Stars Ratings system for 2016 and beyond.

MHPA is the national trade association solely representing Medicaid managed care plans that contract with states to provide health coverage to our nation's poorest citizens, Medicaid beneficiaries. MHPA represents over 120 health plans in 33 states and DC, covering nearly 20 million Medicaid enrollees. Through innovative programs, Medicaid health plans provide high quality cost-effective care, ensure program integrity, and provide states with Medicaid budget predictability. Full-risk capitated managed care serves over 50% of the Medicaid population and its presence is growing due to the value proposition it provides on a number of fronts.

Many of MHPA's members are also leaders in the delivery of managed care products to people who are dually eligible for Medicare and Medicaid as well as non-Medicaid eligible Medicare beneficiaries residing in the communities served by our Medicaid products.

In MHPA's November 3 letter responding to the Center for Medicare's Request for Information on MA Star Ratings quality measurement data, MHPA commented that the Star Ratings quality measures should be reviewed and modified to more accurately reflect the care needs of dual eligibles in MA products. MHPA member plans do not believe the current Star Ratings quality measures adequately factor in the significant effects that low socioeconomic status (SES) has upon the achievement of favorable health outcomes nor the impact upon plan performance. MHPA's November 3 letter highlights research and data that show the strong relationship between populations' socioeconomic and demographic factors and Star Ratings of the products covering these populations. Star Ratings quality measures should more accurately account for these differences.

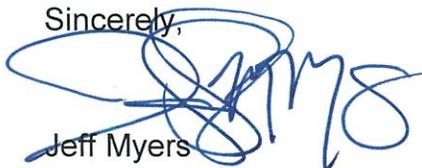
MHPA plans share the agency's goals of providing accessible, cost-effective and high-quality care to the vulnerable populations they serve in an effort to achieve positive

health outcomes. MHPA has previously recommended that CMS collaborate with stakeholders, including MHPA's members, to develop effective solutions. Some opportunities for improvement MHPA previously mentioned were the development of interventions necessary for improving health outcomes and lowering costs along with better targeting quality measures to reflect the unique needs of low SES populations, and weighting beneficiary survey responses in quality measures to allow for recognition of socioeconomic and demographic dynamics often experienced by low-income beneficiaries.

MHPA understands from your agency's request for comment that you are considering the application of a separate Star Ratings system to the Financial Alignment Initiative demonstrations overseen by the Medicare-Medicaid Coordination Office ("the MMP program"). The MMP program allows Medicaid health plans a prime opportunity to coordinate care for individuals dually eligible for Medicare and Medicaid under one streamlined payment and delivery system, while these dual eligibles have mostly been traditionally confined to a fragmented FFS system involving two separate programs. MHPA supports the goals of the demonstrations and strongly recommends that CMS suspend the application of the Star Ratings system to these demonstrations until the proposed separate methodology has been developed. Similarly, MHPA believes that the deficiencies in the Star Ratings methodology also apply to the plans serving large proportions of dual eligibles and low income individuals outside of the MMP program and encourages CMS to address those deficiencies in the overall Star Ratings methodology or to apply the dual eligible-specific methodology being considered for the MMPs to all plans serving a high proportion of dual eligible and low income individuals.

MHPA would enjoy the opportunity to serve as a partner to CMS in the ongoing conversation surrounding Star Ratings system improvement. Thank you for your consideration of MHPA's comments. Please contact Amy Ingham at aingham@mhpa.org should you have any questions or comments.

Sincerely,



Jeff Myers
President and CEO

Cc: Melanie Bella, Director, Medicare-Medicaid Coordination Office, CMS