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November 3, 2014

Marilyn Tavenner

Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Hubert H. Humphrey Building, Room 445-G

200 Independence Avenue, SW

Washington, DC 21244-1850

### **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 Administrator Tavenner:

The National Patient Advocate Foundation (NPAF) appreciates the opportunity to comment on the potential impact of high dual eligible enrollment in a Medicare Advantage or Prescription Drug Plan on the plan's performance under the Star Ratings program. Increasing coordination of care and improving quality of care for the dual eligible population is one of NPAF's policy priorities for 2014. As such, we were pleased to see that the Centers for Medicare and Medicaid Services (CMS) is also focused on quality of care for the dual eligible population specifically and on ensuring that plan Star Ratings provide meaningful insight for all consumers and potential Medicare Part D enrollees into the quality of care and performance of existing Medicare Advantage and Medicare Part D plans.

Our companion organization, Patient Advocate Foundation (PAF), has historically assisted a significant percentage of Medicare patients and dual eligibles in particular. In 2013, 22 percent of the patients PAF assisted were covered by Medicare.<sup>1</sup> Approximately 16 percent of those Medicare patients assisted by PAF were dual eligible. The overwhelming majority of the dual eligible patients assisted by PAF—over 64 percent – were disabled and receiving disability benefits. In addition, over 46 percent of dual eligible patients assisted by PAF in 2013 were experiencing medical debt or a cost of living crisis related to their illnesses/medical expenses. As such, NPAF is uniquely qualified to give a voice to the complex dual eligible population, many of whom are disabled, suffering from multiple chronic, debilitating or life-threatening conditions and struggle with medical debt.

Like CMS, NPAF is concerned that lower Star Ratings for Medicare Advantage and Prescription Drug Plans serving high populations of dual eligibles might be indicative of low quality of care for dual eligibles. This is particularly troubling given that the dual eligible population is in great

<sup>1</sup> See Chapter 3 of PAF Patient Data Analysis Report, available at [www.patientadvocate.org/pdf/pdar/2013pdar.pdf](http://www.patientadvocate.org/pdf/pdar/2013pdar.pdf), for a discussion of the characteristics of Medicare patients assisted by PAF in 2013.

need of quality health care. According to the Kaiser Family Foundation, three of five dual eligibles have multiple chronic physical conditions and 20 percent have more than one mental/cognitive condition. In contrast, among all other Medicare beneficiaries, roughly 50 percent suffer from multiple chronic conditions, and only 5 percent have more than one cognitive or mental impairment.<sup>2</sup> Since this population suffers from morbidities and mental conditions disproportionately, it is critical that Medicare plans focus efforts on the management of multiple chronic conditions and on coordinating care for the dual eligible population, both of which should result in outcome and quality of care improvements for the dual eligible population.

Furthermore, it is possible that some of the characteristics of the dual eligible population, such as lower socioeconomic status, education, transportation, residency location and higher co-morbidities could potentially “skew” some of the outcomes-focused Star Ratings measures and result in unique access issues for the dual eligible population. However, NPAF does not believe this holds true for Star Ratings measures focused on patient experience and process. Perhaps separate Star Rating measures should be published for the dual eligible and remaining Medicare population for each Medicare Part D plan, as well as for the entire enrollee population overall.

In addition, NPAF urges CMS to continue to study and consider whether outcomes measures should be adjusted for socio-economic status. As CMS highlights in its Request for Information, the National Quality Forum (NQF) is currently studying this very issue, and we recommend that CMS monitor NQF’s efforts closely and possibly undertake its own study comparing and contrasting Star Ratings outcomes measures when adjusted for socio-economic status to unadjusted measures. In addition, since the dual eligible population tends to suffer from multiple chronic conditions or illnesses at a disproportionate rate when compared to the non-dual eligible Medicare population, we urge CMS to consider whether outcomes measures should be adjusted for co-morbidities, which should help alleviate some of the “skewing” of Star Ratings associated with outcomes measures for plans servicing a disproportionately high share of dual eligibles.

Lastly, we encourage CMS to stay steadfast in its study of Star Ratings and other indicators to determine whether poor Star Ratings for plans servicing a disproportionate share of dual eligibles might truly reflect dual eligibles receiving poor quality health care. In such an event, we urge CMS to take swift action to correct the inequity.

Sincerely,



Alan Balch, PhD  
CEO



EVP, Federal Affairs and  
Operations



Lou LaMarca  
EVP, Policy Research

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<sup>2</sup> Kaiser Family Foundation, “Chronic Diseases and Co-Morbidity Among Dual Eligibles: Implications for Patterns of Medicaid and Medicare Service Use and Spending” (July 2010), available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8081.pdf>

**About NPAF:**

Our mission is to be the voice for patients who have sought care after a diagnosis of a chronic, debilitating or life-threatening illness. NPAF has a seventeen year history serving as this trusted voice. NPAF is also the coordinator of the Regulatory Education and Action for Patients (REAP) Coalition. The advocacy activities of NPAF are informed and influenced by the experience of patients who receive direct, sustained case management services from our companion organization, Patient Advocate Foundation (PAF).

The comments in this letter are informed by the collective experiences of patients who have contacted PAF for assistance in accessing quality care. These experiences have been quantified in the PAF's Patient Data Analysis Report which illustrates the data collected by PAF senior cases managers in PAF's patient database. In 2013, PAF resolved 88,364 patient cases. Over half of PAF patients sought assistance resolving medical debt crisis issues in 2013. In addition, the number of patients experiencing difficulties accessing healthcare—either because they could not afford the care recommended, could not obtain services within reasonable proximity to where they lived, or were denied coverage for services and treatments within the purview of their health plan—continues to rise. Twenty-two percent (22%) of patients assisted by PAF had Medicare coverage. PAF's ability to assist patients confronting a wide spectrum of challenges enables NPAF to competently serve as an advocate for all patients.