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Comments and Proposals from MCS Classicarem MCS Advantage, Inc.

To the Part C and Part D Draft CY 2019 Call Letter

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We are hereby commenting in reply to the HPMS Memo published on February 1st, 2018 “Part II of the Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies and 2019 draft Call Letter”, Attachment VI. Draft CY 2019 Call Letter.

As a member organization of MMAPA (Medicaid and Medicare Advantage Products Association of Puerto Rico), MCS fully supports MMAPA’s proposals and works hand-in-hand with our partner organizations to continue to raise awareness regarding the large and increasing disparity in payment rates between Puerto Rico and the mainland U.S., and the unintended consequences that said disparity brings about.

Congress has taken a step by extending the current Medicaid level of funding for two years, at 100% FMAP. However, reality is that a meaningful improvement in MA rates is crucial to the recovery of health care in Puerto Rico. Migration of physicians and patients has accelerated after the hurricane, and there is really no change in our scenario unless a positive and significant step forward in MA is executed as part of the 2019 Rate Announcement and Final Call Letter. We should emphasize that 97% of all dual eligible with Parts A & B are receiving services through the MA-Medicaid integrated program called Medicare Latino. This 275,000 beneficiaries are represent the largest D-SNP program in the nation. MA also serves the majority of the ESRD beneficiaries in Puerto Rico (~3,500). The Congressional relief in Medicaid needs the parallel administrative action in MA to appropriately support recovery and mitigate aggravating migration trends.

On to specific proposed changes included in the 2019 Advance Notice, we encourage and support CMS’s proposals to expand the supplemental benefit standard, to eliminate the meaningful difference requirement between plans, and to allow uniformity flexibility and service area segmentation flexibility, as all these adjustment will provide beneficiaries with more and better

plan options to fit their particular needs. We also support CMS's proposal to continue to blend EGWP and non-EGWP bid-to-benchmark ratios to calculate EGWP payment rates.

MCS acknowledges the attention and work that CMS staff and HHS leadership have devoted to the unique case of Puerto Rico and the Medicare Advantage (MA) and Part D programs through the years. The following comments address enhancements to the 2019 Star Ratings and Future Measurement Concepts. The 2019 Draft Call Letter includes some previous temporary measures that address critical issues for the Part C and Part D programs in Puerto Rico. We strongly support the continued application of these adjustments.

In the following sections we briefly review the perspective of proposed changes within the context of Puerto Rico while offering suggestions and including additional proposals to address Puerto Rico's unique challenges:

1. The weight of the Statins Use in Persons with Diabetes measure should remain at a weight of 1 for Star Ratings 2020 (Advance Notice Part II, 107).

As CMS stated before, only those measures that are considered as intermediate outcomes have a weight of 3. In the Medicare 2018 Part C & D Star Rating Technical Notes, page 1, CMS defines intermediate outcomes measures as measures that "*reflect actions taken which can assist in improving a beneficiary's health status. Controlling Blood Pressure is an example of an intermediate outcome measure where the related outcome of interest would be better health status for beneficiaries with hypertension.*" However, when we take a closer look at the metric of the Statins Use in Persons with Diabetes, as published in the Medicare 2018 Part C & D Display Measure Technical Notes page 19, this measure is defined as "*the percentage of Medicare Part D beneficiaries 40-75 years old dispensed at least two diabetes medication fills who received a statin medication fill during the measurement period.*" In order to comply with the measure, a member must have at least one fill of Statins during the measurement year. From a clinical perspective having one fill per year does not have a significant impact on the management of a chronic health condition, so it becomes a preventive approach. Therefore, we suggest that this measure stays with a weight of one (1), as it is more akin to a process measure.

2. We believe that given the complexity and importance of the appeals measures, a scaled reduction approach is fairer and in the best interest of all participating plans.

We understand the importance of the data used for the Part C and D Star Ratings to be accurate and reliable. Therefore, we agree with CMS's proposal to establish a new specific rule to authorize a scaled reduction in Star Ratings for the IRE Data Completeness Issues in the appeals measures in both Part C and Part D based on the use of Timeliness Monitoring Project (TMP) and audit data, including the thresholds used to decide the Star Ratings' deduction that is applicable.

3. We strongly support CMS's additional adjustment to the CAI calculation to compensate for the lack of a Low-Income Subsidy (LIS) Indicator in Puerto Rico.

We appreciate CMS's recognition of Puerto Rico's unique healthcare market situation. The large percentage of low-income individuals in both Medicare and Medicaid and a complex legal history affect our healthcare system in many ways. We commend CMS for continuing to address the lack

of LIS (also called “Extra Help”) in the island through the additional adjustment to the CAI calculation. This levels the playing field for Medicare Advantage Organizations in Puerto Rico due to the lack of LIS when compared to our mainland counterparts.

4. Provide the same adjustment given to HEDIS, CAHPS and HOS measures to PDE-Based measures.

We appreciate the special interest CMS has demonstrated for the well-being of those beneficiaries that live in areas affected by emergencies and major disasters. We strongly support CMS proposal to assign the higher of the 2018 or 2019 Star Ratings (and corresponding measure ratings) for each CAHPS survey measure and each HEDIS measure reported. We also support CMS proposal to assign the higher of the current or previous year’s Star Ratings (and corresponding measure ratings) for each HOS and HEDIS-HOS measure in the 2020 Star Ratings.

PDE Adherence Measures:

All three adherence measures were greatly affected during the last four months of the past year. Therefore, we request that CMS assigns the higher of the current or previous year’s Star Ratings for each one of the three (3) adherence measures in the 2019 Star Ratings.

- The adherence measures have historically showed a performance that goes from more to less, namely, that the percentage of compliant/adherent members decreases as the year goes by. Last year it was aggravated by the island situation after hurricanes Irma and Maria hit the island in September.
- It was widely documented that for several weeks there was a shortage of fuel, food and water, which caused increase in the cost of living. As a result, members who could have otherwise afforded their prescription medicines, may have been forced to choose between spending on even more basic necessities, such as food and water, or getting their medications. The hurricanes disrupted not only basic logistics and services, but even household economics.
- As of December 31st, 2017 more than 50% of our population still had no power, and some areas were still without water as well. Our pharmacy network was operating under extremely limited resources since power and telecommunication services were not working properly. The lack of communication to reach individuals, the blockage of roads and the lack of gasoline to move vehicles around for transportation, cleaning and recollections of fallen objects made it extremely difficult for some members to go to a pharmacy.
- Additionally, the Administration order Num. 369C¹ from the Puerto Rico Health Department authorized doctors to deliver donated medications from their own medicine cabinet during the emergency until the Department of Health understood that the emergency situation was over. This undeniable fact had a direct impact on all adherence measures, since members were able to get their prescriptions directly, foregoing the pharmacy when none was available. Consequently, no claims were registered in our systems even though the beneficiary would have still been adherent to his/her treatment.

¹ Puerto Rico Department of Health, Administration Order 369 C, September 21st, 2017.

5. We present and discuss several measures that we believe CMS should address in order to consider the challenges that contracts serving in Puerto Rico face.

We appreciate CMS continued effort to adapt the Star Ratings system to the reality of the healthcare market where its enrollees receive services. However there still a long way to go for our system to have a fairer and more legitimate chance to meet the standards and excel in the achievement of adequate access and quality of care for our citizens. Therefore the following proposals seek to make a more equal healthcare market.

C23: Getting Appointments and Care Quickly:

The Getting Appointments and Care Quickly measure is collected through CAHPS, as presented in page 44 of the Medicare 2018 Part C & D Star Rating Technical Notes (Figure 1) and it is the combined result of three questions. Even after the adjustments done by CMS there is one question that creates disadvantage within the final calculation for the Puerto Rico healthcare market. The third question asks the beneficiaries whether they saw the person they came to visit within 15 minutes of the appointment time. In Puerto Rico given our current situation a 15 minute waiting standard is not realistic.

Figure 1: Medicare 2018 Part C & D Star Rating Technical Notes, page 44

Data Source Description: CAHPS Survey Questions (question numbers vary depending on survey type):

- In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
- In the last 6 months, not counting the times when you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time? 

As stated in the White House Task Force on Puerto Rico End of Administration Report, the U.S. Department of Health and Human Services includes in the future goals and sections the importance of working with Puerto Rico to address health care provider shortage². Also the Office of the Assistant Secretary for Planning and Evaluation has recognized that “Puerto Rico has less than half the rates of emergency physicians; neurosurgeons; orthopedists and hand surgeons; plastic surgeons; and ear, nose, and throat specialists, compared to the availability of these providers on the U.S. mainland. Available evidence clearly indicates a shortage of specialists, and anecdotal evidence suggests a significant emigration of health care professionals to the U.S. mainland.”³ Urban Institute also analyzed this situation and concluded that: “Our environmental scan and site visit also provided some evidence of long wait times to see specialists. One government official has stated that specialized services have exceptionally longer waiting times, as many as nine months for some specialties. Separately, several site visit respondents also stated that long waiting

² Department of Health and Human Services, White House Task Force on Puerto Rico End of Administration Report; November 18, 2016.

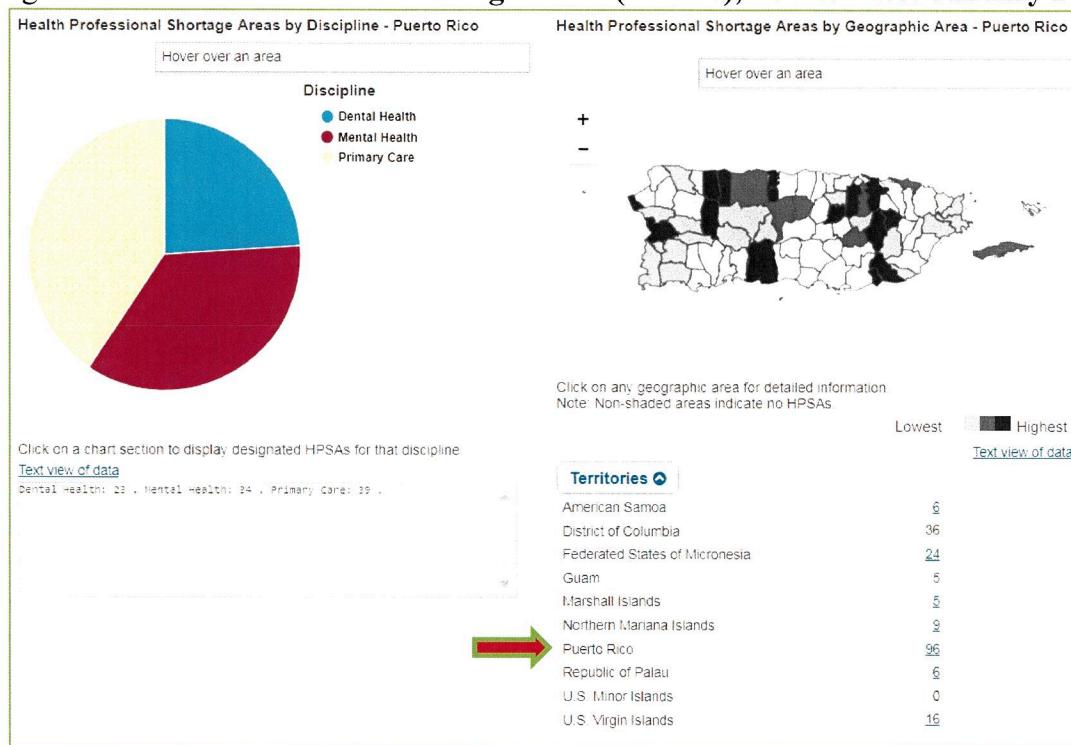
³ Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, ASPE Issue Brief: Evidence Indicates a Range of Challenges for Puerto Rico Health Care System; January 12, 2017

times are a problem for adults and children, especially when making appointments with specialists.”⁴

This situation is also reflected thru the Health Resources and Services Administration (HRSA) within the US Department of Health and Human Services, Health Professional Shortage Areas (HPSAs) Designation. The Shortage Designation Branch in the HRSA, Bureau of Health Professions National Center for Health Workforce Analysis, develops shortage designation criteria and uses them to decide whether or not a geographic area or population group is a Medically Underserved Area.

According to the HRSA Data Warehouse in February 2018, all of Puerto Rico counties (78) were designated Medically Underserved Areas⁵. When performing a more detailed analysis, 72 out of those 78 had an Index Score of 0, which is the highest score that a county can receive representing that its residents have a shortage of personal health services. Also, as presented in figure 2, Puerto Rico currently has 96 HPSAs spread among 66 counties ranging between 1 to 7 areas per county.

Figure 2: Health Professional Shortage Areas (HPSAs), Puerto Rico: January 2018⁶



As a direct result of this situation Puerto Rico have assimilated and adapted to slightly longer waiting times. Given our current challenges, higher waiting times of – 30 to 60 minutes and above – are to be expected.

⁴ Urban Institute, Environmental Scan of Puerto Rico’s Health Care Infrastructure; January 2017

⁵ Health Resources and Services Administration (HRSA) Data Warehouse, Medically Underserved Areas (MUA); February 2018, Retrieved February 13 2018 at

<https://datawarehouse.hrsa.gov/tools/DataPortalResults.aspx?paramServiceId=MUA¶mFilterId=D>

⁶ Health Resources and Services Administration (HRSA) Data Warehouse, Health Professional Shortage Area (HPSA); January 2018, Retrieved February 20 2018 at <https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>

After analyzing Puerto Rico contracts historical data (2011 – 2017) for the questions included in the calculation of the overall measure score, a pattern is observed: Contracts in Puerto Rico had a significantly higher score vs. the national average in the first two questions, but a significantly lower score in the third one. As a result, we propose a change in methodology for Puerto Rico contracts, by weighting the third question at zero (0). The calculation would therefore only consider the first two questions. This subtle methodological change would provide remedy for the healthcare logistical challenges we have always faced, but which have now been utterly exacerbated.

C29/ D05: Part C & D Members Choosing to leave the Plan:

Puerto Rico market has over 570,000 Medicare beneficiaries, with half of them being dual-eligible. Duals beneficiaries are allowed to change coverage month to month, and as result the statistical clustering method consistently places Puerto Rico contracts (which have a significantly higher proportion of duals) at a disadvantage vis-à-vis plans at the national level with a much lower proportion of said beneficiaries. Therefore we agree with the “Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program” Section 423.38 and its proposal to change the current continuous Special Enrollment Period rules (i.e., ability to change plans each month) for dually eligible beneficiaries to a more limited set of rules that would apply to both PDP and MA-PD plans.

Also, directly related to enrollment dynamics and special enrollment periods when applied to EGWP plans, we request a change in policy where the application date on a transaction submitted to CMS for an EGWP enrollment become the signature date (currently the first of the month prior to the effective date). We believe this would correctly capture a beneficiary’s enrollment wishes whereas the current method might obviate a subsequent affirmative enrollment decision in favor of a previous choice that effectively locks out any and all later elections.

The positive pillars created by the MA program in Puerto Rico should not be a deterrent to the implementation of concrete solutions to address the deteriorating scenario of the healthcare market in the island. As the recent natural disaster validated, Puerto Rico offers an unstable and fragile platform for providers who continue to flee the island, while our infrastructure keeps falling behind. Our proposals and request primarily seek fairness for over 740,000 Medicare beneficiaries on the island. We look forward to the implementation of changes by CMS, and remain available to discuss and answer any questions about the proposals presented for the particular case of Puerto Rico.

Respectfully,



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