



Demetrios Kouzoukas
Principal Deputy Administrator and
Director, Center for Medicare

Jennifer Wuggazer Lazio, FSA, MAAA
Director
Parts C & D Actuarial Group
Office of the Actuary

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244–1850

March 5, 2018

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for
Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies, and 2019
draft Call Letter

Dear Mr. Kouzoukas and Ms. Lazio,

The Alzheimer's Association appreciates the opportunity to comment on the Advance Notice of
Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates,
Part C and Part D Payment Policies, and 2019 draft Call Letter.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support,
and research. Today, there are more than 5 million Americans living with Alzheimer's, and it is the only
cause of death among the top 10 without a way to prevent, cure, or even slow its progression. As the size
and proportion of the United States population age 65 and older continue to increase, the number of
Americans with Alzheimer's and other dementias will grow. Caring for individuals with Alzheimer's cost
an estimated \$259 billion in 2017 with Medicare and Medicaid bearing \$175 billion--67 percent--of that
figure.¹ Thus, we encourage the Centers for Medicare & Medicaid Services (CMS) to consider the
following comments to improve both payment accuracy and care for this growing population of
beneficiaries.

CMS-HCC Risk Adjustment Model for CY 2019

We support CMS's ongoing efforts to improve its risk adjustment model. We note that two dementia
HCCs appear in the All Condition Count Model but not in the Payment Model. Merely counting dementia
fails to account for the impact that dementia has on the management of other chronic conditions and the
resulting increased costs to the system. Similarly, CMS has determined that the All Count Model
improves accuracy for beneficiaries with five or more chronic conditions but the Payment Model is more
accurate for those with fewer chronic conditions. While most Medicare beneficiaries do not have so many
co-occurring chronic conditions, 26 percent of beneficiaries over 65 with dementia have five or more of

¹ Alzheimer's Association. (2017). *2017 Alzheimer's Disease Facts and Figures*.

these conditions.² This results in higher than average per-person payments for most health care services for Medicare beneficiaries with dementia and serious coexisting medical conditions.³ Given these increased costs and the growing population of beneficiaries who will have some form of dementia, we urge CMS to consider ways to account for the costs associated with these individuals. Additionally, plans that serve the sickest beneficiaries may experience a negative disproportionate impact without appropriate risk adjustment.

Existing Display Measure: Antipsychotic Use in Persons with Dementia (APD) (Part D)

The Alzheimer's Association appreciates CMS's ongoing efforts to reduce inappropriate antipsychotic use in persons with dementia. Historically, antipsychotic medications have been used appropriately and inappropriately to address some of the behavioral and psychological symptoms of dementia (BPSD), such as agitation, aggression, and hallucinations. The Association fully supports that for all BPSD, non-pharmacologic interventions should be a first-line alternative to pharmacologic therapies. However, the Association continues to support the appropriate use of medications when BPSD pose a greater risk to individuals and families living with dementia than the medications.

Persons with dementia and families acknowledge the potential benefits of appropriately-used antipsychotics, even if the medication does not have an FDA-approved indication for their symptoms. They report that such medications can ease paranoia or anxiety and can alleviate the rage some people experience, keeping them and others safe and allowing them to remain in their homes. These medications may calm an agitated person for a few hours, allowing him or her to attend an adult day program, granting a caregiver a few hours of respite. Many persons with dementia and their families can make informed choices regarding the use of antipsychotic medications. This measure does not account for this informed consent, preference, and the potential improvements in the quality of life for some individuals.

We strongly support CMS's decision to further examine diagnosis data and current use before adding the measure to the Star Ratings system.

Thank you for the opportunity to comment. The Alzheimer's Association would be glad to serve as a resource to CMS as it considers these important issues and how they relate to individuals living with Alzheimer's and related dementias. Please contact Laura Thornhill, Manager of Regulatory Affairs, at 202-638-7042 or lthornhill@alz-aim.org if you have questions or if we can be of additional assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'REgge', with a stylized flourish at the end.

Robert Egge
Executive Vice President, Government Affairs

² Ibid.

³ Ibid.