



January 16, 2018

Seema Verma
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Washington, DC 20201

Submitted via web portal: [regulations.gov](https://www.regulations.gov)

Re: The Centers for Medicare Medicaid Services (CMS) Proposed Rule: Medicare Program; Contract Year 2019 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

Dear Ms. Verma:

Martin's Point Generations Advantage appreciates the opportunity to comment on the 2019 Proposed Rule, published on November 28, 2017.

Martin's Point Health Care is a not-for-profit health care organization, based in the State of Maine. We are uniquely positioned to help strengthen primary care, promote health and reduce overall health care costs, as we are one of the largest independent primary care providers in Southern Maine and we serve over 45,000 Medicare Advantage members across Maine and 2 counties in New Hampshire. At the heart of our care delivery and health plan strategy is supporting and leveraging primary care, improving the quality and cost of care, and building upon our strong foundation to strengthen our member experience. We strongly believe that primary care is the key to improving the health of the population, reducing overall health care costs, and enhancing how patients experience their overall health care.

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We seek to provide comments on the following areas:

Section A. Supporting Innovative Approaches to Improving Quality, Accessibility, and Affordability

A.1. Implementation of the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Martin's Point supports the implementation of the provisions of CARA to enhance programs for drug management to limit access to opioids. We would ask that CMS take into consideration when finalizing the rule that while plan sponsors can account for prescribers by practice group (through tax ID numbers) and pharmacy benefit managers can account for pharmacies by chain identifiers, more effective systems will need to be developed in order to ensure the appropriate bi-directional information flow.

A.2. Flexibility in the Medicare Advantage Uniformity Requirements

Martin's Point is appreciative of CMS' proposal to allow MA plans to reduce cost sharing for certain covered benefits, offer specific tailored supplemental benefits, and offer lower deductibles for enrollees that meet specific medical criteria, provided that similarly situated enrollees (that is, all enrollees who meet the identified criteria) are treated the same. We would ask that when finalizing the proposal, CMS provide specific and clear medical criteria that MA plans can use to determine enrollee eligibility as well as clear guidelines for eligible tailored supplemental benefits and/or reduced cost sharing. We also ask that CMS consider and provide clear guidance for offering tailored supplemental benefits and/or reduced cost sharing contingent upon member engagement activities, such as disease management program participation, while still ensuring compliance with non-discrimination responsibilities (similar to provisions of the VBD demonstration).

A.3. Segment Benefits Flexibility

Martin's Point is appreciative of CMS' proposal to allow MA plan segments to vary by benefits in addition to premium and cost sharing in order to respond to and address health needs and barriers to care that vary by geography and segment service area.

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A.6. Meaningful Differences in Medicare Advantage Bid Submissions and Bid Review

Martin's Point Generations appreciates and supports CMS' proposal to eliminate the current meaningful difference requirement in Medicare Advantage Bid Submissions and Bid Review. We agree that this proposal will improve MA program opportunity to increase competition and innovation, as well as to offer more nuanced benefit packages in order to meet a wider variety of member health care needs and financial situations. We request that CMS continue to offer clear information about bid evaluation methodology in light of these changes.

A.9. Part D Tiering Exceptions

Martin's Point appreciates and supports CMS updating regulations on tiering exceptions by taking into consideration how plan formularies and drug pipelines have evolved over the last few years. We would like to ensure our understanding of the following is consistent with CMS:

1. Drugs on the specialty tier continue to be exempt from tiering exceptions.
2. Brand drugs must be approved to the lowest cost-share that contains a brand drug used to treat the same condition. That lowest cost-share may be the specialty tier.
3. Biologic products, not on the specialty tier, must be approved to the lowest cost-share for biologics used to treat the same condition. The lowest cost-share may be the specialty tier.
4. Generic drugs must be approved to the lowest cost-share that contains a generic drug, including authorized generics, used to treat the same condition.

A.11. Medicare Advantage and Part D Prescription Drug Plan Quality Rating System

Martin's Point Generations appreciates and supports CMS' commitment to quality for enrollees in Medicare Advantage plans. Martin's Point supports CMS' plan to codify methodology, measures, and data collection in order to solidify and continue building systems that contribute to high quality care & experiences for MA plan members.

Additional Adjustments to Star Ratings Measures or Methodology

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CMS requested feedback on “additional adjustments to the Star Ratings measures or methodology that could further account for unique geographic and provider market characteristics that affect performance (for example, rural geographies or monopolistic provider geographies), and the operational difficulties that plans could experience if such adjustments were adopted”. Below are a few points for CMS’ consideration:

- Martin’s Point understands and supports that the calculation of measures at the contract level allows for statistical reliability but contract consolidation has resulted in contracts with fragmented service areas and a number of contracts with artificially inflated ratings that, in many cases, are not representative of the local quality picture.
- We are pleased that CMS has proposed and supports a revised calculation of star ratings when consolidation involves the same parent organization and plans of the same type and support proposal to mitigate “cross-walking” star ratings by assignment of ratings based on the enrollment-weighted mean of the measure scores of surviving and the consumed contract(s), for the first 2 years after consolidation.

Adding, Updating, and Removing Measures

Martin’s Point supports CMS continuing to add, update, and remove measures through rulemaking as this will provide stakeholders the ability to provide input. We also urge CMS to continue to place potential Stars measures on as display measures before incorporated into ratings, as this will not only help plan sponsors to understand their baseline performance with CMS’ methodology but also assist in plans partnering with network providers on shared quality initiatives.

Patient-reported Outcomes Measures

Martin’s Point is concerned that the Health Outcomes Survey (HOS) does not provide an accurate evaluation of patient experience as it is open to memory, timing, and patient physical and mental status variability. We, like other plans, continue to struggle with effective strategies to clearly and consistently enhance member experience and outcomes specific to HOS questions. We would recommend elimination of HOS measures on improving or maintaining physical and mental health or if CMS determines to retain HOS measures as part of Star ratings we would request they be calculated at 1.5 times weighting.



Measure-level Star Ratings

Martin's Point welcomes CMS' request for feedback on "whether the current process for establishing the cut points for star rating can be simplified, and if the relative performance as reflected by the existing cut points accurately reflects plan quality."

The current clustering hierarchy that is used by CMS to determine cut points allows for significant year-over-year changes in stars cut points even when there is not significant change in score distribution. This lack of cut point stability creates challenges for the stars program in goal setting, as there can be large swings across certain measures year-over-year. The current clustering methodology is not always an accurate representation of quality improvement; as clinical quality measures may improve significantly compared to peers, star ratings can remain static.

Martin's Point would recommend that CMS, in order to mitigate extreme changes in cut points, place a cap on cut points so that the changes are not larger than the change in the relative distribution of scores based on an established measure of relative distribution. We would also suggest that CMS continue to work with high-performing plans to develop a method other than clustering that provides greater stability to the ratings.

A.12. Any Willing Pharmacy Standards Terms and Conditions and Better Define Pharmacy Types

Martin's Point understands and appreciates CMS' desire to address concerns that the terms that Part D plan sponsors use to establish their preferred pharmacy networks are in some cases circumventing AWP requirements and inappropriately excluding pharmacies from network participation.

We agree that plans should not be allowed to circumvent the AWP requirement but are concerned that CMS' proposal restricts a plan sponsor's ability to exclude pharmacies with business models that are not fitting with commercially acceptable practice.



A.17 Request for Information Regarding the Application of Manufacturer Rebates and Pharmacy Price Concessions to Drug Prices at the Point of Sale

Martin's Point appreciates CMS requesting feedback regarding the potential policy approaches outlined for applying manufacturer rebates to prices for Part D drugs at the point of sale (POS).

We have concern with policy that would mandate the application of any percentage of drug manufacturer rebates or pharmacy price adjustments at POS for, but not limited to, the following reasons.

Increasing Premiums for Beneficiaries

As CMS' data shows, current rebate policy has contributed to lower Part D premiums, benefiting both Part D enrollees and Medicare for low income subsidy enrollees. With rebates being incorporated at POS, premiums would increase to a greater degree than currently projected, which has the potential to result in member dissatisfaction, less enrollment in Part D plans, and potential risk pool erosion.

Increased Administrative Burden

The proposed policy also brings with it significant administrative and operational concerns that have not been noted by CMS. Specific administrative processes such as adjudication of rebates at POS in the coverage gap, paper claims, the handling of rebates for EGWPs and non-rebate eligible claims such as 340B claims, claims from out of network pharmacies, and paper claims would need to have special attention paid to them. Additionally, a number of processes handled through CMS systems would need extensive revisions, such as the Part D risk score model, Plan Finder, PDE reporting, and DIR reporting.



Section B. Improving the CMS Customer Experience

B.1 Restoration of the Medicare Advantage Open Enrollment Period

Martin's Point understands and appreciates CMS' activities to implement the 21st Century Cures Act, including the elimination of the existing MA disenrollment period to replace with a new MA OEP in 2019. We ask that CMS continue to communicate clear expectations and early guidance for MA organizations and enrollees, so that we are able to adequately prepare and serve members.

B.5 Revisions to Parts 422 and 423, Subpart V, Communication/Marketing Materials and Activities

Martin's Point Generations appreciates and supports CMS' commitment to further distinguish marketing materials and communication materials, and the relative oversight and regulation of marketing materials versus communications materials. We appreciate the refined definition of marketing materials subject to regulation, and the more broad communication material definition. We feel this will decrease administrative burden for MA organizations and CMS Regional Offices, as well as improving communication with enrollees.

Thank you for providing Martin's Point Generations Advantage the opportunity to comment and for considering our views. If CMS has questions or requires additional information on any of these issues, please contact Jaclyn Jacobson (jaclyn.jacobson@martinspoint.org).

Sincerely,

Jaclyn Jacobson
Manager, Medicare Programs
Martin's Point Health Care