



March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator
and Director, Center for Medicare
Center For Medicare
The Centers for Medicare and Medicaid Services

Via email to <https://www.regulations.gov>

Re: Comments on the 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.

Dear Mr. Kouzoukas:

Thank you for providing California Physicians' Service dba Blue Shield of California (BSC) the opportunity to comment on the 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 released on February 1, 2018. BSC appreciates that the Centers for Medicare and Medicaid Services (CMS) will consider our comments when making decisions concerning the final Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies.

BSC is a not-for-profit California-based plan serving over 4 million members. Our mission is to ensure that all Californians have access to high quality, affordable health care worthy of our family and friends. BSC is the parent organization of Care1st Health Plan (Care1st), and as such, BSC is providing comments on behalf of both organizations. BSC provides coverage to approximately 85,000 Medicare Advantage Prescription Drug (MAPD) and 48,793 stand-alone Prescription Drug Plan members. Care1st provides coverage to 63,719 MAPD members in California and Texas, and 5,744 Medicare-Medicaid Plan members in California.

Attachment VI. Draft CY 2019 Call Letter

Section I – Parts C and D

Statin Use in Persons with Diabetes (SUPD) (Part D) Page 107

BSC recommends CMS to choose between SUPD or SPC given the significant overlap between these 2 measures.

Statin Therapy for Patients with Cardiovascular Disease (Part C) Pages 107-108

BSC recommends CMS to choose between SUPD or SPC given the significant overlap between these 2 measures. However, if CMS decides to keep this proposed measure, we would need clarification on whether the Statin needs to be filled/dispensed or prescribed.

Reducing the Risk of Falling (Part C) Page 113

BSC recommends retaining this on the display page for 2020 Star Ratings since the revised questions will first be collected in 2018.

Data Integrity – Pages 113-114:

BSC requests for CMS to not move forward with proposed change as potential decreases to Star measures based on audit findings should be limited to overall results rather than individual areas of concern.

Plan Makes Timely Decisions about Appeals (Part C) Pages 140-141

BSC questions the value of this measure since there is no formal way to assess whether appeals were appropriate or not.

High Risk Medication (Part D) Page 141

BSC recommends that CMS not bring back this measure if they are considering using poly-pharmacy measures in the Star program (since there is significant overlapping).

Antipsychotic Use in Persons with Dementia (APD) (Part D) Page 141-142

BSC recommends that CMS remove antipsychotics from the list of protected class drugs as it is difficult for plans to manage these with the restrictions of a protected class if this measure is added to the Star measures. It is difficult for plans to obtain diagnosis information for PDP members since not all members who should be excluded from the denominator may be identified via claims only. There is possible member/provider abrasion if plans perform outreach for false positive identification.

Plan All-Cause Readmissions (Part C) Page 145

BSC is concerned that the proposed methodology would disadvantage higher acuity areas and we would like to better understand CMS's proposed methodology for risk adjustment.

Telehealth and Remote Access Technologies (Part C) Page 146

BSC is requesting further measure description, specifically the numerator/denominator and exclusions.

Cross-Cutting Exclusions for Advanced Illness (Part C) Page 146

BSC needs to understand what conditions are categorized as advance illness for possible exclusion.



Transitions of Care (Part C) Page 148

BSC recommends that complex area include interactions with primary care physicians as well as specialists as in a transition of care either type of provider might be involved.

Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions (Part C) Page 148

BSC supports CMS's proposed types of follow-up with a 7-day timeframe.

Opioid Overuse (Part C) Page 149

If CMS decides to move this measure onto the Star Ratings, BSC encourages CMS to consider looking at using one set of measure in either Part C or Part D and not both in an effort to reduce measure burden.

Adult Immunization Measure (Part C) Page 150-151

BSC supports this measure if there is a removal of the Annual Flu Vaccine measure from CAHPS.

Polypharmacy Measures (Part D) Pages 151-154

BSC recommends that CMS moving towards the Polypharmacy measures and away from the HRM measure.

Section III – Part D Starts 193

Part D Opioid Overutilization Policy Pages 202-204

BSC recommends, in order for plans to be compliant with this requirement, CMS needs to allow daily quantity limits that equals the 90MME if plans are to implement a cumulative 90MME limit.

We appreciate your consideration of our comments on the 2019 Advance Notice Part II and Draft Call Letter. Please do not hesitate to contact me directly at (323) 889-5202 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "M Osorio".

Michael Osorio
Chief Compliance Officer – Care1st Health Plan
Corporate Integrity & Risk Management
Blue Shield of California

CC: Mr. Harold Goodwin, CMS Account Manager
Mr. Charlie Chaleunsky, CMS Account Manager