<u>**CMS Call for Comments Response: VIVA Health, Inc. Plan H0154**</u>

VIVA Health appreciates the opportunity to submit comments in the following areas:

CMS-HCC Risk Adjustment Model Proposal

CMS is proposing to implement a risk model that takes into account the number of conditions that an individual beneficiary may have. We believe the "All Condition Count" model will more accurately predict the risk of the beneficiary since all conditions, not only those included in the payment model, impact the member's overall health risk.   However, the proposed risk models used ICD9 codes and were calibrated using 2014 diagnoses to predict 2015 costs. VIVA recommends the models be based on the current coding system, ICD10, and that implementation be postponed so plans can conduct further analysis of the proposed risk models using ICD10.

<u>**Star Measures**</u>

VIVA appreciates CMS efforts to prospectively notify plans of anticipated Star Measures ahead of the measurement period. This allows plans necessary lead time to gain experience with the measures and align operations, benefits, provider network expectations with quality priorities.

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

VIVA agrees with expanding the data used to identify Part D enrollees with ESRD for exclusion from the measure**.** VIVA does not support increasing the weight of this measure to 3 as this measure is reflective of a process versus an outcome. This measure is similar to the Part C measure Statin Therapy for Cardiovascular Disease, which is recommended for a weight of 1.

VIVA additionally notes limitations in the PQA version of the measure (as opposed to the HEDIS version of the measure on this same topic) which relies solely on the presence of a claim in the pharmacy system to capture measure compliance. Allowance of supplemental data such as medical record documentation of medication sample distribution or access to medication via pharmaceutical assistance programs will increase the accuracy of the rates reported. The non-allowance of this information may disproportionally negatively impact plans serving members with income limitations, who are served by these types of assistance in greater numbers.

Medication Adherence (ADH) for Hypertension (RAS Antagonists), Medication Adherence for Diabetes Medications, and Medication Adherence for Cholesterol (Statins) (Part D)

VIVA is supportive of the CMS proposal to expand data sources for identifying enrollees with exclusions from these measures. VIVA also requests that CMS/ PQA add an exclusion for

members enrolled into the measures, but for whom the physician discontinues the medication. Non-allowance of exclusions for clinically appropriate situations such as this decreases the credibility of the measure, and negatively impacts plan's efforts to work with medical providers on adherence improvement.

VIVA is supportive of the CMS proposal to concatenate consecutive stays to create a single admission and discharge date for the PDC adjustment. VIVA also requests that adjustment for skilled nursing facility (SNF) stays be expanded to MA-PD plans in the interest of measure accuracy. Plans serving a population with increased frailty are disproportionally impacted negatively by the lack of carve-out for SNF stays, and carving out these stays would increase the accuracy of information being reported.

VIVA additionally requests that CMS urge PQA to implement an allowance for proof of prescription fill or exclusion via supplemental medical record data into measurement methodology, similar to the NCQA HEDIS measure allowances. Allowance of supplemental data such as medical record documentation of medication sample distribution or access to medication via pharmaceutical assistance programs will increase the accuracy of the rates reported. The non-allowance of this information may disproportionally negatively impact plans serving members with income limitations, who are served by these types of assistance in greater numbers.

MPF Price Accuracy (Part D)

VIVA recommends CMS address the current timing difference between CMS updates to Plan Finder versus the natural fluctuation of market prices that occur outside of these updates at point of sale. This lag leads to inaccuracy in measurement that may harm plans' performance unfairly. Similarly, fundamental issues with rounding still persist under the proposed methodology. VIVA requests that a $0.02 threshold be used to overcome these issues.

Members Choosing to Leave the Plan (Part C & D).

VIVA is supportive of the CMS proposal to expand the exclusions for service area reductions (SARs).

Beneficiary Access and Performance Problems (BAPP) (Part C & D)

VIVA is supportive of the revision of the BAPP measure to include only CAM data and to move it to the display page for the 2019 Star Ratings. VIVA requests that this measure remain on the display page through calendar year 2018 (Star Year 2020). This aligns with proposed CMS methodology to move new or heavily revised measures to the display page for two years. It also allows plans to gain experience and understand the impact the new measure calculation has, especially in the face of new CMS monitoring efforts such as appeals timeliness monitoring and

provider directory accuracy. New monitoring efforts bring with them learning curves for both plans and CMS and may identify areas where more explicit guidance for the health plans is needed. The due process for plans to work through audit findings may take a protracted amount of time, and likely crosses over Star measurement performance periods. BAPP performance (and any individual Star Measure being audited, such as appeals) may be negatively impacted if the next audit cycle has begun with the disputed practices in place before the previous audit cycle has been settled through due process. For these reasons, VIVA requests a two year display period for the new BAPP measure.

Proposed Scaled Reductions for Appeals IRE Data Completeness Issues

VIVA agrees with the concept of scaled reduction for appeals audit findings.   The findings from the new audit timeliness protocols are demonstrating the variety of good-faith interpretations of CMS rules that are possible given the complexity of appeals regulatory and sub-regulatory guidance. VIVA requests that when new audits and monitoring efforts are implemented, CMS wait a minimum of two calendar years to use the findings in a punitive manner to allow for due process to run (which may take months) and for the plans to adapt their processes to the ultimate outcome. VIVA also requests that CMS examine any methods to simplify appeals administration language and address areas of subjectivity identified within the guidelines that result in differing interpretations. VIVA also notes the complexity of calculations published in the Advance Notice for determining the Star reduction associated with appeals findings.

2019 Star Ratings Program and the Categorical Adjustment Index

VIVA appreciates CMS working with NCQA and PQA to evaluate how to improve measure equity with respect to socio-economic disparity. Until measure steward's revisions are implemented, CMS should preserve and enhance plans' CAI. The current CAI is insufficient to offset the disparity in measures for plans serving large populations of low-income and disabled members. Specifically, CMS should:

- Remove the 5% test which arbitrarily excludes measures significantly impacted by socio-economic disparities.   VIVA proposes a model similar to the performance improvement calculation when determining what percent of within-contract performance difference is statistically significant. A revision of the methodology would likely result in an increase in the number of measures considered for CAI. VIVA notes all Part D adherence measures show significant disparity and should be included in the CAI effective with the 2019 Star Ratings.
- Ensure the contract's overall adjustment is always at least as high as the lower of the Part C or Part D adjustment.   For example, if the Part C adjustment is .05 and the Part D adjustment is .09, the overall adjustment should be .05 or above.
- CMS should do nothing that would reduce a plan's CAI from 2018 to 2019 unless there has been a corresponding reduction in the plan's low income or disabled populations. The

CAI should be calculated with the 2018 and 2019 methodologies and plans with positive adjustments should be given the higher of the two.

New 2019 Display Measure

In general, VIVA requests that CMS improve transparency in national performance of display measures by calculating and publishing individual measure cutpoints in addition to national averages. This would allow plans to better benchmark their own performance level against the nation and set more meaningful quality improvement goals.

Potential Changes to Existing Measures

Plan All-Cause Readmissions (Part C).

VIVA is concerned with the proposed inclusion of observation stays in the Plan All-Cause Readmission measure. An observation stay is considered an outpatient service and is an appropriate option when a member's condition does not rise to the level of acuity for inpatient admission. If observation stays following an admission are a point of interest, a distinct measure apart from the inpatient readmission measure should be developed.   Including the observation within the current readmission measure can lead to confusion and lower the value of the current measurement.

<u>**Validation Audits**</u>

Audit of the Sponsoring Organization's Compliance Program Effectiveness
VIVA agrees with the proposal to allow plans that have undergone a program audit to use the program audit as the Annual Compliance Program Effectiveness Audit for one year from the date of the program audit. This will reduce duplication of effort and certainly reduce the burden on plans undergoing a program audit.