March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator and
Director for the Center for Medicare
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, D.C. 20201

Submitted electronically via regulations.gov

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for the Medicare Advantage (MA) CMS–HCC Risk Adjustment Model, 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 Deputy Kouzoukas,

Molina Healthcare, Inc. ("Molina") is pleased to provide comment on the Centers for Medicare and Medicaid Services' (CMS's) December 27, 2017 "Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for the Medicare Advantage (MA) CMS–HCC Risk Adjustment Model" and the February 1, 2018 "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" (collectively, the Advance Notice).

Molina was founded over 35 years ago to provide quality health services to financially vulnerable families and individuals covered by government programs. Through our work with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), Medicare Advantage Prescription Drug Plans, Medicare-Medicaid Plans (MMPs), as well as Managed Long Term Services and Supports (MLTSS) and Medicaid programs, Molina along with our state partners and CMS have endeavored to improve the quality of care and health outcomes for some of our Nation's most vulnerable citizens.

Molina supports many of the provisions in the Advance Notice and we would like to thank CMS for its commitment to promoting policies and payment rates that support the growth and success of the Part C and D programs and plan sponsors. Molina appreciates the continued work by CMS to address the adverse effects of social risk factors on health and healthcare outcomes for dually eligible beneficiaries. The following are Molina's comments and recommendations.

CY 2019 Medicare Advantage CMS-HCC Risk Model Changes
Molina strongly supports implementing the four new HCCs effective for payment year 2019. Regarding the multiple condition factor, we associate our comments with the Oliver Wyman analysis prepared for AHIP, and share their concern that the Payment Condition Count Model may have an unanticipated downward effect on risk scores for dual eligibles and other individuals with multiple chronic conditions. For that reason, we encourage further study before CMS implements any new multi condition factor into the model.

We continue to urge CMS to exercise caution in moving forward from the current 15% EDS factor in risk scores. There are ongoing challenges with the completeness and accuracy of the data and the flaws in the system have a disproportionate impact on D-SNPs.

Attachment II

Section L. Normalization Factors
Molina is concerned about the growth in FFS risk scores since 2015. We recommend CMS provide additional information about underlying data and methodologies used for normalization updates and seek involvement of plans in review of this process going forward.

Attachment VI. Draft 2019 Call Letter

Enhancements to the 2019 Star Ratings and Future Measure Concepts
Molina strongly supports the development of the Technical Expert Panel (TEP). Molina recommends that the TEP's focus include a multiyear strategic roadmap governing the adoption and retirement of display and Star Rating measures and ways to make the CAI methodology more impactful.

New Measures for 2019 Star Ratings
- Statin Use in Persons with Diabetes (SUPD) (Part D), Statin Therapy for Patients with Cardiovascular Disease (Part C) – We support the inclusion of the statin measures in Star Ratings with a weight of 1 for 2019. For consistent treatment of these measures and to ensure that weighting changes occur prospectively (in advance of the measurement period), we recommend that both the Part C and Part D statin measures continue to be weighted at 1 for 2020 Star Ratings. Further, we recommend that any substantive changes, including changes to the weighting of the Part D statin measure, should be considered and proposed through the future Star Ratings rulemaking process. Finally, we recommend that CMS work with the measure developers to continue to consider alternative non-statin therapies and additional exclusions due to contraindications and/or intolerance to statins. We also ask that CMS review the multiple measures related to statin use that are included in the Star Rating system to evaluate the potential for duplication.

Changes to Measures for 2019
- Improvements measures (Parts C & D) – Molina has concerns with the proposed methodology. There is potential disadvantage for SNPs and MMPs that tend to have smaller plan enrollment in application of improvement measure calculations in Star Ratings. This may particularly come into play when measure application requires

sampling to gather data from a subset of the enrolled population (such as in HOS or CAHPS). Given the sampling methodology used with these self-report surveys, the sample sizes can be quite small and therefore the measure results are considered not statistically valid. This effectively reduces the number of measures available from that plan to be considered for improvement in the summary rating calculation. Thus, this methodological design favors larger plans. As the process is currently set, the improvement measure score is only calculated for contracts that have numeric measure scores for both years for at least half of the measures identified for use in the improvement measure. As CMS considers additional factors that affect plan performance using the Star measures and current methods for calculating summary ratings, we encourage the consideration of an additional index that recognizes high quality performance by these special needs plans.

Removal of Measures from Star Ratings
- Beneficiary Access and Performance Problems (BAPP) (Parts C & D) – While we support CMS's caution in implementing changes to the BAPP measure, we are concerned that removing this measure completely will penalize plans that perform well on compliance.

- Reducing the Risk of Falling (Part C) – We share CMS's concern with maintaining this measure in Star Ratings. We support the removal of this measure from 2019 Star Ratings.

2019 Star Ratings Program and the Categorical Adjustment Index
Molina supports the continued use of the CAI and we look forward to reviewing the recommendations from the Assistant Secretary for Planning and Evaluation (ASPE) next year and working with CMS on a long-term solution. In the interim, we believe the CAI can be improved. The demographic make-up of the low income population inherent to D-SNPs often leads to poorer outcomes simply based on the fact that this is a low-income and highly vulnerable population. While Molina appreciates the changes CMS has made regarding the CAI, it does not alleviate the disparities that currently exist in the Star Rating system.

We support the SNP Alliance suggestions for improvement in this interim phase, including: (1) applying an additional population-level quality adjustment to plans achieving at least 3 Stars where their enrollment profile characteristics indicate high social determinant of health risk issues, and/or (2) adding more social risk adjustment factors to the CAI model, and/or (3) including more measures in the CAI.

Molina strongly advocates for a system that benchmarks SNPs against one another to determine performance achievements. To truly create an apples-to-apples comparison of plans in regards to performance reimbursement, the system should be altered to reflect the needs of distinct populations via a SNP benchmarked rating system that does not include commercial MA and MAPD plans. In creating this system, CMS can create a true comparison of SNPs that takes into account critical demographic items and variations in providing care to these highly complex members.

Short of pursuing an alternative performance system for SNPs, Molina recommends the exploration of the expansion of the CAI to include additional adjustments to measures such as through CAHPS and HOS. Molina supports AHIP's recommendations to make CAI more impactful through their proposed "Relax the Measure Inclusion Criteria". This enhancement would enable CMS to stop excluding measures that show meaningful differences in plan performance that result from beneficiary-level social risk factors. Molina is also in strong support of AHIPs' "Hold Plans Harmless" recommendation that acknowledges CAI as an interim analytic adjustment and suggests CMS consider holding plans harmless from reductions in Star Ratings due to the CAI until the variety of methodological issues are resolved.

Additionally, Molina recommends delaying codifying the current Star measures until a more thorough system is put in place that measures potential inaccuracies in the current Star Rating system and biases related to SNPs.

Forecasting to 2020 and Beyond

Potential Changes to Existing Measures
- Plan All-Cause Readmission (Part C) – CMS indicates that NCQA is considering a possible stratification of the Plan All-Cause Readmission measure or creation of a new measure to evaluate acute facility readmissions among Medicare beneficiaries during or after a skilled nursing facility stay for Medicare Advantage contracts. CMS welcomes feedback on the proposed stratification of this measure or creation of a potential new measure. We appreciate CMS's request for input from stakeholders and encourage the agency to work closely with plans to assess the feasibility, usefulness, and burdens associated with reporting on and evaluating readmissions during or after a skilled nursing facility stay.

- Telehealth and Remote Access Technologies (Part C) – We support the inclusion of telehealth encounters when clinically appropriate. We continue to recommend that CMS provide additional detail, including an impact analysis, and work with health plans to address all relevant issues, including submission of telehealth encounter data and inclusion for risk adjustment.

Potential New Measures for 2020 and Beyond
- Transitions of Care (Part C) – We suggest that CMS revisit the turnaround time for Indicator #2, *Receipt of Discharge Information: Documentation of primary care practitioner receipt of specific discharge information on the day of discharge or the following day*. CMS's EMR meaningful use guidelines allow the attending physician 36 hours after discharge to sign off on the medical record. Hospitals that transmit discharge summaries prior to the attending physician signing off will be risking transmission of incomplete or inaccurate information, which is more likely to complicate care coordination than enhance it. We suggest transmission of discharge summary within four days of discharge as an alternative.

- Opioid Overuse (Part C) – Given the importance of combating the opioid epidemic, we support evaluation and consideration of opioid measures. We also appreciate CMS

raising concerns with inclusion of duplicative opioid measures in the Star Rating system and recommend that the agency engage with stakeholders to determine the benefits and burdens associated with adopting these new measures. As indicated in our comments above, we believe an adoption strategy for new Star Ratings measures should be one of the focus areas addressed through the TEP.

- Depression Screening and Follow-up for Adolescents and Adults (Part C) – We urge caution with the adoption of ECDS measures at this time. Providers do not appear to be uniformly ready or willing to engage in data sharing arrangements with payers to support this form of measurement. This is particularly true of behavioral health providers. If CMS desires to increase the rate of change on this front, it will likely require a CMS mandate for provider data sharing and possibly also a federal infrastructure for a Medicare or universal health information exchange.

- Readmission from Post-Acute Care (Part C) – We support the expansion of readmission measurement in the world of Skilled Nursing Facility care. However, we urge caution with the risk adjustment approach to measuring this type of care, particularly related to mental illness.

Other Star Ratings Comments

Pre-Determined Cut Points
To facilitate continuous quality improvement, we ask that CMS re-evaluate the distribution of pre-determined cut points prior to the measurement period. This would allow us to more effectively set internal performance goals and evaluate the effectiveness of our quality improvement interventions.

Thank you for the opportunity to comment. At Molina, our mission continues to be improving the health and well-being of low-income Americans, many of whom are dually eligible. Should you have any questions on any of our comments, please feel free to contact me at 888-562-5442 extension 118354, or Amy Tenhouse, Associate Vice President of Government Affairs, at extension 119872.

Sincerely,

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Vice President, Public Policy
Molina Healthcare, Inc.

cc: Mike Jones, Interim Lead Medicare
    Tom Standring, Vice President, Medicare