

THE MEDICARE COST CONTRACTORS ALLIANCE

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Blue Cross Blue Shield of Minnesota ♦ HealthPartners (MN)

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Rocky Mountain Health Plans (CO) ♦ Scott and White Health Plan (TX)

March 5, 2018

Seema Verma Administrator, Centers for Medicare & Medicaid Services Department of Health and Human Services P.O. Box 8013 Baltimore, MD 21244–8013.

Docket number: CMS-2017-0163

Dear Ms. Verma:

The Medicare Cost Contractors Alliance ("Cost Alliance") is submitting this comment in response to 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, dated February 1, 2018.

The Cost Alliance is a coalition of ten Medicare cost plans that currently provide services to over 600,000 Medicare beneficiaries who are enrolled in their plans. Medicare cost plans operate under the authority of Section 1876 of the Social Security Act and CMS' implementing regulations at 42 CFR Part 417. In response to the request for comments with regard to possible future enhancements and measurement concepts, the Cost Alliance is offering the following comment and recommendation.

The Medicare Cost Contractors Alliance is requesting that CMS modify or clarify Measure C29 – Members Choosing to Leave the Plan to address a unique situation. Under the MACRA legislation, Section 1851 was amended to allow Medicare cost plans to transition to the MA program. As part of this legislation, if certain conditions are met, the Medicare cost plan can notify its members that they are being passively enrolled in a successor MA plan with enrollment effective January 1, 2019. As part of this deeming provision, Section 1851(e)(2)(F) gives these individuals who were passively enrolled from the cost plan to the successor MA plan until the end of February 2019 to change their election. The cost plans that will be transitioning to the MA program anticipate that a large number of enrollees will be passively enrolled through this process. It is reasonable to expect that a portion of these members will realize that they would prefer another option and switch plans during this two month period.

We believe that it is not the intent of Measure C29 that these disenrolling individuals be counted as part of this measure because these individuals would not have had experience with the new

Seema Verma March 5, 2018 Page 2

MA plan that would have resulted in the decision to disenroll. For this reason, we recommend that CMS exclude this group from its computations of this measure for the star rating year that these findings would apply.

We appreciate the opportunity to submit this comment. If you would like to discuss this comment, please contact me at marksjoffe@gmail.com or (202) 457-6633.

Sincerely,

Mark S. Joffe

cc: Members, Medicare Cost Contractors Alliance