Attention: CMS-4182-P Comments

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

Increased Weight of Patient Experience Measures to 3x

Paramount Health Care does not support an increase in weights to the patient experience CAHPS® set of Star measures. CMS has indicated that the Star measures should be selected based on plans’ ability to influence them. Contracts have little control over the CAHPS® patient experience measures performance and increasing their weight will negatively impact plan performance with little added value to the beneficiaries. The CAHPS® survey measures do not necessarily provide an accurate reflection of member experience with the plan and are greatly influenced by contract pricing and member frustrations with providers. We recommend that CMS maintain the current 1.5x weighting. We also recommend that CMS work with AHRQ to evaluate the current survey questions and explore the idea of replacing single question measures with composite questions, to ensure that the responses reflect and assess the service and care delivered by the plan and not penalize plans for elements unrelated to quality of the plan such as cost. Also, the CAHPS® calculation methodology lacks transparency into statistical components such as "case mix adjustment", "statistical significance" and "reliability" that have direct impact on the measures performance calculation and final Star assignments.

Paramount Health Care supports the development and inclusion of additional 3x outcomes based measures in the Star Ratings Program in the future.

**9. Part D Tiering Exceptions**

The Plan asks CMS to ensure that EOC language in Chapter 5, Section 5.3 and Chapter 9, Section 6.2 contain crystal clear language about what a member can and cannot ask for relative to tiering exception requests.

**2. Reducing the Burden of the Compliance Program Training Requirements.**

Paramount Health Care disagrees with the deletion of the general compliance and fraud, waste, and abuse (“GCFWA”) training requirements for First Tier, Downstream, and Related Entities (“FDRs”). Chapter 9 of the Prescription Drug Benefit Manual outlines 7 essential elements of an effective compliance program, which includes a requirement for Effective Training and Education. These elements flow down to FDRs. The proposed change would remove Effective Training and Education as an essential element for FDRs. While this may reduce the burden on FDRs, it would increase the burden on plan sponsors, and make FDR accountability more challenging.

Making sure that FDRs are aware of and train FDR employees on GCFWA allows plans to educate FDRs on requirements and hold FDRs accountable to be in compliance with these requirements. Removing training requirements, or requiring “training or retraining as appropriate, when non-compliance or misconduct is identified” (FR 56430), encourages reactive rather than proactive education—this increases the risk of FDR noncompliance with program requirements because FDRs would no longer be required to teach staff how to avoid non-compliance until after an act of non-compliance has occurred. This change has the potential of putting beneficiaries at risk—for example, call centers and pharmacies are high risk FDRs with substantial beneficiary contact. This change in training requirements will impact all FDRs, including these types of high risk entities. The Plan considers the benefit of protecting the beneficiary through FDR education to outweigh the burden on the FDR to take training.

Holding sponsors accountable for FDR conduct without requiring FDRs to take GCFWA training places a considerable burden on sponsors. Though CMS suggests that sponsors may maintain training requirements using other methods, a CMS requirement related to training and education provides sponsors with substantial support in ensuring FDR accountability. Sponsors depend on the support of CMS guidance when holding FDRs to requirements. Removing the training requirement completely may impact the ability of sponsors to require effective training and education from their FDRs, as many will not agree to comply with sponsor requirements that are not CMS requirements.

The Plan opposes the elimination of the general compliance and fraud, waste, and abuse (“GCFWA”) training requirements for FDRs.