Attachment I, A5, p14

“*However, while we appreciate the concerns stakeholders have raised in connection with the cap on benchmarks, CMS has not identified an approach under section 1852(n)(4) of the Act to eliminate application of the rate cap or exclude the bonus payment from the cap attenuation.*”

Well, is that for lack of trying? Do you have any other solutions currently being researched, developed, or under review? Is there prior knowledge that the reader should be apprised of? There’s not much that you are communicating to your stakeholders in this paragraph other than that you are throwing your hands up.

Attachment I, A6: “*Rebates for each plan are calculated as a percentage of the amount by which the risk-adjusted service area benchmark exceeds the risk-adjusted bid. Under § 422.266(b), plans may use rebates to fund mandatory supplemental benefits and/or to buy down beneficiary premiums for Part B and/or prescription drug coverage.*”

-- Will those rebates make it harder for plans which have fewer than 4.5+ stars to achieve the quality of care that you are incentivizing? The above text doesn’t indicate that this legislation provides provisions which allow plans to actively elevate in quality so much as it creates tiers of health plans which, for the most part, do not change in quality over time. In fact, there is a substantial concern overall as to how well plans will be able to elevate in quality under this system.

There is also the issue of scoring accuracy: in order for plans to be judged effectively, and hence enable effective resource distribution among plans, there also need to be scores determining how many people they aid; what percent of the burden the hold for each county, state, or the nation; what consistent advancements they have made toward improving healthcare quality under their plan, and so on.

-- Additionally, plans which have low enrollment are treated as the lowest level of plan in terms of rebates, which has the consequences of pressuring plan agencies to consolidate into larger entities. This  may negatively impact consumer groups which are small and have specialized needs which may not be fully appreciated under a general plan.

For the solicitation of feedback on p222,

Giving people more opportunities to control how much medication they can order, as well as how to stop receiving it, is an important step toward minimizing medical expenses and allowing medical and physical therapies to become more flexible, leading to an improved quality of life. Where possible, medical shipment controls should be digitized, with the appropriate information storage and security structures being implemented alongside it.

However, there are many elements of this plan which are very well done, such as the sections in Attachment V which address the “opioid crisis” and the suite of 2017 disasters such as the California wildfire and the Puerto Rican hurricane devastation.