

United States Senate

WASHINGTON, DC 20510

February 3, 2015

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Tavenner:

We write to encourage the Centers for Medicare and Medicaid Services (CMS) to take steps to account for the underlying differences in Medicare Advantage (MA) plan beneficiary populations and the effects on plan performance. We appreciate CMS's interest in the impact of social determinants, including low-income status, on performance ratings in the September 2014 Request for Information. However, we are concerned that the current MA star rating system may lead to inaccurate conclusions about plan quality and reduced resources going toward those plans serving the most vulnerable beneficiaries.

The MA program plays an important role in helping 16 million Medicare beneficiaries access high-quality health care. This includes delivering coordinated care to at least 3 million dual-eligible beneficiaries and many other low-income seniors who often experience higher rates of chronic disease, disability, and mental illness. These beneficiaries are served by both standard and special needs MA plans and have the most to gain from the unique benefits and services, care management, and coordination across providers that these plans offer.

However, even with the dedication of increased resources and development of best practices, improved performance on categories measured by the star rating program tends to occur at a slower rate for MA plans that see a high percentage of dual-eligible, disabled, or low-income beneficiaries. This leads to lower star ratings for the plans serving these populations and ultimately, fewer resources for specially-designed services for these beneficiaries.

Additionally, the National Quality Forum and MedPAC, as well as a recent article in the peer-reviewed journal *Health Affairs*, have concluded that while the current star rating system relies primarily on information measuring the experience of the average Medicare beneficiary, many of the measures relate to conditions and services associated with social determinants of health, such as socioeconomic status, education, or ethnicity. For example, medication adherence rates, which are among the quality performance criteria measured by the star rating program, are directly correlated to member socioeconomic characteristics.

We strongly believe all MA plans must be held to the highest standards and deliver the best quality care to all beneficiaries, regardless of their economic or health status. But policies must

also appropriately compare the efforts and improvements made by those plans with a higher percentage of dual-eligible or low-income beneficiaries.

Therefore, we encourage CMS to use the multiple regulatory and administrative avenues available to better reflect the impact of clinical risk factors, low-income status, and other sociodemographic factors in the star ratings program. We do not believe that plans should be rewarded in ways that could mislead beneficiaries on quality. Rather, we feel the MA performance measurement system should support— not penalize— plans for serving vulnerable beneficiaries.

We appreciate your attention to this issue and look forward to continuing to work with you to further ensure Medicare's quality measurement system accurately reflects the quality of the care for our seniors and others who rely on these services.

Should you have any questions, please do not hesitate to have your staff contact Sarah Johnson with Senator Portman at (202) 224-3353 or Sasha Albohm with Senator Nelson at (202) 224-5274.

Sincerely,



Rob Portman
U.S. Senator



Bill Nelson
U.S. Senator



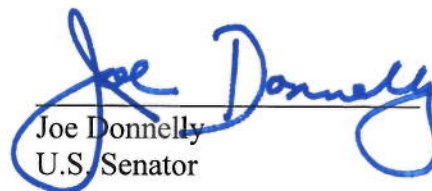
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U.S. Senator



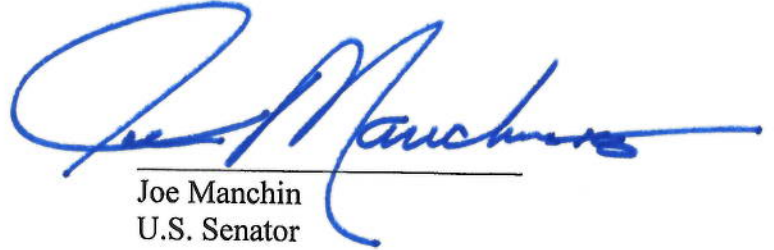
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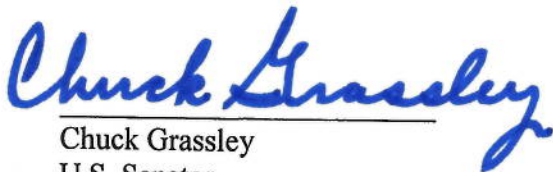
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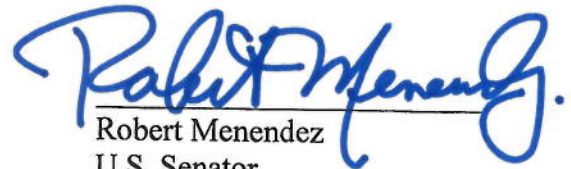
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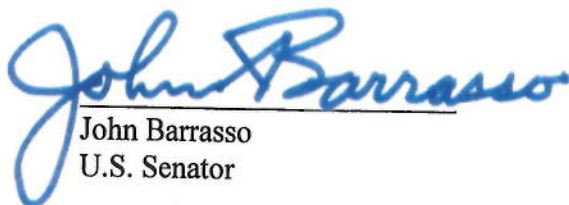
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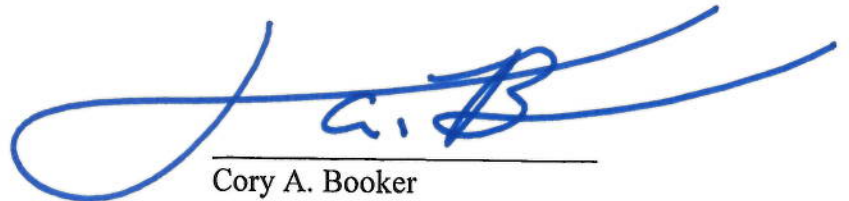
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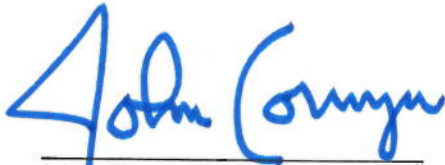
Debbie Stabenow
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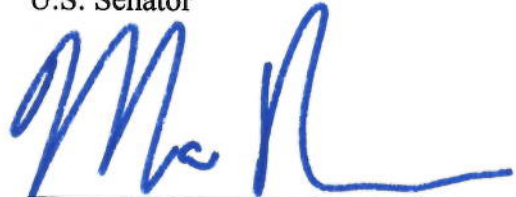
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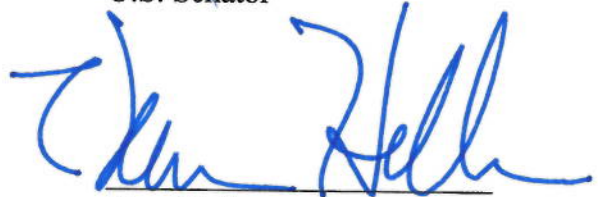
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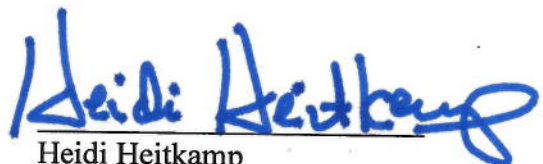
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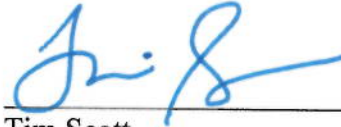
Ben Cardin
U.S. Senator



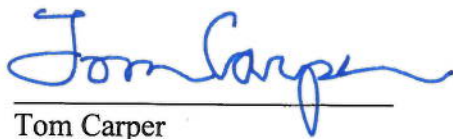
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