



March 6, 2015

***Submitted Electronically***

Sean Cavanaugh  
Deputy Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter**

Dear Mr. Cavanaugh:

As CMS continues to review the scientific evidence to inform the Star Ratings system, there is an immediate need to ensure that plans that deliver services to underserved populations are not penalized by the current Star Ratings methodology. Quality measurement in our nation's health system should not be guided by a one-size-fits-all approach. It must account for differences including at least by race, ethnicity, gender, disability, and age. The AHRQ National Healthcare Quality and Disparities Reports clearly show differentials by factors such as race and ethnicity. The standard that CMS is seeking of direct causality is not valid as underserved communities are not adequately included in health research.

On behalf of the National Alliance for Hispanic Health and the National Minority Quality Forum and the communities we serve, we call on CMS to move forward with more meaningfully addressing the intersection of quality improvement initiatives and health equity as it prepares to finalize the *Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter*.

In the call letter CMS acknowledged the impact of social determinants of health and indicated that future action may be recommended:

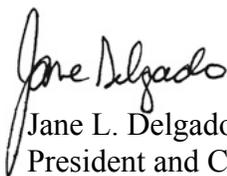
“In the long-term, it may be appropriate to adjust the Star Ratings in cases where there is scientific evidence that performance on certain measures is impacted by patient factors such as comorbidities, disability, or Dual/LIS status. Additionally, such adjustments may particularly be warranted when these unadjusted patient factors may influence patient ability to meet recommended clinical guidelines. These factors could include, for example, health literacy issues, transportation issues, comorbidities, and disabilities.”

Rather than waiting for the future, there are actions that can be taken now by CMS to ensure MA plans and providers deliver high quality care to all. These include:

- Delay penalizing of MA plans until the National Quality Forum has completed its one-year pilot on adjustment of quality measures for socio-economic status and expand that effort to a more in-depth review of differentials by race, ethnicity, gender, disability, and age and implications for the Star Ratings methodology;
- Develop an approach that would compare MA plans with significant dual-eligible and low-income beneficiaries to plans with a similar beneficiary mix to assess improvement under Star Ratings; and,
- In making bonus payments under the MA system, establish a budget neutral approach to providing bonus payments to plans, particularly those that serve large dual-eligible and low-income beneficiary populations, that achieve an incremental improvement benchmark on a subset of relevant clinical measures.

We look forward to working with CMS to implement a solution that ensures that Medicare beneficiaries have access to the specialized care they need and that plans continue to be incentivized to serve all communities and allocated the resources needed to do so. For follow-up to this letter please contact Adolph P. Falcón at 202-797-4341 or [afalcon@hispanichealth.org](mailto:afalcon@hispanichealth.org).

Sincerely,



Jane L. Delgado, PhD, MS  
President and CEO  
National Alliance for Hispanic Health



Gary A. Puckrein, PhD  
President and CEO  
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