

November 3, 2014

Cynthia Tudor, Ph.D.
Deputy Center Director, Center for Medicare
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850
Submitted Via E-Mail: PartCandDStarRatings@cms.hhs.gov

Dear Dr. Tudor,

Florida Blue appreciates the opportunity to contribute to the Request for Information on Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees. Florida Blue, Florida's Blue Cross and Blue Shield company, is a leader in Florida's health care industry. Our mission is to help people and communities achieve better health. Florida Blue has approximately 4 million health care members and serves 15.5 million people in 16 states through its affiliated companies. Florida Blue is a not-for-profit, policyholder-owned, tax-paying mutual company. Headquartered in Jacksonville, Florida, it is an independent licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

We would like to reinforce the comments made by the Blue Cross Blue Shield Association (BCBSA) and believe that having a disproportionate share of Dual-Eligible and low income subsidy (LIS) beneficiaries causes a depression in the Part C and Part D Star Ratings. In order to appropriately refine Star Ratings, Florida Blue recommends that CMS adjust the Star Ratings to compensate for Dual-Eligible and LIS members under a given contract. Florida Blue is committed to meeting the health insurance needs of all Floridians and applauds CMS' ongoing efforts to improve the Part C and Part D Star Ratings. As a partner in the nationwide effort to improve quality in the Part C and Part D Programs, we appreciate CMS offering the opportunity for MA Plans to weigh in on this issue.

As noted on the following page, we believe that there are several factors CMS should consider when developing such an adjustment to Star Ratings. If you would like to discuss our comments, please contact me by phone at (904) 905-0606 or by e-mail at Joshua.Fraum@bcbsfl.com.

Sincerely,

Josh Fraum
Government Relations

Florida Blue Comments on
Data on Differences in Medicare Advantage and Part D Star Rating Quality Measurements
for Dual-Eligible versus Non-Dual-Eligible Enrollees RFI
November 3, 2014

In order to appropriately refine the Star Ratings, we agree with recommendations made by BCBSA that CMS should adjust the Star Ratings to compensate for Dual-Eligible and LIS members under a given contract, as we believe having a disproportionate share of Dual-Eligible enrollees leads to lower MA and Part D Star Ratings. Below, we emphasize that there are many factors which CMS should take into account when developing such an adjustment to ratings.

1. CMS should develop and implement a correction to the Star Ratings to counteract the effect of Dual-Eligible and LIS membership and remove the disadvantages created by this effect. Adjustments to measures or contracts should be viewed as recognition that an adjustment is needed for the challenges of attaining certain scores among selected measures because of factors among these populations, such as education, income, and other socioeconomic characteristics that affect the measures currently in the MA and Part D Star Rating program and are not always reflective of a given Plans and its performance.
2. There is an effect on Star Ratings at the contract-level, when a contract has both LIS and Dual-Eligible members, but there are indications that an adjustment may be identifiable at the measure-level. We ask CMS to review its more extensive and complete data to determine whether adjustments may be made at the measure-level. We believe that specific measures or types of measures may suffer a greater impact than others. BCBSA and other Blue Plans have provided the following examples:
 - a. Measures related to preventative care, which low-income enrollees may see as an avoidable service may be more susceptible to the LIS/Dual-Eligible membership than measures related to chronic disease management, which may involve seemingly more urgent services.
 - b. Medication adherence scores also definitely appear to reflect the LIS/Dual-Eligible membership, potentially reflecting the economic challenges faced by this population (notwithstanding the availability of Low Income Subsidies under Part D).
3. Once CMS determines the LIS/Dual-Eligible effect on measures, the agency should consider where to apply an adjustment. To the extent that CMS develops an adjustment applicable to specific measures, we agree with BCBSA and recommend that CMS consider the weights assigned to those measures that are and are not adjusted and calibrate the magnitude of the adjustment appropriately.
4. We agree with BCBSA that CMS should consider setting different cut points (i.e., the performance levels which determine the number of stars awarded for a particular measure) for contracts with a disproportionate level of Dual-Eligible enrollees. By adjusting the cut points, CMS may be able to correct the Dual-Eligible Effect on the “front-end” rather than relying on adjustments after performance scores have been calculated. Such an approach may prove to be more targeted and accurate than an adjustment to a whole measure, domain, or contract score.
5. We agree with BCBSA that CMS should consider whether there is a benefit to adopting different cut points for each contract type, thus comparing “like” Medicare Plans to one another. For example, MA Plans could all be subject to the same set of cut points, while Dual-Eligible Special Needs Plans could all be subject to a different set of cut points. Such an approach would require that CMS create separate versions of the cut points for each measure influenced by Dual-Eligible membership. However, CMS could calculate the cut points using its already established relative distribution and clustering method for each type of Medicare Plan.
6. We agree with BCBSA and urge CMS to develop and implement the adjustment for purposes of the CY 2016 Star Ratings. We suggest CMS should publish the Correction’s parameters in the CY 2016 Part C & D Star Rating Technical Notes expected to be updated and released next fall, or even earlier in the CY 2016 Preliminary Call Letter and Rate Notice scheduled to be issued in February of 2015.