

March 27, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW, Room 445-G
Washington, DC 20201

Dear Administrator Verma:

Better Medicare Alliance, on behalf of our 143 Ally organizations and 460,000 beneficiary advocates, is committed to ensuring stability and continuity for the 24.4 million Medicare Advantage beneficiaries. We appreciate actions already taken by the agency to modify or waive certain provisions to better enable Medicare Advantage plans and providers to meet the needs of their beneficiaries during this national health crisis caused by the coronavirus (COVID-19). In particular, the allowance to use telehealth to conduct clinical visits has been quite valuable. We are proud of the Medicare Advantage plans, providers, and community partners which are working every day to meet the needs of their enrollees, those who may be or are infected with COVID-19 and all other enrollees from those with chronic conditions, other acute illnesses, or concerns that need to be addressed even in the midst of this crisis. We have been touched by the extraordinary measures being taken to find new and innovative ways to deliver health care and services, given the importance of protecting health care workforce and meeting patient needs most of whom are sheltered at home.

There are numerous issues to be dealt with to ensure Medicare Advantage plans and providers are able to fulfill their mission to provide quality, patient-focused, integrated care in a full risk, capitated framework, and we plan to continue to identify both the issues and possible solutions that need to be addressed for care provided in 2020. We appreciate your interest in our input and your willingness to hear from stakeholders on the frontlines as to the right path forward. We recognize that some issues may need statutory changes but know as well, that you have significant regulatory authority to act to address needed changes to protect beneficiaries and the coverage and care they value during this immediate crisis and for the future.

We write today, to ask that as you finalize the Rate Notice for 2021, you use your regulatory authority to ensure that the ramifications of today's crisis do not disrupt the care and coverage, stability and value of Medicare Advantage. Even as so much has been done to address immediate needs, we ask you to take action now to make the necessary accommodations to ensure stability and predictability for beneficiaries going into 2021 in the Final Rate Notice due to be announced on April 6. The Annual Rate Notice is the appropriate vehicle to prospectively address critical issues in order to avoid disruption in Medicare Advantage. We will follow up with proposed solutions, but for now, we offer these specific issues that should be addressed in the 2021 Rate Notice.

Risk Adjustment for CY2021. The risk adjustment process is currently determined each year by in-person health care visits with physicians or other health practitioners, as well as in-home assessments and chart reviews to accurately identify diagnoses for each beneficiary. However, due to the national health emergency, this routine process is not available to plans and providers. In-person visits are rightly limited to essential health encounters while other consultations are being conducted via telehealth. In-person visits for routine care and annual risk assessments are not currently feasible, resulting in the inability of plans and providers to collect the necessary data for accurate risk coding and risk adjustment for beneficiaries. In addition, Medicare Advantage plans have suspended medical record audits that add or delete diagnoses to ensure accuracy, as medical staff are not available for such administrative, in office operations. Currently, telehealth encounters are not allowed to be used to calculate beneficiary risk scores nor is the data permitted to be used in the risk adjustment process, adding to the lack of data available to determine the accurate health status, or risk score for each beneficiary. These factors will skew data for 2020. **Adjustments must be made to ensure that the application of risk adjustment, unique to Medicare Advantage, is protected.**

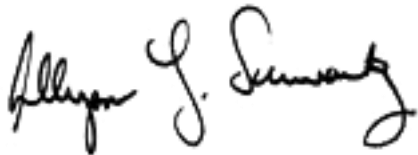
Star Ratings for CY2021. The current COVID-19 pandemic has resulted in significant disruptions in a health plans' ability to provide and manage the types of services that are a core element to the Medicare Advantage Star Ratings System. As individuals are encouraged to stay at home unless there is an urgent need for care, resulting in routine screenings, and preventive and elective care being postponed, which can be expected to result in an incomplete representation of fulfillment of goals in clinical care (HEDIS measures), as well as possible distortions in beneficiaries' experience and satisfaction. Quality measurements and rankings will be distorted as health plans and providers focus on the immediate needs of patients with COVID-19 and follow guidelines to have beneficiaries stay at home whenever possible. While the CMS waiver of telehealth requirement now allows providers to use tele-visits, there has been significant effort made in the first quarter of 2020 to modify care delivery that has interrupted care delivery everywhere. Attention was focused on the need to avoid hospitalizations, reconsider site locations, including transitioning to care in the home and other outpatient settings, and make use of telehealth—all of which is not representative or predictive of care going into 2021. This overall shift in care delivery is underway as both providers and beneficiaries adjust to this change in care delivery model, inevitably impacting Star Ratings for HEDIS, HOS, CAHPS, and Preventative Screening Scores. **The Stars Rating System has been remarkable in driving quality of care for Medicare beneficiaries and must be protected. Adjustments the application of Stars in 2021 is essential.**

Care for COVID Patients in CY2021. It is the hope of the nation that there are both curative treatments and a vaccine available for 2021, and we share that hope. There is however, no way to predict the cost of that treatment and accompanying medications in Part B or Part D, in addition, there is also no way to predict the likely continuing needs for COVID 19 patients. **This**

uncertainty needs to be addressed for Medicare Advantage to ensure consumer protections are for those infected and consumer costs for all beneficiaries.

We ask CMS to take action in the upcoming 2021 Medicare Advantage Final Rate Notice to make adjustments as necessary in these critical areas, provide stability for Medicare beneficiaries in 2021, and preserve the credibility of the Star Ratings System. We know time is short. We anticipate being able to offer more concrete solutions on behalf of our Allies in the next few days. We will forward them to you as soon as possible and look forward to engaging in further conversations that help inform the finalized Rate Notice. Thank you for your attention and consideration. Please reach out to Deborah Estes, at destes@bettermedicarealliance.org or (860) 983-7566 with your questions and comments.

Sincerely,



Allyson Y. Schwartz
President & CEO
Better Medicare Alliance

cc: **Demetrios Kouzoukas**, Principal Deputy Administrator of the Center for Medicare & Medicaid Services;
Cheri Rice, Deputy Director, Parts C and D, of the Center for Medicare & Medicaid Services