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March 1, 2024

Chiquita Brooks-LaSure, Administrator
The Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8013

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Administrator Brooks-LaSure:

On behalf of the Better Medicare Alliance (BMA) and the more than 32 million beneficiaries enrolled in Medicare Advantage, we are pleased to submit the following comments on the Advance Notice of Methodological Changes for CY 2025 for MA Capitation Rates and Part C and Part D Payment Policies ("Advance Notice").

Better Medicare Alliance is a diverse coalition of over 200 Ally organizations and more than one million beneficiaries who value Medicare Advantage. Together, our Alliance of community organizations, providers, health plans, aging service organizations, and beneficiary advocates share a deep commitment to ensuring Medicare Advantage remains a high-quality, cost-effective option for current and future Medicare beneficiaries.

We appreciate your ongoing commitment to preserving and strengthening Medicare Advantage as a critical choice for Medicare beneficiaries, and we look forward to continued engagement on our shared goals. Seniors and individuals with disabilities eligible for Medicare choose and trust the value-driven, affordable, high-quality, and innovative health care available in Medicare Advantage. Through value-based payment and care management that results in improved health outcomes, extra benefits, and lower costs for beneficiaries and the federal government, Medicare Advantage addresses the needs of today's beneficiaries. With growing enrollment and high consumer satisfaction, Medicare Advantage is building the future of Medicare.

Today, Medicare Advantage accounts for 51% of all eligible Medicare beneficiaries, and it is estimated that nearly 33.8 million beneficiaries will be enrolled in Medicare Advantage in 2024.[1] Access to Medicare Advantage is nearly universal.[2] In 2024, the average Medicare Advantage premium is $18.50[3] and 99% of beneficiaries have access to a $0 premium plan with prescription drug coverage (MA-PD plan).[4] In addition, 97% of beneficiaries have access to a

[1] Kaiser Family Foundation. Medicare Advantage 2024 Spotlight: First Look. November 2023. Available at: https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/; Centers for Medicare & Medicaid Services. "Medicare Advantage and Medicare Prescription Drug Programs to Remain Stable in 2024," September 26, 2023. Available at: https://www.cms.gov/newsroom/press-releases/medicare-advantage-and-medicare-prescription-drug-programs-remain-stable-2024
[2] Kaiser Family Foundation. Medicare Advantage 2024 Spotlight: First Look.
[3] Centers for Medicare & Medicaid Services. "Medicare Advantage and Medicare Prescription Drug Programs to Remain Stable in 2024."
[4] Kaiser Family Foundation. Medicare Advantage 2024 Spotlight: First Look.

health plan that offers dental, vision, hearing, or fitness benefits.[5] All the while, approximately three-quarters of beneficiaries are enrolled in an MA-PD plan with a 4 Star rating or higher in 2024.[6] Research finds Medicare Advantage beneficiaries report spending $2,400 less on out-of-pocket costs and premiums annually than their Fee-for-Service (FFS) Medicare counterparts.[7] Medicare Advantage beneficiaries are also highly satisfied with their care, reporting a 95% satisfaction with the quality of their health care.[8]

We recognize and value your focus on Medicare beneficiaries. As the Medicare Advantage program continues to adjust to significant policy changes implemented in recent years, many of which the Better Medicare Alliance supports, promoting stability for more than 32 million beneficiaries that choose Medicare Advantage is critical. A stable Medicare Advantage enables widespread access to care and supplemental benefits, significant cost savings on premiums and out-of-pocket costs for beneficiaries, and high-quality care with better outcomes, including fewer avoidable hospitalizations and greater use of preventative care services.[9]

Further changes risk disrupting beneficiaries' access to care, and we are concerned the Advance Notice does not align with the goals we share with CMS to promote strength and stability in Medicare Advantage. Better Medicare Alliance has two primary concerns. First, the growth rate in the Advance Notice does not fully reflect current medical trends in cost and utilization. Second, the proposed methodology to calculate the FFS normalization factor overly weights the COVID-19 data years and may not reflect future risk score trends. We urge CMS to consider the following:

- **Growth Rate**
  We strongly urge CMS to include the most recently available data in calculating the effective growth rate to account for current utilization and medical cost trends. Additionally, CMS should consider the full range of current sources available when considering data that may be incorporated into the growth rate calculation.

- **FFS Normalization Factor**
  We ask CMS to reconsider the proposed multilinear regression methodology to calculate the normalization factor until further evaluation and engagement with relevant partners is conducted to understand the impact the proposed methodology will have. Further, we ask for additional information and clarification on the proposed methodology. If CMS decides further evaluation is warranted before implementation, we ask CMS to continue its removal of data years impacted by COVID-19 on average risk scores and trends.

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[5] *Id.*
[6] Centers for Medicare & Medicaid Services. "2024 Medicare Advantage and Part D Star Ratings." October 13, 2023. Available at: https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-star-ratings
[7] ATI Advisory. Medicare Advantage Beneficiaries Spend less on Health Care Premiums and Out-of-Pocket Costs than Fee-For-Service Beneficiaries. March 6, 2023. Available at: https://atiadvisory.com/resources/https-atiadvisory-com-resources-wp-content-uploads-2023-03-ma-cost-protections-data-brief-2023-pdf/
[8] *Id.*
[9] *Id.*; Kaiser Family Foundation. Medicare Advantage 2024 Spotlight: First Look; Better Medicare Alliance. Primary Care Strategies and Outcomes in Medicare Advantage. December 2023. Available at: https://bettermedicarealliance.org/wp-content/uploads/2023/12/BMA_Primary-Care-Strategies_Dec2023.pdf; Better Medicare Alliance. Positive Outcomes for High-Need, High-Cost Beneficiaries in Medicare Advantage Compared to Traditional Fee-for-Service Medicare. December 2020. Available at: https://bettermedicarealliance.org/wp-content/uploads/2020/12/BMA-High-Need-Report.pdf

An analysis by Berkeley Research Group (BRG) found this Advance Notice does not fully reflect the increase in health care utilization and offset subsequent increases in medical costs. This could lead to reduced health care value for beneficiaries, including the value of supplemental benefits and reduced premiums and cost sharing. On average, Medicare Advantage beneficiaries could experience a $33 per month reduction in health care value, and dual eligible beneficiaries could experience a steeper reduction of $50 per month.[10]

Notably, the BRG analysis does not consider the impact of implementing the Inflation Reduction Act (IRA) and the changes occurring in Part D as a result. Within Part D, beneficiaries may likely see increased premiums with implications in Medicare Advantage as well.[11] Thus, we believe it is necessary to consider the current environment in its entirety as we strive to promote strength and stability. Better Medicare Alliance provides further comments on several provisions, including the growth rate and normalization factor methodology, which are detailed fully in the attachment.

We appreciate your consideration of these comments and recommendations and look forward to engaging with CMS on our shared goals of promoting stability and affordability for the millions of beneficiaries who choose and rely on Medicare Advantage.

Sincerely,

Mary Beth Donahue
President & CEO
Better Medicare Alliance

CC: Jonathan Blum, Principal Deputy Administrator & Chief Operating Officer
Meena Seshamani, Deputy Administrator & Director, Center for Medicare
Liz Fowler, Deputy Administrator & Director, Center for Medicare & Medicaid Innovation
Christen Linke Young, Deputy Assistant to the President for Health and Veteran Affairs, Domestic Policy Council
Topher Spiro, Associate Director for Health, Office of Management and Budget

[10] Berkeley Research Group, MA Advance Notice Does Not Offset Rising Medical Costs and Could Lead to Reduced Healthcare Value for Beneficiaries, February 2024. Available at: https://www.thinkbrg.com/insights/publications/ma-advance-notice-does-not-offset-rising-medical-costs/

[11] *See* BRG; *see also* Wakely, 2025 Medicare Advantage Advance Notice, February 2024. Available at: https://www.ahip.org/resources/2025-medicare-advantage-advance-notice-summary-and-analysis

ATTACHMENT A
Better Medicare Alliance's Comments on Proposed Policy Changes

Preliminary Estimates of the National Per Capita Growth Percentage and the National Medicare Fee-for-Service Growth Percentage for CY 2025

- **2025 Growth Percentage Estimates**

Better Medicare Alliance strongly urges CMS to include the most recently available data in calculating the Effective Growth Rate to account for current utilization and medical cost trends. Additionally, CMS should consider the full range of current sources available when considering data that may be incorporated into the growth rate calculation.

CMS is proposing to use a 2.44% Effective Growth Rate. The Effective Growth Rate reflects the current estimate of the growth of the payment benchmarks used in the Medicare Advantage program. This rate is mostly determined by the growth in Medicare Fee-for-Service per capita costs.

BMA Comments
BMA is very concerned about the proposed growth rate as it does not reflect current medical trends in cost and utilization. There is a significant increase in utilization of health care services due to pent-up demand following the COVID-19 pandemic. Seniors, especially, are seeking out more care for a number of reasons. For instance, nearly one-quarter of Medicare beneficiaries reported delaying care during the pandemic, and many are now pursuing the care that they need.[12] Also, the increased accessibility of telehealth technology and rising popularity of home health has offered seniors more options and reduced barriers to seeing their doctor.[13]

The increase in cost and utilization is discussed by others studying cost trends. This February, AHIP conducted a survey of quarterly cost trends in 2023 of health plans that participate in the Medicare Advantage program. The survey notes that the highest quarter for growth was the fourth quarter of 2023 with medical costs increasing 8.1% as compared to the fourth quarter of 2022.[14] PwC released its "Medical Cost Trend: Behind the numbers 2024" presentation where they noted that medical cost trends for the commercial market will grow 7% in 2024 after growing an estimated 6% in 2023.[15] Additionally, Milliman produces a commercial medical cost index which showed a 5.6% increase in costs in 2023.[16] While the PwC and Milliman analyses are for commercial plans, the AHIP survey shows Medicare Advantage plans face many of the same cost driving pressures that commercial plans also face. And these numbers are significantly higher than what CMS has proposed for the Effective Growth Rate.

[12] Peterson-KFF, How Has Healthcare Utilization Changed Since the Pandemic? January 24, 2023. Available at: https://www.healthsystemtracker.org/chart-collection/how-has-healthcare-utilization-changed-since-the-pandemic/
[13] FAIR Health, Monthly Telehealth Regional Tracker. Available at: https://www.fairhealth.org/fh-trackers/telehealth
[14] AHIP. Medical Expenses and Utilization in Medicare Advantage During 2023. February 2024. Available at: https://www.scanhealthplan.com/about-scan/press-room/september-2023/scan-health-plan-ranked-number-1-medicare-advantage-provider-for-member-satisfaction-in-california.
[15] PwC. Medical Cost Trend: Behind the Numbers 2024. Available at: https://www.pwc.com/us/en/industries/health-industries/library/behind-the-numbers.html
[16] Milliman. 2023 Milliman Medical Index. May 2023. Available at: https://www.milliman.com/-/media/milliman/pdfs/2023-articles/5-24-23_mmi_2023-final.ashx

Other current data supports this trend of higher costs. Altarum's January 2024 Health Sector Economic Indicators Brief states that "personal health care spending growth in November was 7.3%, year over year, and continues to be dominated by growth in utilization rather than increases in prices."[17]

As proposed, the CY 2025 Advance Notice fails to properly account for this uptick in seniors' utilization of care. If implemented as proposed, the payment model would fail to keep pace with expected costs and will fail to cover Medicare beneficiaries' cost of care.

Changes in the Payment Methodology for Medicare Advantage and PACE for CY 2025

- **Normalization Factors**

Better Medicare Alliance asks CMS to reconsider the proposed multilinear regression methodology to calculate the FFS normalization factor until further evaluation and engagement with relevant partners is conducted to understand the impact the proposed methodology will have. Further, we ask for additional information and clarification on the proposed methodology. This is especially important as the V28 risk adjustment model continues to be implemented and phased in. If CMS decides further evaluation of the proposed methodology is warranted before implementation, we ask CMS to continue its removal of data years impacted by COVID-19 when determining the normalization factor as it has in recent years.

CMS is proposing a new multilinear regression methodology to calculate the FFS normalization factor. The proposed methodology departs from the linear slope methodology CMS has largely followed since 2007, in part to account for the effects of COVID-19 on average risk scores and trends.

BMA Comments
Better Medicare Alliance appreciates CMS' focus on understanding and accounting for the effect COVID-19 has across federal health care programs, including Medicare Advantage. The proposed, more sophisticated methodology to calculate the FFS normalization factor seeks to account for the effects of COVID-19. However, we are concerned the proposed methodology change overly weights the COVID-19 data years and may not reflect future risk score trends. Further, the proposed change may put additional pressure on the stability of Medicare Advantage.

As CMS considers the FFS normalization factor, we request additional information and clarification on the proposed method. First, additional information regarding a) the process used to evaluate these methodologies and determining their predictive accuracy and reasonableness, b) whether including additional data years would improve the predictive accuracy, and c) if there were other alternative methodologies considered but removed from consideration during the development of this Advance Notice could provide further context and understanding for stakeholders. Lastly, clarification around whether CMS intends to apply this proposed methodology after the pre-COVID years are no longer included in the normalization factor

[17] Altarum. January 2024 Health Sector Economic Indicators Briefs. January 31, 2024. Available at: https://altarum.org/news-and-insights/january-2024-health-sector-economic-indicators-briefs

calculation will be helpful for partners in understanding potentially long-term impacts of this change in methods.

For the aforementioned reasons, we ask that CMS reconsider the proposed multilinear regression methodology until further evaluation and engagement with relevant partners is conducted to understand the impact. If CMS decides further evaluation and engagement of partners is warranted before implementation, we ask CMS continue its removal of data years impacted by COVID-19 when determining the normalization factor as it has in recent years. Moreover, we ask CMS provide additional information and clarification around the proposed methodology and allow adequate time for providers, health plans, and other stakeholders to adjust to the V28 risk adjustment model and assess whether risk score trends return to a stable baseline before adopting a new methodology to calculate the FFS normalization factor.

- **CMS-HCC Risk Adjustment Model for CY 2025**

Better Medicare Alliance appreciates CMS' decision to continue the implementation and three-year phase-in of the V28 risk adjustment model without additional proposed updates or changes. Further updates or changes to the risk adjustment model could potentially disrupt beneficiaries' access to care, especially as we continue to fully understand the impact of this new model as it is being implemented.

CMS is proposing to continue to phase-in the implementation of the 2024 CMS-HCC risk adjustment model (V28) and to calculate risk scores for CY 2025 using the sum of 33% of the risk score calculated with the 2020 CMS-HCC model and 67% of the risk score calculated with the 2024 CMS-HCC model.

BMA Comments
Better Medicare Alliance supports the goal of updating the risk adjustment model to ensure that Medicare Advantage plans have adequate resources to provide high-quality care that meets the needs of all populations. Thus, we appreciate CMS' decision to continue the implementation and three-year phase-in of the updated risk adjustment model finalized in the CY 2024 Rate Announcement without additional proposed updates or changes.[18]

Moreover, the Medicare Advantage program continues to adjust to significant policy changes implemented in recent years, including the phase-in of V28, additional changes to the program's administration and payment, as well as proposals Better Medicare Alliance has supported like modernizing and streamlining prior authorization and new communications and marketing regulations. Further changes or updates could disrupt beneficiary access to care, underscoring the importance of promoting stability in this year's Rate Announcement for the 32 million seniors and people with disabilities that choose Medicare Advantage.

[18] Centers for Medicare & Medicaid Services. Advance Notice of the Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. February 1, 2023. Available at: https://www.cms.gov/files/document/2024-advance-notice-pdf.pdf

- **MA ESRD Rates**

Better Medicare Alliance appreciates CMS' multi-year analysis of the methodology for setting ESRD payment rates in Medicare Advantage in response to stakeholder concerns regarding payment adequacy and accuracy. As the number of beneficiaries with ESRD in Medicare Advantage grows, we request CMS continue regular evaluations of ESRD rates to ensure payment and policies enable Medicare Advantage plans and providers to offer high-quality care and treatment for beneficiaries with ESRD, without decreasing supplemental benefits or increasing premiums or the cost burden for all Medicare Advantage beneficiaries.

Consistent with previous years, CMS is proposing to set Medicare Advantage ESRD rates on the state level and use updated FFS costs, including reimbursement and enrollment data from 2018-2022 for beneficiaries receiving dialysis services.

BMA Comments

Better Medicare Alliance supports access to Medicare Advantage for beneficiaries with ESRD, with 2021 being the first year all Medicare beneficiaries with ESRD could choose and enroll in Medicare Advantage. In January 2021, over 40,000 beneficiaries with ESRD enrolled in Medicare Advantage. As a result, the share of beneficiaries with ESRD in Medicare Advantage grew from 22.7% to 30.3%.[19] The share of beneficiaries with ESRD in Medicare Advantage grew again in 2022, to 42%.[20] As the share of beneficiaries with ESRD choosing Medicare Advantage continues to increase, we ask CMS to ensure Medicare Advantage ESRD payment rates are accurate, stable, and sufficient. Better Medicare Alliance seeks to ensure beneficiaries with ESRD, as well as all other Medicare Advantage beneficiaries, do not see higher out-of-pocket costs, reduced benefits, or limited service areas as a result of increased enrollment of beneficiaries with ESRD in Medicare Advantage.

Many beneficiaries with ESRD benefit from supplemental benefits and enhanced care coordination inherent in Medicare Advantage. However, ESRD payments must be accurate, stable, and sufficient to maintain and enhance this level of care to an increasing number of beneficiaries. We ask CMS to regularly evaluate the methodology to calculate Medicare Advantage ESRD rates to reduce year-over-year volatility, reflect actual costs, and ensure accurate and adequate payments for the ESRD population. We appreciate CMS' further analysis the past two years, particularly as it relates to the Core-Based Statistical Areas (CBSA) and Area Deprivation Index (ADI), though we do request CMS continue its evaluation from time to time to ensure Medicare Advantage remains a strong option for beneficiaries with ESRD. This is especially important as the population of beneficiaries with ESRD continues to grow.

[19] Avalere. ESRD Enrollment in MA Now Exceeds 30 Percent of all Dialysis Patients. December 16, 2021. Available at: https://avalere.com/insights/esrd-enrollment-in-ma-now-exceeds-30-percent-of-all-dialysis-patients
[20] MedPAC. Data Book: Health Care Spending and the Medicare Program. July 2023. Available at: https://www.medpac.gov/wp-content/uploads/2023/07/July2023_MedPAC_DataBook_SEC.pdf

- **MA Employer Group Waiver Plans**

Better Medicare Alliance supports CMS' proposal to continue the current payment methodology and the continuation of the policy permitting EGWPs to buy down Part B premiums. We also appreciate and support CMS publishing preliminary bid-to-benchmark ratios for EGWPs in the Advance Notice.

CMS is proposing to continue the current payment methodology used in 2024 for CY 2025, as well as waiving Bid Pricing Tool bidding requirements. The policy permitting EGWPs to buy down Part B premiums will also continue. CMS again published preliminary bid-to-benchmark ratios for EGWPs in the Advance Notice following inclusion in 2022.

BMA Comments
Employer Group Waiver Plans (EGWP) represent a successful public-private partnership that addresses the health care needs of an important segment of today's retirees and accounts for approximately 18% of the Medicare Advantage population.[21] EGWPs successfully enable employers nationwide to maintain consistent benefits and manage costs for over 5.4 million retirees' health coverage.[22] Employers, state and local governments, and unions increasingly rely on Medicare Advantage to provide lower cost health benefits to retirees that often live on fixed incomes.

Accordingly, Better Medicare Alliance supports CMS' proposal to continue the current methodology and the Bid Pricing Tool waiver for EGWPs for CY 2025, and we support the continuation of the policy permitting EGWPs to buy down Part B premiums. Furthermore, we appreciate CMS' intent to continue adjusting the individual plan bid-to-benchmark ratios to account for enrollment differences based on the timing of the Rate Announcement release and publishing preliminary bid-to-benchmark ratios ahead of the Final Rate Announcement. Providing the additional month supports EGWPs in what to expect for the upcoming year.

Updates for Part C and D Star Ratings

- **Measure Updates for 2025 Star Ratings**

Better Medicare Alliance appreciates CMS' update to the weight of patients' experience and complaints and access measures for the 2024 measurement year, and we look forward to further engagement on meaningful and actionable measures that are outcomes focused and reflect beneficiary satisfaction.

CMS reduced the weight of patients' experience and complaints and access measures from 4 to 2, beginning in the 2024 measurement year.

[21] Kaiser Family Foundation. Medicare Advantage in 2023: Enrollment Update and Key Trends. August 2023. Available at: https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2023-enrollment-update-and-key-trends/
[22] *Id.*

- **Changes to Existing Star Ratings Measures for the 2025 Measurement Year and Beyond**

Universal Foundation Star Ratings Measures

Better Medicare Alliance appreciates CMS implementing a Universal Foundation of quality measures and offers comments specific to that consideration.

CMS is implementing a Universal Foundation of quality measures, which is a core set of quality measures aligned across CMS programs. As outlined in the CY 2024 Rate Announcement, CMS is adding a Depression Screening and Follow-Up for Adolescents and Adults (Part C) and Adult Immunization Status (Part C) to the display page in 2026.

BMA Comments

Better Medicare Alliance appreciates CMS' commitment to ensuring high-quality care is delivered in Medicare Advantage and across all CMS programs, and we are supportive of CMS' intent to align standards across certain measure domains. The domains that CMS focuses on, including wellness and prevention, chronic conditions, behavioral health, care coordination, person-centered care, and equity are all domains Better Medicare Alliance recognizes as critical components of the Medicare Advantage model and where beneficiary impact is greatest. We further support the reasoning for establishing a core set of measures, including reducing burden for stakeholders, especially providers who typically navigate a variety of payers in a single day, promoting uniformity, and increasing the focus on outcomes-based measures.

Better Medicare Alliance asks that CMS is mindful when considering measures for inclusion in the Universal Foundation. We request that in their approach, CMS thinks holistically about how the measures work together and whether there are opportunities to streamline existing measures. CMS should also provide impact analyses before switching out measures and allow adequate time for a notice and comment period. The Universal Foundation in Stars has great potential to examine quality across all CMS programs, but we want to make certain that the measures all contribute to assessing quality rather than becoming overly burdensome. As CMS considers additional core measures and program specific add-ons, we request it be done with stakeholder input, and we look forward to engaging with the Administration on the identification and inclusion of a Universal Foundation in Medicare Advantage.

Breast Cancer Screening (Part C)

Better Medicare Alliance supports the inclusion of individuals 40-49 years old in the breast cancer screening measure pursuant to the recently updated screening guideline recommendation and under consideration by the National Committee for Quality Assurance (NCQA).

Following recommendations from the U.S. Preventive Services Task Force in May 2023, NCQA is considering revising the current Breast Cancer Screening measure to include eligible individuals aged 40-74, expanding it from the current age limit of 50-74.

BMA Comments
Breast cancer is the second most common cancer death among women in the U.S., and the leading cause for Black and Latina women. Over 43,000 women are estimated to have died from breast cancer in 2022.[23] While only a small share of Medicare Advantage beneficiaries are under 50 years old (3.1%),[24] including individuals 40-49 years old in the screening measure may have a significant impact on health outcomes and further reduce disparities, especially for Black beneficiaries. Despite the incidence rate for breast cancer being the highest among white women, mortality rates for breast cancer are highest among Black women, with rates 40% higher than for white women.[25] Detecting breast cancer early is one of the most important factors affecting prognosis, as treatment is more effective when the cancer is less extensive.[26]

Yet women have not benefited equitably from advancements in early detection and treatment for breast cancer, as seen by the stark differences in mortality trends between Black and white beneficiaries. Better Medicare Alliance supports expanding screening to individuals 40-49 years old because it can lead to earlier detection and intervention, decrease disparities, advance health equity, and result in fewer deaths from breast cancer. As the Medicare Advantage population continues to serve an increasingly diverse share of beneficiaries, expanding the screening age could have a measurable impact on early detection efforts.

Identifying Chronic Conditions
Better Medicare Alliance supports efforts to simplify the identification of chronic conditions. We appreciate NCQA's reevaluation efforts and support the potential change as proposed.

NCQA is evaluating how to identify beneficiaries with chronic conditions with the goals of updating the claims-based approach that currently identifies conditions and developing a new method that provides directions for how to identify conditions using clinical data.

BMA Comments
Chronic conditions are highly prevalent within the Medicare population,[27] and health care spending for beneficiaries with chronic conditions is higher than beneficiaries without one or more chronic condition.[28] As such, the identification of chronic conditions is critical to properly manage and deliver care to beneficiaries and reduce health care spending. Better Medicare Alliance appreciates efforts to simplify how chronic conditions are identified with clinical data and supports NCQA's consideration of the method to identify beneficiaries.

[23] American Cancer Society, Breast Cancer Facts & Figures 2022-2024. Available at: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2022-2024-breast-cancer-fact-figures-acs.pdf
[24] Milliman, Comparing the Demographics of Enrollees in Medicare Advantage and Fee-For-Service Medicare, October 2020. Available at¨ https://bettermedicarealliance.org/wp-content/uploads/2020/10/Comparing-the-Demographics-of-Enrollees-in-Medicare-Advantage-and-Fee-for-Service-Medicare-202010141.pdf
[25] American Cancer Society, Breast Cancer Facts & Figures 2022-2024.
[26] *Id.*
[27] The Commonwealth Fund. Medicare Advantage vs. Traditional Medicare: How Do Beneficiaries' Characteristics and Experiences Differ? October 2021. Available at: https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/medicare-advantage-vs-traditional-medicare-beneficiaries-differ
[28] Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Health and Economic Costs of Chronic Diseases. Available at: https://www.cdc.gov/chronicdisease/about/costs/index.htm; Medicare Payment Advisory Committee. Improving Care for Beneficiaries with Chronic Conditions. May 14, 2015. Available at: https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/congressional-testimony/testimony-improving-care-for-beneficiaries-with-chronic-conditions-senate-finance-.pdf

- **Display Measures**

Social Need Screening and Intervention
Better Medicare Alliance supports CMS' efforts to assess health plan use of standardized screening tools and data collection to screen beneficiaries for social risk factors. As CMS reviews and formulates a potential measure, it should consider the many collection tools already deployed and the dynamics and resources available for referrals within the local communities where beneficiaries reside.

NCQA is proposing adding the Social Need Screening and Intervention measure to the display page for the 2025 ratings. Additionally, NCQA is exploring adding a utilities insecurity screening and intervention rate to the measure for CY 2026.

BMA Comments
Better Medicare Alliance commends CMS for its efforts in understanding how beneficiaries are screened for social risk factors. While many health plans do currently screen beneficiaries for social risk factors, further incentivizing health plans to conduct or implement screening will help ensure beneficiaries have access to the care and services they need. As this measure is further conceptualized, we urge CMS to consider the variety of methods and tools health plans, providers, and community partners have developed in recent years to collect beneficiary data related to social risk factors. There is a robust data ecosystem that now exists among stakeholders, so it is pertinent that current tools and methods are accounted for as a collection tool for purposes of this measure. The level of sophistication employed in collecting this data varies as well, ranging from traditional pen and paper to integrated software platforms that providers, community partners, and health plans can access. For example:

- Healthify developed a platform that identifies social needs, finds local services, enables bi-directional referrals, and coordinates care with an accountable network community-based organization (CBO) to address social needs. This platform can be integrated into health plan and provider clinical systems, further easing the burden of logging into multiple systems and allows stakeholders across the continuum of care to follow beneficiaries.[29]
- Community-based organizations like Meals on Wheels America and their local affiliates partner with health plans for their core meal delivery service. However, health plans recognized the value of Meals on Wheels having regular contact with and access to beneficiaries and worked with Meals on Wheels to develop their data capabilities in order to collect additional information about beneficiary needs. That information is then shared back to health plans to inform what their members' needs are and the type of services that may be offered to address the needs.[30]
- SCAN Health Plan, a non-profit plan serving over 285,000 Medicare beneficiaries in California, Arizona, Nevada, New Mexico, and Texas, is a leader in addressing social risk factors in its beneficiaries. The health plan has roots in social service and currently incorporates questions related to social drivers of health (SDOH) into its health risk

[29] Center for Innovation in Medicare Advantage, Case Study Report: Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries, January 2022. Available at: https://bettermedicarealliance.org/publication/case-study-report-innovative-approaches-to-addressing-social-determinants-of-health-for-medicare-advantage-beneficiaries-2/
[30] *Id.*

assessments (HRA). The SDOH information collected in the HRA is then used to assign beneficiaries to the appropriate care management tier based on their risk, and various interventions are deployed depending on risk tier and targeted based on needs identified.[31]

For a comprehensive picture of the many data collection tools and methods developed by stakeholders, we recommend CMS engage with and conduct outreach to further inform the development of a measure for Stars and ensure stakeholders have the appropriate and necessary infrastructure and technology needed to adequately screen and connect beneficiaries to the appropriate intervention.

Moreover, we support actions that incentivize and promote screening and interventions on behalf of the beneficiary to address social needs, such as unmet utility needs. However, our Allies and stakeholders have previously expressed concern that even when a need is identified through screening, more harm results because the community lacks the resources necessary to properly address the unmet need.[32] As such, we are concerned that if the measure necessitates beneficiaries receiving services through referral and intervention, health plans may be unfairly penalized for lack of resources in the community. We request CMS continue engaging with stakeholders as it considers developing a measure based on NCQA's work for screening and intervening for social needs.

- **Potential New Measure Concepts and Methodological Enhancements for Future Years**

Social Connection Screening and Intervention

Better Medicare Alliance supports efforts to better understand social connection among beneficiaries and applicable interventions. We're encouraged that NCQA is considering a measure and that CMS is interested in its potential use for display or in stars.

NCQA is developing and CMS is considering a new measure to screen people 65 years and older for social isolation, loneliness, or inadequate social support using pre-specified instruments and identifying those that received the corresponding intervention if screened positive.

BMA Comments

Social isolation, loneliness, and inadequate social support is a growing concern in the U.S., especially over the last few years and during the pandemic. Between 2020 and 2022, severe loneliness among older adults increased 64% during initial screening by one organization and the prevalence of loneliness increased 5% since the beginning of the pandemic.[33] Loneliness in older adults also contributes to poorer health outcomes; older adults experience a higher risk of

[31] *Id.*
[32] Center for Innovation in Medicare Advantage, Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries, August 2021. Available at: https://bettermedicarealliance.org/publication/report-innovative-approaches-to-addressing-social-determinants-of-health-for-medicare-advantage-beneficiaries/
[33] Papa. Loneliness is a Public Health Crisis – And It's on the Rise. Available at: https://resources.papa.com/hp-infographic-loneliness-is-a-pandemic

mortality and increased risk of heart disease, stroke, and dementia.[34] Moreover, data finds people who are lonely utilize more health care, including visits to the emergency department.[35]

Screening for social isolation, loneliness, and inadequate social support helps identify beneficiaries that already experience or are at risk for experiencing one or more of these needs, thus inclusion of this measure in Stars will further encourage health plans, providers, and the broader health care community to address gaps in supports among seniors and people with disabilities.

Similar to other screening and intervention proposals for social needs and supports, organizations are already innovating in this space and developing screening tools and initiatives to implement across markets and populations. We encourage CMS, and in turn NCQA, to conduct outreach with stakeholders to further inform the development of a measure for Stars. Further engagement between stakeholders and CMS provides the opportunity to align current screening and data collection efforts by working within established tools and also ensure beneficiaries are directed to the appropriate intervention. For example, a beneficiary may have an underlying mental or behavioral health condition that should be addressed and treated either concurrently or in lieu of social isolation, loneliness, or inadequate social support.

As with other measures focused on screening and intervention, we reaffirm that we support efforts that incentivize such actions. However, we request CMS continue engaging with stakeholders as it considers these measures to ensure beneficiaries are not inadvertently harmed as a result of screening and inadequate resources in the community and among the full range of stakeholders to address such needs.

Better Medicare Alliance appreciates and supports NCQA and CMS' recognition of the impact social connection has on a beneficiary's health and wellbeing, as we believe this measure will promote improved health outcomes and beneficiary experience and engagement. We look forward to further engagement on this measure as it is developed and considered for future use.

Tobacco Use Screening and Cessation and Lung Cancer Screening and Follow-Up

Better Medicare Alliance supports efforts to identify people at risk for lung cancer and provide cessation strategies and screenings for lung cancer if appropriate.

NCQA is exploring adding two new measures regarding tobacco use screening and lung cancer screening. One measure would assess whether adolescents and adults were screened for tobacco use and were provided with cessation strategies if they currently used tobacco. The second measure under development is looking to assess whether adults aged 50-80 who are current or former smokers received an annual screening for lung cancer and received recommended follow-up depending on findings.

[34] *Id.*
[35] Papa. How Social Support Improves Health Care Utilization. 2023. Available at: https://resources.papa.com/hp-researchbrief-social-support-health-care-utilization

BMA Comments

Lung cancer is the leading cause of cancer death in the U.S., accounting for nearly 20% of cancer deaths.[36] In 2024, an estimated 234,580 people in the U.S. will be diagnosed with lung cancer and about 125,070 will die from lung cancer.[37] Lung cancer disproportionally affects people with a low socioeconomic status, and those with a low socioeconomic status are more likely to receive an advanced-stage diagnosis and lack access to high quality care.[38] Among men, lung cancer mortality is highest among Black and American Indian and Alaska Native men.[39] Among women, mortality is highest among American Indian and Alaska Native women, who have a 10% higher mortality than white women who rank second in mortality.[40] Fortunately, the number of new lung cancer cases continues to decrease as more people stop smoking and there are advances in early detection and treatment.[41] However, it is imperative that people have access to early screening and cessation measures.

Better Medicare Alliance supports ensuring those at highest risk are screened for lung cancer and offered cessation strategies if applicable, because it can lead to earlier detection and intervention, decrease disparities, and save lives. As CMS considers this new measure, we suggest that CMS align the goals and objectives with existing measures, such as those used in Medicaid, rather than develop new measures. This further advances the goal of the Universal Foundation of ensuring quality is measured across the full care continuum and reduces provider burden.

[36] American Cancer Society, Key Statistics for Lung Cancer, Last Revised January 2023. Available at: https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html
[37] *Id.*
[38] American Cancer Society, Special Section: Lung Cancer, 2023. Available at: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2023/2023-cff-special-section-lung-cancer.pdf
[39] *Id.*
[40] *Id.*
[41] American Cancer Society, Key Statistics for Lung Cancer.