



American Association on Health & Disability

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AAHD - Dedicated to better health for people with disabilities through health promotion and wellness



LAKESHORE

April 6, 2020

Re: Medicare Advantage Plans – Proposed Technical Changes - Health Outcomes Survey (HOS) Measures; STAR Ratings Enhancements [CMS-2020-4190-P]

www.regulations.gov

CMS-2020-4190-P

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments. On March 6, we submitted comments supporting the CMS idea of applying the Health Outcomes Survey (HOS) Measures to persons under the age of 65 years (CMS-2020-0003). Today's letter reinforces comments submitted by the Coalition to Preserve Rehabilitation and Consortium for Citizens with Disabilities on both HOS and proposed enhancements to the STAR Rating system.

The American Association on Health and Disability (AAHD) (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities.

The Lakeshore Foundation (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research

program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

Health Outcomes Survey Measures

In our March 6 prior submission to CMS we stated: "We write to support expanding the existing Health Outcomes Survey Measures (HOS) (improving or maintaining physical health and mental health) to persons under the age of 65 years. Medicare and its various plans are important resources for persons with significant disabilities under the age of 65, including those who are dually eligible for Medicare and Medicaid."

Here, we reinforce the submitted comments of the Consortium for Citizens with Disabilities (of which AAHD is a member):

The Proposed Rule includes substantive updates to measures in the Medicare Health Outcomes Survey (HOS), namely, the Improving or Maintaining Physical Health (PCS) and Improving or Maintaining Mental Health (MCS) measures. Additionally, CMS seeks comment on expanding these existing HOS measures to the under-65 Medicare population. We urge CMS to expand these HOS measures to include beneficiaries under the age of 65 years. While most Medicare beneficiaries are in the program after reaching age 65, a significant amount (more than 1 in 7, according to the Kaiser Family Foundation) are younger beneficiaries in the program due to significant disabilities or chronic conditions, including many who are dually eligible for Medicare and Medicaid. Medicare provides critical resources for these beneficiaries and the metrics used to evaluate the program in the HOS should take into account the full population of Medicare beneficiaries.

STAR Rating Enhancements

AAHD and the Lakeshore Foundation, members of the Coalition To Preserve Rehabilitation, reinforce the CPR comments on STAR Rating enhancements.

The Proposed Rule includes updates to the methodology and measures for the quality rating system for MA and Part D plans ("Star Ratings program"). We appreciate CMS' proposal to increase the weight of patient experience/complaints and access measures, as these reflect key considerations for beneficiaries when evaluating and choosing a plan under these programs. The existing measures within these categories include important metrics such as ease of getting needed care, members' ratings of quality of care, and more. We are also pleased that CMS will continue to measure plans on their responses to appeals, including whether MA plans make timely decisions about appeals (measure DMC16).

We encourage CMS to consider an additional measure for MA plans that would track what percentage of denied claims are elevated to review by an independent entity. The Reconsideration to an Independent Review Entity (IRE) stage is a critical step in ensuring that beneficiaries who have had claims denied are able to have a third-party, objective review of their appeal. When evaluating plans, beneficiaries should be able to understand if a given plan issues a large number of denials at redetermination that may indicate barriers to access care.

CPR appreciates CMS' attention to measures relevant to individuals with disabilities and chronic conditions through the past addition of measures examining care transitions from an inpatient setting to the home, as well as the proposed measure regarding follow-up care provided after an emergency department visit for patients with multiple chronic conditions. In future iterations of the Star Ratings system, CPR recommends that CMS add measures that examine access to rehabilitation in inpatient settings (IRFs), as well as outpatient or home-based settings. We also encourage CMS to adopt measures to assess MA plan compliance with the *Jimmo v. Sebelius* settlement, which explicitly rejects an "improvement standard" and clarifies coverage for skilled services provided to Medicare beneficiaries that improve, maintain, and prevent deterioration of function in skilled nursing facilities, home health agencies, and outpatient clinics. Such measures should focus on both access to care and the functional outcomes of rehabilitation care in these post-acute care settings. The addition of such measures would be a key tool for determining the degree of access to rehabilitation care afforded to MA plan beneficiaries and holding MA plans accountable for ensuring access to these essential services.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at clarkeross10@comcast.net.

Sincerely,



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Member, National Quality Forum (NQF) workgroup on Medicaid adult measures (December 2017-present), Medicaid-CHIP Scorecard Committee (October 2018-present) and Measure Sets and Measurement Systems TEP (June 2019-present). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) <http://www.qualityforum.org/> and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (<http://www.c-c-d.org/>). 2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, NQF Medicare Star Ratings Technical Expert Panel (June-September 2019). Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>).

Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (<http://promoteacceptance.samhsa.gov/10by10/>).

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