

March 3, 2022

Meena Seshamani, M.D., PhD.
Director, Medicare
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Baltimore, MD 21244-8016

Dear Dr. Seshamani,

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on the sections of the advance notice regarding their effect on those living with serious illness.

C-TAC is a national non-partisan, not-for-profit coalition dedicated to ensuring that all those living with serious illness, especially the sickest and most vulnerable, receive comprehensive, high- quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 170 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving care for serious illness in the U.S.

Measures

- Cross-Cutting: Frailty & Advanced Illness Exclusions in Various Measures- We appreciate NCQA's efforts to clarify the Frailty Symptom value set and have been consistent, and grateful, proponents of the advanced illness exclusions. Our only suggestion is for CMS to align on a common definition of frailty for all Medicare programs. Those with frailty need or participate in several such programs and their eligibility should not vary across them. Their functional status may be dynamic, but their frailty status should not be.
- Physical Functioning Activities of Daily Living (PFADL)- We have supported this measure in the past and would note that again while the PFADL can show functional improvement or decline, any identified decline should not penalize those beneficiaries or the providers caring for them as that is a natural consequence of many serious illnesses.

- Concurrent Use of Opioids and Benzodiazepines (COB)/Initial Opioid Prescribing for Long Duration (IOP-LD)/Use of Opioids at High Dosage in Persons without Cancer (OHD)/Use of Opioids from Multiple Providers in Persons without Cancer (OMP)- We were strong advocates for the addition of this palliative care exclusion in the past and are gratified to see it being added in 2022 and as a display measure in 2024.

Potential New Measure Concepts

- Driving Health Equity – We support the goal behind such a measure and agree with the agency’s plan to explore ideas on how plan sponsors can better identify and then address disparities in care provided to members with a particular social risk factor (SRF), with the goal of reaching equity by eliminating health disparities or differences in contract performance. We also support development of a Health Equity Index.
- Measure of Contracts’ Assessment of Beneficiary Needs- We agree that assessing health-related social risk needs is very important, both to improve care for those with serious illness and to reduce health disparities. Our suggestion is that such an assessment be comprehensive enough to identify all the key SRFs, including the needs of family caregivers, since caregiver burden can prompt an emergency department visit or hospitalization¹ and is, therefore, also health related. We appreciate the need to balance comprehensive assessment with potential burdens to the beneficiary and provider and would encourage you to study which are the key SRFs that need to be assessed and then, hopefully, addressed.
- Screening and Referral to Services for Social Needs- We strongly support this measure concept as it does little good to assess for social needs if there are not corresponding referrals to needed services. However, we would ask that the agency consider eventually going beyond just requiring referrals since, in many cases, referrals are ineffective if services are not actually available or available on a timely basis. *Delivering* services is the ultimate goal and we would ask that you work with MA plans to find a way to both assess, refer, and then confirm that needed social services have been delivered/received. MA plans with a substantial presence in a particular area (e.g., enrolling more than 10% of the eligible population) should have a written and effectuated strategy to identify services that are effectively unavailable, such issues like long waiting lists, and to take action to address these issues with the relevant policymakers and providers. It is insufficient, for instance, to just document that MA plan members in need of home-delivered food did not get food delivered and went hungry instead.

Suggested Additional Potential New Measure Concepts

We are concerned about the quality of end-of-life care for MA members and therefore suggest considering the following additional new measure concepts:

- End-of-life disenrollment and hospice referral measures- This would quantify the proportion of MA beneficiaries who disenroll at the end of life and is prompted by last

summer’s GAO report on MA beneficiary disenrollment at the end of lifeⁱⁱ. That report’s found “MA beneficiaries in the last year of life disenrolled at more than twice the rate of all other MA Beneficiaries,” a concerning situation. It is also not hard to imagine that beneficiaries in poorer health disenrolling from MA at the end of life might be from communities of color, making this potentially a health equity issue to be addressed as well. We and our hospice members would be happy to work with you on measures to track this important trend.

- Hospice referral- In addition, we recommend that the agency consider adding existing measures on how many beneficiaries die without a hospice referral or are referred to hospice only days before death, since low/late hospice referrals are another indicator of poor end-of-life careⁱⁱⁱ.

Thank you for the opportunity to comment on this advance notice. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at mgrant@thectac.org.

Sincerely,

Marian Grant

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ⁱ <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.16817>

ⁱⁱ <https://www.gao.gov/assets/gao-21-482.pdf>

ⁱⁱⁱ <https://pubmed.ncbi.nlm.nih.gov/16310614/>