C+TAC
COALITION TO TRANSFORM
ADVANCED CARE

February 29, 2024

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services

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

Submitted electronically via www.regulations.gov

Dear Administrator Brooks-LaSure,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed Advance Notice regarding its 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 comprises more than 200 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.

C-TAC defines serious illness as a health condition that carries a high risk of mortality and either negatively impacts a person's daily function or quality of life, or excessively strains their family caregivers. This definition has been widely adopted, including by the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF).

Serious illness is also a health equity issue. A history of disenfranchisement has led to healthcare gaps across the country. Per a 2021 Commonwealth report on racial and ethnic health equity, communities of color live fewer years, on average, than white people do, are more likely to die from treatable conditions, and are also at higher risk for many chronic health conditions. For serious illness, the lack of access to health insurance and primary care mean many are diagnosed only at a late or end stage of illness, when disease-modifying treatment is typically no longer effective. Those from historically under-resourced communities who also have serious illness experience poorer care and access, making improving their care a health equity opportunity.

Here are our comments on pertinent measures in the proposed Advance Notice:

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

- Cross-cutting: Gender-Affirming Quality Measurement in HEDIS (Part C)- We support this effort as a way to both fully capture all eligible individuals for these interventions and as a sign of gender affirmation. We support making this a cross-cutting effort and applying it to all other appropriate measures in the Medicare program as we believe that will help address disparities and improve access.

- Care Coordination (Part C)- We support this measure effort but have concerns that the language is very doctor-specific in some of the questions. The data shows that advance practice providers are increasingly delivering primary care in the US. For instance, more than 70% of the 355,000 licensed NPs in the U.S. practice in primary care. Therefore, patients may see a nurse practitioner or physician assistant for their care and so may be confused by questions about “their doctor”.

  We also suggest that the phrase “prescription medication” in the second question be replaced with “all medications” as many people may be taking over the counter medications and supplements which could also affect their health. A medication review should include those as well as any prescription medications.

- Follow-Up After Hospitalization for Mental Illness (Part C)- We support broadening the kinds of mental illnesses that should be included in this measure so as to ensure it meaningfully measures the range of mental health issues members are experiencing. We have all become more aware of and concerned about the prevalence of mental health issues and agree that follow-up from any hospitalization for them should include all possible members involved.

- Social Need Screening and Intervention (Part C)- We support social need screening and again suggest that caregiver burden or stress also be eventually screened for since that can affect the management of the patient’s medical condition and prompt emergency room visits if not addressed. Of course, screening is of little value without appropriate interventions for issues identified by screening, so the metric should end up monitoring intervention and successful completion of the intervention as well.

- Use of Opioids at High Dosage in Persons Without Cancer (OHD) / Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) / Concurrent Use of Opioids and Benzodiazepines (COB) / Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D)- We support testing an update to exclude members more broadly with cancer-related pain treatment from these opioid-related measures as that is in line with the updated 2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain, which we also supported. Opioids for chronic pain can be necessary for some cancer survivors and so these patients and others with cancer-related pain should be excluded from these measures so as not to penalize them or their providers.

Potential New Measure Concepts and Methodological Enhancements for Future Years

- Social Connection Screening and Intervention (Part C)- We support the development of a new measure that assesses the percentage of members aged 65 and older who were screened using prespecified instruments, at least once during the measurement year for social isolation, loneliness, or inadequate social support and received a corresponding intervention if they screened positive. C-TAC has members and partners who are specifically focused on this issue and we agree that measuring it will help identify it as a health issue warranting further action.

- Functional Status Assessment Follow-Up (Part C)- We support NCQA exploring the development of a new measure to assess follow-up after a Functional Status Assessment. Functional status is an important factor in quality of life and needs to be consistently measured, and then addressed, in all Medicare programs including MA.

- Medicare Plan Finder Drug Pricing Measure (Part D)- We support consideration of such a measure as it is unfortunate that some plans may be submitting artificially high or low prices to display during the annual enrollment period. Our recommendation is that any pricing information provided to potential members be clear so that members can make fully informed decisions on which plan is best for them when pricing is a factor.

Additional Measure Concepts for Consideration

In addition to the measures provided in the proposed Advance Notice, we suggest the following additional measure concepts:

- Felt heard and understood- We recommend the patient-reported 2024 MIPS Measure #495: Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood quality measure that was added to the measure sets for family medicine, internal medicine, and hematology/oncology specialty sets in the latest Physician Fee Schedule. It would also be beneficial in the MA program as it focuses on communication between the person and their medical provider.

- Palliative care access and utilization- MA members with serious illness would benefit from the inclusion of home-based palliative care services in their care. By palliative care, we mean the CMS definition of "*Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice."* Therefore, we suggest adding a measure to the MA program about palliative care referral or access to palliative care and how many of those with serious illness are utilizing these important services.

- Timely and appropriate referral to hospice- We appreciate the work the VBID model is doing around testing access to hospice for MA members. At the same time, we suggest adding a measure to the MA program to ensure that a hospice referral is considered for members who need and qualify for hospice and that the member's eligibility for hospice be assessed and hospice offered when appropriate. A claims-based outcome measure could begin to capture basic information like the percent of model members that transition to hospice and of those hospice patients, whether referral to hospice was timely based on hospice length of stay, i.e., less than seven days, etc.

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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