

January 29, 2016

VIA ELECTRONIC SUBMISSION TO chronic_care@finance.senate.gov

The Honorable Johnny Isakson
United States Senate
131 Russell Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
United States Senate
475 Russell Senate Office Building
Washington, DC 20510

Re: Bipartisan Chronic Care Working Group Policy Options Document

Dear Senators Isakson and Warner:

The undersigned health plans applaud the Senate Finance Committee Chronic Care Working Group's (Working Group) effort to improve care for the millions of Americans managing chronic illness, and we appreciate the opportunity to participate in this bipartisan process.

As plans serving a disproportionate share of low-income beneficiaries, we know from experience that the burden of chronic illness falls heavily on the most vulnerable. Recent data suggests that dual-eligibles – those who qualify for both Medicare and Medicaid benefits - tend to be sicker, poorer, less educated, have lower health literacy, live in communities with fewer resources, and have more housing and income instability than non-dual eligible beneficiaries.¹ This population tends to have higher chronic care needs and, as a result, benefits greatly from coordinated care.

Ensuring that MA plans are able to serve the chronically ill requires recognizing the unique obstacles that plans face when they serve these members. The Medicare Payment Advisory Commission, the National Quality Forum, the Institute of Medicine, the Centers for Medicare & Medicaid Services, and numerous independent researchers have concluded that serving a disproportionate share of low- SES beneficiaries leads to lower Star ratings independent of the quality of care delivered by the plan. In our June 22 comments, we urged the Working Group to adjust the Star ratings system to recognize the inherent barriers that come with serving the sickest and most vulnerable beneficiaries. We continue to encourage the Working Group to include a proposal to address this issue.

The need for an adjustment remains and we urge you again to include a provision to fix the Star ratings disparity in any chronic care legislation introduced. An adjustment is needed to ensure access for millions of dual-eligible members who rely on MA to provide chronic care management risk losing access to benefits and services that help them maintain and improve their health.

Thank you for your consideration of these comments.

¹ CMS. Medicare Current Beneficiary Survey, 2012. Characteristics and Perceptions of the Medicare Population, Tables 8.3, 8.5, and 8.7. Dual eligible data are collected from the "Medicaid buy-ins" column. <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables-Items/2012CNP.html?DLPage=1&DLSort=0&DLSortDir=descending>.

Respectfully,

Anthem
Centene Corporation
Cigna
Healthfirst
Innovocare
Molina
UPMC
WellCare Health Plans, Inc.

cc: Senator Orrin Hatch
Senator Ron Wyden