

National Indian Health Board



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November 16, 2012

Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulation Development
Department of Health and Human Services
Attention CMS-10445 / OCN: 0938-New
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Comments of CMS-10445; Survey regarding the Medicare Advantage Quality Bonus Payment Demonstration

I write on behalf of the National Indian Health Board (NIHB)¹, to the Centers for Medicare and Medicaid Services (CMS) regarding the request for comments on CMS-10445 / OCN 0938-New pertaining to the Paperwork Reduction Act (PRA) Notice on the survey of Medicare Advantage plans regarding the Medicare Advantage Bonus Payment Demonstration published in the *Federal Register* on September 17, 2012 (Request for Comments).² We appreciate the opportunity to comment on the proposed survey. We provide below a limited set of recommended additions to the survey.

Background

CMS-10445 requests comments on the survey to be conducted of Medicare Advantage Organizations (MAOs) as part of an assessment of the MA Bonus Payment Demonstration.

Under the Affordable Care Act (ACA), beginning in 2012, all plans earning four or five stars in Medicare's Star Rating program will receive quality bonus payments (QBPs). As an extension of this legislation, CMS launched the Medicare Advantage Quality Bonus Payment Demonstration, which accelerates the phase-in of QBPs by extending bonus payments to three-star plans and eliminating the cap on blended county

¹ Established 40 years ago, NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives. NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service ("IHS") Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act ("ISDEAA"), or continue to also rely on IHS for delivery of some, or even most, of their health care, NIHB is their advocate

² 77 Federal Register 57090, Comment Request, Medicare Advantage Quality Bonus Payment Demonstration, CMS-10445, September 17, 2012 (<http://www.gpo.gov/fdsys/pkg/FR-2012-09-17/html/2012-22726.htm>)

benchmarks that otherwise would limit QBPs. Through this demonstration, CMS seeks to understand how incentive payments impact plan quality across a broader spectrum of plans.

Through a contractor, CMS will conduct a survey of MAOs and as many as 10 case studies of MAOs to supplement analyses of administrative and financial data for MAOs and environmental and literature scans. CMS requires this information collection to evaluate the QBP demonstration and better understand what impact the demonstration has had on MAO operations and their efforts to improve quality. Researchers will use a survey questionnaire designed to capture information on how MAOs perceive the demonstration and are planning for or implementing changes in quality initiatives and to identify factors that help or hinder the capacity to achieve quality improvement and that influence the decision calculus to make changes. For the case studies, researchers will hold a series of open-ended discussions with MAO staff guided by a discussion protocol. The case studies will supplement the information gathered from the survey and data analysis, providing context and details about successful quality improvement activities.

Analysis

The CMS survey is required of MAOs and will guide CMS in designing quality improvement efforts and requirements. The survey includes a question about the “main challenges to improving star ratings for your contract”, and the survey includes a question as to whether quality improvement efforts are focused on a particular population. The survey does not, though, explicitly query about the efforts undertaken by MAOs to meet the needs of these particular populations. For instance, and a particular concern for American Indians and Alaska Natives (AI/ANs), is whether MAOs seek to include culturally and linguistically competent providers in their networks in order to meet the needs of AI/ANs.

Despite the remote locations of many AI/ANs, and compounded by the relatively low number of AI/ANs in most MAO service areas, there is typically not a great deal of attention paid to addressing the access needs of AI/ANs. Including a question in the survey seeking information on whether MAOs focus quality improvement efforts on particular beneficiary populations should produce useful information, as the survey currently does. But, the survey should also include a question soliciting information on what efforts are undertaken to address the needs of these beneficiary populations. Doing so – gathering information on whether MAOs make efforts to conduct quality improvement efforts with particular populations as well as identifying what those efforts are – should: 1) provide useful information for evaluating the Medicare Advantage Quality Bonus Payment Demonstration and 2) stimulate the MAOs to pay greater attention to these beneficiary populations. Combined, the information will indicate whether MAOs focus quality improvement efforts on AI/ANs and, if so, what those efforts are.

Recommendations

The proposed survey does seek information (in questions A2. and A2a.) on whether the MAOs focus quality improvement efforts on particular beneficiary populations.

- **Recommendation:** In question A2a. add the following two options –

_____ American Indian or Alaska Native

_____ Persons with English as a second language

The proposed survey, though, does not include a question or provide an opportunity for survey respondents to include information on efforts to match particular beneficiary populations with particular providers that may be most responsive to these beneficiaries' needs.

- **Recommendation:** Re-label **A3 as A4**, and adjust all subsequent numbering. Insert the following new questions as "A3." and "A3a."

A3. Have you worked to contract with providers that have cultural and linguistic competencies for the particular beneficiary populations you are targeting? _____ Yes _____ No

A3a. If yes, which ones?

_____ Federally-Qualified Health Centers

_____ Indian Health Services or other Indian health care providers

_____ []

_____ Other: _____

Thank you for your attention to these recommendations. We appreciate the opportunity to provide comment on CMS-10445. We are available to provide additional information as may be necessary to fully consider our recommendations.

Sincerely Yours,



Cathy Abramson
Chairman, National Indian Health Board

Cc: Marilyn Tavenner, Acting Administrator, CMS
Kitty Marx, Director of Tribal Affairs, CMS
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