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July 28, 2006

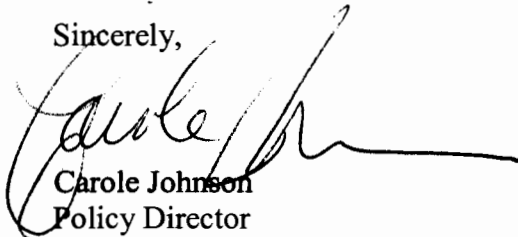
Michelle Short
Director, Regulations Development Group
Office of Strategic Operations and Regulatory Affairs
The Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
ATTN: Melissa Musotta
Room C4-26-05

Dear Ms. Short:

Please accept the following comments from the Alliance of Community Health Plans in regard to the June 16, 2006 Federal Register notice announcing 2007 proposed Medicare Part D Reporting Requirements and Supporting Regulations under 42 CFR 423.505. Our comments pertain specifically to Section X relating to Call Center Measures.

Thank you for consideration of our views. I can be reached at (202) 785-2247 or cjohnson@achp.org.

Sincerely,



Carole Johnson
Policy Director

MAKING HEALTH CARE BETTER



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July 28, 2006

Mark McClellan, M.D., Ph.D.
Administrator
The Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Federal Register notice announcing 2007 proposed Medicare Part D Reporting Requirements and Supporting Regulations under 42 CFR 423.505

Dear Dr. McClellan:

Please accept the following comments in response to the Federal Register posting of June 16, 2006 regarding Medicare Part D Reporting Requirements: Contract Year 2007. Our comments pertain specifically to Section X regarding Call Center Measures.

As you know, the Alliance of Community Health Plans (ACHP) is a leadership organization of high quality non-profit and provider-sponsored health plans, including some of the first and longest serving plans in Medicare risk contracting. Our members are among the best health plans in America at delivering affordable, high-quality coverage and care. We count among our 14 members five of the top-ten Medicare plans in the country as ranked by the National Committee for Quality Assurance and *U.S. News and World Report*.

The 2007 proposed Call Center Measures would require Part D sponsors, including Medicare Advantage-Prescription Drug (MA-PD) plans, to track and report Part D-related calls separately from all other call center calls, including those related to medical care. In 2006, the Centers for Medicare and Medicaid Services (CMS) indicated a similar intent to require MA-PD plans to report Part D calls separately. However, it recognized the complexity of separating Part D drug-related calls from MA medical-related calls for beneficiaries in MA-PD plans and allowed MA-PD plans to continue to report data for all customer service calls. We urge CMS to maintain this policy in 2007.

CMS has encouraged the development of MA-PD products by reminding beneficiaries of the financial value of MA-PD plans and the convenience of getting integrated benefits. Beneficiaries who select an MA-PD plan do so to gain access to the many advantages of a combined product offering. Requiring beneficiaries to separate their customer service inquiries into MA versus Part D adds a complication that undermines the value of integration.

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To meet the CMS requirement for separate reporting of Part D calls, MA-PD plans will need to add new prompts to their customer service phone lines. The new prompts will force beneficiaries to choose whether their inquiry is MA-related or Part D-related. This is a confusing choice.

For example, if a beneficiary has a question that involves both a physician referral and the prescription his provider gave him, how does he decide, when calling customer service, whether that is an MA or a Part D question? If he chooses the MA-only prompt, the Part D call data will be incomplete. Or, what of a beneficiary who assumes her question about a cholesterol lab result is a Part D call because it relates to her drug regimen? If she chooses the Part D call center prompt, when in fact her question is about medical benefits, the Part D call data for the plan's call center will be inaccurate. There are also common types of calls that relate to both MA and Part D, including calls regarding lost identification cards.


MA-PD plans that have considered how to separate calls by type have noted that beneficiaries generally choose whichever prompt makes the most sense to them and then ask all of their questions, whether medical- or drug-related. If plans attempt to document the type of inquiry once the beneficiary is on the line, the likely result is a frustrated beneficiary who simply wants answers to his or her questions and not to be delayed while the plan tries to determine the appropriate way to label the call. This will be particularly frustrating when beneficiaries ask a relatively simple Part D question after asking a more complex MA-related question. Beneficiaries will and should expect a quick reply that does not include routing them through additional steps to ensure that the call gets captured as a Part D call.

We understand that CMS is anxious to produce comparative call center data for all Part D sponsors. However, the time required for MA-PD plans to sort questions about MA benefits from questions about Part D benefits will, by necessity, increase customer service call time. Further, the added frustration that results could drive up call abandonment rates or customer service grievances. Stand-alone Part D plans do not face these issues. As such, CMS will be comparing apples and oranges in a way that will unfairly favor the stand-alone Part D plans.

We urge CMS to continue allowing MA-PD plans to report customer service call center data on their integrated products, rather than forcing a false division on beneficiaries seeking assistance with their benefits. We are concerned about anything that would delay the important task of delivering prompt customer service to beneficiaries. While well-intentioned, separate reporting of MA and Part D customer service calls by MA-PD plans would have that effect.

Thank you for your consideration of our views. We look forward to working with you to continue to offer the best customer service to Medicare beneficiaries. I can be reached at (202) 785-2247 or jebeler@achp.org.

Sincerely,


Jack Ebeler
President and CEO