

CMS Response to Public Comments Received for CMS-10445

The Centers for Medicare and Medicaid Services (CMS) received comments from a health insurance industry trade association, a Medicare Advantage Organization (MAO), and a statewide tribal health organization related to CMS-10445. This is the reconciliation of the comments.

Comment:

The Centers for Medicare and Medicaid Services (CMS) received comments from a MAO and a trade association requesting that, instead of conducting the survey at the contract level, CMS should conduct the survey at the health plan parent organization level and allow plans to highlight the similarities and regional variations in the survey.

Response:

CMS appreciates the commenters' concerns. We understand that conducting the survey at the parent organization level would save MAOs with multiple contracts significant time in completing the survey. However, because star ratings, and, thus, the quality bonus payments, are determined at the contract level, it is important for CMS to ensure that we have accurate information on each contract's quality improvement activities. We believe that the best way to ensure contract-specific information is to conduct the survey at the contract level.

To ease the burden on MAOs with multiple contracts, CMS will make the survey available in an electronic format. This will allow MAOs to more efficiently respond to questions that do not vary across contracts.

Comment:

CMS received comments from an MAO and a trade association requesting that CMS provide the survey in "an electronic format in addition to the paper format."

Response:

CMS will make the survey available in an electronic format.

Comment:

CMS received comments from an MAO and a trade association requesting that CMS include "a standard definition of quality improvement activities."

Response:

Thank you for the suggestion. We have added a definition of quality improvement activities to the survey.

Comment:

CMS received comments from an MAO requesting that CMS include “additional text space in the survey for health plans to further clarify and/or explain their responses.”

Response:

We appreciate the commenter’s willingness to provide detailed and nuanced responses. As indicated within the survey instructions, MAOs may elaborate on responses or “provide additional thoughts or documentation about your contract at the end of the questionnaire.”

Comment:

CMS received comments from an MAO requesting that CMS add “population demographics, socioeconomic status indicators, and health status issues” as response categories for Question D1 (What do you think are the main challenges to improving star ratings for your contract?), Question D2 (What are the top three challenges to improving star ratings for your contract?).

Response:

Thank you for the suggestion. We have added these response categories to questions D1 and D2.

Comment:

CMS received comments from an MAO requesting that CMS move question A15 (To what extent is the ability to improve quality and star ratings limited by the contract’s population demographics?) to Section D.

Response:

Thank you for the suggestion. As noted above, we added population demographics, socioeconomic status indicators, and health status of plan enrollees as response categories for questions D1 and D2.

Comment:

CMS received comments from an MAO requesting that CMS condense Question D1 (What do you think are the main challenges to improving star ratings for your contract?), Question D2 (What are the top three challenges to improving star ratings for your contract?), Question D9 (What do you think are the reasons that your contract was unable to attain a star rating that would qualify for a bonus payment?), and Question D10 (What are the top three reasons for your contract?).

Response:

Thank you for the suggestion. We have revised Question D9 to “What do you think is the main reason that your contract was unable to attain a star rating that would qualify for a bonus payment?” and deleted Question D10.

Comment:

CMS received comments from a tribal health organization requesting that CMS add “American Indian or Alaska Native” and “Persons with English as a second language” as response categories for Question A.2a (A.2. Do the QI efforts focus on particular beneficiary populations? A2a. Which ones?)

Response:

Thank you for the suggestion. We have added “Persons of a particular racial or ethnic group (*Specify*)” and “Persons with English as a second language (*Specify*)” as response categories.

Comment:

CMS received comments from a tribal health organization requesting that CMS add a question to ask health plans if they have worked to contract with providers with cultural and linguistic competencies for the targeted beneficiary populations.

Response:

Thank you for the suggestion. We have added Question A3 and A3a.