

## **Response to Comments**

### **General Comment**

Medicare Advantage plans should NOT be allowed to deny Long Term Acute Care Hospital admissions for ANY newly vent dependent person. Medicare advantage plans routinely deny this specialized level of care to newly vent dependent patients, leaving the patients in acute care hospitals, where a patient may remain for a longer period of time and also unduly increase the Medicare length of stay. It is in the best interest of ANY NEWLY VENT DEPENDENT patient to be placed in an LTACH for vent weaning as they have the expertise and resources to wean a person from a ventilator in a shorter period of time. Allowing these patient to remain in an acute care hospital is costly and does not serve a patients best interest, it only serves to enrich the insurance company denying the service. This is just one example of mismanagement of care by Medicare Advantage plans.

### **Response**

We appreciate your concern about Medicare Advantage organizations lack of use of LTACHs for vent weaning and your overall concern about the mismanagement of care by Medicare Advantage organizations. HEDIS measures are one way to assess the quality of care provided by Medicare Advantage organizations. This collection of information focuses on collecting these data so CMS has the information to evaluate the quality of care of Medicare Advantage organizations. The HEDIS measures are used as part of the Part C Stars Ratings. CMS publishes the Part C Star Ratings each year to: incentivize quality improvement in Medicare Advantage, assist beneficiaries in finding the best plan for them, and determine Medicare Advantage Quality Bonus Payments. Moreover, the ratings support the efforts of CMS to improve the level of accountability for the care provided by Medicare Advantage organizations, physicians, hospitals, and other providers.

### **General Comment**

These metrics are critical to setting a foundation for comparison across care settings. Yes, they're a pain in the neck to collect for providers. Yes, they could use a little tweaking. But it's a great first step if we can't measure it, we can't hold our healthcare industry accountable. Please continue to roll these out and invest in refining them.

### **Response**

CMS is appreciative of this comment and we believe that one of the Centers for Medicare & Medicaid Services' (CMS) most important strategic goals is to improve the quality of care and health status for Medicare beneficiaries. The HEDIS measures are used as part of the Part C Stars Ratings. CMS publishes the Part C Star Ratings each year to: incentivize quality improvement in Medicare Advantage (MA), assist beneficiaries in finding the best plan for them, and determine MA Quality Bonus Payments. Moreover, the ratings support the efforts of CMS to improve the level of accountability for the care provided by physicians, hospitals, and other providers. The National Committee for Quality Assurance (NCQA) develops HEDIS®

measures and NCQA is continually working to revise the HEDIS® measures, to provide new HEDIS® measures, and to retire any of its measures that become obsolete. NCQA licenses organizations to conduct audits to ensure that the data collection is carried out in accordance to NCQA's standards.