

Creating Balance and Objectivity When Starting From an Uneven Statutory Platform: What can be done? MMAPA Response

November 3 2014: MMAPA submitted a special report to CMS regarding the differences in MA and Part D STAR rating quality measurements for dual eligible vs. non dual eligible beneficiaries. During the preparation for this report, we discussed the conclusions of intra-plan analysis performed by the major MA plans on the island. We also discussed the STAR rating analysis between the dual and non-dual population with other stakeholder leadership including community pharmacies, IPAs and physicians, and come to the following conclusions:

- Data from plans in Puerto Rico evidences the amount of extra effort and investment needed to improve STAR ratings considering socio-demographic factors (income, education).
- The historical Medicare mandate of Coordinated Care of 1990 and the Medicare-Medicaid Integration Program since 2006 (Medicare Platino) have created a platform that fosters improved quality in the Dual program for Puerto Rico.
- STAR ratings in Puerto Rico are particularly affected by approximately 50% of Non-Dual population who is also largely low income BUT does not receive the extra help to pay for prescription drugs (NO Part D LIS and No Medicaid help).
- The 550,000+ Medicare Advantage beneficiaries in Puerto Rico are affected by an unintended inequity in the STAR rating methodology due to 2 key facts: (a) There is no socio-demographic adjustment and MA plans in Puerto Rico serve almost 50% dual eligible beneficiaries at 87% FPL and below (b) There is no equalizing adjustment in the STAR ratings to account for the recognized benefit disparity defined by law with the exclusion of the Part D LIS for residents of the Territories.
- Puerto Rico Medicare beneficiaries loss approximately \$120 million in benefits in the MA products of 2015 because
 of relatively lower STAR ratings which are impacted by these inequities.

MMAPA has proposed fixes to CMS which would create a fair, objective and balanced solution for Medicare beneficiaries in Puerto Rico. The following are part of the recommendations from The Coalition when it comes to the STARS quality program:

- 1. Adapt medication adherence thresholds for Puerto Rico Plans to adjust for benefit difference due to NO-LIS:
 - a. CMS should exclude medication adherence measures to avoid a double penalty that is unfairly lowering STAR ratings. Medication adherence performance could still be part of the improvement measure.
- 2. Include a socio-demographic adjustment to account for the extra effort needed to reach higher levels of performance within low income populations.

What can you do?

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- Talk about this issue, and about the need to turn back these disproportionate cuts for beneficiaries that reside in the island.
- Make your voice to be heard to support our parents, grandparents and friends with Medicare residing in Puerto Rico.