

## **Re: Request for Information Regarding Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees**

L.A. Care Health Plan (L.A. Care) greatly appreciates the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) in response to the Request for Information Regarding Data on Differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees. Echoing the response to this RFI submitted by the Association of Community-Affiliated Plans (ACAP), the current approach in the Medicare Stars program does not adequately take into account several factors that influence the ratings of health plans. A particular concern is the need for CMS to make adjustments to reclassify the Stars data to separate D-SNP and MA plan so there is an "apples to apples" comparison. L.A. Care would maintain that Dual Eligible Special Needs Plans (D-SNPs) are not equivalent to MA plans and while we do not have research that proves that dual status causes lower MA and Part D measure scores, we do know that the demographic characteristics of the dual population poses significant and different challenges than an MA population. Research and analysis conducted by L.A. Care show that L.A. Care's D-SNP member population faces great socio-economic challenges, have poor physical and mental health, and face high health risk status. The differences in D-SNP and MA demographics alone account for considerable differences in not only outreach and communication opportunities but more importantly interventions that would allow for improved performance.

### **Socio-Economic Challenges**

The demographic characteristics of L.A. Care's D-SNP population pose additional economic, cultural and linguistic barriers to providing appropriate outreach and education to our members.

In addition to L.A. Care's D-SNP demographic challenges, health literacy creates a barrier for outreach and education. Research shows that 1 in 5 Latinos report not seeking medical care due to language barriers. This barrier is further exacerbated since a large percentage of members are living alone, unmarried therefore case management services must take into account the member's ability to provide self-care or provide appropriate services to assist the member.

Furthermore, L.A. Care conducted a series of focus groups with women who had not received a mammogram within the last two years. The purpose of the research was to identify the factors that influence a woman's decision to receive mammograms and the barriers that limit participation. Finding showed that Spanish-speakers were less familiar than were other participants about the mammogram procedure and purpose. These participants also did not recognize the value of mammograms as providing a unique opportunity for early detection and some reported that they believe mammograms can actually cause cancer.

### **Health Status Challenges**

It is no secret that low socio-economic status (SES) has a direct impact on health status. Socioeconomic status is one of the most powerful risk factors for poor health outcomes including higher rates of cardiovascular disease, hypertension, diabetes, and cancer. Data has shown that dual

eligibles are three times more likely to be living with a disability and more likely to have multiple complex medical conditions and that one-third of all dual eligible beneficiaries have difficulty completing three to six activities of daily living (ADLs).

## **Recommendations**

Given the significant differences and challenges outlined above, L.A Care strongly recommends that CMS develop and implement adjustments to quality measures required of D-SNPs so that measures will more closely align with the challenges facing access to health care services and improvements in health status for this vulnerable population.