November 30, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Verma:

On behalf of AMGA, I appreciate the opportunity to comment on the "Advance Notice of Methodological Changes for Calendar Year (CY) 2022 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies – Part I and Part II." Founded in 1950, AMGA represents more than 440 multispecialty medical groups and integrated delivery systems, representing about 175,000 physicians who care for one in three Americans. Our member medical groups work diligently to provide high-quality, cost-effective patient-centered medical care.

Medicare Advantage, with its supplemental benefits and cap on out-of-pocket costs, provides an attractive benefit package for beneficiaries and offers providers flexibilities that are not available under fee-for-service (FFS) Medicare. As a result, the program remains incredibly popular and enjoys bipartisan support in Congress. In addition, our member groups see the value and stability in the MA program, as the program provides a consistent set of rules and a financing mechanism, which enables our members to focus on delivering high-quality care that encourages care coordination. AMGA and our members are invested in the stability of the MA program and support policies that allow plans to continue to offer robust benefits to their enrollees.

We are pleased to offer the following recommendations on the CY 2022 Advance Notice.

Key Recommendations:
- **Risk-Adjustment Model:** CMS should finalize its proposal to complete the phase-in of the 2020 CMS Hierarchical Condition Categories (CMS-HCC) model and fully use this model for calendar year 2022.
- **Use of Encounter Data:** AMGA urges CMS to continue the work to ensure that encounter data submitted by plans is accurate.
- **Coding Pattern Adjustment:** CMS should finalize the proposed coding intensity adjustment factor of 5.90%, the statutory minimum.

Comments

Risk-Adjustment Model
CMS calculates risk scores for MA beneficiaries using the CMS-HCC model. The risk score represents the predicted medical costs of providing care to an enrollee relative to the average predicted medical costs of a beneficiary entitled to Part A and Part B. The 21st Century Cures Act required CMS to make improvements to risk adjustment for 2019 and subsequent years. CMS, therefore, is proposing for calendar year 2022 to complete the phase-in of the 2020 CMS-HCC model and will calculate risk scores using this model. AMGA's members appreciate CMS' proposal to complete the phase-in process and use the 2020 CMS-HCC model. As detailed in our comments on the CY 2021 MA Advance Notice, the phase-in of the 2020 CMS-HCC model caused undue burden on providers, as it required them to calculate risk scores based on data from two different HCC models. We urge CMS to finalize this change.

Additionally, as we move into 2021, some patients will continue to be apprehensive about receiving in-person care, demonstrating the need for support for telehealth and audio-only care. However, not everyone has access to the technology for a video chat or telehealth visit. For these patients the choice will be between an audio-only telephone call and no visit at all. In recognition of the importance of these audio-only visits, AMGA recommends that CMS allow these telephone calls to satisfy the face-to-face requirement for collecting diagnosis information for risk adjustment and care coordination purposes.

Source of Diagnoses for Risk Score Calculation for CY 2022
CMS proposes to increase the percent weight attributed to encounter data in calculating MA plan risk scores. This completes the transition from the Risk Adjustment Processing System (RAPS) to the Encounter Data System (EDS). For CY 2022, CMS proposes to rely fully on encounter data as the source of MA diagnoses when calculating risk scores for MA plan payment. With this proposal, CMS will "discontinue use of RAPS inpatient diagnoses to supplement encounter/EDS data and end the blending of encounter data-based and RAPS-based risk scores and move to using 100% of the risk score calculated using diagnoses from MA encounter data and FFS claims."

AMGA's member groups understand CMS' reasons for completing the phase-in of encounter data as a diagnosis source to calculate risk scores. As such, we urge CMS to continue the work to ensure that encounter data submitted by plans is accurate.

Coding Pattern Adjustment
CMS is proposing for calendar year 2022 to apply a coding adjustment factor of 5.90%, the statutory minimum. AMGA recommends that CMS finalize the coding pattern adjustment as proposed.

Updates for Part C and D Star Ratings

COVID-19 Vaccination (Part C)
CMS is soliciting comments on a potential new measure concept related to the COVID-19 vaccination for the 2023 Part C and D performance measure display page for potential inclusion in the Star Ratings program, pending rulemaking. AMGA cautions CMS against creating a measure around COVID-19 vaccination, as there are many unknowns. For example, a vaccine

could come to market and then subsequently be withdrawn. Additionally, there is a possibility that a vaccine never comes to market. It is premature for CMS to move to implement a COVID-19 vaccination measure.

Regulatory Timing and Process
In our March 6, 2020, comments on the MA Advance Notice, AMGA noted the abbreviated timeframe that typically is associated with the MA rulemaking cycle. In this notice, CMS acknowledged these concerns and in recognition of the COVID-19 pandemic, adjusted the public comment period. AMGA thanks CMS for adjusting the rulemaking cycle so that stakeholders have sufficient time to review and provide comments on the proposal.

We thank CMS for consideration of our comments. Should you have questions, please do not hesitate to contact Darryl M. Drevna, AMGA's senior director of regulatory affairs at 703.838.0033 ext. 339 or at ddrevna@amga.org.

Sincerely,

Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer
AMGA