

# Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

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Centers for Medicare and Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulation Development  
Department of Health and Human Services  
Attention CMS-10445 / OCN: 0938-New  
Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Comments of CMS-10445; Survey regarding the Medicare Advantage Quality Bonus Payment Demonstration**

I write on behalf of the Tribal Technical Advisory Group (TTAG) of the Center of Medicare and Medicaid Services (CMS,) regarding the request for comments on CMS-10445 / OCN 0938-New pertaining to the Paperwork Reduction Act (PRA) Notice on the survey of Medicare Advantage plans regarding the Medicare Advantage Bonus Payment Demonstration published in the *Federal Register* on September 17, 2012 (Request for Comments).<sup>1</sup> We appreciate the opportunity to comment on the proposed survey. We provide below a limited set of recommended additions to the survey.

The TTAG advises Center of Medicare and Medicaid Services (CMS) on Indian health policy issues involving Medicare, Medicaid, the Children's Health Insurance Program, and any other health care program funded (in whole or part) by CMS<sup>2</sup>. In particular, the TTAG focuses on providing policy advice to CMS regarding improving the availability of health care services to American Indians and Alaska Natives (AI/AN) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations (I/T/U).<sup>3</sup>

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<sup>1</sup> 77 Federal Register 57090, Comment Request, Medicare Advantage Quality Bonus Payment Demonstration, CMS-10445, September 17, 2012 (<http://www.gpo.gov/fdsys/pkg/FR-2012-09-17/html/2012-22726.htm>)

<sup>2</sup> Sec. 5006(e) of the American Recovery and Reinvestment Act codifies in statute, at sections 1902(a)(73) and 2107(e)(1)(C) of the Social Security Act, the requirement for the Secretary of Health and Human Services to maintain a Tribal Technical Advisory Group within CMS and the requirement that States seek advice from Tribes on a regular and ongoing basis where one or more Indian health program or urban Indian organization furnishes health care services.

<sup>3</sup> The abbreviation "I/T/U" means the Indian Health Service (IHS), an Indian Tribe, tribal organization or urban Indian organization, and is sometimes referred to collectively as "Indian Health Care Providers". The term "Indian Health Service" means the agency of that name within the U.S. Department of Health and Human Services established by Sec. 601 of the Indian

## Background

CMS-10445 requests comments on the survey to be conducted of Medicare Advantage Organizations (MAOs) as part of an assessment of the MA Bonus Payment Demonstration.

Under the Affordable Care Act (ACA), beginning in 2012, all plans earning four or five stars in Medicare's Star Rating program will receive quality bonus payments (QBPs). As an extension of this legislation, CMS launched the Medicare Advantage Quality Bonus Payment Demonstration, which accelerates the phase-in of QBPs by extending bonus payments to three-star plans and eliminating the cap on blended county benchmarks that otherwise would limit QBPs. Through this demonstration, CMS seeks to understand how incentive payments impact plan quality across a broader spectrum of plans.

Through a contractor, CMS will conduct a survey of MAOs and as many as 10 case studies of MAOs to supplement analyses of administrative and financial data for MAOs and environmental and literature scans. CMS requires this information collection to evaluate the QBP demonstration and better understand what impact the demonstration has had on MAO operations and their efforts to improve quality. Researchers will use a survey questionnaire designed to capture information on how MAOs perceive the demonstration and are planning for or implementing changes in quality initiatives and to identify factors that help or hinder the capacity to achieve quality improvement and that influence the decision calculus to make changes. For the case studies, researchers will hold a series of open-ended discussions with MAO staff guided by a discussion protocol. The case studies will supplement the information gathered from the survey and data analysis, providing context and details about successful quality improvement activities.

## Analysis

The CMS survey is required of MAOs and will guide CMS in designing quality improvement efforts and requirements. The survey includes a question about the "main challenges to improving star ratings for your contract", and the survey includes a question as to whether quality improvement efforts are focused on a particular population. The survey does not, though, explicitly query about the efforts undertaken by MAOs to meet the needs of these particular populations. For instance, and a particular concern for American Indians and Alaska Natives (AI/ANs), is whether MAOs seek to include culturally and linguistically competent providers in their networks in order to meet the needs of AI/ANs.

Despite the remote locations of many AI/ANs, and compounded by the relatively low number of AI/ANs in most MAO service areas, there is typically not a great deal of attention paid to

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Health Care Improvement Act (IHCA), 25 USC §1661. The term "Indian Tribe" has the meaning given that term in Sec. 4 of the IHCA, 25 USC §1603. The term "tribal organization" has the meaning given that term in Sec. 4 of the IHCA, 25 USC §1603. The term "urban Indian organization" has the meaning given that term in Sec. 4 of the "IHCA", 25 USC §1603.

addressing the access needs of AI/ANs. Including a question in the survey seeking information on whether MAOs focus quality improvement efforts on particular beneficiary populations should produce useful information, as the survey currently does. But, the survey should also include a question soliciting information on what efforts are undertaken to address the needs of these beneficiary populations. Doing so – gathering information on whether MAOs make efforts to conduct quality improvement efforts with particular populations as well as identifying what those efforts are – should: 1) provide useful information for evaluating the Medicare Advantage Quality Bonus Payment Demonstration and 2) stimulate the MAOs to pay greater attention to these beneficiary populations. Combined, the information will indicate whether MAOs focus quality improvement efforts on AI/ANs and, if so, what those efforts are.

### Recommendations

The proposed survey does seek information (in questions A2. and A2a.) on whether the MAOs focus quality improvement efforts on particular beneficiary populations.

- **Recommendation:** In question A2a. add the following two options –

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Persons with English as a second language

The proposed survey, though, does not include a question or provide an opportunity for survey respondents to include information on efforts to match particular beneficiary populations with particular providers that may be most responsive to these beneficiaries' needs.

- **Recommendation:** Re-label **A3 as A4**, and adjust all subsequent numbering. Insert the following new questions as “A3.” and “A3a.”.

**A3.** Have you worked to contract with providers that have cultural and linguistic competencies for the particular beneficiary populations you are targeting? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

**A3a.** If yes, which ones?

\_\_\_\_\_ Federally-Qualified Health Centers

\_\_\_\_\_ Indian Health Services or other Indian health care providers

\_\_\_\_\_ [       ]

\_\_\_\_\_ Other: \_\_\_\_\_

Thank you for your attention to these recommendations. We appreciate the opportunity to provide comment on CMS-10445. We are available to provide additional information as may be necessary to fully consider our recommendations.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Valerie Davidson', with a long, sweeping flourish extending to the right.

Valerie Davidson  
Chair, TTAG

Cc: Marilyn Tavenner, Acting Administrator, CMS  
Kitty Marx, Director of Tribal Affairs, CMS  
Dr. Yvette Roubideaux, Director, IHS  
Stacy Bohlen, Executive Director, NIHB