

Marilyn Tavenner  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
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Baltimore, MD 21244-1850      *Email to: [PartCandDStarRatings@cms.hhs.gov](mailto:PartCandDStarRatings@cms.hhs.gov)*

November 3, 2014

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

Dear Administrator Tavenner:

Care1st Health Plan sincerely appreciates the opportunity to provide information relative to the differences in Medicare Advantage (MA) and Part D Star Rating Quality Measurements for Dual-Eligible versus Non-Dual-Eligible Enrollees. Care1st Health Plan operates two CMS Contracts: H5928 (California, Texas), H5430 (Arizona). Care1st's H5928 contract includes eleven (11) Medicare Advantage and four (4) Dual Eligible Specials Needs Plans; the majority of the membership are low-income beneficiaries who are eligible for both Medicaid and Medicare benefits. Contract H5430 is a Dual Eligible Special Needs Plan; 100% of the membership are dual-eligible.

Care1st is a member of the SNP Alliance. We support the message and the studies referenced in the letter that the SNP Alliance is sending to your attention.

In addition to the information cited in the SNP Alliance letter, Care1st conducted a focused analysis of the impact of the low-income population (LIS) on the Medication Adherences Star Measures. Please review the summary analysis represented in the Table 1.

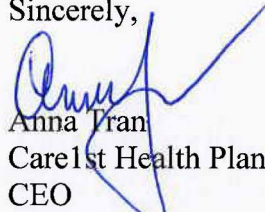
Table 1

	Diabetes Score	Diabetes Star Rating	RAS Antagonists Score	RAS Star Rating	Statins Score	Statins Star Rating
Overall	79	4	79	3	75	3
LIS	78	4	78	3	73	3
Non LIS	81	5	81	4	78	4
Cut points for 4 star	77		81		76	
Cut points for 5 star	81		85		83	

Care1st Health Plan is in a unique position of having extensive experience caring for the dual-eligible population since 1995. Care1st has dedicated their efforts to providing access to healthcare primarily to the underserved and low-income population. The organization's focus is caring for Medicaid Managed Care and MAPD-DNPs beneficiaries. Care1st is also contracted with CMS, specifically the Medicare and Medicaid Coordination Office (MMCO), and the California State Department of Healthcare Services to demonstrate the value of coordinating and promoting patient-centered care for the dual-eligible population. As one of the participating Medicare-Medicaid Plans (MMPs), Care1st has direct knowledge of the complexities of dealing with this unique population and strongly advocates for a distinct performance assessment system that is specifically designed to measure the care and services that are integral to promoting access and quality care for this Medicare beneficiary subset.

Care1st requests an opportunity to engage CMS in a direct conversation on this topic so we may provide real-life examples of why the current STAR system disadvantages organizations who have dedicated their efforts to managing the care of beneficiaries eligible for both Medicare and Medicaid.

Sincerely,

  
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cc: Jorge Weingarten, M.D., Chief Medical Officer  
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