

March 4, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2017 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2017 Call Letter

Dear Mr. Slavitt:

The American Geriatrics Society (“AGS”) appreciates the opportunity to comment on proposed changes to Medicare Part D for CY 2017 and specifically changes to the Star Ratings.

The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners (“NPPs”) who are devoted to improving the health, independence and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policy makers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. Our vision for the future is that every older American will receive high quality patient-centered care. In order to achieve this vision, we strive to help guide the development of public policies that support improved health and health care for seniors. Our mission is to advance efforts that promote high quality of care and quality improvement for vulnerable elders.

Our comments outlined below are focused on the **Removal of the High Risk Medication (Part D) Measure from the Star Ratings** (*pages 105-106*).

AGS is concerned about the removal of the HRM measure from the Star Ratings, which CMS says is based on a number of factors including the following comment in the 2015 update of the Beers Criteria. *“While the AGS states that the criteria may be used as both an educational tool and quality measure, it further states that the intent is not to apply the criteria in a punitive manner.”* When the AGS updated the Beers Criteria, our comment that it should not be used in a punitive manner referred to penalizing prescribers that were trying to do the best for their patients.

CMS also notes that it will move the HRM measure to the 2017 display page but adds that this measure may be considered again in the future for the Star Ratings. AGS is concerned that with so many display measures, that the high risk medication measure will become secondary and de-emphasized. In 2009-10 at least 41% of older adults filled a prescription for a potentially inappropriate medication

according to the 2012 AGS Beers Criteria; down from 45.5% in 2006-2007¹. In addition, ~9% of older adults are exposed to benzodiazepines, thus increasing their risk for falls, fractures and cognitive impairment². Removal of the HRM measure from the Star Rating is likely to slow or stop the decline in the prescribing of these medications to older Americans.

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The AGS greatly appreciates the opportunity to comment on proposals to improve the care of older Americans. Please do not hesitate to contact us, agoldstein@americangeriatrics.org, if we can provide any additional information or assistance.

Sincerely,



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹ Davidoff AG, Miller GE, Sarpong EM, et al. Prevalence of potentially inappropriate medications use in older adults using the 2012 Beers Criteria. J Am Geriatr Soc 2015;63:486-500.

² Olfson M, King M, Schoenbaum M. Benzodiazepine use in the United States. JAMA Psychiatry 2015;72:136-142.