



**JAMES L. MADARA, MD**  
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org  
t (312) 464-5000

March 1, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for the Medicare Advantage (MA) CMS-HCC Risk Adjustment Model**

Dear Administrator Verma:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am pleased to offer our comments to the Centers for Medicare & Medicaid Services (CMS) on the Advanced Notice of Methodological Changes for CY 2019 for the MA CMS-Hierarchical Condition Categories (HCC) Risk Adjustment Model Notification.

The AMA agrees that a key element of the success of the MA program is ensuring that payments to plans reflect the relative risk of beneficiaries who enroll. Therefore, we are supportive of the risk adjustment changes and risk adjustment requirements added by the 21<sup>st</sup> Century Cures Act, which CMS is implementing in this notice. However, we caution CMS to ensure that any improved risk adjustment methodology does not increase physician reporting burden in the MA program. The AMA strongly supports your Patients Over Paperwork initiative. As we talk to physicians about your initiative, and seek their input on regulatory relief, they frequently raise concerns about the burden of reporting data to MA plans.

Specifically, the AMA supports the addition of the following condition categories to the CMS-HCC risk adjustment model: Drug Abuse, Uncomplicated, Except Cannabis (HCC 56); Reactive and Unspecified Psychosis (HCC 58); Personality Disorders (HCC 60); and Chronic Kidney Disease, Moderate (Stage 3) (HCC138). We believe these condition categories are clinically meaningful and will more accurately estimate medical expenditures for Part A and Part B benefits. Nonetheless, we are concerned about the choice of the term “drug abuse” instead of “substance use disorder.” From a medical perspective, “substance use disorder” is the more appropriate term for this condition.

The Honorable Seema Verma

March 1, 2018

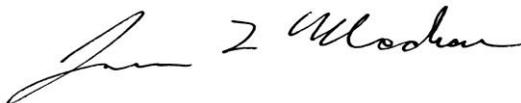
Page 2

The AMA also supports including the number of conditions a beneficiary has in the CMS-HCC risk adjustment model. We agree with CMS' decision to use the "payment condition" count, which improves risk adjustment by increasing accuracy across all deciles of predicted risk. We also support a phased-in approach to the new risk adjustment methodology, which will allow CMS to make any necessary adjustments as needed.

If CMS finds that the accuracy of HCC scores is improved by these changes in the MA program, we would encourage CMS to make similar changes to HCC risk scores under Medicare Part B, which are used in the Merit-Based Incentive Payment System to calculate a physician's complex patient bonus. The AMA continues to believe that improving risk adjustment models in all CMS programs is vital to ensuring these programs do not disadvantage physicians who treat complex patients.

We thank you for the opportunity to provide input on this final rule and look forward to continuing to work with CMS to improve the MA program. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at 202-789-7409 or [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org).

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD