



March 1, 2023

The Honorable Xavier Becerra  
Secretary, Department of Health and Human Services

Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services  
Attention: CMS-4201-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies**

Dear Secretary Becerra and Administrator Brooks-LaSure:

The American College of Cardiology (ACC) appreciates the opportunity to provide feedback to CMS on the 2024 Medicare Advantage Advance Notice and writes to express our concern with some policies proposed within. The American College of Cardiology (ACC) is the global leader in transforming cardiovascular care and improving heart health for all. As the preeminent source of professional medical education for the entire cardiovascular care team since 1949, and now with more than 56,000 members from over 140 countries, the ACC credentials cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards, and guidelines. Through its world-renowned family of JACC Journals, NCDR® registries, ACC Accreditation Services, global network of Member Sections, CardioSmart® patient resources and more, the College is committed to ensuring a world where science, knowledge and innovation optimize patient care and outcomes. Learn more at [www.ACC.org](http://www.ACC.org) or follow @ACCinTouch.

If finalized, the changes proposed under the Advance Notice would reduce Medicare Advantage (MA) payments to plans by -2.27% in 2024. This cut translates to a decrease of \$540 in spending per beneficiary per year compared to 2023.<sup>1</sup> Nearly half of the Medicare-eligible population chooses Medicare Advantage because it offers lower costs, greater benefits, and higher value. If the policies in this Advance Notice are finalized, 30 million seniors and individuals with disabilities enrolled in Medicare Advantage nationwide will face increased premiums and/or reduced benefits next year – directly impacting what matters to them the most.<sup>2</sup>

<sup>1</sup> 2/15/2023 Avalere Study

<sup>2</sup> 2/15/2023 Avalere Study

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These cuts result from several proposed technical changes, including significant changes to the MA risk adjustment model. While CMS has noted that the risk model update is necessary to account for the transition from ICD-9 to ICD-10, these changes also include the removal of over 2,000 ICD-10 diagnosis codes from the model, including codes used to identify beneficiaries with diabetes with chronic complications; major depressive, bipolar, and paranoid disorders; vascular disease; and rheumatoid arthritis and inflammatory connective tissue disease.<sup>3</sup> These conditions are prevalent among the most vulnerable beneficiaries. We are concerned about the adverse impact that these changes may have at a time when CMS is striving to improve identification of these high-risk individuals to support goals of advancing health equity and improving care for chronic conditions and behavioral health.

## **CMS-HCC Risk Adjustment Model for CY 2024**

### *Principle 10-Focused Clinical Updates*

Additionally, the College is deeply concerned with the proposed Model Reclassification changes and removals based on *Principle 10* to the following HCCs:

- HCC constraints (i.e., hold the coefficients of the HCCs equal to each other such that each HCC carries the same weight):
  - Constrained all Diabetes HCCs (HCC 36, 37, and 38)
  - Constrained Congestive Heart Failure HCCs (HCCs 224, 225, and 226)
- HCC removals:
  - HCC 47 Protein-Calorie Malnutrition
  - HCC 230 Angina Pectoris.
  - HCC 265 Atherosclerosis of Arteries of the Extremities, with Intermittent Claudication

These proposed changes could create unintended consequences by negatively affecting patient risk assessments and ignoring the severity of illness. Such changes will likely reduce patient risk scoring and threaten access to care through chronic care management and benefit design programs for high-risk patients. Another concern is that these reclassifications will greatly impact various third-party payers and provider bundled payment and value-based care programs that utilize hierarchical condition categories (HCC) outside of the current Medicare Advantage system. The College implores CMS to consider the potential downstream impacts on these significant HCC changes.

**Based on these concerns, we strongly urge CMS to not move forward with these policy changes for the 2024 plan year.** Instead, we encourage CMS to work with all stakeholders to assess the impacts these proposals will have on beneficiaries, especially vulnerable populations whose needs best served by the coordinated care model under Medicare Advantage. Any proposals finalized for

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<sup>3</sup> <https://avalere.com/insights/2024-advance-notice-would-substantially-alter-risk-adjustment-model>

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future implementation based on a thorough review of stakeholder input must be phased in over multiple years to maintain program stability for beneficiaries.

The ACC appreciates this opportunity to provide feedback to CMS as it considers changes to the Medicare Advantage risk adjustment and payment policies. If you have any questions or follow up, please contact Henry McCants, Director of Payer & Care Delivery Policy at [hmccants@acc.org](mailto:hmccants@acc.org) or 202.375.6642.

Sincerely,



Edward T.A. Fry, MD, FACC  
President

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