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Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Centers for Medicare & Medicaid Services
Room C4-26-05
7500 Security Boulevard
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Re: OMB Control Number 0938-0878, Collection of Diagnostic Data in the Abbreviated RAPS Format from Medicare Advantage Organizations for Risk Adjusted Payments, 84 Fed. Reg. 50453 (Sept. 25, 2019)

To Whom It May Concern:

Cigna thanks the Centers for Medicare & Medicaid Services (CMS) for this opportunity to comment on the above Notice of Information Collection Activity, as it relates to the continued collection of diagnosis code data from Medicare Advantage (MA) organizations through the Risk Adjustment Payment System (RAPS).

Cigna is a global health services organization dedicated to helping people improve their health, well-being and peace of mind. Our subsidiaries are major providers of medical, dental, disability, life and accident insurance and related products and services. Within the U.S., Cigna provides medical coverage to approximately 14 million Americans in the commercial segment, of whom almost nine million receive integrated medical and pharmacy coverage. We also provide integrated coverage in the individual insurance segment, both on- and off-Exchange, to about 300,000 people. Additionally, Cigna serves approximately 4 million people through our MA, Medicare Prescription Drug Program (MA-PD and PDP) and Medicare Supplemental products. We maintain a keen focus on understanding the needs and challenges facing patients, physicians, and other health care professionals. Our collaborative model provides access to high-quality preventive care for our customers while offering physicians and pharmacists information and support to assist their delivery of that care.

Cigna supports the continued use of the RAPS system to collect diagnosis data from MA organizations. We believe the RAPS system allows CMS to capture important information that the agency can and should use to inform its payment decisions. Examples include:

The setting from which a diagnosis was derived: As we previously pointed out to the agency, RAPS field 17, *Risk Assessment Code*, is a standardized, three-value field used by MA organizations to specify for CMS the setting in which a diagnoses was made. Risk Assessment Code "A" corresponds to a diagnosis made in a clinical setting. Risk Assessment Code "B" corresponds to a diagnosis made in a non-clinical setting that meets all requirements for an Annual Wellness Visit, while a value of "C" indicates a diagnosis made in a non-clinical setting that does not meet the requirements for an Annual Wellness Visit. This information was intended to enable, and does

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enable, "CMS to evaluate how many diagnoses are identified in home visits." CMS, *Risk Adjustment User Group Presentation*, 6 (May 15, 2014).

The source that provided the diagnosis: RAPS field 4 in the Detail Record Level, *Patient Control Number* (PCN), is an optional field that can be used to submit additional information to CMS. For several years, Cigna has used the PCN field to submit additional information regarding the source of a diagnosis. Specifically, Cigna creates PCNs by combining unique beneficiary identifiers, unique record identifiers, and strings indicating the source of the record. For example, the source string in the PCN field can indicate if the diagnosis originated from a provider claim, from a prospective exam, from a Health Management Report, or from a retrospective chart review. Thus, RAPS data allow CMS to examine the settings and sources from which particular diagnoses have been identified.

CMS has stated that it would analyze RAPS data to assess diagnoses identified during home visit prospective examinations conducted by contracted providers to MA organizations, like the providers with whom Cigna contracts. We fully support these kinds of agency efforts to monitor diagnosis codes and their sources. We have previously written to you to describe our prospective examination and retrospective chart review programs and to meet with you to share information regarding the diagnoses identified and additional aspects of our programs. As a committed partner with CMS in the MA program, we stand ready to meet with CMS at any time to discuss these topics and CMS' own analysis of RAPS data.

We thank you for your consideration of these comments to the Information Collection Notice. We look forward to continuing to work with CMS to improve the accuracy and completeness of risk adjustment data.

Respectfully,



David Schwartz