



November 23, 2020

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Immediate Risk Adjustment Modifications are Necessary Due to the COVID-19 Pandemic**

Dear Administrator Verma:

The Alliance of Community Health Plans (ACHP) values your efforts to ensure providers and payers have the necessary flexibilities and tools to continue providing high-quality coverage and care throughout this public health emergency. We have appreciated the Administration's willingness to work with ACHP and its members in identifying opportunities for improvement in the delivery of coverage and care throughout the COVID-19 crisis.

As we continue to deal with the pandemic, ACHP member organizations have continued to experience worrisome trends related to the ability to properly calculate risk scores. Due to the necessary stay-at-home recommendations and requirements throughout 2020, Medicare Advantage organizations now face the problem of inadequate opportunities to collect encounter data to perform complete risk adjustment calculations. Given the considerable impact of risk adjustment scores on consumer premiums, benefit packages and patient out-of-pocket costs, ACHP urges CMS to adjust the MA risk adjustment policies for 2021 and 2022.

**Specifically, ACHP urges CMS to allow MA organizations to use a 24-month look-back period to supplement 2020 data for the calculation of 2021 risk scores.** ACHP member companies report that the COVID-19 pandemic and the inability to use data from audio-only telehealth encounters, is resulting in substantial gaps in risk adjustment data. In addition, a number of ACHP members noted that beneficiaries typically engage with the health care system seasonally, avoiding colder months for non-urgent care or chronic care management. This trend and the second major peak of the pandemic occurring over the summer strongly indicates that there will not be an opportunity for health plans to document through allowable means sufficient risk adjustment data before the end of the year. ACHP believes that implementing a 24-month lookback, allowing health plans to supplement 2020 encounter data with data from 2019 would mitigate the negative impact of under-risk-adjusting. This policy would not affect concerns regarding inflating risk

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scores because using 2019 data would not capture new membership or any risk scores not previously documented.

**ACHP recommends that CMS implement a policy that is replicable for 2022 as recent surges in COVID-19 indicate the likelihood of continued strain on the health care industry well into 2021.** ACHP is concerned that even if a COVID-19 vaccine becomes available in early 2021, there will be a lag between its availability and the return to normal operations. With vaccine distribution efforts being determined on a state-by-state basis, it is highly likely that beneficiaries, particularly the most at-risk, will be uninclined to immediately return to pre-pandemic levels of care.

ACHP looks forward to working with CMS to ensure MA organizations have sufficient data to properly risk adjust for 2021 and 2022. We thank you for considering our recommendation and request the Administration issue updated risk-adjustment guidance before the end of the calendar year. If you have questions or require additional information, please contact Michael Bagel, ACHP Director of Public Policy, at [mbagel@achp.org](mailto:mbagel@achp.org) or (202) 897-6121.

Stay safe and well.

Regards,



Ceci Connolly  
President and CEO

CC:

Demetrios Kouzoukas, Principal Deputy Administrator & Director of the Center for Medicare  
Calder Lynch, Acting Deputy Administrator & Chief of Staff  
Cheri Rice, Deputy Director, Center for Medicare at Centers for Medicare & Medicaid Services  
Jim Parker, Senior Advisor to the Secretary for Health Reform  
Tom Keane, Policy Advisor for the Immediate Office of the Secretary