

National MLTSS Health Plan Association

July 10, 2017

The Honorable Pat Tiberi
Chairman, Subcommittee on Health
Committee on Ways and Means
1203 Longworth House Office Building
Washington, DC 20515

The Honorable Sander Levin
Ranking Member, Subcommittee on Health
Committee on Ways and Means
1236 Longworth House Office Building
Washington, DC 20515

RE: H.R. 3168 – A Bill to Reauthorize Medicare Special Needs Plans

Dear Chairman Tiberi and Ranking Member Levin:

This letter is to provide you with our thoughts and suggestions with regard to language introduced in H.R. 3168 to reauthorize Medicare Advantage (MA) Special Needs Plans (SNPs)

The National MLTSS Health Plan Association is an association of health plans that contract with states to take risk for and manage Medicaid long-term services and supports (MLTSS). Our members currently cover about 70 percent of the enrollees in MLTSS plans and about 50 percent of the enrollees in Medicare-Medicaid plans (MMPs). In addition, more than 260,000 individuals are enrolled in our members' Dual Eligible Special Needs Plans (D-SNPs). The Association is committed to finding ways to create an integrated care delivery system that is both cost-effective and serves the needs of populations that require LTSS.

We are pleased to see the Committee moving forward on the effort to reauthorize SNPs, however we urge the Committee to reauthorize them permanently rather than just five years, as proposed in the bill. Predictability and consistency are key attributes to achieve long-term outcomes for persons with complex care needs. The current cycle of periodic reauthorization creates unnecessary administrative burden as well as uncertainty - for the organizations that offer SNPs, the states leveraging SNPs to further integration, and the Medicare beneficiaries that enroll or consider enrolling in a SNP - that limits enrollment and success in achieving outcomes. Furthermore, the reauthorization cycle often inhibits MLTSS plan alignment and integration efforts.

We also commend you on provisions in the draft bill that are aimed at advancing more-integrated models of coverage for individuals who have dual eligibility for Medicare and Medicaid. Fully-integrated models that combine Medicare and Medicaid benefits in a single plan provide simpler coverage and a better care experience for beneficiaries, along with better alignment of incentives to improve outcomes and reduce medical spending.

Toward this end, we fully support language in the draft bill that would create a unified appeals and grievance process for integrated plans, and that would expand the authority of the Medicare-Medicaid Coordination Office.

We also support the effort to advance both D-SNPs that have companion Medicaid plans under the same parent organization, and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), which can coordinate and integrate LTSS and medical coverage. In states that have managed LTSS, fully-integrated models should be encouraged and advanced as preferred options for the MLTSS population. We further encourage the Committee to consider allowing states that enroll dually-eligible individuals in Medicaid managed care to require those dual members to receive all of their benefits from a plan that fully integrates Medicare and Medicaid services.

At the same time, we have concerns about the impact this bill could have on D-SNPs in states that have not yet incorporated LTSS and BH in their managed care contracts. We welcome the language in the most recent version of the bill in the section “Requirements For Full Integration For Certain Dual SNPs” which now reads: “...a [SNP]...shall meet one or more of the following requirements, to the extent allowed by the State...” We believe the intent of this broader language provides consideration for D-SNPs operating in states either unwilling or unable to include LTSS or behavioral health in a managed care contract. To reinforce this, we believe it would be helpful to specify populations with dual eligibility enrolled in capitated Medicaid plans that would not include LTSS or BH (e.g., ABD/SSI).

We appreciate having this opportunity to present our views and suggestions on the draft SNP reauthorization language. Please do not hesitate to contact our Executive Director with any questions about our positions or suggestions. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Lawrence Atkins". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

G. Lawrence Atkins, PhD
Executive Director