

National
MLTSS
Health Plan Association

July 27, 2020

Melanie Bella, MBA
Chairman
MACPAC
1800 M Street NW Suite 650 South
Washington D.C. 20036

Anne Schwartz, PhD
Executive Director
MACPAC
1800 M Street NW Suite 650 South
Washington D.C. 20036

Re: June 2020 Report to Congress; Chapter 1: Integrating Care for Dually Eligible Beneficiaries: Background and Context; Chapter 2: Integrating Care for Dually Eligible Beneficiaries: Policy Issues and Options

Dear Chairman Bella and Director Schwartz,

On behalf of the National MLTSS Health Plan Association, we would like to thank you, the Commissioners, and the Commission's staff for your work in advancing policy related to individuals dually eligible for both Medicare and Medicaid ("dual eligibles"). We are especially supportive of your most recent analysis and recommendations in your *June 2020 Report to Congress*. We are pleased to see that your policy recommendations are in strong alignment with the Association's Proposal to Advance Integrated Care. We encourage you to further explore recommendations that increase enrollment in integrated products such as MMPs, FIDE-SNPs, and HIDE-SNPs and support states in implementing these products. We believe these kinds of tangible policy options are necessary to advance integration.

The Association represents health plans that contract with states to provide long-term services and supports (LTSS) to beneficiaries through the Medicaid program. Our members currently cover the large majority of all enrollees in MLTSS plans and assist States in delivering high quality long-term services and supports at the same or lower cost as the fee for service system with a focus on ensuring beneficiaries' quality of life and ability to live in the community instead of an institution. Member organizations include Aetna Inc., AmeriHealth Caritas, Anthem, Centene Corp., Commonwealth Care Alliance, Includa, L.A. Care Health Plan, Molina Healthcare, UPMC Health Plan and VNSNY CHOICE.

Chapter 1 of your report covers several topics related to integration in D-SNPs, including the demographics of dually eligible beneficiaries, their eligibility pathways, spending patterns compared to Medicare-only beneficiaries, and the challenges caused by a lack of coordination between Medicaid and Medicare. We would like to highlight the following challenges created by a lack of programmatic coordination as particularly salient and in strong alignment with the Association's positions:

- Misaligned program rules such as overlapping benefit policies that create delays in receiving services or items (e.g., durable medical equipment) and a confusing set of grievances and appeals processes that do not prioritize beneficiary support;

- Insufficient care coordination between settings of care that are covered under different parts of Medicaid and Medicare (e.g. transitions of inpatient stays covered by Medicare into a community setting covered by Medicaid); and
- A lack of a broad mechanism to capture and reinvest savings created by Medicaid that are instead credited to Medicare (e.g., savings in acute medical spending created by LTSS systems but are instead covered by Medicare).

Chapter 2 puts forward two policy recommendations:

- “CMS should issue sub-regulatory guidance to create an exception to the special enrollment period for dually eligible beneficiaries eligible for Medicare-Medicaid Plans. This exception would allow such individuals to enroll on a continuous (monthly) basis. For purposes of switching plans or disenrolling under the special enrollment period, Medicare-Medicaid Plan enrollees should be treated the same as other dually eligible beneficiaries in Medicare Advantage;
- Congress should provide additional federal funds to enhance state capacity to develop expertise in Medicare and to implement integrated care models.”

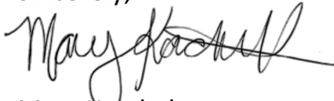
As you may already be aware, the Association has developed its own [Proposal to Advance Integration](#) given that only eight percent of all dual-eligible individuals are enrolled in managed care plans that integrate their Medicare and Medicaid coverage.¹ The purpose of our proposal is to address existing regulatory and legislative barriers to advancing integration along with creating new opportunities for states, health plans, and beneficiaries to realize the benefits of integrated health plans. As mentioned earlier, your policy recommendations and the Association’s proposals share several similarities as they relate to the kinds of barriers we believe impede integration along with solutions that would address these issues. Namely, we would like to highlight the following similarities:

- We agree that Congress and CMS should work to reduce barriers to enrollment in fully integrated products such as Medicare-Medicaid Plans (MMPs). Your proposal to create an exception to the SEP for full benefit dually eligible beneficiaries would help do so. We believe the ultimate goal for these types of policies should be to ensure that every full benefit dually eligible beneficiary is enrolled in a fully integrated product. We encourage you to further explore policy options that move towards this goal.
- We also fully support additional funding for state Medicaid agencies to enhance their capacity to operate integrated care models, including through furthering their Medicare expertise. This is a main component for our Proposal to Advance Integration given that states are critical partners in any effort to integrate care for beneficiaries, especially with respect to LTSS.

Thank you for your efforts and we look forward to your future work on advancing integrated care for dual-eligible beneficiaries. If you have any questions or would like to further discuss the work of the Association, please contact me at mkaschak@mltss.org.

¹ Medicare-Medicaid Coordination Office FY2019 Report to Congress. Accessed at <https://www.cms.gov/files/document/mmco-report-congress.pdf>

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Kaschak". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mary Kaschak
Executive Director

cc:

Kirstin Blom, MIPA, Principal Analyst

Kristal Vardaman, PhD, MSPH, Principal Analyst