PUBLIC SUBMISSION

As of: 5/3/19 11:21 AM
Received: March 28, 2019
Status: Posted
Posted: April 01, 2019
Tracking No. 1k3-991f-ffec
Comments Due: March 28, 2019
Submission Type: Web

Docket: CMS-2018-0138
Off - cycle Submissions of Summaries of Model of Care Changes (CMS-10565)

Comment On: CMS-2018-0138-0006
Agency Information Collection Activities; Proposals, Submissions, and Approvals

Document: CMS-2018-0138-0007
CA

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General Comment

Background Dual Covered individuals
There are more than 11 million individuals covered by both Medicare and Medicaid.They have significant health and social service needs, multiple chronic conditions, and high costs. Nationally, in 2012, people dually eligible for these programs represented on average only 15 percent of the Medicaid population and 20 percent of the Medicare population, but accounted for 33 percent of total Medicaid spending and 34 percent of total Medicare spending. As a result, there is state and federal interest in integrated Medicare-Medicaid managed care models which can improve quality and reduce costs by coordinating care, providing a better care experience, and aligning finances across programs.
Integrated managed care models include the capitated Financial Alignment Initiative (FAI) demonstration; Medicaid managed long-term services and supports (MLTSS) (with requirements for Medicare and Medicaid integration through required state Medicaid agency contracts (SMACs) with D-SNPs (MLTSS+D-SNP)); and D-SNP designation as a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP).
Ten states are currently engaged in capitated FAIs, and there is increasing interest among states in pursuing integration through D-SNPs. Eleven states are advancing integrated MLTSS+D-SNP and/or FIDE SNP models. Some MLTSS+D-SNP integrated managed care models are established (e.g. Arizona and Minnesota) while others have been implemented more

recently (e.g. Tennessee and Virginia). FIDE SNPs are active in 8 states.
The Bipartisan Budget Act of 2018 permanently authorizes Medicare Advantage (MA) SNPs, which include D-SNPs, Chronic Condition SNPs (C-SNPs), and Institutional SNPs (I-SNPs). Reauthorization provides stability to the SNP market and continuity of care for the beneficiaries enrolled in SNP plans. As of February 2018, there were approximately 2.1 million beneficiaries enrolled in D-SNPs, 348,000 enrolled in C-SNPs, and 73,000 enrolled in I-SNPs.
Strengthened Authority for the Medicare-Medicaid Coordination Office regarding increased integration of D-SNPs. The MMCO created by the Affordable Care Act (ACA) to support more integrated benefits and improve coordination for dual eligible individuals has new authority to:
Operate as the dedicated point of contact for state Medicaid programs to address misalignments that arise with the integration of D-SNPs.
Establish a uniform process for disseminating to state Medicaid agencies information under the laws title impacting contracts between Medicaid agencies and D-SNPs.
In implementing these provisions, the Act requires MMCO to obtain stakeholder input, such as feedback from plans, beneficiaries, providers, and other organizations.
Improved integration and coordination for D-SNPs. Beginning in 2021, D-SNPs must meet new requirements for integration or be subject to an enrollment freeze. D-SNPs must meet one or more of the following three options:
Be a FIDE SNP or provide LTSS and/or behavioral health services under a capitated contract with the state Medicaid agency.
Coordinate LTSS and/or behavioral health according to contract requirements to be established by MMCO (e.g., provide notification to the state Medicaid agency of hospitalizations and ED visits).
Assume clinical and financial responsibility for all Medicare and Medicaid benefits if the D-SNP is offered by the parent organization of the Medicaid plan providing LTSS and/or behavioral health service
Expanded supplemental benefits. Starting in 2020, all MA plans, including D-SNPs, will be able to provide supplemental benefits to chronically ill enrollees that have a reasonable expectation of improving or maintaining the health or overall function. Similar proposals that would expand the scope of supplemental benefits so long as they diagnose, prevent, or treat an illness or injury, compensate for physical impairments, act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization,
Expanded telehealth benefits.
MedPAC/MACPAC and GAO studies related to D-SNPs. The Act directs the Medicare Payment Advisory Commission (MedPAC) and Medicaid and CHIP Payment and Access Commission (MACPAC) to evaluate how D-SNPs perform among each other and other comparison groups such as the FAI and MA plans that are not D-SNPs, by March 15, 2022.
Forms for reporting should indicate:
1. Whether the program or institution is part of a Financial Alignment Initiative and or FIDE-SNP
2. Whether the plan provides supplemental, telehealth, or home care services and the costs associated with each such component.
3. Whether the Method of Care plan provides adequate protection for the personal security and bodily integrity of individuals covered by the plan.
4. Allows comparison of Intermediate Care in a facility versus Home Service care. See the Texas cost effectiveness report for home care versus intermediate care.

Attachments

evaluation-of-intermediate-care-facility-conversion-022018