

August 1, 2017

The Honorable Michael C. Burgess
Chairman
Committee on Energy & Commerce
Health Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable Gene Green
Ranking Member
Committee on Energy & Commerce
Health Subcommittee
United States House of Representatives
Washington, DC 20515

Dear Chairman Burgess and Ranking Member Green:

Better Medicare Alliance (BMA) strongly supports beneficiaries' access to the quality, coordinated, and high value care offered by Medicare Advantage Special Needs Plans (SNPs). We applaud your commitment to SNPs in the Special Needs Plans Reauthorization Act of 2017 discussion draft, and agree with your goal of improving the specialized care they deliver to more than 2.4 million high-need, high-cost Medicare beneficiaries.

BMA's broad alliance of 90 organizations, including doctors, health professionals, health systems, aging service agencies, business groups, health plans, as well as beneficiaries supports and advocates for Medicare Advantage. As the private managed care option within Medicare, Medicare Advantage's fully-capitated, risk-adjusted framework encourages a focus on early intervention, care coordination, care transitions, and effective interventions for Medicare beneficiaries with chronic diseases.

BMA believes that the House Committee on Energy & Commerce's discussion draft is a significant step in the right direction to ensure continuity, affordability, and peace of mind for the millions of Medicare beneficiaries who depend on SNPs for their care. We appreciate the Committee's open and deliberative process in requesting stakeholder feedback, and welcome this opportunity to comment on the Committee's discussion draft to reauthorize Medicare Advantage SNPs.

Permanent Authorization of All SNPs

BMA strongly supports permanently authorizing all three SNP types: (1) Dual-eligible SNPs (D-SNPs) which enroll beneficiaries eligible for both Medicare and Medicaid (dual-eligible beneficiaries); (2) Institutional SNPs (I-SNPs) which enroll beneficiaries residing in a nursing home or in the community who are nursing home certifiable; and (3) Chronic condition SNPs (C-SNPs) which enroll beneficiaries with certain severe or disabling chronic conditions.

Previous patterns of short-term reauthorizations have created uncertainty about the future of the program that has been a deterrent to organizations offering SNPs, to states adopting integrated models, and to beneficiary enrollment in SNPs. Permanent authorization would provide states, health plans, and providers with a stable, predictable

environment for investing in SNPs and the changes that are critical for improving quality and reducing costs, particularly for dually eligible beneficiaries.

Duals SNP Policy Changes

We support the commitment to integration for dually eligible beneficiaries in Medicare Advantage. Our allies are working every day to care for these beneficiaries and using the capitated framework within Medicare Advantage to meet their needs. The legislation goes a long way toward defining pathways to full integration that provide flexibility for variation in state Medicaid programs and models of care.

- **A Workable Pathway Toward Integration** – BMA agrees that integration of Medicare and Medicaid services in D-SNPs is an important goal for states, plans, and beneficiaries. In establishing a requirement for plans to be aligned and taking risk for both Medicare and Medicaid benefits, we urge policymakers to afford a ramp-up period for states to get to full integration on the Medicaid side. Specific consideration should be given to ensuring states and plans have multiple pathways to work together to tailor integration. In addition, legislation should state explicitly that plans should not be penalized for state decisions that might impede integration. BMA recognizes that there is wide variation among states as to their willingness or readiness to enter into contracts for full clinical and financial integration of Medicare and Medicaid benefits. Further, legislative language should ensure that high-quality SNPs are able to continue to operate as they move toward integration.
- **Unified Appeals and Grievances Process** – BMA is supportive of this provision. A unified appeals and grievance process will help beneficiaries by improving the current confusing and time consuming system. Input from states, plans, beneficiaries, and advocates is a key part of refining and improving this process.
- **Responsibilities of Federal Coordinated Health Care Office** – BMA is supportive of this provision to strengthen this office. It will help states and plans to better coordinate the Medicare and Medicaid programs by having a dedicated point of contact, and streamlining information dissemination. BMA also appreciates that the provision supports improved integration by establishing uniform processes and best practices.

Reinstate Seamless Enrollment as Medicaid Beneficiaries Become Medicare Eligible

Currently, the Centers for Medicare and Medicaid Services (CMS) has put a hold on any new applications in the seamless enrollment program due to concerns about patient protections. Through seamless enrollment, health plans apply to CMS and CMS grants approval to enroll their commercial and Medicaid managed care beneficiaries in a comparable Medicare Advantage plan when they become eligible for Medicare. Beneficiaries can opt-out if they decide to choose a different Medicare Advantage plan or to enroll in FFS Medicare.

The seamless enrollment process could be particularly beneficial for Medicaid managed care enrollees who could be enrolled in a Medicare Advantage plan that would offer continuity of coverage and care. In August 2016, BMA polled 68,258 BMA advocates to gain an understanding of their sentiments surrounding seamless enrollment. A total of 749 beneficiaries completed the survey. Less than 4% of respondents found the auto-enrollment process in seamless enrollment to be negative (3.65%).¹ Through follow-up phone conversations, BMA staff found that many seniors feel that seamless enrollment alleviates the complexity of researching many options. Congress should direct CMS to work with consumer advocates and health plans to reinstate and update the seamless enrollment program to ensure it is available to beneficiaries with appropriate consumer protections.

Expanding Supplemental Benefits to Meet Needs of Chronically Ill

We strongly support advancing an innovative pathway for improving the health of chronically ill Medicare beneficiaries through the expansion of the definition of allowable supplemental benefits. This change could allow plans to offer services such as meal delivery, in-home services, non-emergency medical transportation, and intensive case management services—all important components to meet the needs of these complex patients. Permitting supplemental benefits to include benefits and services which have a reasonable expectation of improving or maintaining the health or overall function of chronically ill enrollees is sound public policy.

BMA looks forward to working with you to advance this legislation. Should you have any questions, please contact Peter Stein at 202.758.3157 or pstein@bettermedicarealliance.org.

Sincerely,



Allyson Y. Schwartz
President & CEO
Better Medicare Alliance

¹ Better Medicare Alliance Senior Advocates Seamless Conversion Survey, August 2016.