January 5, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administer Brooks-LaSure:

We are a group of aligned organizations that support efforts to integrate Medicare and Medicaid for the dual-eligible population. The purpose of this letter is to comment on the "Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications" proposed rule (CMS-4205-P) that was published in the Federal Register on November 15, 2023.

First, we want to thank the agency for the important work it does to improve the Medicare and Medicaid programs for people who are dual-eligible, including its efforts to improve the care this population receives through Medicare Advantage plans. We limit our comments on the proposed rule to those sections most directly related to people who are dual-eligible and their plan choices, including improvements to advance integration using dual-eligible special needs plans (D-SNPs). These sections include:

- Increasing the Percentage of Dually Eligible Managed Care Enrollees Who Receive Medicare and Medicaid Services from the Same Organizations
- Reducing Threshold for Contract Limitation on D-SNP Look-Alikes
- Medicare Plan Finder and Information on Certain Integrated D-SNPs

While all of the signatories to this letter support the recommendations outlined, some signatories may submit separate letters to CMS on this proposed rule that may be broader in scope or provide more specific recommendations on each topic.

Detailed comments follow.

VIII. C. 1-2 Increasing the Percentage of Dually Eligible Managed Care Enrollees Who Receive Medicare and Medicaid Services from the Same Organizations
Background: CMS is proposing four interconnected changes that are intended to increase the enrollment of people who are dual eligible in coverage options that integrate their Medicare and Medicaid benefits. The four proposals include:

1. Replace the current quarterly special enrollment period (SEP) available to people who are dual-eligible with a once-per-month SEP that would allow people who are dual-eligible to switch to: traditional Medicare and a stand-alone Part D plan or a new stand-alone Part D plan;
2. The new monthly SEP could also be used to enroll in an integrated D-SNP;
3. Enrollment in integrated D-SNPs would be limited to those individuals who are also enrolled in the affiliated Medicaid managed care organization, and
4. For an entity that operates a plan that meets the definition of an integrated D-SNP, the number of D-SNP coverage options it can make available to people who are dual-eligible would be limited to one per service area unless otherwise specified by a state.

Policy Position: We strongly support CMS' proposed policy direction that promotes integrated coverage options and ensures that people who are dual-eligible are presented with a meaningful set of coverage options. We encourage CMS in its implementation of these proposals to account for: (1) state-specific dynamics, (2) ensure that people who are dual-eligible are adequately informed of changes to the enrollment periods and their plan options, and (3) address non-integrated D-SNPs where integrated D-SNPs are available (i.e. co-D-SNPs).

Justification: Taken together, we believe these four proposals will promote enrollment in integrated D-SNPs. Integrated models, like integrated D-SNPs, hold the promise of making the Medicare and Medicaid programs feel like one to people enrolled in them. This can meaningfully reduce a significant administrative burden that people who are dual-eligible and their caregivers experience when navigating both forms of coverage. For example, this can include having to present two forms of coverage when visiting a doctor's office, calling multiple entities to confirm coverage of a particular service, and navigating multiple prior authorization processes. When managing a complex health care condition as many people who are dual-eligible do, these burdens can threaten access to needed care. At best, this reality is overwhelming, but evidence also points to it leading to disproportionately poor outcomes for people who are dual-eligible.[1] By aligning Medicare and Medicaid coverage administratively, integrated models can make care navigation easier and program management more efficient.[2] In addition, integrated models have been associated with decreased use of nursing homes and increased use of care in the home or community, which is the preferred care setting for most Americans.[3, 4, 5] Limited analyses also point to evidence of increased care coordination, such as more frequent instances of post-hospitalization follow-up care,[6] as well as self-reported improvements in patient experience and quality of life.[7] Given these benefits we commend the Administration for addressing some of the historic barriers to enrollment in integrated models.

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[1] MedPac and MACPAC. Databook: Beneficiaries Dually Eligible for Medicare and Medicaid. February 2023.
[2] Angela M.Greene and Zhanilian Feng. Minnesota Demonstration to Align Administrative Functions for Improvements in Beneficiary Experience: Third Evaluation Report. RTI International. Spring 2021.
[3] Medicaid and CHIP Payment and Access Commission. Evaluations of Integrated Care Models for Dually Eligible Beneficiaries Key Findings and Research Gaps. August 2020.
[4] Center for Medicare and Medicaid Services. Financial Alignment Initiative MyCare Ohio: Third Evaluation Report. October 2023.
[5] US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Comparing Outcomes for Dual Eligible Beneficiaries in Integrated Care: Final Report. September 2021.
[6] Center for Medicare and Medicaid Services. Financial Alignment Initiative MyCare Ohio: Third Evaluation Report. October 2023.
[7] Center for Medicare and Medicaid Services. Beneficiary Experience: Early Findings from Focus Groups with Enrollees Participating in the Financial Alignment Initiative. March 2017.

Additionally, CMS' proposed changes will improve the landscape of coverage choices for people who are dual-eligible in particular by reducing the number of coverage options available at any given time. Dual-eligible beneficiaries may be faced with over 100 different coverage offerings today.[8] Evidence shows that an overwhelming choice set reduces anyone's ability to make a decision.[9] CMS' proposals will not only limit the number of plans that are specifically designed to target people who are dual-eligible, but also streamline the options available to them outside of the open enrollment period by limiting the available options to Traditional Medicare and a stand-alone Part D plan or an integrated D-SNP.

While we are overarchingly supportive of CMS' proposed changes, we encourage CMS to: (1) allow flexibility to account for states' program design; (2) ensure that changes are effectively communicated to people who are dual-eligible; and (3) address non-integrated D-SNPs where integrated D-SNPs are available.

State Flexibility

Many states are investing in aligning their Medicaid programs with Medicare coverage options, with more expected to make these investments in the coming years, for the people that are eligible for both programs. If the agency finalizes these proposals aligning enrollment in entities that operates both an integrated D-SNP and a Medicaid MCO and limiting the number of plans an entity that operates an integrated D-SNP can make available, we encourage CMS to provide states with the ability to request exceptions to account for specific dynamics, especially for certain sub-populations that may be not eligible to enroll in Medicaid managed care today. We believe these exceptions should be limited in number and scope so as not to undermine the overall goal of integration.

Communication of Changes

Clear communication of these changes, if finalized, is critically important to ensuring that they have their intended effect, and do not create unnecessary confusion for people who are dual-eligible. We therefore encourage CMS to carefully craft a communications strategy to ensure that people experience a change in their coverage or available choices year-over-year have the necessary information to continue accessing care. As part of this effort, we encourage CMS to work with consumer advocates and trusted sources of information for people who are dual-eligible enrolling in coverage to think about what messages are most important to communicate and where to communicate them and what changes to Plan Finder are important to support people's decision-making when they want to take advantage of their SEP.

Non-Integrated D-SNPs

CMS' proposed changes to ensure aligned enrollment and to limit the number of plans made available apply to integrated D-SNPs, but not to unintegrated D-SNPs. This means that unintegrated D-SNPs will be afforded more flexibility than integrated D-SNPs, even where an integrated D-SNP exists. For example, CMS would permit unintegrated D-SNPs to operate as

[8] Allison Rizer. Is Too Much Choice a Bad Thing?. Anne Tumlinson Innovations Advisory. July 2021.

[9] Sheena S. Iyengar and Mark R. Lepper. When Choice is Demotivating: Can One Desire Too Much of a Good Thing?. December 2000.

many plans as they would like, and integrated D-SNPs could only operate one. The lack of parity between types of D-SNPs can undermine CMS' goal to increase enrollment in integrated D-SNPs. We therefore encourage CMS to extend its proposals to non-integrated D-SNPs as well, at a minimum in service areas where an integrated D-SNP exists and for people who are considered full-benefit dual-eligibles.

VIII. G. 1. Reducing Threshold for Contract Limitation on D-SNP Look-Alikes (§ 422.514)
Background: Today, many non-SNP Medicare Advantage plans target and enroll significant numbers of dual-eligible individuals, thereby detracting from enrollment among this population in options that coordinate with their Medicaid benefits. In the June 2020 CMS final rule, CMS introduced contract limits on non-SNP MA plans with 80% or more dual-eligible enrollment, deemed D-SNP "look-alike" plans. In subsequent final rules, CMS has increased the limitations on look-alike plans. In the past few years, the number of non-SNP plans with dual-eligible enrollment between 50% and 80% has continued to grow, as has the number of dual-eligible individuals enrolled in these plans.[10] In this rule, CMS proposes to decrease the threshold at which a non-SNP is considered a look-alike plan from 80% dual-eligible enrollment to 70% in 2025 and 60% from 2026 onwards.

Policy Position: We support CMS' proposal to decrease the D-SNP look-alike threshold for non-SNP plans and would encourage the administration to reduce the threshold to 50%.

Justification: The targeting of dual-eligible individuals by non-SNP plans often prevents this group from enrolling in models that integrate their Medicare and Medicaid benefits. This concern applies not only to plans with over 80% dual-eligible enrollment. As CMS notes, today, in at least 128 non-SNP plans, dual-eligible individuals make up 50-80% of the total plan enrollment, and enrollment in these plans is growing.[11] Enrollment levels this high suggest active targeting of the dual-eligible population and we therefore support CMS' proposal to broaden the definition of look-alikes to encompass these plans. While we recognize that there are several service areas in which people who are dual-eligible compose of 50% of the population, we believe any plan that attains that level of enrollment by a particular sub-population should still be subject to the enhanced requirements of D-SNP.

VIII. D. Comment Solicitation: Medicare Plan Finder and Information on Certain Integrated D-SNPs
Background: CMS requests feedback on improvements to the Medicare Plan Finder to support dual-eligible individuals' plan shopping experience, including whether Medicaid benefits should be listed on the website.

Policy Position: We support CMS' intention to improve the Medicare Plan Finder to support dual-eligible beneficiaries. We recommend that Medicare Plan Finders' default display list integrated D-SNPs first for people who are dual-eligible and make clear the type of D-SNP being offered. We additionally recommend that Medicare Plan Finder display a more complete picture of benefits available through D-SNPs, including the Medicaid benefits alongside any additional supplemental benefits offered by the

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[10] Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications. Federal Register Volume 88. Rule Number 219. Page Number 78580. November 2023.
[11] *Ibid.*

D-SNP so that a person can understand their full potential range of benefits. We additionally recommend the following changes to Plan Finder:

- On the "Help with your costs" page, allow users to select multiple options, including Medicaid and the Medicare Savings program.
- Make it clear to users that when they filter to view "Plans for people who have both Medicare and Medicaid," that they are viewing all available MA plans, in addition to D-SNPs, which we recommend prioritizing—currently all other filters on the website remove plan options; it is confusing that this filter is the only one that adds options.
- If a user selects that they receive help with costs from another program (e.g., the Medicare Savings Program), the costs shown on the plan results page should reflect this help. Currently, if a user selects that they are enrolled in the Medicare Savings Program, for example, Plan Finder shows Part B premiums on the results page, which a beneficiary is not responsible for.

Justification: Medicare Plan Finder is a crucial resource for beneficiaries navigating their insurance options and for caregivers, SHIP counselors, and others who support beneficiaries in their decision-making. Unfortunately, this resource does not always provide dual-eligible individuals and their caregivers with the information they need to enroll in a plan that best meets their needs. Rectifying Plan Finders' shortcomings for the dual-eligible population requires elevating the availability of integrated and aligned options and ensuring that web users can appropriately weigh the benefits of these options relative to non-integrated or non-aligned options. Restructuring Plan Finder to filter D-SNPs to the top of the list for eligible beneficiaries helps ensure that dual-eligible individuals are aware of this option, thereby facilitating enrollment, as appropriate. Similarly, by including not only the MA supplemental benefits associated with an integrated option, but the Medicaid supplemental benefits associated with the affiliated plan, dual-eligible beneficiaries can understand a fuller picture of what they would receive. The bulleted recommendations included above reflect areas of confusion for dual-eligible individuals on the current website that could be corrected through the suggested minor updates.

We submitted a letter to CMS earlier this year that outlines these recommendations as well.[12]

Thank you in advance for your consideration. We are more than happy to meet with you to discuss these recommendations and answer any questions you may have. Please reach out to Amy Abdnor at aabdnor@arnoldventures.org or Allison Rizer at allison@atiadvisory.com with any questions.

Sincerely,

Arnold Ventures
Community Catalyst
Justice in Aging
Medicare Rights Cener

[12] Amy Abdnor. Dual Eligible Americans Need Support During Medicare Open Enrollment. Arnold Ventures. October 2023.