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January 16, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4182-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via http://www.regulations.gov

Re: CMS-4182-P—Medicare Program; Contract Year (CY) 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program

Dear Administrator Verma:

I am writing to offer you CalOptima's comments on the Centers for Medicare & Medicaid Services' (CMS) proposed regulation titled, "Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program," published in the Federal Register on November 28, 2017. CalOptima is the sole Medicaid managed care plan serving all of Orange County, California. We have approximately 800,000 members, including more than 16,000 who are enrolled in our three Medicare programs — OneCare (Dual Eligible Special Needs Plan), OneCare Connect (Medicare-Medicaid Plan) and Program of All-Inclusive Care for the Elderly (PACE). We greatly appreciate CMS' guidance and support for these programs and are committed to their success.

Several of the proposed policy and rule changes would have a significant impact on CalOptima members. In particular, we believe that the proposed changes to enrollment processes would offer our D-SNP and MMP members more continuity and better access to care. We greatly value CMS' efforts to strengthen these important programs as they are complementary to our efforts to ensure access to comprehensive care for beneficiaries that are covered by both the Medicare and Medicaid program. The plethora of choices that dually eligible seniors are confronted with as they age into Medicare can often be confusing, even disorienting. Some of the common-sense policy proposals and changes suggested in CMS' proposed regulation will help seniors effectively navigate their choices during this critical time.

My intent in this letter is to highlight a few elements of the proposed changes that we find especially positive. I would also like to suggest an addition that we think will greatly improve the dual eligible experience and is in line with the CMS' intent in making these proposals.

Seamless Conversion of Dual-eligible Beneficiaries into D-SNPs (pp. 56365-56368)

CalOptima supports CMS' proposal for seamless conversion of dual-eligible beneficiaries from their Medicaid managed care plan into the plan's affiliated D-SNP. Dual eligibles represent some of the poorest, sickest, and costliest beneficiaries in both programs and they often have to change providers as they transition to Medicare as their primary insurance. We feel this seamless conversion policy will help ensure continuity of care for beneficiaries as they transition from Medicaid to Medicare plans. This policy change would also benefit potential PACE participants. Though many of these individuals would not meet PACE eligibility requirements, some would, including individuals who become Medicare-eligible due to disability. Dual eligibles would be provided access to critical information about all their options, including Medicare fee-for-service, alternative Medicare Advantage (MA) plans and PACE. We encourage CMS to finalize the D-SNP seamless conversion policy as proposed.

We would add, however, that, just as with D-SNPs, seamless conversion of eligible beneficiaries into MMPs would also greatly improve continuity of care and simplify enrollment for frail seniors. The same advantages should accrue to MMP eligible seniors. The foundational goal of seamless conversion is to efficiently and effectively direct dual eligible beneficiaries into the plan that is best suited to address their needs; it would follow that the opportunity should also be afforded MMP-eligible seniors. At the same time, changes proposed to the beneficiary notice requirements in § 422.66(c)(2)(i)(C) and (c)(2)(iv), ensure that both D-SNP and MMP eligible individuals would be provided a high-level of beneficiary protection as well. These proposed rules ensure that Medicaid beneficiaries would be aware of their default MA enrollment and of the changes in coverage well in advance (60 days).

We respectfully request that CMS allow the seamless conversion of dual-eligible beneficiaries into MMPs as well as D-SNPs, as we believe this change would be in line CMS' stated objectives of increasing continuity of care while ensuring beneficiary protection.

Additional Flexibility Related to Passive Enrollment of Dual-eligible Beneficiaries into MMPs (pp. 56369-56371, p. 56493)

CalOptima supports CMS' proposal to expand current regulatory authority to initiate passive enrollment for certain dually eligible beneficiaries in order to avoid unnecessary disruptions of care. Currently, passive enrollment of beneficiaries into MA plans is limited to situations in which there is an immediate termination of an MA contract or CMS determines that remaining enrolled in a MA plan poses potential harm to beneficiaries. CMS is proposing to expand the availability of passive enrollment to other situations that might result in an involuntary disruption of care.

For both seamless and passive enrollment, it is in a beneficiary's best interest to be fully informed of the entire range of options that are available to him/her at critical decision points. Consequently, it is essential that the notice required under proposed §422.66(c)(2)(iv) include all

key information necessary for the beneficiary to make an informed decision. This includes information regarding the availability of alternative plans which may, depending on the individual's geographic location and level of care, include PACE.

CalOptima's goal is always to help our members choose the program that is the best fit for them, whether that is our D-SNP, MMP, PACE program or any other option. We fully support CMS' efforts to expand and bolster both member choice and continuity of care through the proposed changes to the MA and Part D programs for CY2019. We believe this regulatory reform effort will make it easier for members to understand their choices and select the plans that best serve their needs and preferences.

CalOptima remains committed to providing high-quality, patient-centered care to dual-eligible beneficiaries and we appreciate CMS' efforts to modernize and simplify Medicare regulations. Thank you again for opportunity to comment on these important proposed rule changes.

Sincerely,

Michael Schrader
Chief Executive Officer

cc: Kerry Branick, Deputy Director, Models, Demonstrations and Analysis Group, CMS
Tim Engelhardt, Director, Federal Coordinated Health Care Office, CMS
Kristin Sugarman-Coats, CMS/CMHPO/Region IX