January 16, 2018

RE: (CMS) Proposed Rule CMS-4182-P *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*

Centers for Medicare & Medicaid Services (CMS), HHS:

Health Choice Generations (HCG), Dual Eligible Special Needs Plan contract H5587 under IASIS Healthcare, is submitting comment on proposed rule file code CMS-4182-P, *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*, regarding revisions to the MAPD program.

Overall, HCG is in support of the new regulations being put forth by CMS and believe they will allow plans to better support Medicare beneficiaries.

Below please find our individual position on each proposed item.

As a D-SNP plan sponsor, some of the proposed regulations have little or no impact. We opted not to include those on the pages that follow.

Please contact me with any follow up or clarification. Thank you.

Respectfully,

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Item	Health Choice Generations Comment
Patients over Paperwork Initiative	Health Choice strongly supports the proposed rule as it benefits members, plans, and the environment. Beneficiaries will continue to have access to the EOC via the plan website, with the option of requesting a hardcopy. Similar to the Provider/Pharmacy Directory, this change will be cost effective and environmentally friendly. It reduces administrative burden for the plan, eliminates the need for mass production and storage of materials, and allows for changes/updates (erratas) to be made in real-time, without incurring significant costs and/or waste.
Artificial Limits on Medicare Advantage Plan Variety and Part D Artificial Limits	Health Choice believes the 'meaningful difference' requirements have led to less choice in plan type for beneficiaries and are in favor of removing the requirements.
Allowing Electronic Delivery of Certain Beneficiary Documents	Health Choice strongly supports the proposed rule as it benefits members, plans, and the environment. Beneficiaries will continue to have access to the EOC via the plan website, with the option of requesting a hardcopy. Similar to the Provider/Pharmacy Directory, this change will be cost effective and environmentally friendly. It reduces administrative burden for the plan, eliminates the need for mass production and storage of materials, and allows for changes/updates (erratas) to be made in real-time, without incurring significant costs and/or waste.
Updates to the Definition of Marketing	Health Choice supports focusing the definition of marketing to be for those materials used for enrollment marketing. However, we recommend caution regarding creation of a new 'communications' definition with new requirements and would request that plan sponsors are included in the creation.
Implementation of the Comprehensive Addiction and Recovery Act of 2016 (CARA)	Health Choice fully supports additional efforts to stem opioid abuse. This will allow plans to be able to lock identified member into specific prescribers and pharmacies (like we do for Medicaid) and not just out of the drug entirely, allowing for a more targeted approach, with less errors, when managing opioid prescriptions.
Default Enrollment	Health Choice is supportive of the continuation based on our alignment experience in Arizona. Default enrollment adds value to the beneficiary as it simplifies the process of transition to Medicare, which for many can be overwhelming. Default enrollment relieves the burden for members who wish to enroll in a MA plan offered by the same insurance company as their current health plan. It provides the organization with the ability to maintain continuity of care and streamline the sharing of clinical and claims data on utilization, encounters, and diagnostics to ensure quality, monitor access to services, and better coordinate benefits.

Passive Enrollment Opportunities to Protect Continuity of Integrated Care for Dually Eligible Beneficiaries	Health Choice believes this change would result in greater alignment with less confusion while maintaining member choice. Default enrollment adds value to the beneficiary as it simplifies the process of transition to Medicare, which for many can be overwhelming, and relieves the burden for members who wish to enroll in a MA plan offered by the same insurance company as their current health plan. It provides the organization with the ability to maintain continuity of care and streamline the sharing of clinical and claims data on utilization, encounters, and diagnostics to ensure quality, monitor access to services, and better coordinate benefits.
Limitation to the Part D Special Enrollment Period for Dual and Other LIS-Eligible Beneficiaries	Health Choice is in favor of this proposal as it will encourage beneficiaries to remain with their plan for a greater period of time. This will allow the plan to better serve the member and result in better health outcomes.
Changes to the Days' Supply Required by the Part D Transition Process	Health Choice supports this. Decreasing the days supply for Non-formulary and prior auth required transition drug fills will expedite transition to a formulary agent (or prior auth decision) and ensure appropriate plan specific therapy sooner.
Expedited Substitutions of Certain Generics and Other Midyear Formulary Change	Health Choice supports this. This allows for use of new generic drug immediately upon release to market if brand version is on the formulary without having to give the member a 60 day notice. This will save members money (via copay reduction) in non D-SNP plans. Health Choice supports that this proposal "permits" Part D sponsors to make the change but does not require it, meaning each plan could determine what is best for them and their members.
Lengthening Adjudication Timeframes for Part D Payment Redeterminations and Independent Review Entity Reconsiderations	Health Choice supports this.
Reducing Burden on Plans by Eliminating MA Plan Notice of Forwarded Appeals	Health Choice supports this.
Preclusion List Requirements for Prescribers in Part D and Providers and Suppliers in Medicare Advantage, Cost Plans and PACE	Health Choice fully supports all efforts leading to beneficiary protections and reducing burdens on contracted providers.
Removal of Quality Improvement Project	Health Choice supports this as the QIP is duplicative of activities Dual plans are already performing.
Reducing Unnecessary Paperwork Burden Medical Loss Ratio	Health Choice supports this.