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March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator and Director, Center for Medicare
Centers for Medicare and Medicaid Services

Jennifer Wuggazer Lazio, F.S.A., M.A.A.A.
Director
Parts C & D Actuarial Group
Office of the Actuary

RE: Comments on Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for
Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Call
Letter

Dear Mr. Kouzoukas and Ms. Lazio:

On behalf of the Office of Medicaid of the Executive Office of Health and Human Services
(EOHHS), we appreciate the opportunity to provide comments on the Advance Notice and 2019
Call Letter, dated February 1, 2018.

MassHealth is the Massachusetts Medicaid and CHIP program. MassHealth provides coverage
to approximately 312,000 individuals who also have Medicare (dual eligible members). While
many of our dual eligible members receive both their Medicare and Medicaid services via fee for
service, a growing number are served through managed integrated or coordinated delivery
systems, including approximately 19,000 adults with disabilities in Medicare-Medicaid Plans
(MMPs) under a Financial Alignment Demonstration (One Care), approximately 4,000 older
adults in Programs of All Inclusive Care for the Elderly (PACE), and approximately 54,000 older
adults in a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) model for members
ages 65 and older (Senior Care Options-SCO).

Improving Beneficiary Communications and Reducing Burden for Integrated D-SNPs



We appreciate CMS' efforts to improve communication and promote information sharing between CMS and the states, and we encourage CMS to continue to grow, and where possible, formalize these practices.

In particular, we commend CMS' efforts to promote further integration of the member-facing materials used by integrated D-SNPs. Unified communications and materials are crucial to improving members' understanding of and access to benefits and services. As noted in the Call Letter, Massachusetts is currently working with CMS to improve integration of the Summary of Benefits, Provider and Pharmacy Directory, and Formulary for our SCO plans. We further support CMS's proposal to coordinate state and CMS communications and processes for D-SNP non-renewals.

We encourage CMS to go further in allowing the same level of integration for FIDE-SNPs as for Medicare-Medicaid Plans (MMPs). For example, in One Care, our integrated Financial Alignment Demonstration MMP, plans are required to use fully integrated materials, including integrated directories, formularies, annual notices of change and explanations of benefits, as well as integrated evidence of coverage documents, marketing materials, and denial and appeals notices. Fully integrated member materials maximize the ability of beneficiaries to understand their benefits and access the care they need.

Massachusetts also recommends that CMS promote further integration by offering increased data sharing with states to support coordinated administration and financing for FIDE-SNPs, PACE, and MMPs. For example, expanding state access to HPMS for coordinated administration of FIDE-SNPs and PACE, similar to the access available to states for MMP joint administration, would improve administrative alignment efforts and reduce administrative burdens for plans. For example, as Massachusetts is able to access One Care plan marketing material submissions via HPMS, the MMPs need only submit their materials through HPMS as part of a single, streamlined submission and approval process. In addition, MassHealth recommends that CMS share information regarding current year Medicare Advantage bid amounts for FIDE-SNP products, Medicare beneficiary level risk scores for dual eligible Medicaid members (to support care coordination and Medicaid rate setting efforts), and Medicare plan payment data to better support joint federal and state efforts to ensure cost efficiency in both Medicare and Medicaid programs.

Network Adequacy Determinations and Provider Directory Best Practices

Massachusetts appreciates our collaboration with CMS to jointly evaluate network adequacy submissions for MMPs. We encourage CMS to continue working with states to develop and implement network adequacy standards that are aligned between Medicare and Medicaid, and that are appropriately targeted to the populations eligible for and enrolled in MMPs. We would further encourage CMS to explore applying this approach in partnership with states in the administration of FIDE-SNPs.

Medication Assisted Treatment

Finally, we applaud CMS in its efforts to address the needs of our most vulnerable members by supporting access medication for addiction treatment (MAT). We encourage CMS to support the expansion of access to MAT in expanded settings. In particular, we recommend specifically incentivizing primary care providers to offer MAT.

We thank you for your partnership and for your consideration of our comments. We look forward to continuing our work with CMS to strengthen and improve integrated care options for our most vulnerable members.

Sincerely,



Daniel Tsai
Assistant Secretary for MassHealth