

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: [File code CMS-4182-P] RIN 0938-AT08 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

Dear Administrator Verma:

Solera Health submits comments on the Centers for Medicare and Medicaid Services (CMS) Proposed Rule on the Medicare Program for Contract Year 2019 related to Medicare Advantage, Medicare Cost Plan, Medicare Fee-For-Service, the Medicare Prescription Drug Benefit Program, and the PACE programs issued on November 28, 2017, (82 Fed Reg 56336 - 56527). Solera looks forward continued opportunities to offer suggestions on strengthening and improving the healthcare system, especially as it relates to prevention and the non-clinical provision of services. Solera wants to continue working with federal and state partners deliver evidence-based interventions and to avert the onset of preventable diseases in America.

Solera is an integrated network of Diabetes Prevention Program (DPP) providers that functions as the administrative contractor to manage the DPP for health plans. Through our national network of in-person, community DPP providers and virtual DPP partners, Solera partners with health plans and we administer the DPP. As an integrator of DPP services, Solera has created a unique marketplace that connects the critical sectors in the DPP ecosystem – payers, physicians, consumers and DPP providers.

We acknowledge that most of the proposed rule pertains to areas outside of our business model. Our comments are focused on a narrow list of areas which greatly impact our business and our relationships with payers and suppliers of services.

We appreciate the opportunity to weigh in on these important areas:

(1) Reducing the burden of the compliance program training requirements.

The FDR requirements continue to be a huge hurdle for small providers. As it relates to the diabetes prevention services scheduled to be delivered as a Medicare covered benefit by non-clinical providers effective April 1, 2018, there remains a considerable amount of confusion regarding the applicability and obligation related the FDR regulations. Independent, non-clinical providers of these preventive services traditionally have not navigated the FDR requirements, so any administrative efforts to simplify the training requirements would be welcomed. This may include allowing for initial and annual attestations to meet the FDR requirements, and making greater use of risk assessments. Streamlining the FDR requirements will facilitate contracting among healthcare parties, and will provide greater access to services for beneficiaries.

(2) Proposed Regulatory Changes to the Calculation of the Medical Loss Ratio / Fraud Reduction Activities

Solera supports the revision to the calculation of the Medical Loss Ratio to focus on the provision of medical services instead of including the recovery of erroneous or fraudulent payments. By focusing the calculation on the delivery of medical services, including preventive health services and immunizations, consumers will have a better basis of comparing health plans.

(3) Inclusion of diabetes prevention as a MA STAR measure

As many federal and state health resources are focused on the prevention of chronic conditions, and specially on diabetes prevention, Solera asks CMS to consider including diabetes prevention efforts as a STAR measure to support the Agency's efforts to improve the accountability for the care provided by health plans, physicians, and other Medicare providers. The extent of the diabetes epidemic and the cost-savings of the Medicare DPP create the opportunity to measure the impact of diabetes prevention requirements and where necessary, to call for additional outreach.

Solera continues to look for ways to working with the Centers for Medicare and Medicaid Services. We are committed to strengthening the healthcare system for all Americans, especially our nation's older population.

Thank you for considering our comments. If there are questions or if additional information is needed, please do not hesitate to contact Danielle Turnipseed at 202-930-5961 or Danielle.Turnipseed@SoleraNetwork.com.

Sincerely,



Brenda Schmidt
Founder and CEO
Solera Health, Inc.