



January 16, 2018

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

**Re: CY2019 Proposed Policy and Technical Changes to the Medicare Advantage Program CMS-4182-P**

Dear Administrator Verma:

We are writing on behalf of Molina Healthcare, Inc. ("Molina") to provide comment on the Centers for Medicare & Medicaid Services proposed rule *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*. Molina was founded over 35 years ago to provide quality health services to financially vulnerable families and individuals covered by government programs. Through our work with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), Medicare Advantage Prescription Drug Plans, Medicare-Medicaid Plans (MMPs), as well as MLTSS and Medicaid programs, Molina along with our state partners and CMS have endeavored to improve the quality of care and health outcomes for some of our Nation's most vulnerable citizens. We have been serving dually eligible individuals for over a decade, are currently serving approximately 100,000 Medicare-Medicaid members, and have the largest membership of any MMP with 57,000 members in six of the nine demonstrations.

Molina is encouraged with many of the provisions in the proposed rule and applaud CMS for their commitment to transparency, furthering innovation, and reducing the regulatory burden on providers, health plans, and CMS. We would like to thank CMS for the opportunity to provide comment on the proposed rule and express our support for many of the provisions that will promote greater alignment of medical and non-medical coverage and further support enrollment growth of individuals into aligned Medicare and Medicaid plans. The following are Molina's comments and suggestions on the proposed rule.

**Coordination of Enrollment and Disenrollment Through MA Organizations and Effective Dates of Coverage and Change of Coverage**

Molina strongly supports the proposed rule bringing seamless conversion (default enrollment) back as an effective tool for operators of Medicaid plans and D-SNPs to encourage enrollment in plans that offer care models specifically for Medicare-Medicaid enrollees and their unique needs. In addition to reinstating this process, Molina would propose that CMS consider allowing plans with Medicare-Medicaid eligible enrollees in their non-aligned D-SNP and/or MLTSS plan to be seamlessly converted into their MMPs under the rule as well.

## **Establishing Limitations for the Part D Special Election Period (SEP) for Dually Eligible Beneficiaries**

The current ability for dually eligible and other subsidy-eligible individuals to churn in and out of different plans monthly significantly impedes health plans' efforts to effectively coordinate care and services and provide continuous coverage of integrated Medicare and Medicaid benefits. The CMS proposed rule suggests amending the Part D SEP under certain instances. Molina supports the establishment of the limited set of rules to ensure plans have the opportunity to provide members with the full benefits of care coordination and management. We would like to propose that CMS consider adding Medicare-Medicaid Plans (MMPs) to the list of plans in which this set of rules applies. Providing such limited set of rules would still offer ample choice for beneficiaries while supporting the goals of continuity of care and providing additional support to ensure integrated models can be as successful as possible.

Molina Healthcare supports the third option that draws heavily on MedPAC recommendations, which is to modify the SEP to prohibit its use to elect a non-integrated MAPD plan. Eligible individuals could still elect Medicare FFS with a standalone PDP throughout the year. Given the importance and value of integrated health plan options, we strongly encourage the support of policies that drive enrollment into these programs that offer the most integrated benefits to members.

We believe integrated health plan options, such as D-SNPs operated by health plans that also have capitated Medicaid contracts, FIDEs, and MMPs, are providing additional value to individuals (which partly explains the increasing percentage of dually eligible beneficiaries enrolled in these programs). We also believe these plans will demonstrate cost reductions and improved outcomes for vulnerable populations.

We view the technical and member education challenges inherent with this change in SEP as manageable. CMS could maintain and publicize a listing of integrated plan options that dually eligible individuals could use to elect their SEP to enroll in in any month, in addition to returning to FFS Medicare and standalone PDP. Molina believes that working together, CMS and plans can manage the steps necessary to ensure the process is seamless for members and that the benefits of supporting integrated health options for more eligible individuals far outweighs the additional effort that would be required of us.

## **Passive Enrollment Flexibilities**

To support effective growth, sustainability, and further integration of D-SNPs, Molina supports CMS' proposed rule to enable members of non-renewing D-SNPs to be passively enrolled into a different D-SNP as long as it meets integration requirements. Molina encourages the adoption of this flexibility to help ensure members do not inadvertently lose out on the benefits of a D-SNP model of care and an integrated product as the result of a current carrier leaving the market. We support this approach and hope such flexibilities can continue to prove the positive benefits in outcomes and satisfaction for dually eligible members and eventually lead to greater flexibilities that promote enrollment in integrated programs. Molina would also be supportive of CMS exploring with interested states the ability to allow them to passively enroll Medicare-Medicaid eligible individuals into integrated products after ample stakeholder input.

### **Reducing the Burden of the Compliance Program Training Requirements**

Molina supports this provision of the proposed rule that eliminates the requirement for annual training of first-tier, downstream and related entities (FDRs) on our compliance program. Molina believes ample competencies can be ensured without this requirement.

### **Revisions to Timing and Method of Disclosure Requirements**

CMS' proposal to allow electronic distribution of EOC, summary of benefits, and provider directories through posting on a website or electronic delivery is an exciting step forward that Molina strongly supports. Allowing this option of delivery for members will help bring parity across Medicare and commercial offerings for our members, as well as help increase timeliness of communications. Molina is equally as supportive of the proposal to allow plans to deliver EOCs the day the annual enrollment period begins, rather than 15 days prior.

### **Star Rating Transparency**

Molina healthcare greatly appreciates CMS' collaboration and solicitation of comments regarding potential changes to the Star Ratings system. Molina strongly supports the increased transparency that CMS has introduced to the process by proposing to change the rule for display measures. This includes i) keeping a display measure for upwards of two years, ii) waiting three years until measures changes take effect, and iii) allowing a five-year period before any changes have a financial impact. Molina believes these changes will help promote a more transparent and reliable system moving forward.

Molina is highly supportive of changes to the current cut point system which looks at benchmarked performance after care has been delivered. We welcome a more transparent cut point and goal setting system in which goals are set at the beginning of the measurement year to allow plans to drive performance towards pre-determined cut-points. Such a system would decrease unnecessary burdens on plans and allow them to collectively push performance year over year.

### **Star Ratings and Categorical Adjustment Index (CAI)**

The demographic make-up of the low income population inherent to D-SNPs often leads to poorer outcomes simply based on the fact that this is a low-income and highly vulnerable population. While Molina appreciates the changes CMS has made regarding the CAI, it does not alleviate the disparities that currently exist in the Star Rating system and we look forward to further opportunities to remedy outstanding issues.

Molina strongly advocates for a separate system which benchmarks SNPs against one another to determine performance achievements. To truly create an apples-to-apples comparison of plans in regards to performance reimbursement, the system should be altered to reflect the needs of distinct populations via a SNP benchmarked rating system that does not include commercial MA and MAPD plans. In creating this system, CMS can create a true comparison of SNPs that takes into account critical demographic items and variations in providing care to these highly complex members

Short of pursuing an alternative performance system for SNPs, Molina recommends the exploration of the expansion of the CAI to include additional adjustments to measures such as through CAHPS and HOS. Molina supports AHIP's recommendations to make CAI more impactful through their proposed "Relax the Measure Inclusion Criteria". This enhancement would enable CMS to stop excluding measures that show meaningful differences in plan performance that result from beneficiary-level social risk factors. Molina is also in strong support of AHIPs' "Hold Plans Harmless" recommendation that acknowledges CAI as an interim analytic adjustment and suggests CMS consider holding plans harmless from reductions in Star Ratings due to the CAI until the variety of methodological issues are resolved.

Additionally, Molina is also aligned with the SNP Alliance in its recommendation to delay codifying the current Star measures until a more thorough system is put in place which measures potential inaccuracies in the current Star Rating system and biases related to SNPs. By expanding the CAI, CMS can take mitigation steps to ensure its Star Rating system provides much needed standardization in measuring SNP performance. In addition to expanding the measures, we also see great potential benefit in taking additional steps to expand the CAI model to include regional and geographic adjustments to specific SNP membership characteristics. By implementing this adjustment, the current risk based payment adjustments could be better aligned with the outcome performance model to take into account socio-economic differences between geographic areas. While Molina appreciates the current CAI adjustments and potential expansion into additional measures and regional adjustments, we hope CMS will continue to explore additional refinements to create an even more robust system that appropriately measures SNP performance as it relates to quality outcomes.

### **Stars Alignment with Experience Measures**

Molina encourages CMS to reconsider increasing the weight of the member experience CAHPS measures from 1.5 weighted measures to 3.0 weighted measures. With the exception of the experience measures, the current Stars Rating system is a rigorous clinical and outcomes based operational performance system that benchmarks performance across non-subjective measures to create a comparison of performance based outcomes. It is well documented that plans with a high proportion of members with cognitive impairments and/or significant SES-related needs do not provide valid and reliable responses to the CAHPS survey measures. Due to this, Molina feels that the subjective nature of the satisfaction measures means that less reliance should be placed on them when looking at overall Star Rating performance.

Along similar lines as the CAHPS measures, Molina believes that the Star Rating system should not incorporate a physician experience component. Not only does this further add a subjective measurement to the Star Rating system and additional reporting burdens on both providers and Medicare Advantage plans, but it also begins to decentralize the role of providing outcomes for clinical-based care and decision making to enrollees.

Additionally, Molina is also greatly aligned with the SNP Alliance in its assessment on Health Outcome Survey (HOS Measures). We share concerns that the most vulnerable members are often left out of the quality measurement survey and that it is not truly measuring what was intended. We encourage reconsideration of how the HOS measures are used specifically for the physical and mental health improvement measures, by either 1) discontinuing their use until further validation is done, 2) decreasing the weighting, or 3) creating a more thorough benchmarking system that specifically takes into account demographic disparities inherent to special needs populations.

Thank you again for the opportunity to provide comments on the proposed rule. Molina is eager to move forward with many of the promising provisions presented that will help us work together with CMS and our state partners to advance integrated care delivery for some of the most vulnerable among us.

Sincerely,



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Carolyn M. Ingram  
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