



March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator & Director, Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Re: CMS-2017-0163

Dear Mr. Kouzoukas:

The SCAN Foundation (Foundation) welcomes the opportunity to comment on the *Medicare Advantage (MA) Advance Notice and CY 2019 draft Call Letter* (Call Letter). The Call Letter demonstrates CMS' effort to shape the current infrastructure to support person-centered care and integrated care for people dually eligible for Medicare and Medicaid. Elements of the *CHRONIC Care Act*, recently passed as part of the *Bipartisan Budget Act of 2018*, closely align with several of CMS' priorities identified in the Call Letter. The following comments highlight CMS action the Foundation supports, opportunities to strengthen proposals within the Call Letter, and information that will be helpful as CMS works to implement the *CHRONIC Care Act*.

Require MA plans to demonstrate use of health risk assessment (HRA) data in constructing care plans and making associated referrals. The Foundation supports CMS' decision to let plans include completion of HRAs as a permitted health-related activity in a Rewards & Incentives Program. This could help increase HRA completion, and subsequently lead to better identification of an individual's needs. In a high-quality system of care, an individual's medical and non-medical (e.g., functional and social) needs and goals are identified, and the first touch point for this information is the mandatory HRA. In 2016, [MACPAC](#) reported that there are currently 124 functional assessments in use across states. Learning from a 2014 Avalere [report](#), we know that more can be done through the HRA to elicit an individual's goals and values, and to use both medical and non-medical information in care planning and coordination. For example, California's Department of Health Care Services recently required all Medicaid managed care plans to include [10 questions](#) in their HRAs that identify functional and social support needs. We recommend that CMS require all MA plans to include these 10 questions into HRAs and implement a process to coordinate these responses with other important health-related information for care planning and coordination in order to participate in a Rewards & Incentives Program. This information could also be valuable for implementation of the *CHRONIC Care Act of 2018*.

Expand the scope of health related supplemental benefits to include non-medical services.

The Foundation supports CMS' intention to interpret the scope of supplemental benefits more broadly to allow plans to provide a wider array of supplemental benefits, including non-medical services that address health needs. Non-medical services provided in the community can improve an individual's quality of life while reducing disease burden and total health care spending. A recent [report](#) from the Bipartisan Policy Center recommends CMS go a step further, and permit MA plans to provide limited long-term services and supports (LTSS) as an optional supplemental benefit. We recommend that CMS capture data from the MA plans to understand who is accessing supplemental services, what services are being provided, and the effect these services have on outcomes. This information could be valuable for implementation of the *CHRONIC Care Act of 2018*.

CMS should align the implementation and oversight of programs serving individuals dually eligible for Medicare and Medicaid.

The Foundation supports CMS' decision to work with states to integrate oversight and communications for integrated dual eligible special needs plans (D-SNPs), specifically the summary of benefits, annual notice of changes/evidence of coverage, provider and pharmacy directory, and CMS/state communications for D-SNP non-renewals. People access health care and LTSS through a combination of delivery systems including Medicare, Medicaid, and federally funded community-based programs, and often find these systems challenging to navigate. A recent Bipartisan Policy Center [report](#) recommends aligning administrative and program standards and processes to improve access to health care and LTSS. This information could be valuable for implementation of the *CHRONIC Care Act of 2018*.

CMS should offer mechanisms to foster best practices and provide technical assistance for integrating care.

The Foundation supports CMS' priority to provide technical assistance to states for more robust submissions of D-SNP Models of Care that incorporate information on integrating Medicare & Medicaid managed LTSS. Valuable resources, planning, and technical assistance support has been provided to states as they work to integrate care for dually eligible individuals through the Financial Alignment Demonstrations. Through mechanisms like the [Integrated Care Resource Center](#) and [Medicaid Leadership Institute](#), states have been able to share best practices, identify and address systemic problems, and receive coaching to develop and implement integrated systems of care. CMS should continue this support to help states learn from each other and continue to build high-quality systems of integrated care. This information could be valuable for implementation of the *CHRONIC Care Act of 2018*.

Star Ratings should include quality measures that elevate elements of person-centered care.

Systems that incorporate person-centered care characteristics address what matters most to individuals receiving services. As such, the Foundation supports CMS' testing and consideration of the following new measures that reinforce [elements of person-centered care](#) and align with the [Essential Attributes](#) of high quality care for adults with complex care needs:

- HEDIS Transitions of Care , measuring transitions from inpatient care to home;
- Care Coordination; and

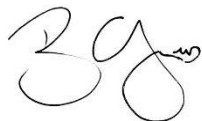
- Assessment of Care for People with Multiple High-Risk Chronic Conditions to be reported by all MA plans. This measure reinforces the importance of a comprehensive assessment for people with complex care needs as it assesses the percentage of members with an expanded assessment (i.e., physical function assessment, cognitive function assessment, pain assessment, fall risk assessment, goals of care discussion, and advance care planning).

Ensure informed choice by further developing decision-making tools that provide transparent, easily understood information. The Foundation supports CMS' decision to allow MA plans to segment by supplemental benefit. This would provide increased flexibility for MA plans that could allow for variations in benefits packages and cost-sharing that addresses the needs of target populations, but would add additional complexity to the decision-making process for individuals selecting a plan. While Medicare.gov begins to provide insight into the available plans, it does not clearly communicate key differences between the plan offerings. Navigating systems of care is incredibly complicated, especially for people with complex care needs and those dually eligible for Medicare and Medicaid.

In order to better support informed decision-making, people must have access to transparent, accurate and easily-understood information provided through culturally competent messaging. This became very apparent throughout implementation of California's Financial Alignment Demonstration. Key findings from a beneficiary [survey](#) found that people were more likely to decline participation in the demonstration when they did not clearly understand their choices and the benefits. For people to make informed decisions they need easily accessible information to search for models of care and providers that best align with their needs and values. We recommend CMS develop a tool to assist in the decision-making process taking into account what matters most to people when selecting a health plan or provider, especially as CMS provides MA organizations more flexibility to develop variations across plans.

Thank you for the opportunity to review and comment on the draft *MA CY 2019 Call Letter*. Please feel free to contact us for further information. We are happy to provide technical assistance on the elements discussed in this letter, as well as how they relate to the rulemaking and implementation of the *CHRONIC Care Act*.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Chernof', with a stylized flourish at the end.

Bruce A. Chernof, M.D.
President and CEO