November 27, 2017

1155 15th Street, N.W., Suite 6 00 | Washington, DC 20005

Tel. 202.204.7508 | Fax 202.204.7517 | [www.communityplans.net](http://www.communityplans.net/) John Lovelace, Chairman | Margaret A. Murray, Chief Executive Officer

Seema Verma, Administrator

Centers for Medicare and Medicaid Services

United States Department of Health and Human Services Hubert H. Humphrey Building

200 Independence Avenue, S.W. Washington, D.C. 20201

*Submitted electronically through* [http://www.regulations.gov.](http://www.regulations.gov/)

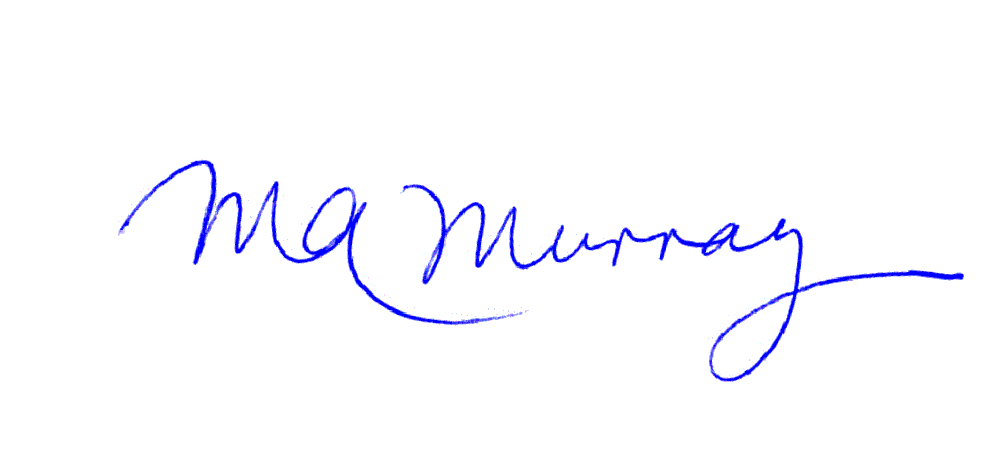
**Re: ACAP Comments on Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program Proposed Rule**

The Association for Community Affiliated Plans (ACAP), is pleased to submit comments in response to CMS’ Proposed Rule on Contract Year 2019 Policy and Technical Changes to Medicare Advantage. ACAP represents 61 not-for-profit, community-based Safety Net Health Plans located in 29 states. Our member plans provide coverage to about twenty million individuals enrolled in Medicaid, Children’s Health Insurance Program (CHIP) and Medicare Advantage Dual-Eligible SNPs. Nationally, ACAP plans serve almost half of all Medicaid managed care enrollees. Twenty-four of our plans are D-SNPs, 24 operate managed long-term services and supports (MLTSS) products, and 14 participate in the Financial Alignment Demonstration, accounting for approximately 30 percent of all enrollment in the Demonstration.

Seamless Conversion of Dual-eligible Beneficiaries into D-SNPs

ACAP supports CMS’ proposal for seamless conversion for dual-eligible beneficiaries from their Medicaid managed care plan into the plan’s affiliated D-SNP. Dual eligibles represent some of the poorest, sickest, and costliest beneficiaries in both programs and often fall through the cracks between Medicare and Medicaid. We feel this seamless conversion policy will help ensure continuity of care and minimize disruptions in their care as they transition from Medicaid to Medicare as the primary payer. We encourage CMS to finalize this policy as proposed.

ACAP is prepared to assist with additional information, if needed. If you have any additional questions, please do not hesitate to contact Christine Aguiar Lynch at (202) 204-7519 or [clynch@communityplans.net.](mailto:clynch@communityplans.net)



Sincerely,



Margaret A. Murray Chief Executive Officer

2