



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

RE: Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter [CMS-2018-0154]

Dear Administrator Verma:

Thank you for the opportunity to provide comments on the Centers for Medicare and Medicaid Services' Part 2 of the *Medicare Advantage (MA) Advance Notice and CY 2020 Draft Call Letter (Call Letter)*. We appreciate CMS' efforts to support Medicare Advantage beneficiaries with serious, chronic conditions and functional needs.

The Long-Term Quality Alliance (LTQA) is an alliance of national organizations that represent stakeholders across the long-term services and supports (LTSS) spectrum aimed at improving outcomes and quality of life for persons who are managing functional limitations due to chronic health conditions, and their families. LTQA's mission is to advance the availability, affordability, and access to high quality, person- and family-centered, integrated LTSS by: building the evidence base supporting LTSS and LTSS integration; educating and engaging public- and private-sector stakeholders; and convening stakeholders around innovative models that achieve better outcomes, reduce expenditures, and provide a platform for financing LTSS by integrating medical care, behavioral health, and LTSS.

With funding support from The SCAN Foundation, in the summer of 2018 LTQA interviewed seven MA organizations (MAOs) regarding their response to the opportunity in the 2019 Call Letter to offer a "flexible" supplemental benefit. The intent of the project was to identify challenges MAOs faced in developing a bid and recommend improvements. Each of the plans interviewed was doing or planning to do the work necessary to prepare special supplemental benefits for chronically ill beneficiaries for possible inclusion in their 2020 bid. LTQA published a [report](#)

presenting the findings, including recommendations for regulatory changes, and modifications to the Call Letter and CMS guidance for the 2020 bid cycle.

The MAOs interviewed were generally enthusiastic about the opportunity to add benefits that could provide greater non-medical supports and services for their members with complex care needs. MAOs were asked for suggestions on what LTQA should recommend to CMS for the 2020 bid cycle. Based on these responses, LTQA developed the following recommendations:

Clarity: In 2019, MAOs assumed from the guidance documents that there would be more opportunity for creativity in offering these types of benefits and were surprised that CMS seemed to be applying more restrictive criteria in approving the benefits than what was communicated in the guidance. With more lead-time for CMS to communicate criteria in the 2020 cycle, MAOs would like detailed guidance earlier and understand the changes in policy that will occur in 2020 – particularly with the implementation of the CHRONIC Care Act

Flexibility: The MAOs would like guidance that enables the opportunity for more creativity in structuring special supplemental benefits. MAOs encourage CMS to take a more outcomes-based and less prescriptive approach on allowable benefits in relation to beneficiaries with complex care needs. CMS could provide the space for plans to work creatively with members who have complex care needs for a year or two, and then collect evidence of the plans' ability to improve outcomes

Broader Focus: Some MAOs commented that focusing on chronic conditions would limit the population that needs to be served through the targeted supplemental benefits. CMS should see if there is a better way to incorporate functional limitations (defined in terms of need for assistance with activities of daily living (ADLs)) to get beyond diagnoses and medical conditions and broaden the population that can be served.

Part D Included: MAOs hoped CMS would include Part D in the targeted supplemental benefits in the 2020 bid cycle – to allow them to do more related to drug benefits. MAOs noted that under the VBID demonstration, they can include Part D – providing an opportunity to offer more holistic coverage including support for medication adherence.

Special Supplemental Benefits for Chronically Ill (SSBCI)

MAOs are looking for ways to provide non-medical services and supports that can help people with complex care needs improve outcomes and avoid expensive medical care. Given the tremendous variation in the population with these needs, there is no single package of services and supports that will work for everyone. When preparing for their 2019 bids, the MAOs interviewed voiced concerns that targeting particular benefits to subpopulations defined in terms of their medical conditions is still a broad-brush solution that poses administrative challenges in trying to fit benefits to individual needs. Some MAOs anticipated being able to offer benefits in 2020 with additional flexibility to allow their primary care providers or care managers to individually tailor services for members with chronic conditions.

Consistent with this interest from the MAOs, CMS has provided in this Call Letter two important provisions that allow for much greater flexibility in matching benefits to individual needs. The first is the ability to target benefits non-uniformly to individuals meeting the definition of chronically ill on the basis of objective criteria for “reasonable likelihood of improving” developed by the plan. This will enable plans to direct benefits to individuals most in need and most likely to benefit from them. The second is the broader discretion provided to MAOs to develop and propose items and services that they believe will best maintain or improve health or overall function of the individual with regard to the chronic disease.

Based on our findings, we support the effort in this draft Call Letter to allow MAOs broader discretion in targeting and developing items and services they may propose as SSBCI is an important step forward from the CY 2019 Call Letter in providing MAOs greater flexibility. However, to advance a truly person-centered approach to care, MAOs need the ability to consider an individual’s functional limitations, needs and goals to align services. CMS should pursue ways to evaluate functional needs more effectively in MAOs to support more robust planning and coordination of medical and non-medical supports. In the long run, incorporating an array of services and supports in basic Medicare Advantage coverage, and enabling physicians and care managers to select services and supports that best match specific needs addressed in individual care plans would also support a more person-centered approach.

Conclusion

SSBCI is a major step toward providing holistic coverage in the Medicare program to support a more effective strategy to manage chronic conditions and reduce the impact on overall Medicare spending of beneficiaries with the most complex care needs. It provides a testing ground for expanded Medicare coverage and the potential to pay for these added benefits through the Medicare health savings they generate.

While it is a good first step, the MAOs interviewed seek much greater flexibility to fit the services and supports to the person. This aim – to fit the services to the person – is more achievable in the context of a risk-based, per-capita payment that incorporates fully-integrated medical, behavioral health, and LTSS benefits and savings potential – with all of the tools, resources, and discretion an accountable care manager needs to assist a person and family with complex care needs in meeting their goals and maintaining their quality of life.

LTQA appreciates the opportunity to share the learnings from our interviews with MA organizations and comment on the Call Letter. If you have any questions, please feel free to contact me.

Sincerely,
Mary Kaschak
Executive Director