

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

November 12, 2019

By electronic delivery to www.regulations.gov

Centers for Medicare & Medicaid Services
Office of Strategic Operations and regulatory Affairs
Division of Regulations Development
Attention: Document Identifier /OMB Control No. CMS-10237
Room C4-26-05
7500 Security Avenue
Baltimore, MD 21244-1850

Re: CMS-10237 Applications for Part C Medicare Advantage, 1876 Cost Plans, and Employer Group Waiver Plans to Provide Part C Benefits

Justice in Aging appreciates the opportunity to provide comments on the above-referenced proposed application document the “Application”).

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable health care, economic security and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income beneficiaries and populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Justice in Aging’s comments focus specifically on the Application as it pertains to Special Needs Plans, including particularly Dual Eligible Special Needs Plans (D-SNPs). We do not propose any changes to the Application itself. We note however that in Section 5.9 (SNP Quality Improvement Program: Attestations), the Application lays out important data collection and reporting responsibilities for SNPs. We ask that CMS maximize transparency around the data collected from SNPs, making as much data as possible available in usable format to stakeholders, policymakers and researchers.

For D-SNPs, transparency is particularly important since many states are increasingly relying on D-SNPs as vehicles for innovation in integrating care to dual eligible. Data coming from plans on such items as service utilization rates, improvements in beneficiary health status, staff implementation of Models of Care, etc. can help states and all stakeholders better understand which approaches among the different states offer the most promise for successful outcomes.

We have already seen the value of such transparency in assessing integrated care models. In the financial alignment demonstration in California, Cal MediConnect, dashboards tracking similar data have been of great value in spotting trends, informing policy discussions, and identifying areas for adjustment

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in requirements and oversight.¹ We recognize that some information may need to be aggregated without identification of particular plans but urge having as much information as possible publicly and easily available. This transparency means that all affected stakeholders will be working with the same facts and ensures fuller and more productive policy development.

We also note that Section 5.8 requires SNPs to provide some basic information on how plans conduct health risk assessments, e.g., by telephone or face-to-face and whether they use paper or computerized systems. Information on trends and practices in these areas would also help stakeholders to understand what is happening in this core function for D-SNPs.

Thank you for considering our comments. If any questions arise concerning this submission, please contact Georgia Burke at gburke@justiceinaging.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Goldberg". The signature is fluid and cursive, with the first name being more prominent.

Jennifer Goldberg
Deputy Director

¹ The dashboards are available at www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx.