

January 5, 2024

Administrator Chiquita Brooks-LaSure  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4205-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: File Code CMS-4205-P - Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications.**

Dear Administrator Brooks-LaSure,

On behalf of the Medicaid Health Plans of America (MHPA), we thank you for the opportunity to provide input on the *Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications*.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 150 managed care organizations (MCOs) serving more than 50 million Medicaid beneficiaries in 40 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national, regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through MCOs, and the Association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.

Approximately 12.5 million individuals are eligible for both the Medicare and Medicaid programs. Individuals that are "dually eligible" qualify for some level of benefits from both programs. Data show that dually eligible individuals experience high rates of chronic illness, with many having multiple chronic conditions and/or social risk factors. Due to separate eligibility requirements, benefits, and rules for Medicare and Medicaid, dual eligible individuals often experience a "fragmented and disjointed system of care."<sup>1</sup>

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<sup>1</sup> Peña, Maria. "Medicaid Arrangements to Coordinate Medicare and Medicaid for Dual-Eligible Individuals." Kaiser Family Foundation. April 27, 2023. <https://www.kff.org/medicaid/issue-brief/medicaid-arrangements-to-coordinate-medicare-and-medicare-for-dual-eligible-individuals/>

Across the country, 28 states maintain partnerships with Medicaid managed care plans to cover some or all benefits for dual-eligible individuals. States can require that dually eligible individuals enroll in Medicaid MCOs or establish Medicaid managed care as an optional alternative to Medicaid fee-for-service (FFS).

We appreciate efforts by CMS to promote integrated care for dually eligible individuals and offer specific comments on the proposals and comment solicitations related to *Increasing Integrated Care for Dually Eligible Beneficiaries* and *Information and Enrollment for Integrated D-SNPs*.

### Increasing Integrated Care for Dually Eligible Beneficiaries

#### *Limiting Enrollment for Non-Integrated Medicare Advantage Plans*

***MHPA supports meeting the health care and social service needs of dually eligible individuals through the delivery of care and services that are coordinated and integrated and that are aligned in the best interests of dually eligible individuals.*** Navigating two separate government health care programs puts dually eligible individuals at risk for uncertainty and confusion, raises barriers to care, and can result in overall increased costs. Most recently, the COVID-19 pandemic highlighted the varied and complex health and social challenges commonly faced by dually eligible individuals and underscored the benefits of improved coordination of care.<sup>2</sup>

We applaud CMS for its work to advance integration, coordinated care, and alignment in furtherance of quality of care for dually eligible individuals. In partnership with the federal government, many states have worked closely with CMS to improve care coordination and to advance integration for dually eligible individuals using various authorities, constructs, and programs. State efforts have included partnerships with Medicaid managed care, the availability of Programs of All Inclusive Care for the Elderly (PACE), participation in the Financial Alignment Initiative (FAI)'s Medicare-Medicaid plan (MMP) model, and contracting with dual eligible special needs plans (D-SNPs).

States have the flexibility to shape their own Medicaid programs which can result in nuances in the populations covered among the states as well as differences in benefits and enrollment. These differences are also reflected in the range and depth of policies implemented by states related to care coordination and advancing integration for dually eligible individuals. Given the diversity and breadth of state efforts, MHPA encourages CMS to consider how their current proposals intended to increase integrated care for dually eligible individuals, including enrollment limitations, could potentially impact ongoing state efforts to advance integration for dually eligible individuals. Further, in support of these efforts, we respectfully call for CMS to ensure that existing state efforts to meaningfully advance integration are protected. For example, several states already provide fully integrated models based on Medicare plan selection subsequently using Medicaid auto-assignment to align the Medicaid benefits with the Medicare selection. We encourage CMS to

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<sup>2</sup> Govender A, Mohanty SA, Bynum J, Iyengar V. Protecting the Medically Vulnerable Amid COVID-19: Insights from the Dually Eligible Population in the United States. *NAM Perspect*. 2021, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8486418/>

clarify that states can achieve integration through such pathways and ensure that the proposed rule does not unnecessarily disrupt existing programs. In addition, with MMPs sunseting by the end of 2025 and states in various stages of transition, CMS should consider delaying implementation for policies that impact MMPs depending on the state situation. In addition, CMS should consider that states with carve outs for behavioral health or long-term services and supports are in varying positions to meet alignment objectives.

We also note that today most Medicaid enrollment processes do not account for the Medicare enrollment criteria (e.g., providers in network, medication covered, supplemental benefits), choice, or processes. Additionally, there is no mechanism to direct dually eligible individuals into an aligned plan for enrollees in Medicaid FFS. We believe more guidance on the subset of individuals who are in Medicaid FFS, as well as, state integrated enrollment processes, beneficiary education, and passive enrollment options are needed. Additionally, plans have undertaken valuable efforts to support Medicaid enrollment by leveraging public health emergency (PHE) flexibilities, including support for the increased use of ex-parte renewals. We encourage CMS to retain these flexibilities as they implement new processes to increase integration for dually eligible individuals, to ensure that individuals eligible for Medicaid continue to receive the benefits to which they are entitled.

#### *Special Enrollment Periods*

MHPA believes the proposed changes to the special enrollment period (SEP) are directionally positive, but that implementation could present challenges depending on state programmatic design. For instance, aligning enrollment dates between Medicaid and Medicare when feasible would streamline processes and minimize confusion for dually eligible individuals. While a monthly opt-in for integrated coverage presents greater opportunities for plan choice, it could also increase churn with the potential to impact continuity and quality of care. We encourage CMS to consider how these policy changes could potentially impact individuals in different scenarios such as consideration for the varied factors that can lead to a Medicare enrollee receiving care through FFS later qualifying for Medicaid.

#### [Information and Enrollment for Integrated D-SNPs](#)

##### *Medicare Plan Finder and Information on Certain Integrated D-SNPs*

MHPA appreciates the efforts to include and recognize Medicaid benefits on the Medicare Plan Finder. Dually eligible users of the Medicare Plan Finder would benefit from access to more complete information on the availability of benefits. We also support increasing the visibility of D-SNPs and integrated plans on the Medicare Plan Finder. For example, CMS may consider adjusting the default display for dually eligible individuals that is not prioritized by price, but rather lists D-SNPs upfront since dually eligible individuals pay little to no premiums. Given the operational requirements needed for maintaining the accuracy of such information, we encourage CMS to be mindful that processes for updating this information will need to be considered.

##### *State Enrollment Vendors*

MHPA believes that leveraging state enrollment vendors to improve the enrollment experience and better align enrollment between a dually eligible individual's integrated D-SNP and the D-SNP's affiliated Medicaid MCO makes conceptual sense and should help reduce the risk of misaligned Medicare and Medicaid enrollment. Should CMS decide to finalize the proposal on enrollment vendors, we recommend that technical assistance be provided to states to ensure that vendors receive specific training and education to increase their awareness of considerations for working with the dually eligible population.

*Enrollment Start and Cut-off Dates*

MHPA supports the alignment of Medicare managed care and Medicaid managed care enrollment start and cut-off dates. Addressing the potential for misalignment helps minimize churn for dually eligible individuals and supports continuity of care. Our member plans believe this is operationally feasible but note that such changes would require sufficient time to allow for system updates.

Once again, thank you for the opportunity to provide comments on this proposed rule. We appreciate CMS's focus on improving the care and the care experience for dually eligible individuals. We appreciate the opportunity to share our feedback and look forward to continuing to work with CMS and our state partners to make a meaningful difference in the lives of dually eligible individuals.

Please feel free to reach out to me directly at [sattanasio@mhcpa.org](mailto:sattanasio@mhcpa.org) with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio  
Vice President, Government Relations and Advocacy