

April 6, 2020

Centers for Medicare and Medicaid Services (CMS)

Attn: CMS-CMS-2020-0003

P.O. Box 8016

Baltimore MD 21244-8010

## RE: CY 2021/2022 Medicare Advantage and Part D Proposed Rule (CMS- 4190-P)

The California Collaborative for Long Term Services and Supports (CCLTSS) is comprised of <u>61 statewide and regional aging and disability organizations</u> that promote dignity and independence in long-term living. Our members include advocates, providers, labor, and health insurers. Collectively we represent millions of California seniors and people with disabilities, their caregivers, and those who provide health, human services, and housing.

The CCLTSS would like to express its support for the proposed policies related to "look-alike" Dual Eligible Special Needs Plans (D-SNPs) in the CY 2021/200 Medicare Advantage and Part D Proposed Rule (CMS-4190-P). Specifically, our members agree that it is important to limit the availability of "D-SNP look-alikes" as these products are not truly designed to serve the needs of duals and can cause beneficiary confusion and prevent enrollment of duals into truly integrated products.

We believe that the requirements for D-SNPs, which are subject to specific rules and oversight that do not apply to look-alikes, contain important beneficiary protections and help better align and integrate care for duals. When plans have the ability to circumvent federal regulatory and state contracting requirements that otherwise apply to D-SNP products this can have a negative impact on efforts

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to fully integrate Medicare and Medicaid, lower costs and improve the quality of care for dually eligible individuals.

We fully support all efforts to limit the impact of look-alike plans and ensure that D-SNP offerings truly provide integrated care. We are in agreement that CMS should not enter into or renew a contract for an Medicare Advantage (MA) plan that is a non-SNP plan that either (a) projects in its bid that 80 percent or more of the plan's members will be dually eligible, or (b) already has enrollment in which 80 percent or more are dually eligible. This will ensure that enrollees will have access to D-SNPs that are held to a higher integration standard and help reduce beneficiary confusion around what coordination occurs with a look-alike plan.

Additionally, we support the proposed enhancements to SNP care management policies, which include requirements for SNPs to conduct face-to-face encounters between the enrollee and a member of the enrollee's interdisciplinary team or the plan's case management, and coordination with staff to ensure results of the initial assessment and annual reassessment are addressed in the care plan, and evaluation and approval of the SNP model of care (MOC). This will only help to increase the coordination and care management that should be expected in an integrated Medicare product.

The codification of previous sub-regulatory guidance from the Medicare Communications and Marketing Guidelines that prohibits MA organizations from marketing non-D-SNP plans as D-SNPs, is an essential part of the ensuing that only plans that are designed for dually eligible individuals and have a relationship with the State Medicaid Agency are allowed to conduct targeted marketing to this population.

The CCLTSS is encouraged to see the significant steps that are proposed in this rule to limit the negative impact of look-alike plans on the market and on beneficiaries. With so many MA choices available to beneficiaries it is important that CMS require its contracted MA plans to follow the regulatory guidance and appropriately market products to the appropriate population. We fully support these proposed clarifications and changes in federal policy around look-alike plans and believe it will result in better care for beneficiaries and lower costs over time.

Sincerely,

Eric Dowdy, MPPA

Chair, Board of Directors

California Collaborative for Long Term Services and Supports