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Bipartisan Policy Center  
1225 Eye Street, NW Suite 1000  
Washington, D.C. 20005

**RE: Policy Options for Integrating Care for Individuals with Both Medicare and Medicaid**

The Medicare Rights Center (Medicare Rights) appreciates this opportunity to comment on the Bipartisan Policy Center’s white paper, “Policy Options for Integrating Care for Individuals with Both Medicare and Medicaid.” Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Each year, Medicare Rights provides services and resources to nearly three million people with Medicare, family caregivers, and professionals.

**General comments**

We are pleased with this set of policy options for integrating care for dually eligible individuals. On our national helpline, we have seen the serious issues that can arise when care is not fully integrated, especially when beneficiaries are forced to engage with disparate grievances and appeals processes. Too often, the provider, plan, or even state personnel do not understand both programs, what services intersect, and how to file timely appeals. We urge the full integration of grievance and appeals processes as well as the creation of robust participant ombudsman and transparency in appeals decisions records to ensure that people with Medicare and Medicaid are receiving care in a timely, fair, and affordable manner.

We provide further detail on individual portions of the white paper below.

**Eliminate Regulatory Barriers to Alignment**

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- 1. Congress should further align operations and oversight of programs serving dual eligible individuals by consolidating regulatory authority for all programs serving dual-eligible individuals into the MMCO.**

We support this policy recommendation to further consolidate regulatory authority under the Medicare-Medicaid Coordination Office (MMCO). This would promote a more coherent and systematic approach to operations and oversight and would increase thoughtful integration.

- 2. Congress should direct the secretary of HHS to adopt best practices from the Financial Alignment Initiative demonstration and apply them to Fully-Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs).**

We generally support an effort to inform future integration efforts with evidence from past demonstrations and other explorations. We would support a recommendation that guided the working group to select those practices—like the integrated appeals and grievance process used in New York’s FIDA program and will be brought forward into the FIDE-SNP (Medicaid Advantage Plus) program—that are identified as such by all stakeholders, including beneficiaries, advocates, plans, and providers.

We strongly support the recommendation for the creation of a working group to develop standards for care management, network adequacy, and marketing and other member materials. Each of these subjects has seen great variation between plans and from state to state, leaving many dually eligible individuals without appropriate access to high quality care and information. Historically, we are especially concerned that marketing and other member materials often fail to convey useful, accurate information to individuals and their families.<sup>1</sup> We suggest the Bipartisan Policy Center (BPC) include a recommendation for federal agency creation of templates for most member communications. Such templates are useful as they can be thoroughly tested to ensure that they convey necessary information in a way that avoids misinterpretation and ambiguity.

We also support the recommendation that the working group develop uniform standards for a single open enrollment period; joint oversight of plans by CMS and states; and alignment of Medicare and Medicaid measures, to include measures of access to care, beneficiary experience, and appropriateness of financial incentives among plans, providers, states, and the federal government. Standardization and alignment in these areas would reduce beneficiary confusion and improve comparisons between plans and across states.

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<sup>1</sup> Medicare Rights Center, “2019 Final Medicare Communications and Marketing Guidelines (MCMG)” (August 10, 2018), <https://www.medicarerights.org/policy-documents/comments-re-2019-final-medicare-communications-and-marketing-guidelines-mcmg>.

Finally, we also strongly support the recommendation that the working group develop a model outreach and engagement plan to help inform and educate enrollees and providers on the requirements and benefits of fully integrated care models. As we stated above in the context of marketing and member communications, we encourage BPC to recommend the creation and use of templates to allow for robust consumer testing of any materials.

### **3. Limit enrollment in integrated models to full-benefit dual-eligible individuals.**

While we appreciate the concern that individuals who are not full-benefit dually eligible individuals may not be able to take full advantage of plan integration and may cause confusion, there are some significant access benefits for some Qualified Medicare Beneficiary (QMB) eligible individuals. Enrollment in a D-SNP can, in our experience, increase the chances that a QMB-eligible individual will see a Medicaid participating provider and decrease the chance that a provider will turn them away or balance bill them.

### **Provide Incentives and Assistance to States**

#### **1. Provide the secretary of HHS with authority to develop a shared savings program in existing payment and delivery models for dual-eligible individuals.**

We support the recommendation that HHS create a program to financially incentivize states to integrate Medicare and Medicaid services. Currently, many of the benefits of integration accrue to the Medicare program—by reducing acute care—rather than to the Medicaid program. This may leave states in the position, real or perceived, that they are funding integration initiatives that exclusively benefit the federal government. While we would urge states to pursue integrated services for the benefit of dually eligible individuals, we also support more concrete incentives.

#### **2. Direct the secretary of HHS to provide resources and in-person technical assistance to states that would like to integrate Medicare and Medicaid services, building on the existing Integrated Care Resource Center.**

As recent analysis<sup>2</sup> makes clear, states may have the will to integrate Medicare and Medicaid services but lack the expertise. We support the recommendation that states receive extensive assistance that will allow them to pursue integration effectively.

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<sup>2</sup> Michelle Herman Soper, et al., “The Value of Pursuing Medicare-Medicaid Integration for Medicaid Agencies,” MLTSS Institute (November 22, 2019), [http://www.advancingstates.org/sites/nasquad/files/Advancing%20States%20Value%20of%20Integration%20Report%20112219\\_3.pdf](http://www.advancingstates.org/sites/nasquad/files/Advancing%20States%20Value%20of%20Integration%20Report%20112219_3.pdf).

## **Improve the Enrollee Experience**

- 1. Direct the secretary of HHS to require collaboration between CMS, ACL, and states to implement model standards for outreach and education and increase funding to the State Health Insurance Assistance Program to help dual-eligible individuals better understand the options available to them in order to make informed choices.**

We strongly support the recommendation that there be redoubled efforts to improve the enrollee experience and aid dually eligible individuals in making the best coverage choices for their circumstances. In particular, we support the recommendation that State Health Insurance Assistance Programs (SHIPs) receive additional funding. SHIP counselors are vital resources who provide unbiased one-on-one assistance to beneficiaries and their families. But the program is chronically underfunded and under constant threat for further cuts or total elimination. We also suggest that SHIPs receive additional trainings on Medicaid generally, and on integrated care products specifically available in their state and community, as outlined below.

- 2. Provide resources and technical assistance to states for consumer and provider engagement and education, and encourage states to partner with community organizations and local governments**

We strongly support the recommendation to deepen efforts to engage with beneficiaries and providers and to provide unbiased, accurate information that explains the benefits, and any potential drawbacks, of available coverage options. Again, we urge BPC to include a recommendation for the creation of consumer-tested templates that are designed for maximum consumer readability and comprehension.

- 3. Allow states to implement 12 months of continuous Medicaid eligibility for dual eligible individuals**

Churn within the Medicaid program is increasing, largely because of state decisions to increase administrative barriers to participation, and as states add more layers of bureaucracy, or increase the frequency of redeterminations, they force many eligible individuals out of the program.<sup>3</sup> We strongly support the recommendation to allow and encourage states to implement 12 months of continuous eligibility.

We suggest that BPC include a recommendation that state and federal policymakers reduce administrative burdens on enrollees and ease stringent eligibility requirements by shortening

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<sup>3</sup> Emmett Ruff & Eliot Fishman, "The Return of Churn: State Paperwork Barriers Caused More Than 1.5 Million Low-Income People to Lose Their Medicaid Coverage in 2018" (April 2019), [https://familiesusa.org/wp-content/uploads/2019/09/Return\\_of\\_Churn\\_Analysis.pdf](https://familiesusa.org/wp-content/uploads/2019/09/Return_of_Churn_Analysis.pdf).

and simplifying applications, lengthening the time between redeterminations, and eliminating or raising asset and income limits. These changes would help ensure that those who need Medicaid and may benefit from integrated products are better able to enroll and stay enrolled.

### **Require Full Integration of Medicare and Medicaid**

**To promote full integration of care for dual-eligible individuals over the long term, Congress should:**

- 1. Require full integration of Medicare and Medicaid Services within five years. Direct the secretary of HHS to consolidate and designate specific payment and delivery models designed to integrate care for dual-eligible individuals. In designating models of care, Congress should draw from models that have shown promise in integrating care, such as the FAI, or other successful programs implemented by states. These care models could include a managed fee-for-service approach similar to the successful model implemented in Washington State, D-SNPs, HIDE-SNPs, FIDE-SNPs, or PACE. The secretary should consider models designed to address the needs of consumers in urban, rural, and frontier areas.**

We support the recommendation of full integration of Medicare and Medicaid services. We especially urge BPC to emphasize the necessity of full integration of grievance and appeals processes to ensure beneficiaries have access to needed care in a timely and straightforward way.

- 2. Require all MA carriers to offer one FIDE-SNP in each service area in which they offer coverage to provide choice and continuity of care.**

We support the recommendation that all MA carriers offer one FIDE-SNP in each service area. This would greatly increase the availability of FIDE-SNPs to dually eligible individuals. We caution, however, that there is a proliferation of MA plans and the current decision tools, including Medicare Plan Finder, are inadequate to truly aid beneficiaries in choosing integrated products.<sup>4</sup> We encourage BPC to include a recommendation that CMS bolster Plan Finder's

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<sup>4</sup> There are three significant issues beneficiaries may encounter when using Plan Finder to search for integrated products: 1. Plan Finder provides a limited ability to filter. This means that search results may include several plans that are not D-SNPs or that do not include long-term care. 2. It can be difficult to tell the plans apart or understand the differences in what each plan covers. Plan Finder does not use terms like HIDE SNP or MLTSS, so very different plans can look the same in Plan Finder. 3. Plan Finder does not include plan eligibility requirements. Currently, while Plan Finder can be helpful for learning about available D-SNPs in a particular service area, individuals should be sure to contact the plan directly to confirm all information found online.

utility for dually eligible individuals by increasing filtering capability, and by including more information about plan services, differences between plans, and plan eligibility requirements.

- 4. Direct the Secretary of HHS to directly contract with plans and provider care models in states that choose not to fully integrate care and require contributions from those states to financially support programs at the end of the five-year period similar to the “claw-back” implemented in Medicare Part D. In developing this federal “fallback” program, the secretary should determine models to be used, establish eligibility standards, benefits, and determine which Medicaid eligibility groups should be included. Eligible individuals should be auto-enrolled using the same requirements established under the FAI, and individuals should be able to opt-out.**

We support the recommendation to create a federal fallback program for states that are disinclined to move forward with integrated products. However, we urge BPC to reconsider the recommendation for auto-enrollment in integrated products. In our experience, auto-enrollment does more harm than good and denies beneficiaries active choice. In addition, it can impede access to care and care continuity by uprooting beneficiaries from their providers of choice. We must seek ways to engage beneficiaries in an active choice for their coverage, not force them to undo choices made without their permission. Beneficiaries will choose integrated if they are well-informed about the benefits of such products and if those benefits are borne out through successful plan implementation.

Thank you again for the opportunity to comment on this rule’s proposals. For additional information, please contact Lindsey Copeland, Federal Policy Director at [LCopeland@medicarerights.org](mailto:LCopeland@medicarerights.org) or 202-637-0961 and Julie Carter, Senior Federal Policy Associate at [JCarter@medicarerights.org](mailto:JCarter@medicarerights.org) or 202-637-0962.