October 26, 2017

U. S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team
200 Independence Avenue, SW, Room 415F
Washington DC 20201

Submitted via e-mail at HHSPlan@hhs.gov

Re: Draft Strategic Plan FY 2018-2022

The Medicare Rights Center (Medicare Rights) is pleased to submit comments in response to the Draft Strategic Plan FY 2018-2022. 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.

The following comments are informed by our experience assisting beneficiaries, their family members, and health care professionals. For additional information, please contact Casey Schwarz, Senior Counsel, Education & Federal Policy at CSchwarz@medicarerights.org or 212-204-6271 or Julie Carter, Federal Policy Associate at JCarter@medicarerights.org or 202-637-0962.

Our comments to specific sections, below, reflect some major themes that are informed by experiences of our helpline callers, including:

Affordability: Older adults with low incomes need comprehensive coverage from the Medicare and Medicaid programs because they do not have the resources to pay for additional services that are not covered, and rely on the premium and cost-sharing assistance through the Medicare Savings Programs and Extra Help for prescription drugs. We urge that the Strategic Plan include actions to ensure that the full spectrum of necessary health care services, including oral health, vision and hearing services, and long-term services and supports, are available and affordable to all who need them and that low income programs to assist with Medicare costs are accessible.

Care coordination and integration of community supports: Developing person-centered approaches to health care and providing better coordination of services are important goals across the American healthcare system. We support HHS's efforts to better coordinate delivery systems and provide person-centered care. We also appreciate the recognition in the Strategic Plan of the need to better integrate non-medical supports such as housing into health care planning and delivery.

Oversight: We have concerns that throughout the Strategic Plan there are very limited references to the agency's oversight function. While we recognize that HHS should and must work collaboratively with the provider, health insurer, and research communities to foster improvement and innovation, it is equally

important that the agency engage in robust oversight to ensure that consumers are protected from harm, that quality standards are upheld, and that improvements are implemented. All Americans, but most especially the older adults and persons with disabilities who rely on Medicare and Medicaid, count on HHS to carefully monitor the performance of the providers and health plans under its jurisdiction. With the increasing number of consumers in Medicare and Medicaid managed care and in Marketplace plans subject to HHS jurisdiction, it is particularly important that HHS ensure that plans deliver what they promise.

Health equity: We appreciate that the Strategic Plan seeks to address inequities in health care delivery and in health outcomes among Americans. Cultural competence across the health care delivery system, including within HHS, is critically important in effectively delivering health care. Cultural competence includes a need to provide information in languages and formats that consumers can understand. We believe the Strategic Plan could be strengthened by more explicitly recognizing the link between discrimination protections and improving health equity and by a more explicit commitment to enforce anti-discrimination statutes and regulations.

Goal 1: Reform, strengthen, and modernize the nation's health care system

Objective 1.1 Promote affordable health care, while balancing spending on premiums, deductibles and out-of-pocket costs

Strategy: Promote preventive care to reduce future medical costs (Line 141)

As discussed in our general comments, affordability is a central element in accessibility. In the Medicare and Medicaid programs, as well as private insurance, HHS has recognized that co-insurance for preventive services has been a deterrent for uptake and has made ongoing efforts to expand the scope of preventive services that are available to consumers with no cost-sharing. We ask that there be an explicit commitment to ensuring affordability in the strategic plan.

Strategy: Strengthen informed consumer decision-making and transparency about the cost of care (Line 158)

We support efforts to strengthen informed consumer decision-making and transparency about the cost of care. For older adults and people with disabilities, navigating choices can be particularly daunting and confusing and many use in-person assistance when making decisions about their health care coverage. Many older adults are not comfortable with computer programs, and those with low incomes often do not have access to internet-based assistance and may not have the ability to receive, maintain and effectively use printed information. For these individuals especially and for people with limited health literacy or limited English proficiency, personal one-on-one assistance is critical for informed consumer decision-making.

To make informed decisions on health insurance choices, consumers also need confidence that the information on which they are making their choices accurately describes the coverage they will receive. For example, health plan provider networks must actually be available as described. But recent CMS surveys of Medicare Advantage and Medicaid Managed Care plans found an alarming percent of plan directories were inaccurate or incomplete. These examples demonstrate the importance of HHS exercising its oversight responsibilities to ensure that consumers can confidently make choices based on accurate information.

We propose that HHS explicitly enumerate that it will ensure that consumers have access to free, unbiased in-person assistance in understanding health care choices, that such assistance is to be

accessible to people with disabilities and those with limited English proficiency, and that HHS will exercise the agency's oversight role to ensure that information upon which consumers make coverage choices is accurate and that consumers have full access to the coverage they have chosen.

Strategy: Reduce disparities in quality and safety (Line 283)

We strongly support the inclusion of this strategy as it is critical to ensure that our health care system is accessible to all individuals, regardless of race, ethnicity, language, immigration status, sex, gender identity, sexual orientation, age, or disability. We believe all of these strategies must be kept and indeed should be expanded upon.

We also recommend that to the extent HHS recognizes the need for providing materials in non-English languages that it also recognize the need for providing materials in formats that will be accessible to individuals with disabilities who have communication needs. This would include large print format and audio or video recordings for those who cannot access written materials.

Objective 1.3 Improve Americans' access to healthcare and expand choices of care and service options.

Strategy: Expand Coverage Options (Line 325)

We appreciate the reference in this section on consumer choice in Medicare. Since an important option for Medicare consumers is fee-for-service, we suggest that the first bullet be edited to recognize the need to strengthen that option as well. Further, we think it important not to emphasize reducing regulatory burden on plans over ensuring that consumers have access to quality, affordable coverage and care. While we recognize that there are opportunities to avoid duplicative reporting requirements and otherwise streamline plan obligations, it is important that HHS be careful to maintain a regulatory regime that includes robust oversight over plan quality and performance. Audits conducted by CMS have shown significant failures of plans to comply with core requirements. In addition, audits have repeatedly identified plans that imposed unauthorized utilization management requirements on prescription drugs, that routinely failed to handle appeals of denial of coverage in a timely or appropriate fashion, and that engaged in other conduct that put the health and safety of their members at risk. Medicare beneficiaries rely on HHS to identify areas of poor performance and protect them from the harm that ensues. This activity is a core responsibility of the agency.

We also appreciate the bullet regarding improved access for dual eligible beneficiaries to integrated physical and behavioral care options. Much is being learned from the current dual eligible financial alignment demonstrations about integrating care for duals and we urge HHS to continue to analyze which interventions are most effective and what coverage vehicles work best for different subsets of the dual eligible population. We also note that effective integrated care options must be person-centered and, for dual-eligible beneficiaries, must include the long-term services and supports that their Medicaid benefit provides.

Strategy: Reduce Disparities in Access to Health Care (Line 380)

We strongly support the emphasis in this section and elsewhere on reducing disparities to access to health care. Addressing disparities is one of the great challenges in health care and the agency's commitment to tackle the problem is well placed. We recommend HHS include a broad definition of health care disparities in its strategic plan that includes not only racial and ethnic health disparities but also disparities based on language, age, sex, sexual orientation, gender identity, and disability.

We fully endorse the proposal to test models of care with strong evidence-based evaluation. We have supported the rigorous evaluation component in the demonstrations undertaken by the Medicare-Medicaid Coordination Office and urge in-depth evaluation with demonstrations going forward.

With regard to the second bullet, it is unclear whether the bullet is addressing enrollment and retention of beneficiaries or providers. We believe that simplification on both fronts is important and, for clarity, propose that each be addressed separately. We particularly see opportunities for HHS to work with states for simplification and retention of enrollment of individuals in Medicaid, including Medicaid Savings Programs. Much of the simplification in the enrollment process for the Medicare Part D Low Income Subsidy could easily transfer to state Medicaid programs and the Medicare Savings Program. These include limiting the requirements to produce paperwork by assuming a burial set-aside without requiring a separate account, by not requiring determining the cash value of small life insurance policies, and by not counting in-kind support in income calculations. The LIS rules granting continued eligibility for a calendar year and, starting in July, for the next calendar year also is an efficient way to maintain eligibility for a population that overwhelmingly has very small variances in income.

We appreciate the references in the third bullet on oral health and vision services. We would add hearing services, with particular emphasis on the current lack of Medicare coverage for hearing aids.

Communication is another important element in addressing disparities that is not directly discussed in the current strategy. A recent study released by CMS, "Understanding Communication and Language Needs of Medicare Beneficiaries,"[1] discussed the language needs of the over four million Medicare beneficiaries who have limited English proficiency. We urge that the strategic plan more specifically address those needs.

Persons with disabilities, including many older adults, also need physical access to services including providers that have accessible offices and equipment, accessible and reliable transportation to provider facilities, home visits by providers, etc. It is important that CMS monitor the providers, plans and entities it regulates to ensure that disparities in access to care are corrected.

More generally, people who are frail, and those with low health literacy, including many living in poverty, find health programs such as Medicare and Medicaid very difficult to navigate alone. We have seen that robust ombuds programs, such as those in the Medicare-Medicaid financial alignment initiative, can contribute significantly to alleviating problems and improving access.

Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs

We agree that strengthening and expanding the healthcare workforce is critical to address health disparities and believe that a key component of this effort must be to ensure that healthcare providers do not discriminate. For frail older adults, the effects of discrimination can be especially troubling. For example, in a survey of LGBT seniors, there were numerous cases where LGBT seniors in care facilities were denied baths or other basic assistance and were treated without dignity or respect.[2] Therefore, we recommend removing the word "any" from "Remove ~~any~~ barriers to, and promote, full participation in the health care workforce by persons and/or organizations with religious beliefs or

[1] Centers for Medicare & Medicaid Services, "Understanding Communication and Language Needs of Medicare Beneficiaries" (April 2017), cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Briefs-Understanding-Communication-and-Language-Needs-of-Medicare-Beneficiaries.pdf . *See also* Lynda Flowers, "Improving Access to Care Among Medicare Beneficiaries with Limited English Proficiency: Can Medicare Do More?" AARP Public Policy Institute (August 2008), https://assets.aarp.org/rgcenter/health/i6_medicare.pdf.

[2] Justice in Aging, et al., "LGBT Older Adults in Long-Term Care Facilities, Stories from the Field" (updated 2015), justiceinaging.org.customers.tigertech.net/wp-content/uploads/2015/06/Stories-from-the-Field.pdf.

moral convictions, while ensuring that health care providers, whatever their religious beliefs or moral convictions, adhere to the medical and health-related standard of care and do not discriminate."

Goal 2: Protect the Health of Americans where they live, learn, work, and play

Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support

Strategy: Build capacity and promote collaboration among states, tribes, and communities (Line 698)

We appreciate the explicit recognition of promoting the health and independence of older adults who have or are at risk for behavioral health conditions and believe that providing integrated behavioral health services is critical to ensuring older adults can live safely and independently in the community. We suggest adding increased focus on the availability of home- and community-based services that allow all individuals to live in the least restrictive and most integrated setting possible.

Objective 2.4: Prepare for and respond to public health emergencies

Strategy: Promote emergency preparedness and improve response capacity (Line 761)

Recent disasters have highlighted the fact that older adults are among those most at risk in health emergencies. The majority of the deaths in California's wildfires have been older adults.[3] The shocking nursing home deaths in Florida are another example of how vulnerable older adults need to be prioritized.[4] With these factors in mind, we recommend adding this as a point of particular focus.

Strategy: Support timely, coordinated, and effective response and recovery activities (Line 778)

With communications easily meaning the difference between life and death, it is also critically important in disasters to reach all members of the community, including those who do not speak English well or at all.

Goal 3: Strengthen the economic and social well-being of Americans across the lifespan

Objective 3.4: Maximize the independence, well-being and health of older adults, people with disabilities, and their families and caregivers

We appreciate the emphasis in this section on person-centered care and on improving Home- and Community-Based Services (HCBS) and opportunities for aging in the community. Among the strategies proposed, we suggest clearer emphasis not only on opportunities to remain in the community but also on opportunities for persons living in institutional settings to transition into community living.

Strategy: Strengthen supports for community living (Line 1066)

We believe that this strategy can be strengthened by more explicit recognition of the need to support to older adults and people with disabilities to not only to live in their communities but fully participate in

[3] *See* San Francisco Chronicle, "The Lives Lost in the Wine Country Fires" (last visited October 27, 2017), sfchronicle.com/news/article/The-lives-lost-in-the-Wine-Country-fires-12271338.php.
[4] *See, e.g.*, Neil Reisner & Sheri Fink, "Nursing Home Deaths in Florida Heighten Scrutiny of Disaster Planning," New York Times (September 14, 2017), nytimes.com/2017/09/14/us/nursing-home-deaths-irma.html.

them as well, by ensuring that these individuals are protected from discrimination, and by explicitly recognizing the need for these supports to be affordable.

With the median income of Medicare beneficiaries well below $30,000, it is critical that needed health care and community supports be available at costs that older adults can afford. For the lowest income individuals, it is imperative that Medicaid coverage be robust and comprehensive.

Strategy: Support improved care transitions and care coordination.(Line 1078)

We appreciate that HHS has raised the visibility of care transitions. We ask that this strategy explicitly address the unique challenges in transitions for individuals who have been residing in long term care facilities and wish to return to the community.

Strategy: Strengthen supports for caregivers (Line 1109)

We appreciate the emphasis on support for caregivers. We ask, however, that this section more explicitly acknowledge the limits to what unpaid caregivers can be expected to do and the importance of affordable access to paid caregivers. Additionally, under the Affordable Care Act many family and paid caregivers gained access to health coverage through Medicaid and the Marketplaces, and we believe this section should explicitly recognize the need to ensure all caregivers have access to affordable, comprehensive health coverage for themselves.