State Comments Invited on CMS' Draft Medicare Advantage and Part D Rates and Guidance for Calendar Year 2020

Comment Period Ends March 1, 2019


The Draft Call Letter specifically solicits feedback from states on several areas described below that are related to health plans serving dually eligible beneficiaries. CMS will accept comments on all proposals in the Advance Notices – including Part I – and Draft Call Letter through Friday, March 1, 2019, before publishing the final Rate Announcement and Call Letter by April 1, 2019. Highlights from the 2020 Draft Call Letter include:

- **D-SNP Alignment** (pp.165-166). CMS highlights existing opportunities to integrate Medicare and Medicaid benefits in Dual Eligible Special Needs Plans (D-SNPs) including default enrollment, passive enrollment, and integrated marketing materials like the Summary of Benefits. *It asks for comments about challenges in implementing these opportunities, and if further guidance is warranted. It also seeks suggestions for additional administrative alignment initiatives that CMS could pursue either through rulemaking or sub-regulatory guidance to further promote integration.*

- **D-SNP Look-alikes** (pp.166-168). The Draft Call Letter addresses the appearance of Medicare Advantage sponsors offering plans with high cost sharing for Medicare Parts A and B benefits that most dually eligible beneficiaries would not pay and Part D premiums and deductibles that are covered by the Part D Low Income Subsidy. These product offerings, while not likely to attract non-dually eligible Medicare beneficiaries who would have to pay these costs out-of-pocket, appear to be enrolling a disproportionate number of dually eligible Medicare beneficiaries in some markets, notably California. These look-alike plans do not include the features aimed at improving coordination and integration of care for dually eligible beneficiaries that D-SNPs are required to have, including the requirement for a contract with the state. CMS reminds Medicare Advantage sponsors that existing marketing guidance prohibits non-D-SNP plans from marketing themselves as D-SNPs and notes that CMS will be monitoring look-alike marketing closely and considering additional steps to assure compliance with CMS rules. *CMS is seeking comment on the impact that such product offerings have on Medicare beneficiaries, including dually eligible individuals; the Medicare-Medicaid Plans (MMPs), D-SNPs, and other health care providers who serve such beneficiaries; state Medicaid agencies; and the coordination of Medicare and Medicaid coverage.*

- **MMP Guidance** (pp. 201-205). Similar to prior years, CMS has included a section in the Draft Call Letter that provides MMPs with a summary of where to find MMP-specific guidance as well as a brief description of annual submissions such as the plan benefit package, formulary and supplemental drug files, and networks.

- **Star Ratings Update** (pp. 107-143). CMS proposes to: (1) adjust the 2020 Star Ratings in the event of extreme and uncontrollable circumstances, such as major hurricane weather events; (2) remove three measures for the 2022 Star Ratings (i.e., Adult BMI Assessment (Part C), Appeals Auto-Forward (Part D), and Appeals Upheld (Part D)); and (3) seek input on new Star Rating concepts related to Part D appeals. Of interest to states and D-SNPs, CMS is proposing new display measures for testing in 2020, including Transitions of Care (Part C) and Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions (pp, 127-128). CMS also provides an update on its ongoing analysis of ways to adjust Star Ratings measures to take into
account social risk factors that may affect health outcomes and plan performance in plans that enroll a large percentage of dually eligible beneficiaries and others with low incomes (pp. 111-119).

- **Parts A and B Cost Sharing for QMBs (pp. 168-169).** CMS reminds MA plans that providers may not bill those enrolled in the Qualified Medicare Beneficiary (QMB) program for Part A and B cost sharing. MA plans are required by federal regulations to educate network providers about QMB billing rules, and maintain procedures that ensure that network providers do not discriminate against enrollees based on their payment status.

- **Crossover Claims (pp. 169-171).** MA providers serving dually eligible beneficiaries do not have access to the Medicare crossover process (i.e., where Medicare automatically forwards Medicare Part A and B claims to state Medicaid agencies to process for payment of the deductible and coinsurance). This requires the provider to submit claims twice – first to the MA plan, and then to the state Medicaid agency (or the Medicaid managed care plan) for Medicare cost-sharing. **CMS seeks comment on ways to promote MA plans automatically crossing over cost-sharing claims to state Medicaid agencies or Medicaid managed care plans as well as the impacts and challenges for providers, states, and MA plans.**

- **Efforts to Combat the Opioid Crisis.** The Draft Call Letter includes guidance encouraging MA organizations to take advantage of new flexibilities to offer targeted benefits (pp. 158-159). It also encourages cost-sharing reductions for opioid-reversal agents, such as naloxone (pp. 173-175). It also notes that CMS is taking steps to advance opioid-related measures through the Star Ratings development process (pp.130 and 135-137).

- **Special Supplemental Benefits for the Chronically Ill (pp. 161-164).** CMS proposes guidance about new special supplemental benefits for the chronically ill and how to submit these benefits in the MA bid. **CMS solicits comments on whether plans should have flexibility to determine when a chronic condition meets the statutory standard, and whether CMS should consider alternative approaches to determining what meets the statutory criteria.**

- **Medicare-Medicaid Coordination Office (MMCO) as Point of Contact (p. 166).** CMS reiterates that, with the passage of the Bipartisan Budget Act of 2018, MMCO is the dedicated point of contact for states regarding the use of D-SNPs to integrate Medicare and Medicaid benefits. Within the Draft Call Letter, CMS provides a dedicated mailbox (MMCO_DSNPOperations@cms.hhs.gov) to send any questions as well as a dedicated website for technical assistance resources.

Additional information on the 2020 Advance Notices (Part I and Part II) and the Draft Call Letter can be found in a CMS **fact sheet.**

To receive consideration prior to the April 1, 2019 release of the final rate announcement and call letter, comments must be received by 6 pm EST on Friday, March 1, 2019. To submit comments or questions electronically, go to https://www.regulations.gov, enter the docket number “CMS-2018-0154” in the “Search” field, and follow the instructions for “submitting a comment.”

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