



July 3, 2023

Chiquita Brooks-LaSure

Administrator Centers for Medicare and Medicaid Services

Hubert H. Humphrey Building

200 Independence Avenue, S.W.

Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

Arnold Ventures welcomes the opportunity to provide comments to the Centers for Medicare and Medicaid Services (CMS) on the “Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality” proposed rule (CMS-2439-P) that was published in the Federal Register on May 3, 2023. Arnold Ventures is a philanthropy dedicated to investing in evidence-based policy solutions that maximize opportunity and minimize injustice. Our work within the health care sector is driven by a recognition that the system costs too much and fails to adequately care for the people it seeks to serve. Our work spans a wide range of issues including commercial-sector prices, provider payment incentives, prescription drug prices, clinical trials, Medicare sustainability, and complex care.

We thank you for the agency’s continued efforts to improve the Medicaid program and for the opportunity to provide input. To date, our work on Medicaid has primarily focused on increasing coordination with the Medicare program to improve outcomes for people who are dually eligible for both. This population, often referred to in health policy circles as the dual-eligible population, are more likely to experience worse health outcomes than their peers and also account for a disproportionate share of Medicare and Medicaid spending. We believe that all people who are dual-eligible should have access to a model that meaningfully integrates their Medicare and Medicaid coverage. These integrated models should be held accountable for providing people with the services they need and improving outcomes for the people they serve. In addition, people who are dual-eligible and their caregivers should know about integrated models and be encouraged to enroll in them where it is appropriate.

States and the Medicaid program play an important role in achieving these aims, and many sections of CMS’ proposed rule have implications for people who are dual-eligible. We focus our comments on these provisions and changes that CMS could make that would support this population further and promote integration.

More broadly, we also encourage CMS to consider issuing a state Medicaid Director letter or some equivalent piece of guidance after this proposed rule is finalized that outlines how key Medicaid, Medicare, and dual-eligible special needs regulations overlap and interact in light of

the changes. This guidance would help states and other organizations understand the implications of these rules on people who are dual-eligible and assist them with incorporating the changes in their program design. For example, the letter could help states understand how to create a holistic quality measure set for integrated models that incorporates the home and community-based services quality measure set. The letter could also include specific examples of provisions that could be deployed in state Medicaid agency contracts with D-SNP in the future, such as grievances and care plans for HCBS.

At a high-level, we also recommend the following—more detailed comments on each of these issues is what follows:

- That CMS require states to include a representative sample of people who are dual-eligible in the proposed annual enrollee experience surveys, that the surveys be aligned with Medicare, and that the survey results be disaggregated by dual-eligible status (438.66(B) and (C), 457.1230(B)), and
- That CMS finalize the requirement to standardize quality ratings across states and incorporate Medicare data in the rating system, as proposed (438.334(B), 438.510, and 457.1240(D)), and
- That CMS finalize the requirement that states operate a new beneficiary education website, as proposed (438.334(E), 438.520, 457.1240(D)), and
- That CMS require the choice counseling provided by states to include information and resources related to Medicare coverage for people who are dual-eligible (438.505(a)(3)).

### **Enrollee Experience Surveys (438.66(B) and (C), 457.1230(B))**

*Background:* CMS proposes to require states to conduct an annual enrollee experience survey for each Medicaid managed care plan operating in their state and use this data to complement network adequacy evaluations to understand access.

*Recommendation:* We encourage CMS to require states to include a representative sample of people who are dual-eligible in these access surveys and require that results be disaggregated by this population. In addition, any access surveys should be aligned between Medicare and Medicaid to the greatest extent possible.

*Justification:* The perspectives of people who are dual-eligible must be captured in any enrollee experience survey because of their unique experiences and challenges accessing care by navigating two coverage programs. Furthermore, Medicare and Medicaid surveys should be coordinated to the greatest extent possible, especially for the dual-eligible population. Ideally, there is one survey that encompasses both Medicare and Medicaid experience. Synchronizing Medicare and Medicaid surveys can lead to the collection of a more robust data set and

minimize the number of times beneficiaries and their caregivers are asked to participate in such exercises. People who are dual-eligible and their caregivers can experience survey fatigue given the uncoordinated survey and assessment requirements across the two programs.

### **Establishing and Modifying a Mandatory Measure Set for MAC Quality Reporting System (438.334(B), 438.510, and 457.1240(D))**

*Background:* CMS proposes to require states to report on 18 standardized measures as part of the quality rating system applied to each Medicaid managed care plan operating in the state. States would be required to collect all data for the dual-eligible population, including Medicare fee-for-service and Medicare Advantage data, to conduct this analysis, which would be included in the determination of each plan's rating.

*Recommendations:* We are strongly supportive of CMS' efforts to standardize quality ratings across states and to incorporate Medicare data in the rating system.

*Justification:* Standardizing quality ratings for managed care entities across states will allow for cross-state comparisons in performance and for states to incorporate data on the effectiveness of managed care entities in other states as they seek to procure these plans. Today, this transparency does not exist, and states struggle to know the quality of plans operating in multiple states.

Additionally, incorporating Medicare data into the quality rating system for Medicaid plans requires states to hold Medicaid entities accountable for the full range of outcomes that a person who is dual-eligible experiences. For example, CMS is proposing to include a measure on whether a person received follow-up care after a hospitalization or emergency department visit where mental illness or self-harm was the principal diagnosis. The follow-up care may be provided by Medicaid, but the hospitalization or emergency department visit was likely paid for by Medicare. Creating accountability that spans the two programs in this way reflects the way people actually use the health care system and is essential to addressing many of the perverse incentives that exist to cost shift in today's bifurcated system. We applaud CMS' comprehensive approach to quality measurement for people who are dual-eligible and strongly encourage CMS to finalize this provision as proposed.

### **Quality Reporting System Website Display (438.334(E), 438.520, 457.1240(D))**

*Background:* CMS proposes to require that each state operate a new website aimed at assisting beneficiaries with understanding plan quality, provider networks, and formularies. Under the proposed regulation, the website would be required to allow users to search for information based on their specific circumstances, including their age, geography, and dual-eligibility status.

Quality rating reporting on the website would also be required to be stratified by dual-eligibility status amongst other requirements. Additionally, the website would be required to make clear whether a plan offers an integrated coverage option and provide a link to the Medicare Star Rating, as relevant.

*Recommendation:* We strongly support these information requirements and urge CMS to finalize these requirements as proposed.

*Justification:* People should have access to information that can help them make an informed decision about their coverage. This is particularly important for people who are dual-eligible because they are more likely to interact with the health care system than people who are enrolled in Medicare or Medicaid alone. Today, most people who are dual-eligible and their caregivers must navigate both information at the state level regarding Medicaid coverage options and Medicare Plan Finder for their Medicare coverage.

The information that CMS proposes to require states to display on their enrollment website would represent a significant improvement upon the approaches that many states are using today to inform beneficiaries of their coverage options. Furthermore, the requirement that Medicare information be linked, and that the availability of integrated coverage options be clear can significantly reduce beneficiary confusion, providing beneficiary with a one-stop-shop to learn about their full range of Medicare and Medicaid choices.

### **Choice Counseling (438.505(a)(3))**

*Background:* CMS proposes to require states to provide beneficiaries with choice counseling, which includes support with understanding the various managed care plans operating in the state, their relative quality scores, and the benefits a person might be eligible for.

*Recommendations:* States should be required to ensure that this choice counseling also includes information and resources related to Medicare coverage for people who are dual-eligible.

*Justification:* People who are dual-eligible and their caregivers often face an overwhelming amount of information as they make their enrollment decisions and seek to understand their program options and rights. They often do not know where to look to receive navigation help. Selecting a Medicaid coverage option is an important opportunity to provide education about Medicare coverage and guidance on how to navigate both programs simultaneously. States should be required to consider their dual-eligible population and to support organizations that are well-positioned to provide choice counseling that is inclusive of both Medicare and



Medicaid information. Choice counselors should also be well-versed in the value of integrated care where it exists.

## **Conclusion**

Arnold Ventures is prepared to assist with any additional information needed. Please contact Mark Miller, Ph.D., Arnold Ventures' Executive Vice President of Health Care, at [mmiller@arnoldventures.org](mailto:mmiller@arnoldventures.org) or Arielle Mir, Vice President of Health Care, at [amir@arnoldventures.org](mailto:amir@arnoldventures.org) with any questions. Thank you again for the opportunity to comment on this important work.

Arielle Mir