

The National Alliance to Impact the Social Determinants of Health

AN ALLIANCE CONVENED BY LEAVITT PARTNERS

April 1, 2020

Demetrios Kouzoukas
Principal Deputy Administrator and Director
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: CMS-4190-P, CY 2021 and 2022 Medicare Advantage and Part D proposed rule

Dear Mr. Kouzoukas,

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we thank you for the opportunity to provide comments on the contract year (CY) 2021 and 2022 Medicare Advantage (MA) and Part D proposed rule. NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address social determinants of health (SDOH).

NASDOH continues to be extremely appreciative of CMS's commitment to ensuring that MA plans have flexibility to offer Special Supplemental Benefits for the Chronically Ill (SSBCI) that meet the unique, non-uniform needs of their plan populations, including providing coverage of benefits that are not primarily health related and that address the SDOH. NASDOH recommends the following in response to the request for comments in the CY 2021 and 2022 MA and Part D proposed rule:

Rulemaking to Codify Current Policy

CMS is using its rulemaking authority to codify SSBCI policies on "not primarily health related" benefits previously outlined in the Bipartisan Budget Act of 2018 (BBA of 2018), the April 2019 CMS Health Plan Management System memo, and the Medicare Advantage and Part D (CY) 2020 Call Letter.

NASDOH is generally supportive of this approach and appreciates the Administration's continued commitment to using SSBCI as one tool to support interventions to address the SDOH. Codifying these policies will help ensure transparency and alignment among all stakeholders impacted by MA. It is critical that CMS strike a balance between ensuring program expectations are clear and consistent in regulation while remaining responsive to changing program needs as the regulation is implemented, and to identify mechanisms through which CMS can regularly review emerging evidence and adapt guidance to MA plans so that they can provide value to beneficiaries.

In this proposed rule, CMS is intending to codify the existing definition of chronically ill, the ability to consider SDOH in meeting the definition of chronically ill, the ability to offer non-uniform SSBCI, and the requirement to document enrollee determinations of SSBCI eligibility. NASDOH supports the important step of codifying these existing policies to further align CMS, plans, beneficiaries and caregivers, community-based organizations, service providers, and other stakeholders on a shared understanding of SSBCI requirements and flexibilities.

Definition of Chronically Ill

CMS is soliciting comment on its intent to expand the list of eligible chronic conditions beginning in the contract year 2021 to include any chronic condition that is life-threatening or significantly limits the overall health or function of an individual.

NASDOH strongly supports this proposal, which would give MA plans the opportunity to identify and document the enrollees and associated chronic conditions that would most benefit from SSBCI rather than limiting those chronic conditions to a defined list. This will allow MA plans the flexibility to innovate and target benefit design for the individuals among their plan populations. Additionally, CMS should offer plans ongoing guidance on documenting and reporting eligibility criteria and determinations. This measure will help plans remain compliant, mitigate unnecessary administrative burdens, and ensure beneficiaries are afforded equitable access to benefits.

Medical Loss Ratio (MLR) Incurred Claims

CMS seeks to ensure that the MA Medical Loss Ratio (MLR) numerator includes amounts MA organizations spend on supplemental benefits that are both “primarily health related” and “non-primarily health related” benefits. CMS proposes to modify the regulation to remove the specification that incurred claims are direct claims that an MA organization pays to only to “providers” for covered services provided to all enrollees under the contract.

NASDOH supports this proposal, which underscores and documents MA plans’ ability to work with individuals or organizations that would not otherwise meet the definition of “provider” under the MLR in order to offer non-primarily health related benefits, such as food and housing.

NASDOH appreciates the work that CMS has done to incorporate feedback from NASDOH and other stakeholders to allow MA plans the wide flexibility to offer benefits that address individual SDOH and functional status, incorporate a broad range of potential chronic conditions, and are not restricted to financial need but rather based on medical necessity.

Thank you for the opportunity to provide comments on the CY 2021 and 2022 MA and Part D proposed rule. We welcome any opportunity to discuss our comments with you further.

Sincerely,



Vince Ventimiglia
President, Leavitt Partners Collaborative Advocates and Advisor to NASDOH

