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Agency Information Collection Activities: Submission for OMB Review; Comment Request

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To: OMB, Office of Information and Regulatory Affairs  
Attention: CMS Desk Officer [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov)  
From: SNP Alliance  
Pamela J. Parker, MPA, Medicare Medicaid Integration Policy Consultant  
[Pparker2@comcast.net](mailto:Pparker2@comcast.net)  
612-719-5845  
Re: Form Number: CMS–10260 (OMB control number: 0938–1051);

The Special Needs Plan (SNP) Alliance is a national leadership organization dedicated to improving total quality and cost performance through specialized managed care, and advancing integration of health care for individuals who are dually eligible for Medicare and Medicaid. Our 26 members offer more than 250 plans in 39 States and the District of Columbia and enroll over one million Medicare beneficiaries. About three-quarters of the Alliance’s members operate fully-integrated, dual-eligible SNPs (FIDESNPs) or plans in the CMS Financial Alignment demonstration (MMPs). We appreciate this opportunity to comment on model member materials for D-SNPs, specifically the Annual Notice of Change and the Evidence of Coverage (ANOC and EOC) documents.

We believe that integrated D-SNPs such as FIDE SNPs and other D-SNPs providing a wide array of Medicare and Medicaid Services including Medicaid behavioral health services should be able to, at their discretion, request to utilize the MMP Member Handbook model instead of the model ANOC/EOC. The MMP Member Handbook model with a separate ANOC especially designed for the dual population has been successfully tested, adapted and utilized not only in the Financial Alignment Initiative (FAI) but also specifically for D-SNPs participating in Minnesota’s D-SNP Administrative Alignment demonstration. These MMP and D-SNP demonstration models were developed through state, plan and CMS collaboration and this collaboration has reduced the potential for beneficiary confusion by ensuring that models and language utilized reflect both Medicare benefits and state specific requirements for Medicaid benefits in an integrated understandable plain language approach.

## SNP Alliance Comments CMS-10260

We believe our request is consistent with other recent changes made to simplify and clarify model materials to meet the special needs of dually eligible beneficiaries. Recently CMS provided additional flexibility in the Summary of Benefits to make it easier to explain both Medicare and Medicaid benefit sets to dually eligible beneficiaries. We also support extending improvements developed through the FAI and D-SNP demonstrations to other model materials for dual beneficiaries enrolled in D-SNPs outside the current demonstrations in addition to the ANOC and Member Handbook (EOC). Some D-SNPs have also been allowed to utilize/adapt MMP models for the Provider Directory and Comprehensive Formulary which we hope is also an ongoing option available to other D-SNPs outside of the FAI and D-SNP demonstrations.

SNP Alliance members operating both D-SNPs and MMP or D-SNP Administrative Alignment demonstration products report that the MMP Member Handbook is much more accurate and streamlined compared to the standard Medicare Advantage EOC model. They find it is also more member centric and user friendly in terms of wording and reading levels (Flesch tests) and thus much easier for enrollees to understand. D-SNPs do not feel it is fair to utilize a more confusing form for their D-SNP members while their MMP or D-SNP demonstration members receive a much improved and more understandable form. It undermines the purpose of integrated programs, which is to simplify complexities between Medicare and Medicaid to make it easier for the member to understand the full set of benefits available to them. Furthermore it is more administratively burdensome for integrated plans to create, maintain and administer utilize two different base models. Currently plans must insert the same changes to the standard ANOC and EOC models manually year after year to adjust for state specific difference, whereas in the MMP models, such state specific changes are incorporated after initial approval. (Example: The specific name a state may use for its Medicaid program varies and has to be inserted in numerous places where in the MMP model it is part of the model from year to year.)

The model enrollment form (along with the enrollment process) is another area that could be improved for beneficiaries through use of more plain language. Again such changes could be developed through collaboration between states, CMS and D-SNPs, based on the MMP and Minnesota D-SNP experience.

In addition, as integrated materials for FIDE SNPs and MMPs begin to converge, plans with both products might benefit from using a streamlined concurrent dual filing process for both products worked out between CMS and the state. When there are different filing processes for these products, it can result in additional administrative burdens and confusion such as:

1. Different filing codes in HPMS, often for materials that are the same.
2. Different statuses and timelines in HPMS. If the materials are essentially the same, it can be confusing to keep track of what needs to be filed and how long it will take to get approval.
3. Different final approval dates. If a document is a combined document/letter to be used for both products it has to be filed at the state, and once that approval is given it can then be filed to CMS for the D-SNP and the state/CMS for the demonstration plan. This results in four separate approval dates.

The SNP Alliance looks forward to continuing to work with CMS to assure that member materials and approval processes are simplified, clarified and made more understandable for dually eligible beneficiaries.