



## TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR  
EXECUTIVE COMMISSIONER

September 1, 2015

Tim Engelhardt, Acting Director  
CMS Medicare-Medicaid Coordination Office  
200 Independence Avenue SW  
Washington, D.C. 20201

Dear Mr. Engelhardt:

Thank you for the opportunity to comment on the possibility of a two-year extension of the Financial Alignment Demonstration. The Texas Health and Human Services Commission (HHSC) remains committed to pursuing a system that aligns Medicare and our state-specific Medicaid program for the dual eligible population. HHSC believes this important work can continue under the Texas Dual Eligible Integrated Care Project (the Demonstration) with the continued efforts of our STAR+PLUS Medicare-Medicaid Plan (MMP) partners and the Centers for Medicare & Medicaid Services (CMS).

HHSC supports the Financial Alignment Demonstration's two-year extension with the caveat that CMS is willing to discuss and address several outstanding issues that can vastly improve the Demonstration in the future. Texas is unique because the STAR+PLUS program, a well-established managed care model combining acute care and long-term services and supports, had already been operating for a number of years when the Dual Demonstration was implemented. The pursuit of the Demonstration seemed like a natural fit for our current service delivery model. However, Texas faces some challenges with the Dual Demonstration that threaten the long-term viability of the program, including the enrollment policies; integrated reporting; sharing oversight responsibilities between HHSC and CMS; and the alignment of requirements with our current model.

In order for HHSC to continue in the Duals Demonstration beyond the initial period, CMS and HHSC must address the following issues:

- Passive enrollment policies- CMS and HHSC have an opportunity to increase the number of individuals that participate in the demonstration if CMS modifies certain enrollment policies.
  - Limitations on passive enrollments in a calendar year- CMS restricts passive enrollment to no more than one passive enrollment within a calendar year. This overturns HHSC's restorative enrollment policies that are intended to preserve and provide continuity of care for a beneficiary. It undermines the health of the Dual population by fragmenting their care and confusing both members and providers.

- Medicare Part D auto assignment - If CMS is unwilling to make broad passive enrollment policy changes, another option is to allow beneficiaries to be passively enrolled into an MMP even if auto-enrolled into a Part D plan.
- Identification of demonstration candidates- The Texas Enrollment broker is unable to identify a beneficiary's eligibility to be passively enrolled through Infocrossing. Late guidance from CMS on how to identify this population limited Texas' ability to program this query in the system appropriately. A more simple solution would be to share this information via Infocrossing or require Infocrossing to reject any ineligible population. Texas urges CMS to help all states with Dual Demonstrations by implementing solutions.
- Allow all marketing material to be submitted via the Health Plan Management System (HPMS) including "State Only" material.
- HPMS submission codes/marketing material review timeframes –Ensure that marketing material review types (e.g. File & Use) and timeframes (e.g. 10-day; 45-day) and HPMS submission categories and codes are aligned across all MMPs.
- Sharing of certain CMS data with HHSC for financial reconciliation purposes – HHSC needs expeditious cooperation from CMS in receiving certain existing CMS documentation that includes monthly Medicare enrollment numbers and corresponding aggregate premium payments made to MMPs. This would include the Plan Payment Reports (PPRs), at a minimum, and other related reports as may be applicable. CMS Finance has agreed with this approach, but has been unable to obtain internal approvals to make this happen. Without this, the self-reported financial data from the MMPs cannot be adequately verified.
- Written approval from CMS to document certain approaches taken – HHSC would like to receive timely written approval from CMS regarding Texas' forthcoming proposal for the categorical allocation of services between Medicare and Medicaid, as represented by encounters, deliverables, etc.

By providing states the flexibility noted above, the Demonstration will model a fully integrated product that encompasses integration from a programmatic and operational standpoint; improve the enrollment processes for beneficiaries; and enhance collaboration between the state and CMS to improve alignment, coordination and integration of care.

HHSC is committed to improving care for dual eligibles and values the opportunity to participate in this innovative model that enhances care, ensures service coordination, reduces administrative burden for enrollees and providers, and most importantly, improves the health and well-being of the dual eligible population. We look forward to our continued partnership with CMS on this important endeavor.

Please let me know if you have any questions, or if further discussion is needed.

Sincerely,



Kay Ghahremani  
Associate Commissioner, Medicaid and CHIP