

July 27, 2015

The Honorable Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
Attention: CMS-2390-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicaid and CHIP Managed Care Proposed Rule CMS-2390-P

Dear Mr. Slavitt:

Innovatix thanks you for the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) Medicaid and CHIP managed care proposed rule. Innovatix is one of the nation's largest non-acute care group purchasing organizations, with a national membership of over 23,000 non-acute care providers, including approximately 6,300 skilled nursing facilities and 870 long-term care (LTC) pharmacies.

State Medicaid programs are increasingly turning to Managed Care Organizations (MCOs) to administer health benefits for Medicaid beneficiaries in an effort to improve quality and achieve cost savings. Through capitated contract arrangements between state Medicaid agencies and MCOs, states are able to reduce Medicaid program costs and better manage beneficiary use of health services. Innovatix is pleased to see efforts in the proposed rule to mitigate the risks associated with shifting care from traditional Medicaid models to Medicaid Managed Care (MMC) for this vulnerable patient population; in particular, we support the CMS action to advance safeguards that will protect patients who require Medicaid long-term services and supports (MLTSS).

Key Principles Innovatix supports for MLTSS

The CMS released 10 key principles in 2013 for states using a section 1915(b) waiver or section 1115(a) demonstration to implement a MLTSS program.¹ These principles provide the framework needed for the CMS and states to ensure patient protections under MLTSS programs. In its latest proposal, the CMS requires MLTSS programs to identify potential candidates for these services and to produce patient-specific

¹Centers for Medicare & Medicaid Services. Guidance to States using 1115 Demonstrations or 1915(b) Waivers for Managed Long Term Services and Supports Programs. May 20, 2013. Available at: <http://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/downloads/1115-and-1915b-mltss-guidance.pdf>

treatment plans with their providers. These steps are essential to ensure appropriate preventive care and to control the cost of treating this population. Innovatix supports this provision as well as other proposed revisions to the MMC regulations that will ensure all MLTSS programs operate in accordance with the 10 key principles inherent in a strong MLTSS program. The key principles detailed in the proposed rule are: 1) Adequate Planning; 2) Stakeholder Engagement; 3) Enhanced Provision of Home and Community Based Services; 4) Alignment of Payment Structures and Goals; 5) Support for Beneficiaries 6) Person-centered Processes; 7) Comprehensive, Integrated Service Package; 8) Qualified Providers; 9) Participant Protections; and 10) Quality.

Our specific recommendations focus on the Stakeholder Engagement and Qualified Provider principles.

Stakeholder Engagement

Innovatix supports the CMS efforts to ensure that states have appropriate mechanisms in place for stakeholders to have an ongoing role in MLTSS programs. The approach in the proposed rule is to establish broad standards while allowing states flexibility to set specific details for how to ensure meaningful stakeholder engagement, such as the composition of the stakeholder group and the frequency of their meetings.

Innovatix recommends that the CMS set specific criteria for states to follow when establishing mechanisms for stakeholder engagement. At a minimum, stakeholder groups must comprise health professionals with expertise in caring for patients that need MLTSS. This includes consultant pharmacists, physicians, and LTC care nurses. Stakeholder groups should also include individuals who work in LTC facilities and pharmacies. Finally, the stakeholder groups should include patient-advocates to represent the views of those requiring MLTSS.

Qualified Providers

The rule proposes that a MLTSS program must have an adequate network of qualified providers to meet the needs of their enrollees. To achieve this, the CMS proposes time and distance standards as well as requirements to ensure that network providers have capabilities to ensure physical access, accommodations, and accessible equipment for enrollees with physical and mental disabilities.

While these are important steps, Innovatix recommends that the CMS also adopt the Medicare Part D LTC Pharmacy Performance and Service Criteria.² For the Medicare Part D program, this policy sets minimum requirements to become a network LTC pharmacy and ensures that beneficiaries who require LTC pharmacy services receive access to set items or aspects of drug delivery, including specialized packaging, delivery, and emergency medications. The policy differentiates those pharmacies that are equipped to meet the needs of patients requiring MLTSS from those pharmacies that are not. By adopting this policy for MLTSS programs, the CMS would ensure that all participating pharmacies meet the minimum standards required to serve beneficiaries receiving MLTSS.

Thank you again for the opportunity to comment on the CMS Medicaid and CHIP managed care proposed rule. Innovatix looks forward to working with the CMS and other stakeholders as the policies contained in the proposed rule are developed.

Sincerely,



John P. Sganga, FACHE
Executive Vice President, GNYHA Ventures
President & CEO, Innovatix
President & CEO, Essensa

² Centers for Medicare & Medicaid Services. Long Term Care Guidance – Medicare Part D LTC Pharmacy and Performance and Service Criteria. March 16, 2005. Available at: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/downloads/LTCGuidance.pdf>