

2015 September Fly-In Legislative Briefing

**Highlights of ACAP's
Legislative Agenda
September 9, 2015**





Today's Agenda

- **Glad You're Here! & Special ACAP Award**
- **Remaining Fly-In Schedule**
- **Washington Update: 114th Congress**
- **Legislative Recap and Lobbying**
 1. D-SNP Sustainability
 2. Continuity of Care for Medicaid and CHIP Enrollees
 3. Quality of Care for Medicaid and CHIP Enrollees
- **General Fly-In Issues & Housekeeping**



Fly-In Meeting Schedule

■ **Wednesday, September 9**

- ✓ 7:00 am – ACAP Run/Walk
- ✓ 8:00 am – Breakfast
- ✓ 9:00 am – Hear from the Hill
- ✓ 9:30 am – Welcome
- ✓ 10:00 am – Hear from CMS
- 11:15 am – ACAP review of advocacy priorities
- 12:00 pm – Lunch
- 1:00 pm – Hill Visits
- 6:30 pm – Dinner sponsored by ACAP Preferred Vendor Softheon

■ **Thursday, September 10**

- 8:00 am – Breakfast
- 9:00 am – Hill Visits



ACAP Fly-In Goals

- 1. Establish and strengthen relationships** with Members of Congress and their staff
- 2. Inform Congress** about the role and value of Medicaid Safety Net Health Plans — and your plan specifically
- 3. Discuss ACAP policy priorities** and secure commitments and responses as appropriate
- 4. Identify where more information is needed**



ACAP Advocacy Website

- Public and member-only sections
- Public site includes current ACAP advocacy positions
 - Access at:
<http://communityplans.net/Advocacy.aspx?tabid/587/Default.aspx>
 - Can direct MOC staff to site for reference
- Member-only site also includes other resources
 - Action Alert information
 - Advocacy best practices materials
 - Hill visit logistics information
 - Talking points on salient policy issues
 - Links to other resources



Where we're at in the 114th Congress

Anything new since we spoke last week?



The 114th Congress through September...

- What has happened...
- What must happen...
- What might happen...



The 114th Congress...

What has happened since February?

■ House of Representatives

- **H.R. 2:** Extended funding for the CHIP Program; Reauthorized the Medicare Advantage D-SNP program; Permanently reformed the Medicare physician payment system
- Passed FY2016 Budget Resolution
- Medicare Advantage Bills
- 21st Century Cures

■ Senate

- **H.R. 2:** Extended funding for the CHIP Program; Reauthorized the Medicare Advantage D-SNP program; Permanently reformed the Medicare physician payment system
- Passed FY2016 Budget Resolution

■ Other

- King v. Burwell
- Medicaid managed care proposed rules



The 114th Congress... *What Must Happen?*

- FY2016 Appropriations (end of September)
 - Planned Parenthood?
 - Budget/Sequestration Agreement?

- Debt Ceiling Extension (October?)



The 114th Congress...

What may happen?

- Second Round of Medicare Advantage Legislation?
- Mental Health legislation?
- Budget Reconciliation/Entitlement Reform?
- Changes to the ACA?
 - *Senate Repeal vote?*
 - *Medical Device Tax? IPAB?*
- Other Health Policy?



Three Fly-In Asks

- 1. D-SNP Sustainability**
- 2. Continuity of Care for Medicaid and CHIP Enrollees**
- 3. Quality of Care for Medicaid and CHIP Enrollees**

**ALWAYS BE
EDUCATING STAFF
AND MEMBERS ABOUT
WHO YOU ARE AND
WHOM YOU SERVE!**



Ensure the Sustainability of the Medicare Advantage Dual-Eligible Special Needs Plan Program



D-SNP Legislative Update

- D-SNPs are authorized through the end of the 2018 plan year.
- H.R. 2582 passed the House on June 17, 2015:
 - Requires CMS to account for multiple chronic conditions in risk-adjustment starting 2017.
 - Requires the Secretary to evaluate the use of 2 years of data to determine risk scores.
 - Includes a “Sense of Congress” that CMS inadvertently created a star rating system that lacks proper accounting for SES.
- House committees may introduce more legislation related to Medicare Advantage in the fall.
- SFC working on series of bills related to chronic care management, some of which could address Medicare Advantage.



Why D-SNP Sustainability Is a Priority

- Sustainability is threatened by:
 - MA risk-adjustment system that underpays for the costs of full duals, multiple chronic conditions, and behavioral health conditions;
 - Star rating system that does not measure or compare D-SNPs appropriately for their enrollees
- **Relevance to MMPs: the same risk-adjustment system is used for D-SNPs and MMPs, so any positive changes to the risk-adjustment system benefit MMPs.**



Request of Congress

- ***ACAP plans ask House and Senate leadership to enact policy changes that would sustain and improve the D-SNP program for beneficiaries, plans, and providers.***



Specific Legislative Asks

- Changes to the HCC risk-adjustment model (for 2016 MMP plan year and 2017 D-SNP plan year):
 - Create separate demographic factors for full and partial duals
 - Add more mental health and substance abuse codes
 - Include a factor for multiple chronic conditions (*included in H.R. 2582*)
 - Use two years of data to determine codes (*included in H.R. 2582*)
- Star rating program changes:
 - Compare D-SNPs to other D-SNPs that enroll similar populations
 - Use quality measures appropriate for D-SNPs' enrollees
 - Require plans to report quality at the plan benefit package level
- Integration:
 - Require D-SNPs to integrate LTSS or behavioral health, in accordance with state law and state Medicaid plans
 - Establish a unified appeals and grievances processes
 - Designate the CMS Medicare-Medicaid Office as the primary contact



Things to keep in mind when discussing D-SNPs and MMPs with Congress

- When meeting with, or writing to, Congress (or CMS) on D-SNPs and MMPs, remember to:
 - ***Differentiate your plan from “vanilla D-SNPs”;*** ***describe who the duals are:***
 - Be specific about who you serve, such as full duals, duals with multiple chronic conditions, the disabled, those with mental health issues (see the [ACAP SNP infographic](#) as a reference)
 - ***Give examples of what is working:***
 - Tell them what services and benefits you are giving beneficiaries that they could not receive in Medicare fee-for-service (see the [ACAP duals demo fact sheet](#) as a reference)
 - ***Bring it back to the beneficiary:***
 - Explain why D-SNP sustainability matters to the beneficiaries enrolled in your programs (see the [ACAP-HPSM op-ed](#))



**Continuity of Care
For Medicaid and CHIP Enrollees**

**Stabilize Medicaid and CHIP
Coverage Act
H.R. 700 and S. 428**



Continuous enrollment has positive implications for access and quality of care

- “Churn” is defined as people cycling on and off Medicaid or CHIP due to paperwork, other burdens and minor changes in income.
- Churn increases costs and harms people:
 - A 2012 GAO study shows that individuals with partial year coverage, whether on Medicaid or private insurance, report greater difficulty obtaining needed care. Difficulty for partial-year Medicaid enrollees was **almost double** that of those who had full-year coverage.
 - A September 2013 GW study shows that average monthly costs are substantially lower when coverage is continuous.
 - GW research also shows that when eligibility is lost, care is often interrupted, negatively affecting health outcomes for people. (July 2009)
- Continuous coverage has the potential to streamline government program operations, increasing efficiencies and reducing bureaucratic processes.



Request of Congress

- ***ACAP plans ask House and Senate Members to cosponsor the Stabilize Medicaid and CHIP Coverage Act to establish 12-month continuous enrollment for all Medicaid and CHIP enrollees.***



Specific Legislative Asks

- **Cosponsor the *Stabilize Medicaid & CHIP Coverage Act***
 - **In the House: Bipartisan H.R. 700**
 - Lead sponsors are Representative Gene Green (D-TX) & Representative Joe Barton (R-TX); bill has 22 total cosponsors.
 - Requires states to provide 12-month continuous enrollment for all Medicaid and CHIP enrollees.
 - **In the Senate: S. 428**
 - Lead sponsor is Senator Sherrod Brown (D-OH), which has no additional cosponsors.
 - Requires 12-month continuous enrollment; also provides financial bonuses for states reducing churn in both Medicaid and CHIP, and prohibits waiting periods for CHIP children.



Things to Keep in Mind When Discussing S. 428 & H.R. 700

- ***12-month continuous enrollment***
 - Is not the same thing as 12-month redetermination/renewal; be clear on the difference.
- ***Talk about the positive impact on people, providers and states***
 - These messages will resonate with Members in both parties.
- ***There is no official CBO score for S. 428 & H.R. 700***
 - The Congressional Budget Office (CBO) has not scored this legislation, but
 - CBO gave MACPAC a ballpark of \$10 billion over 5 years for MAGI populations;
 - CBO estimated that a proposal in the President's budget for a voluntary state option for adults would cost \$8.5 billion over 10 years;
 - CBO did not take into consideration efficiencies related to reducing administration, the impact of continuity of care on future costs, and New York State's waiver, which already implemented continuous enrollment for adults.



Things to Keep in Mind When Discussing S. 428 & H.R. 700

- ***S. 428 & H.R. 700 will require states to implement 12-month continuous enrollment***
 - States already have the option to provide 12-month continuous enrollment to Medicaid and CHIP children, and fewer than half of states use it (see slide 18 for a list of those that have and have not).
 - Feds pay for 65 percent of program, so Congress has a direct interest in protecting its investment and ensuring its beneficiaries are protected.
- ***H.R. 700's version in the 113th Congress (H.R. 1698) had 30 cosponsors***
 - These individuals should be interested in signing on again (see slide 19 for a list).

State Adoption of 12-Month Continuous Enrollment for Children in Medicaid and CHIP

State	Children in Medicaid	Children in CHIP
Arizona	No	No
California	Yes	N/A
Colorado	Yes	Yes
Connecticut	No	No
District of Columbia	No	N/A
Florida	No	Yes
Hawaii	No	N/A
Illinois	Yes	Yes
Indiana	No	No
Kentucky	No	No
Maryland	No	N/A
Massachusetts	No	No
Minnesota	No	N/A

State	Children in Medicaid	Children in CHIP
New Hampshire	No	N/A
New Jersey	Yes	Yes
New York*	Yes	Yes
Ohio	Yes	N/A
Oregon	Yes	Yes
Pennsylvania	No	Yes
Rhode Island	No	N/A
Texas	No	Yes
Virginia	No	Yes
Washington	Yes	Yes
Wisconsin	No	No

* New York has implemented 12-month continuous eligibility for adults through an 1115 waiver

H.R. 1698 Cosponsors in Last Congress (113th)

- Rep Green, Gene [TX-29]
- Rep Barton, Joe [TX-6]
- Rep Blumenauer, Earl [OR-3]
- **Rep Bonamici, Suzanne [OR-1]**
- Rep Cicilline, David N. [OR-1]
- Rep DelBene, Suzan K. [WA-1]
- **Rep Doggett, Lloyd [TX-35]**
- Rep Ellison, Keith [MN-5]
- **Rep Eshoo, Anna G. [CA-18]**
- **Rep Green, Al [TX-9]**
- Rep Heck, Denny [WA-10]
- Rep Hinojosa, Ruben [TX-15]
- Rep Jackson Lee, Sheila [TX-18]
- **Rep Kennedy, Joseph P. III [MA-4]**
- Rep Kilmer, Derek [WA-6]
- Rep Langevin, James R. [RI-2]
- **Rep Lee, Barbara [CA-13]**
- **Rep Lofgren, Zoe [CA-19]**
- Rep Lynch, Stephen F. [MA-8]

- Rep McGovern, James P. [MA-2]
- **Rep Payne, Donald M., Jr. [NJ-10]**
- **Rep Perlmutter, Ed [CO-7]**
- Rep Pocan, Mark [WI-2]
- **Rep Ruppertsberger, C. A. Dutch [MD-2]**
- Rep Smith, Adam [WA-9]
- **Rep Tonko, Paul [NY-20]**
- **Rep Tsongas, Niki [MA-3]**
- Rep Veasey, Marc A. [TX-33]
- Rep Yarmuth, John [KY-3]
- **Rep Wilson, Frederica [FL-24]**

Representatives in **BLUE** do **not** currently sponsor H.R. 700 in the 114th Congress.

Reps Larsen [WA-2], Moore [WI-4], Rush [IL-1], Schakowsky [IL-9] and Thompson [CA-5] are also current cosponsors of H.R. 700.



**Quality of Care
For Medicaid and CHIP Enrollees**

**Medicaid and CHIP
Quality Improvement Act**



Why a legislative solution for Medicaid quality is a priority

1. Federal and State governments spend hundreds of billions of dollars each year on care through Medicaid and CHIP, but there is no nationwide, systematic method of reporting, collecting, evaluating or improving the quality of care across all payment and delivery systems (including FFS, managed care, PCCM, or other systems).
2. Quality of care delivered through Medicaid MCOs is frequently measured, but there is no method or mechanism to systematically improve the quality of care provided to *all* Medicaid and CHIP beneficiaries.
3. For most Medicaid and CHIP enrollees served by PCCM or FFS arrangements, there are no Federal requirements for comparable quality monitoring or improvement, and thus, there currently is no way to fairly assess quality across all modes of care for Medicaid and CHIP.
4. State flexibility and the resulting opportunities for innovation are hallmarks of the federal/state partnership in these programs. Without a way to systematically measure quality, however, there is not a way to know which innovations are the most effective.



Request of Congress

- ***ACAP plans ask Members of Congress to support legislation that would establish a comprehensive, nationwide quality reporting and improvement system for Medicaid and CHIP and provide financial bonuses for states demonstrating the highest levels of and greatest improvements in quality.***
 - ***In the House, support legislation to measure quality across all of Medicaid and CHIP.***
 - ***In the Senate, Senator Sherrod Brown (Ohio) seeks original cosponsors for legislation.***



Specific Legislative Asks

- Ask Members of the Senate to be original cosponsors of the *Medicaid and CHIP Quality Improvement Act of 2015*:
 1. Establishes a nationwide system of quality measurement, reporting, and improvement, built on existing core pediatric and adult quality measures.
 2. Measures quality across all Medicaid and CHIP service delivery systems, including managed care, PCCM, and FFS.
 3. Uses quality data to annually compare states on quality of care.
 4. Provides bonuses to 10 states annually
 - Five states demonstrating the highest quality scores
 - Five states demonstrating the greatest improvement in quality



Things to Keep in Mind When Discussing MCQIA

- ***Senator Sherrod Brown (D-OH) has agreed to be lead MCQIA sponsor in the Senate.***
 - Finding a Republican cosponsor in the Senate, which would make this a bipartisan bill, would be very helpful.
- ***No lead sponsors in the House yet.***
- ***Draft Medicaid managed care regulations regarding quality do not negate need for legislation.***
 - Legislation addresses comprehensive quality measurement, reporting, and improvement across managed care, PCCM, FFS.



Talking Points Available On Other Issues

1. Draft Medicaid Managed Care Regulations
2. Mental Health Legislation
3. ICD-10 Implementation Delay
4. Capped Funding Proposals
5. Health Insurance Providers Fee (Excise Tax)
6. Telemedicine

Available online: www.tinyurl.com/acapmobile



Materials

- **ACAP Plan Materials**
 - Blue folders with stickers
 - Special background materials for your advocacy efforts
 - Other meeting materials
- **Member of Congress Materials**
 - ACAP logo folders
 - Bare bones materials for their information on our priorities
- **Reminder to supplement ACAP's materials with information about your plan**



General Fly-In Issues

- **A word about your meeting schedules**
 - ACAP staff may attend some meetings with key members; if you would prefer we *not* attend, let us know
 - Even if we do not attend, ***please let us know about your meetings*** and what feedback you are getting



Fly-In Housekeeping

- **Thank-you template**
to be made available electronically
- **Green Sheets due September 11th**
 - In person, fax or scanned, or completed online at <https://www.surveymonkey.com/r/Sept15GreenSheet>
 - Or send an email with the same information to rthorsness@communityplans.net
 - Even if unable to complete by due date, please still send when completed