



July 1, 2023

The Honorable Bill Cassidy, M.D.  
U.S. Senate  
Washington, D.C. 20510

Dear Senator Cassidy:

The Healthcare Leadership Council (HLC) appreciates the opportunity to submit comments on your dual eligible discussion draft legislation.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, group purchasing organizations, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC is very supportive of efforts to improve coverage for dually eligible enrollees. These individuals typically have multiple chronic conditions, physical disabilities, mental illness, and cognitive impairments, and often need more medical care and social supports and services than healthier individuals. As a result, expenditures for care of dual eligibles account for a third of overall healthcare costs in Medicare and Medicaid. We appreciate your effort to improve care and care coordination for dually eligible individuals and offer the following comments on the discussion draft.

HLC champions many of the provisions in the discussion draft bill. Specifically, the bill would create a new Title XXII under the Social Security Act requiring the Medicare-Medicaid Coordination Office (MMCO) to establish a new state integrated care program. We support MMCO releasing guidance providing a menu of options to plans for developing integrated care options. However, we do not support the development of an entirely new integrated care program. Instead, HLC recommends enhancing or refining the current integrated care landscape, including D-SNPs. We recommend the bill's proposals build upon the existing D-SNP framework the Centers for Medicare and Medicaid Services (CMS) and states currently leverage to provide care to duals. The menu of options ultimately proposed by the Federal Coordinated Health Care Office (FCHCO) should take into account the unique and varied circumstances of where states are in their integrated care delivery systems and adapt models that have shown to be successful, such as the Fully Integrated Dual Special Needs Plan (FIDE-SNP) model.

We commend the legislation for empowering the FCHCO and providing resources and training programs for providers, state employees, and insurance brokers working on integrated care programs. We also support the proposal to require MMCO to publish annual best practices for states and integrated care plans on improving outreach, comprehensive healthcare plans and risk assessments for dual eligible individuals, and workforce development. The discussion draft proposes developing a new star rating system for integrated care plans that rates performance of each plan type separately, with state-specific measures tied to single contracts, instead of collective performance of all plans under the contract. We recommend there be a "non-scored period," if this will result in more states requiring D-SNP only contracts.

Overall, we believe this legislation is a great starting point to drive toward integrated care. We believe the proposals included would be more effective and less burdensome if they instead build upon existing policy and infrastructure. Additionally, these new developments and responsibilities for states come at a time when states are simultaneously unwinding public health emergency activities and conducting Medicaid

redeterminations. We ask that you take this into consideration as you update the draft language.

Thank you for your commitment to improve care for dual eligibles. HLC looks forward to working with you on our shared priorities. If you have any questions, please do not hesitate to contact Debbie Witchey at [dwitchey@hlc.org](mailto:dwitchey@hlc.org) or 202-449-3435.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is fluid and cursive, with the first name "Mary" being the most prominent.

Mary R. Grealy  
President