



April 10, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8016

RE: ACHP Policy Requests to CMS in Addressing the COVID-19 Public Health Emergency

Dear Administrator Verma:

The Alliance of Community Health Plans (ACHP) appreciates the ongoing collaboration with the Centers for Medicare & Medicaid Services (CMS) at this time of national emergency to ensure Americans have continuity and access to health coverage and care. Our non-profit, provider-aligned member organizations have deep roots in the communities they serve, giving them insight into immediate needs and concerns. ACHP members embody the distinctive payer-provider aligned model that is an exemplar in delivery of high quality, coordinated care. The Administration has long been a proponent of a value-based system and that commitment is now more important than ever.

With this insight, ACHP identified key policy priorities we wish to discuss with CMS:

- **Immediately announce a Special Enrollment Period for the Federal Exchange throughout the COVID-19 Public Health Emergency.** In our March 19 letter to CMS, ACHP urged the opening of a Special Enrollment Period to provide access to urgently needed coverage to the more than 28 million uninsured Americans, specifically those who do not qualify under a “triggering event,” such as loss of job-based coverage. The Exchange is an existing tool at the Administration’s disposal that would help reduce spread of COVID-19, mitigate burden on hospitals and flatten the curve. Additionally, ACHP requests that CMS institute accommodations for Exchange risk-adjustment to account for substantial new entrants to the risk pool mid-year.
- **Create a full-year Special Enrollment Period for Medicare.** All Medicare fee-for-service enrollees should have the option to enroll in a Medicare Advantage plan this year and have access to additional benefits and services. In this time of crisis, health care spending is less predictable, and seniors may particularly benefit from the out-of-pocket cap available only to Medicare Advantage enrollees. In addition to this benefit, Medicare Advantage plans offer enrollees high-quality, coordinated care and supplemental benefits that enrollees may find especially useful during this time. For

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example, the majority of Medicare Advantage plans are waiving cost sharing for all telehealth services, not just those related to COVID-19, versus the 20% cost-sharing required for many of the non-COVID services in Medicare fee-for-service.

- **Delay Exchange and Medicare Advantage bid deadlines.** The costs and implications of the COVID-19 public health pandemic are just beginning. Without understanding the costs of this pandemic, health plans do not have the experience or data to appropriately formulate 2021 bids. Additional time is needed to develop realistic models and is essential given health plans' full attention is on responding to the crisis, often resulting in diverted staffing and resources from non-traditional activities. ACHP member plans are smaller than the national for-profits and maintain a smaller workforce, including actuaries. Additional time to meet deadlines would ease the burden on these teams, generate more accurate bids and allow plans to direct critical resources to where they are most needed.
- **Permit telehealth encounters to be used for risk-adjustment in Medicare Advantage plans.** We applaud CMS for its visionary thinking on the use of telehealth, even before the COVID-19 crisis. With the vast majority of provider visits occurring via telehealth during this outbreak, it is essential that CMS allow telehealth encounters to be utilized for Medicare Advantage risk-adjustment. Not doing so would harm providers and health plans using telehealth to replace in-person visits during this public health emergency. The value of telehealth has been immeasurable during the crisis and it will continue to be a popular and possibly preferred method of care delivery post-pandemic. For accurate and complete documentation of Medicare Advantage enrollee acuties, it essential that CMS allow risk-adjustment in telehealth encounters in this new era of care delivery.
- **Institute a demonstration providing 3.5 star MA plans the Medicare Advantage Quality Bonus.** ACHP member plans invest significant resources to deliver high quality care and achieve high Medicare Advantage star ratings. Before the crisis, ACHP members were on track to improve their star ratings, including several plans moving from 3.5 to 4.0 stars. With the extensive financial implications of achieving 4.0 stars that benefit seniors in communities across the country, CMS should institute a demonstration that allows MA plans that have shown quality improvement to receive the quality bonus. This demonstration could be based on the premise and design of the Medicare Advantage Quality Bonus demonstration that CMS implemented from 2010 – 2012. Medicare Advantage plans, and the seniors to whom they provide supplemental benefits, should not be penalized in their star ratings because of this public health crisis and CMS effectively freezing star ratings for 2021.
- **Ensure Medicare Advantage payment protection for unforeseen COVID-19 treatment costs.** Medicare Advantage plan bids did not incorporate the possibility of a pandemic when they submitted bids in June 2019. CMS should implement a demonstration or other action to provide payment protection to MA plans – specifically non-profit community-based plans operating on historical margins of less than 3%– to protect from significant unforeseen costs from COVID-19 testing

and treatment. Medicare Advantage enrollee out-of-pocket premiums and costs are at historic lows. Extending Medicare Advantage plans appropriate protections now for significant and unforeseen COVID-19 costs will allow these premium trends to continue.

- **Make accommodations for the End Stage Renal Disease (ESRD) benchmark and risk-adjustment methodology in light of the COVID-19 public health emergency.** As raised in our March 6 comments to the 2021 Advance Notice Parts 1 and 2, CMS should modify the 2021 Medicare Advantage policies to understand the short- and long-term impact to the program with the inclusion of the ESRD population. These policies need further consideration during a time when the Medicare Advantage benchmark and plans bids are more complicated and uncertain.
- **Delay audits during this public health emergency.** ACHP and our members are committed to robust and appropriate program integrity. As CMS has noted, at the best of times, audits are time consuming and burdensome on health plans and providers. While ACHP appreciates CMS announcements to ease some of this burden, we encourage CMS delay audits to provide necessary and immediate relief. Confirming a delay in audits across programs would enable health plans and providers to redirect resources to other urgent concerns of the public health crisis.

ACHP looks forward to engaging with HHS and CMS to protect coverage and care during this crisis and to safeguard the stability of community-based health plans. We encourage the Administration to view ACHP and our member organizations as a resource to understand the needs of the individuals and communities our members serve. If you have questions or require additional information, please contact Michael Bagel, ACHP Director of Public Policy, at mbagel@achp.org or (202) 897-6121.

Sincerely,



Ceci Connolly
President and CEO, ACHP