



September 17, 2013

The Honorable Dave Camp
Chairman
Ways and Means Committee
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Sander Levin
Ranking Member
Ways and Means Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Camp and Ranking Member Levin,

As you continue to evaluate policies to improve the coordination of care provided to individuals dually eligible for Medicare and Medicaid, the National Association of Medicaid Directors, which represents the Medicaid Directors in the fifty states, the District of Columbia and the territories, requests that you consider the enclosed recommendations which we believe are needed to facilitate integration through the Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) program.

NAMD and its members share your concerns about the extensive fragmentation between the Medicare and Medicaid programs that has led to uncoordinated care and worse outcomes for beneficiaries as well as higher costs for federal and state taxpayers. We also share your strong support for the work of the Medicare and Medicaid Coordination Office (MMCO) within the Centers for Medicare and Medicaid Services (CMS). The financial alignment demonstrations that several states are seeking to implement in partnership with CMS and improvements in Medicare data sharing processes with states are among the noteworthy initiatives already underway.

We continue to urge federal policymakers to collaborate with states on other possible approaches to improve integration. The D-SNP program is one such pathway for integration that many states wish to pursue. The Memorandum of Understanding between CMS and the state of Minnesota is a promising new development that we hope more states can build upon. However, there are challenges unique to the D-SNP program that we believe require legislative remedies.



The enclosed policy recommendations, developed through extensive conversations with experts from among our membership, describe the existing D-SNP integration challenges and make recommendations so that states may more effectively employ the D-SNP platform to facilitate seamless coordination across the continuum of care. As discussed in our paper, further progress towards D-SNP integration will require a combination of federal legislative and administrative actions focused on reducing barriers and further supporting state initiatives to drive alignment between the D-SNP program and state Medicaid agencies.

Authorization for the D-SNP program is scheduled to expire at the end of 2014. It is in the best interest of beneficiaries and cost effective for CMS and states if reauthorization is addressed well in advance of this end date. CMS and states require sufficient lead time to plan and budget for continuation of this program.

NAMD and its members stand ready to work with you to move forward on legislation that improves the D-SNP program in ways that will result in better care for the dually eligible population and meet our shared desire for more efficient and effective health care delivery systems.

Sincerely,

A handwritten signature in black ink, appearing to read "Darin J. Gordon".

Darin J. Gordon
TennCare Director
Department of Finance and Administration
State of Tennessee
President, NAMD

A handwritten signature in black ink, appearing to read "Thomas J. Betlach".

Thomas J. Betlach
Arizona Health Care Cost
Containment System Director
State of Arizona
Vice-President, NAMD

Enc:

“Advancing Medicare and Medicaid Integration: Improving the D-SNP Model for Dually Eligible Beneficiaries”