

2015 Federal Legislative Priorities



As Washington's only safety net health plan, Community Health Plan of Washington (CHPW) partners with a community health center (CHC)-based provider network, Community Health Network of Washington (CHNW), to deliver care to over 313,000 Washingtonians. Nearly all of our members are enrolled in Medicaid or Medicare, including over 294,000 Medicaid enrollees and over 17,000 Medicare beneficiaries (including over 6,400 dual-eligible beneficiaries in a Special Needs Plan (D-SNP)). CHPW and CHNW are also committed to providing continuity of care to their Medicaid enrollees transitioning into coverage on the Washington Health Benefit Exchange, and in select counties we offer individual health insurance plan options without cost-sharing for CHC visits. We are committed to ensuring access to care for our members and CHC patients statewide and implementing innovative integrated programs in the delivery system.

Our commitment was bolstered by the recent passage of the *Medicare Access and CHIP Reauthorization Act of 2015*. This bipartisan legislation includes a two-year extension of the Medicare Advantage SNP program, Children's Health Insurance Program (CHIP) funding, and CHC funding. While we had hoped for a longer CHIP extension and more significant changes in SNPs, the legislation is currently sufficient to protect these two programs.

This legislation, however, does not address other issues that are important to our work. As such, we support the following federal legislative priorities:

Provide Continuous Coverage through the Stabilize Medicaid and Children's Health Insurance Plan Coverage Act

We appeal to Congress to support legislation that provides 12-month continuous enrollment for all Medicaid and CHIP beneficiaries. These programs provide health coverage to almost 80 million Americans—including more than 1.7 million Washingtonians. Unfortunately, public program beneficiaries often experience gaps in enrollment often due to bureaucratic burdens, paperwork complexities or small changes in income. This "churning" leaves many Medicaid- and CHIP-eligible Americans uninsured, forcing them to delay needed health care services and frequently leaving them in poorer health than had they remained continuously covered.

Churn hurts beneficiaries, providers, health plans, and the federal and state governments. Congress can address this issue by co-sponsoring or supporting the *Stabilize Medicaid and CHIP Coverage Act* [[H.R. 700](#), sponsored by Reps. Gene Green (D-TX) and Joe Barton (R-TX), or [S. 428](#), sponsored by Sen. Sherrod Brown (D-OH)].

Provide Substantial Changes to the Medicare Advantage Special Needs Plan Program

While the *Medicare Access and CHIP Reauthorization Act of 2015* provides a short-term extension to SNPs, there is still a need for substantial changes to improve the D-SNP program. Many of the improvements have been included in bipartisan legislation introduced in the House or passed by the Senate Finance Committee. If enacted, these provisions would improve the delivery of care to dual-eligible beneficiaries; reduce state, federal, and health plan administrative burdens; and continue steps towards a truly integrated delivery system.

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We urge Congress to support the following changes:

- Require D-SNPs to be fully integrated, in accordance with state law, with capitated contracts for states with Medicaid benefits by December 31, 2018, including long-term care or behavioral health services;
- Improve the Medicare Advantage “Star Rating” program by:
 - Comparing D-SNPs to other D-SNPs that enroll similar populations;
 - Developing bonus measures that consider the complex needs of D-SNP beneficiaries;
 - Temporarily increasing by a half a star the quality rating of D-SNPs that enroll a high proportion of full-benefit duals; and
 - Requiring HHS to report and apply SNPs quality ratings at the plan level instead of the contract level;
- Unify the Medicare and Medicaid appeals procedures applicable to D-SNPs;
- Designate a Centers for Medicare and Medicaid Services (CMS) contact to assist in addressing D-SNP Medicare-Medicaid misalignments;
- Require a Government Accountability Office (GAO) study to compare the quality of care provided by individual and collective SNPs to care provided by Medicare fee-for-service and other Medicare Advantage plans to similar populations; and
- Fix the Hierarchical Condition Categories (HCC) risk adjustment system to predict the cost of high-need, sick, and frail beneficiaries.

Establish a Nationwide Quality Reporting and Improvement System for Medicaid and CHIP Programs

We request that Congress adopt legislation that would create a nationwide quality reporting and improvement system for Medicaid and CHIP programs. Such a system should provide incentives for states to maintain and improve quality based on core quality standards for adults and children.

Over the next 10 years, the federal and Washington State governments will spend significant funds on care for children, adults with low income, people with special mental and physical health needs, and the elderly. But despite such a significant scope and investment of resources, there is currently no systematic way to measure, report, or compare the quality of care provided to all Medicaid and CHIP beneficiaries across the country.

We support a system that is built on existing core quality measures for children. It will not mandate states or providers to achieve particular quality targets. Rather, ask states to submit data to allow comparisons of how a state is doing on quality of care relative to other states. This data would be published annually by the Secretary of Health and Human Services to enable state and federal policymakers, beneficiaries, and other stakeholders to compare states’ performance and learn from best practices. Further, states would be eligible for bonuses—high-performing states would be rewarded with non-matching bonus funds from a limited, lump sum pot of funds. The bonuses would be awarded to five states that demonstrate the highest quality scores, along with five states that demonstrate the greatest improvement in quality.

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Given that 1.8 million Washingtonians rely on Medicaid and CHIP, we strongly support creating mechanisms that allow federal and state taxpayers to know what they are getting for the trillions of dollars they will invest in this program and incentivize quality improvement programs to achieve those goals.

Ensure that Health Plans Receive Full 2014 - 2016 Risk Corridor Payments

We ask Congress to ensure that the Department of Health and Human Services (HHS) assist health plans in mitigating high losses in the initial years of Exchange coverage expansions through risk corridor payments. Risk corridors do not reimburse health plans for all their losses. Risk corridor payments help health plans set stable rates, which then stabilizes consumer enrollment.

Congress can assist health plans by repealing an amendment to the *Consolidated and Further Continuing Appropriations Act of 2015*, which currently prohibits HHS from transferring money from the Hospital Insurance Trust Fund and the Supplementary Medical Insurance Trust Fund to pay out claims under the risk corridor program. Congress can also clarify that the Affordable Care Act does not prohibit these transfers by requiring the program to be budget neutral.

Safeguard Sufficient Medicare Advantage Payment Levels

We request that Congress ensure that CMS protect seniors by maintaining sufficient Medicare Advantage payment levels and supporting a stable policy environment. The Medicaid Advantage program provides high quality health plan choices and benefits to more than 16 million Americans—including more than one million Washingtonians. Regulatory policy changes that affect the program's funding, year after year, are creating disruption and confusion among enrollees who are looking for consistency and predictability and can damage a program that offers value for enrollees. This is particularly true for low-income beneficiaries who are financially vulnerable, as well as rural and minority populations who are seeing fewer health plan choices.

While we are encouraged with the 2016 rates, we urge Congress to consider how enrollees will be impacted by further cuts to Medicaid Advantage rates. At a time of broad agreement on the need to shift American health care to focus on care coordination, quality, and value-based payments, it would be counter-productive to jeopardize a program that is already driven by and aligned towards those goals.