



February 28, 2019

The Honorable Seema Verma
Administrator, Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

As President and CEO of Lutheran Services in America, I welcome the opportunity to comment on the new special supplemental benefits for the chronically ill, including the definition of a chronic condition and how special supplemental benefits are included in Medicare Advantage plan coverage (Docket ID: CMS-2018-0154.)

Lutheran Services in America leads one of the largest health and human services networks in the U.S. with over \$22 billion in annual revenue, made up of over 300 Lutheran social ministry organizations that touch the lives of 1 in 50 Americans each year. Guided by God's call to love and serve our neighbors, we empower our faith-based member organizations in their mission to lift up the nation's most vulnerable people, providing services to seniors, children and people with disabilities, along with veterans, refugees and the homeless. Our members work in 1,400 communities throughout the country—in rural and urban areas—as shown on this map:

http://bit.ly/LSA_member_map.

The Medicare Advantage (MA) program currently benefits 39.2 percent of eligible Medicare beneficiaries, more than 22 million people. Many of our member organizations already successfully partner with administrators of MA plans to provide services to their beneficiaries, and they look forward to expanding these partnerships in 2019 and 2020 as MA plans are afforded greater flexibility to offer additional non-primarily health related supplemental benefits to address the needs of people with chronic illnesses.

Our member organizations are leaders in helping the people they serve address needs related to social determinants of health. We have already seen the value in addressing



these issues through the decrease in overall healthcare costs in the Program of All-Inclusive Care for the Elderly (PACE) programs our members support across the country. Despite the fact that those eligible for the PACE program are generally sicker and less financially well-off than other healthcare consumers, the services our members provide have been able to help them avoid emergency room visits and hospitalizations by addressing social determinants of health, thereby keeping costs down and improving quality of life.

For plan year 2020, we urge the Administration to continue its efforts to promote flexibility and innovation, support value-based arrangements with health care providers, and ensure that any substantive changes to the Medicare Advantage program provide plan sponsors with sufficient time for thorough evaluation and implementation. Because of this increased flexibility, an estimated 1.5 million beneficiaries will have access to expanded supplemental benefits such as adult day care services and in-home and caregiver support services. Other new flexibilities will foster greater competition and reduce costs for beneficiaries and taxpayers. For example, when seniors have access to reliable transportation, it eliminates 55 percent of missed medical appointments. When screened for mental health issues, 67 percent of undiagnosed seniors could be treated for their condition.

We also encourage the Administration to build on the enhanced supplemental benefits that were offered this plan year by providing additional flexibility to help drive the next generation of innovative approaches in Medicare to improve health outcomes, while also maintaining robust beneficiary protections. As federal policymakers consider how to implement new flexibilities, it is important to consider that a disease-based approach alone will not identify all those with high needs. Consistent with National Academy of Medicine recommendations, federal policymakers should consider allowing plans to implement more nuanced targeting of eligible enrollees to account for limitations with activities of daily living, behavioral health needs, and social and economic risk factors. Furthermore, assessing the appropriateness of an item or service with respect to a particular disease instead of the person's needs may miss important opportunities to improve health and reduce unnecessary spending. High-need Medicare Advantage beneficiaries experience a wide range of risk factors that may affect health. These



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enrollees may benefit from having services tailored to their needs. For example, those with functional impairments may benefit from transportation services, while those who live alone may value meal delivery. Allowing more specific targeting and assessments would enable plans to deliver better-targeted services that meet their members' needs and facilitate implementation of the CHRONIC Care Act provision that allows plans to offer non-health supplemental benefits.

Thank you for the opportunity to provide feedback on these issues. We look forward to continuing to work with the Administration to improve the Medicare Advantage program for both providers and beneficiaries.

Respectfully,

Charlotte Haberaecker
President and CEO