January 14, 2019
Ms. Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: RIN 0938-AT40, Medicaid Program; Medicaid and Children’s Health Insurance Plan (CHIP) Managed Care

Dear Ms. Verma,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this proposed rule in regard to its effects on those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC’s definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice.

We have several comments on this proposed rule as various sections will impact the care of those with advanced illness. Specifically:

**Special Contract Provisions Related to Payment**
We are in support of efforts to assist states in transitioning from fee-for-service to managed care/value-based arrangements as such arrangement are beneficial to those with advanced illness in that they encourage delivering the “right” care, vs. just a lot of care. We therefore support the proposed changes for the pass-through payments and rate certification submissions. We also suggest that there should be a corresponding effort to encourage and allow states to take advantage of any geographic concentration of resources to increase care coordination in a specific location.
**Network Adequacy Standards**
We support increasing flexibility in regard to setting time and distance standards since that will help promote telehealth, something that is very useful for those with advanced illness. Having 24/7 access for this population is a key factor in avoiding emergency department visits or hospitalizations\(^1\) and so allowing practitioners to be in touch with patients remotely could help reduce unnecessary utilization. We also support allowing states more flexibility to define “specialists” and removing the provision regarding additional provider types as that will hopefully foster experimentation and innovation to improve care delivery.

**Medicaid Managed Care Quality Rating System (QRS)**
We are in support of standardizing measurement across states and appreciate CMS’ commitment to addressing the barriers to doing so going forward. Looking beyond standardization, we also suggest the need for measures specifically designed for the advanced illness population. Any such new measures should identify and acknowledge patient preferences to ensure integration of their health care goals, preferences, and values. New measures also need to also include the impact on the member’s family caregiver(s). C-TAC would be happy to work with CMS to provide input on the development or evaluation of such measures.

Thank you for the opportunity to comment on this proposed rule. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or mgrant@thectac.org.

Sincerely,

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\(^1\) [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296930/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296930/)