

	A	B	C	D	E	F	G
1	2017 National Medicare-Medicaid Plan Enrollment Exhibit Comment Sheet						
2	<p>Instructions: Please review the 2017 Draft National MMP Guidance and submit all comments on this spreadsheet only. <u>Edits submitted outside of this spreadsheet, i.e., via email or via track changes will not be accepted.</u> Please note that there are two separate tabs, the first tab (labeled 2017 National MMP Guidance) is where edits for the guidance should be placed. This second tab (labeled 2017 National MMP Exhibits) is where edits for the exhibits should be placed. The first row is an example of how the spreadsheet should be completed.</p>						
3							
4	Organization Name	Contact Person Name/Email	Exhibit Number	Description of Issue or Question	Page Number	Suggested Revision/Comment	State Specific or National Issue?
5	Community Catalyst	Leena Sharma/Isharma@communitycatalyst.org	throughout	overall/Applying Section 1557 requirements		<p>We commend CMS for requiring beneficiary testing of notices. The notices are considerably improved and we believe this will help beneficiaries better understand their options. We urge CMS that this be a continuous process.</p> <p>Further, we understand that HPMS guidance on 1557 compliance will be issued in the near future, but wish to point out that all the enrollment exhibits qualify as "significant" communications (see discussion at 81 Fed. Reg. 31,401 and 31,402) that must include both the nondiscrimination notice and taglines in the top 15 state languages required by 42 CFR 92.8. We ask that the guidance reflect this additional requirement and note that: 1) some MMPs may need to add more languages to those required for taglines by their three-way contracts; 2) some MMPs may need to include taglines in more mailings than required by their three-way contracts; and 3) all MMPs must include the nondiscrimination notice when mailing all enrollment notices.</p>	National
6			throughout	all notices		<p>States should be required to collect data on race, ethnicity, language spoken and should make it known to the member that this information is being collected to help improve how care is delivered to them and will be kept confidential.</p> <p>The notices should clearly state the continuity of care requirements.</p>	National
7			11	Clarity	39	We suggest on the second bullet under "What should I do now, " change to "be sure to tell your providers that you will not be enrolled in <plan name>."	National
8			12-14	Opting out in a voluntary disenrollment	41-46	Under "Use the Disenrollment Form only if you want to leave . . .", we recommend eliminating the first bullet. As stated in our comment to Section 40.1, beneficiaries should not be required to take an additional step in order to be exempt from future passive enrollment. Beneficiaries who voluntarily disenroll after the effective date of enrollment should automatically be flagged as having opted out of future passive enrollment.	National

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9			31	Clarity in transmitting information	75	<p>We have two major concerns about this notice. First, the notice does not include the important fact that enrollment in the MMP means that an individual must use in-network providers. To say that there are additional benefits without also highlighting the tradeoff for a beneficiary currently in FFS Medicare is misleading, particularly because the notice also says that "you won't lose any of your current benefits." Second, the second bullet under "Where can I get more information" is problematic. Our understanding is that in most states, the demonstration ombudsman is not set up to provide choice counseling. Further, it is hard to tell the difference between "personalized health insurance counseling" provided by SHIPs and "help comparing your health care choices" provided by the demonstration ombudsman. It is important to list the demonstration ombudsman as a resource but we suggest that the role be defined differently, such as for example "if you have concerns about the enrollment process, contact . . ."</p>	