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House Energy and Commerce Committee, Subcommittee on Health  
Attn: Josh Trent, Deputy Chief Counsel and Rachel Pryor, Health Policy Advisor  
U.S. House of Representatives  
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**Re: Comments on Special Needs Plan (SNP) reauthorization**

Dear Chairman Burgess, Vice Chairman Guthrie, and Ranking Member Green:

On behalf of UPMC Health Plan and the UPMC Insurance Services Division (collectively, “UPMC”) and the over three million individuals we serve, thank you for the opportunity to provide feedback on the approach that the House Energy and Commerce Committee intends to take with respect to the extension of Special Needs Plan (SNP) authorization. Having recently testified before the Senate Finance Committee in support of a reauthorizing bill, I and UPMC Health Plan support your Committee in its consideration of this important legislation and its intent to improve health care services for Medicare beneficiaries with chronic health care needs. We appreciate your thoughtful consideration of the issues that this legislation seeks to address.

UPMC is pleased to offer a full range of commercial individual and group health insurance, Medicare Advantage (MA), Medical Special Needs Plans (SNPs), CHIP, Medicaid, behavioral health, dental, vision, employee assistance and workers’ compensation coverage products. Our MA Plan, UPMC *for Life*, serves approximately 160,000 members combined through the MA Part C/D and SNP programs. Through our Medicaid managed care organization, UPMC *for You*, we provide coverage to more than 400,000 enrollees across 40 Pennsylvania counties, and our behavioral health managed care organization, Community Care Behavioral Health, manages mental health and substance abuse services for almost one million Medical Assistance enrollees in Pennsylvania. In January 2018, UPMC will expand its portfolio to include Pennsylvania’s Community HealthChoices, a Managed Long-Term Services and Supports (MLTSS) program that is expected to serve more than 360,000 individuals who are disabled, placed in nursing homes, or dually eligible for Medicare and Medicaid. We are committed to playing a role in the evolution of MLTSS and other promising, cost- and quality-improving efforts both in Pennsylvania and elsewhere. It is with this commitment in mind that we offer for your consideration the following comments on the current Discussion Draft.

While we are strongly supportive of the legislation and its intent, we nonetheless have some concerns regarding the following provision, which permits a SNP to satisfy otherwise applicable “full integration” requirements where it is:

“(bb) being offered by a parent organization that also offers a Medicaid managed care plan that provides long term services and supports or behavioral health services to the same enrollees as under such specialized MA plan.”

(7/25/2017 Discussion Draft, Page 9 Lines 10-17)

We understand that the intent of this provision is to allow Plans operating separately contracted SNP and MLTSS or behavioral health managed care organization (BH-MCO) to qualify as fully integrated SNPs. We support this characterization and thank your colleagues in the House Ways & Means Committee for including it in their version of this legislation. That said, we are nonetheless concerned that the currently drafted language could be read to limit such a grant of “fully integrated” status to those Plans whose MLTSS or BH-MCO programs serve *all* of the Plan’s SNP enrollees. In States like Pennsylvania, SNP and MLTSS or BH-MCO programs can operate in geographically diverse areas that in some cases vary on a county-by-county basis. As such, while a Pennsylvania SNP operating alongside a commonly owned BH-MCO is likely to serve some or most of the same enrollees, it may also be the case that the State’s approach to contracting requires the SNP to coordinate services with a different, unaffiliated BH-MCO for a subset of SNP members. Importantly, this is only one example, and we expect that other States may face similar changes based on their unique approach to contracting Medicaid managed care services.

We recognize the importance of balancing the need for flexibility in recognition of varied State approaches, while still limiting the grant of “fully integrated” status to those Plans operating a SNP that truly integrates care and management for beneficiaries. We also recognize that this provision will likely be subject to interpretive guidance and rulemaking, and acknowledge that the nature of the subject provision also provides the Secretary of Health and Human Services with some degree of flexibility in establishing the qualifications for Plans to claim “fully integrated” status. As such, we ask the Committee to consider adopting a minor adjustment to the foregoing language that will help guide agency rulemaking without seeking to be overly prescriptive. We recommend the following adjustment to the terms of the Discussion Draft:

“(bb) being offered by a parent organization that also offers a Medicaid managed care plan that provides long term services and supports or behavioral health services to substantially the same enrollees as under such specialized MA plan.”

Thank you again for your efforts to support and strengthen SNPs and for your consideration of these comments. We firmly believe that passage of this bipartisan legislation will enable States like Pennsylvania, and Plans like ours, to advance innovative, quality-driven care delivery models that better serve medically vulnerable and chronically ill individuals. We would be happy to provide any additional information or data in support of the Committee’s efforts in this regard, and look forward to continued collaboration and dialogue on this important topic.

Sincerely,



John G. Lovelace  
President  
Government Programs and *Individual Advantage*  
UPMC Health Plan