

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development,
Attention: CMS-10716
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244

Submitted electronically via [regulations.gov](https://www.regulations.gov)

May 1, 2023

Re: Proposed Collection of Information: Applicable Integrated Plan Coverage Decision Letter (CMS-10716)

Justice in Aging appreciates the opportunity to submit comments in response to the above-referenced proposed collection of information on the Applicable Integrated Plan Coverage Decision Letter document for dually eligible individuals enrolled in Applicable Integrated Plans (AIPs).

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We use the power of law to fight senior poverty by securing access to affordable healthcare, economic security, and the courts for older adults with limited resources. We have decades of experience with Medicare and Medicaid, with a focus on the needs of low-income individuals and populations that have been marginalized and excluded from justice such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Justice in Aging appreciates the efforts taken by CMS to improve readability and reduce confusion in the integrated coverage decision letter used by AIPs. The specificity in the second paragraph noting what was requested and what was denied or reduced (and other options) will provide clarity to the enrollee. We also appreciate adding the contact number in the heading of the letter.

We have concerns with the sentence on page one of the letter: "Please note, you will not be billed or owe any money for this [insert as applicable: medical service/item or Part B drug or Medicaid drug]." This sentence will be confusing to the enrollee without further explanation. We suggest adding language along the following lines: "This is because you received the service before you knew that we would deny [limit, stop, suspend] coverage." We note that Medicare Summary Notices in fee-for-service Medicare include an explanation when there is no beneficiary liability because of the absence of a required Advanced Beneficiary Notice.

We also note the section continuity of care is featured towards the end of the decision letter (page four out of six of the template). For enrollees facing the loss or disruption of medical services, this section is critical to preserving medical services or treatment. Enrollees may be unaware that continuity of care during an appeal is an option and will not find this information if it is located at the end of the decision letter. We suggest briefly highlighting the right to preserve services during an appeal on the first page of the decision letter. A sentence highlighting this option and a reference to the full section located later in



the decision letter will be helpful, such as: “If you’re already receiving the <service or item>, you can request to keep receiving it during your appeal. See Section [blank] on page [blank] for more information.”

Justice in Aging appreciates CMS’s concerted efforts to make the coverage decision letter materials more accessible and readable to persons dually eligible for Medicare and Medicaid. We look forward to working with the agency to implement these suggestions in order to enhance the quality of care for millions of people with Medicare and Medicaid. If any questions arise concerning this submission, please contact Georgia Burke at gburke@justiceinaging.org or Tiffany Huyenh-Cho at thuyenhcho@justiceinaging.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Amber C. Christ". The signature is written in a cursive style with a large initial "A" and "C".

Amber C. Christ
Managing Director, Health Advocacy