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The Honorable Max Baucus Chair Committee on Finance United States Senate

## **Dear Senator Baucus:**

On behalf of DMAA: The Care Continuum Alliance, thank you for your efforts to realize legislation that provides for increased coordination and improved quality of services for Medicare populations. The Medicare Improvements for Patients and Providers Act of 2008, S. 3101, seeks to address the challenges presented by the growing number of Medicare beneficiaries with multiple chronic conditions who are responsible for the greatest percentage of health care expenses.

Respectfully, DMAA seeks continuation of the valuable Medicare Health Support (MHS) program, currently providing services and support to more than 150,000 fee-for-service beneficiaries, their caregivers and providers. The Medicare Health Support (MHS) pilot is an important example of an existing program that continues to improve care coordination, participant and provider satisfaction and health care outcomes for individuals with chronic conditions. MHSOs presently provide daily, evidence-based management of chronically ill patients that many physician practices cannot afford to lose.

Early reports from MHS pilot sites show significant improvements in provider and beneficiary satisfaction. More recent data on refreshed populations in continuing pilot sites demonstrate clinical benchmark improvements, as well. DMAA believes strongly that the MHS program can realize long-term coordinated beneficiary care and provider satisfaction as well as clinical benchmarks and can be tailored to address the specific

needs and care delivery demands of various target populations and geographical regions.

Similarly, S. 3101 presents the opportunity for Congress to reauthorize and elevate operating standards for Medicare Advantage Special Needs Plans (SNPs). Chronic condition SNPs provide additional care coordination and ensure improved care quality for chronically ill beneficiaries. DMAA supports review of the impact of SNPs on beneficiaries and implementation of additional standards to be met by current and future SNPs, as specified in S. 3101. Such standards will help to ensure the value of these programs in achieving care improvements and to preserve the integrity of the C-SNP program. We urge you to reauthorize in S. 3101 the C-SNP program for an additional five years, provided quality enhancements of this important care coordination program are realized.

Again, thank you for your leadership in strengthening the Medicare program and your consideration of DMAA's suggestions to ensure beneficiary access to targeted, quality health services.

Sincerely,

Tracey Moorhead

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President & CEO