Topic	Questions	Comments	Name of Commenter	Organization of Commenter, if any
Payment and Rate Considerations	What rate-setting structure/methodology should be used on the Medicare side (plans bid as in traditional MA versus CMS sets rates as in FIDA)?			
	What importance of potential Medicare rebate dollars to fund supplemental benefits (vision, dental, OTC drugs)?			
	What Medicare risk adjustment approach best meets goals of program? Importance of using frailty adjustment to reflect population's ADL limitations?			
	How do we set rates to ensure rate adequacy and to account to administrative costs of care management? What use of rate cells?			
	What risk adjustment approach best meets the goals of the program?			
	If we include well duals, how should the rate structure address well duals?			
	If we include the whole state, how should the rate structure address the rest of the state?			
	How should the rate approach address plan quality, savings from integration and value-based purchasing?			
	What reserves and financing requirements for the plans that participate?			
Outreach, Education, and Engagement of Participants and Providers	What steps should the state/CMS take to outreach to and educate eligible individuals prior to the launch of the program? And after the launch?			
	What steps should the state/CMS take to outreach to and educate Providers prior to the launch of the program? And after the launch?			
	What steps should the state/CMS take to capture feedback from participants and providers prior to and following the launch of the program?			

Topic	Questions	Comments	Name of Commenter	Organization of Commenter, if any
	What advertising activities should be undertaken?			
	What outreach, education, and ongoing engagement of participants and providers should be required of the Plans?			
MCO/Plan Requirements and Qualifications	What factors should the state consider in deciding which plans to allow to participate in the integrated program?			
	Should the State use a competitive bidding process to select only a fixed number of plans or allow all interested Plans to participate?			
	Should the state consider something in between – like all plans that are interested can be included if they have a certain breadth or nature of experience with and demonstrated commitment to integrated models?			
Enrollment	Do you think the FOIC Program should be voluntary or mandatory (on the Medicaid side) for eligible individuals? Should the Medicaid product provide coverage for eligible dual eligibles regardless of what Medicare they have selected?			
	Do you think the program should be voluntary on the Medicare side (which federal law requires) but with Passive Enrollment into the same Plan the person uses for his/her Medicaid FOIC plan?			
	Should participants be able to change their plan at any time on a monthly basis? Should enrollments take effect on the 1st of the month and disenrollments be allowed to be requested up to the last day of the month?			
	What do you think of the inclusion of an enrollment broker to handle the enrollment and disenrollment processing?			