

Integrating Medicare and Medicaid for Dual Eligibles

Open Public Meeting

Deputy Medicaid Director Robin Callahan welcomed meeting attendees and presented an update on the Memorandum of Understanding (MOU) signed between EOHHS and CMS. The presentation is available at www.mass.gov/masshealth/duals. Highlights from the discussion portion of the meeting, including questions from the attendees fielded by Robin Callahan, are provided below.

- An attendee asked whether quality of care and member experience will be included in the quality withhold measures, and whether there will be any measures pertaining directly to those with mental illness. MassHealth and CMS expect to collect a lot of information from direct member satisfaction surveys. MassHealth will also have information to glean from grievances, appeals and from data collected from community-based organizations. The summary information in the presentation is an indication of the types of measures on which data will be collected, however, direct member experience is going to be the most important source of information we get about the progress of this demonstration. MassHealth intends to include meaningful behavioral health measures.
- An attendee from a provider organization had questions about the process for determining provider rates that will be paid by ICOS. In this Demonstration, provider rates will be determined by negotiations between providers and ICOs. ICOs must establish an adequate network in order to participate in the Demonstration, and they have an obligation to bring in adequate numbers of providers. ICOs will need to ensure that they can meet the needs and provide sufficient access to providers for any of their enrollees in the target population, per their individual condition and needs. If an ICO cannot put together a network because the rates they offer are not attractive enough to providers, they will not meet the requirements for participation as ICOs. It is important to understand that MassHealth and CMS are developing the ICO payment rates, including savings percentages, based on fee for service, with no assumption of any decrease in payment rates to providers.
- Another attendee noted that without information on the ICO payment rates, both providers and ICOs are in a very difficult position when it comes to negotiating contracts. MassHealth and CMS have been working on developing the rates and we hope to be able to share more information on this soon. MassHealth understands the difficulty in not having this information yet.
- The comment was made that providers' administrative structures are already under a lot of pressure. One of the implementation work groups that MassHealth has identified will need to be established is an Administrative Simplification group. MassHealth's goal is to try to create as much simplification and unification of process and forms as possible. Once ICOs have been

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selected and the work group is convened, a key area will be finding opportunities for standardization across ICO policies and procedures to ease the burden on providers.

- One attendee noted that the MOU did not include discussion of the ombudsperson role. MassHealth is and has been committed to working with stakeholders to define the role, explore possible approaches, and make sure that role is in place. MassHealth wants to institute early warning systems in the process to identify any areas of complaints, problems, or dissatisfaction. The additional funding opportunities that CMS is providing around demonstration options counseling and to facilitate member education may also help develop the ombudsperson role.
- An attendee asked how members will learn about ICOs in their area and how to enroll. MassHealth and CMS hope to start outreach to members about ICOs in January. Stakeholders will have an important role in helping develop materials that introduce the Demonstration, provide information about when and how to enroll, and explain what ICOs are available in which areas and what they offer. MassHealth will need a very strong network of people in the community who are prepared to help people make decisions, including whether to enroll in an ICO.
- The auto-assignment process will not begin until after the first voluntary enrollments take effect on April 1, 2013. The enrollment process is designed to be gradual so that not all eligible members are enrolled into the Demonstration on the first possible effective date. MassHealth continues to expect that a first round of auto-assigned enrollments will be made effective July 1, 2013. Members who would be included in that batch will have 60 days advance notice so that they can inform MassHealth if they would like to make some other choice, including opting out of the Demonstration entirely before their enrollment would be effective. MassHealth is contemplating that a second round of auto-assigned enrollments will take effect October 1, 2013, with the same 60-day advance notice period. MassHealth will assess how the initial self-selection enrollment period goes and may make adjustments for the auto-assignment periods based on that experience.
- One attendee asked about member control over mental health records in the Demonstration, and also stressed that ICOs must be required to get formal approval from the member of their care plan. The Demonstration model is built on the concept that the care plan is the enrollee's plan. MassHealth will look further into this specific issue.
- Another attendee indicated that the SHINE program has access to a CMS complaint tracking tool where complaints about Medicare Advantage plans can be entered by SHINE staff. The suggestion was made that the same system be available in the Demonstration.
- Questions remain regarding the processes for handling grievances and appeals. One attendee remarked that providing clear notices to members will be very difficult and requested an

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opportunity for stakeholders to weigh in on the requirements. MassHealth has recognized that this area of the Demonstration is challenging and CMS is helping develop a model notice to provide as much clarity regarding the grievances and appeals processes as possible. While the processes are not fully integrated across the Medicare and Medicaid programs, all member protections offered by both programs are being maintained.

- While the Medicare hospice benefit will not be part of the ICO service package (per the terms of the MOU with CMS), a member who elects Medicare hospice is still eligible to participate in the Demonstration and maintain enrollment in an ICO.
- An attendee asked whether an ICO will be allowed to have a co-branding arrangement with a provider such that the provider will be allowed to speak favorably about the ICO. This issue will be addressed in the Demonstration marketing opportunities and requirements that will be issued by CMS in the near future.
- An attendee asked what kind of options counseling would be available to members starting in January 2013. CMS has issued a funding opportunity for Aging and Disability Resource Centers (ADRCs) and State Health Insurance Assistance Programs to provide options counseling. MassHealth will work closely with the office of Elder Affairs and with stakeholders on an application to take advantage of this funding. In addition, an entire strategy will need to be established that ensures a comprehensive and effective approach to providing the clearest information possible.
- Regarding the entities that submitted responses to the MassHealth RFR, the number of respondents was 10. The identities of those organizations are not public information at this time. Once a determination has been made regarding which of the respondents have been selected to move forward into the Readiness Review process, the identities of the selected entities will be made public.
- Stakeholders should continue to use open meetings and the Duals Demonstration email address, duals@state.ma.us, to ask questions.