

Summary of Discussion from December 7, 2012 Duals Open Meeting

Integrating Medicare and Medicaid for Duals Eligibles

Open Public Meeting

Deputy Medicaid Director Robin Callahan welcomed attendees and presented updates on the Massachusetts Duals Demonstration Readiness Review process, the Implementation Council, the 'Issue-Response' document and the outreach strategy. 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.

Timeline

- The Duals implementation timeline is under review. MassHealth anticipates sharing updated information on a final timeline by the end of December 2012. MassHealth confirmed that the timeline will include time to finalize contracts after CMS releases the rates.
- An attendee requested the addition of training to the timeline.

Implementation Council

- Questions were asked pertaining to the selection of the Implementation Council membership and the consumer chair. The nomination form was developed to capture information pertaining to the target populations, and asks applicants to indicate affiliation and self-identification with a target population group, if applicable.

MassHealth asked if there were any questions pertaining to the Issue-Response document.

- An attendee from the provider community commented on question 7 in the 'Issue-Response' document which refers to the default rate that will be paid to ICOs upon initial enrollment. Individuals will be assigned to one of four rating categories: 1) F1: facility-based care; 2) C3: Community High Level of LTSS Need; 3) C2: Community High Behavioral Health; and 4) C1: Community Other. The default rate is C1: Community Other. These rating categories determine rates paid to ICOs and should not influence provider rates. MassHealth confirmed that neither MassHealth nor CMS are determining rates to be paid to providers. Each ICO will have its own purchasing strategy. It would be logical for ICOs and providers to use current fee-for-service provider rates as the starting point for rate negotiations.

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- In response to question 32 in the Issue-Response document, an attendee commented that changes in the MDS-HC assessment form may call for changes in providers' IT systems, which will require a significant amount of notice before becoming operational. MassHealth responded that changes will likely not affect provider IT systems. Instructions will be developed to ensure ICOs collect and submit the necessary information for rating category determination.
- An attendee commented on question number 14 on the Issue-Response document and stated that ICOs are in the difficult situation of not being able to sign contracts or finalize provider rates until after CMS and MassHealth rates have been finalized. In response to a question about network adequacy and case load standards, MassHealth noted that network adequacy standards for ICOs were developed based on Medicare and Medicaid standards and include criteria such as the volume of a population within a zip code. Some of these standards are outlined in the RFR.

MassHealth presented an outreach strategy.

- An attendee noted the importance of distributing informational material to dual eligible individuals prior to the start of enrollment.
- An attendee asked how eligible participants and providers will learn about ICOs and their options. MassHealth will have access to a marketing firm that will assist with outreach and education. Stakeholder input will be vital to the development of materials that are accessible and useful to all dual eligible target populations.
- A comment was made that many individuals are not sure whether they are eligible for the Duals Demonstration. Educational material regarding the eligibility of individuals in various situations, such as Home and Community Based Services 1915c Waivers, will be included as a part of the outreach strategy.
- An attendee asked if enrolled ICO members would continue to receive mailings from Medicare and MassHealth. When possible, enrollees will receive messaging from ICOs. There may be some communication coming from CMS and MassHealth directly.
- It was recommended that MassHealth use social media outlets throughout the public awareness campaign. The marketing firm that MassHealth will contract with throughout this process will provide communication expertise which will likely include social media.

Several additional questions were asked.

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- An attendee expressed concern about maintaining relationships with current providers who are located in various geographic locations and who may not all be within the available ICOs networks. While the choice of ICOs is related to an individual's county of residence, each ICO may contract with providers outside its specific service area. Individuals will have the opportunity to review each ICO's provider network and inquire whether the ICO is willing to negotiate the inclusion of certain providers. Ultimately, it is the individual's choice whether to enroll in an ICO or not.
- Further details on the functions of the IL-LTSS Coordinator role were requested. Broad guidelines are available within the RFR.
- An attendee expressed concern with enrollees briefly losing MassHealth eligibility and how that might affect continuity of care and provider reimbursement. Providers are unable to wait extended periods of time for payment in these circumstances and lack administrative staff to check the Eligibility Verification System (EVS) on a daily basis. MassHealth noted that an asset test is not required for the Duals Demonstration and stated that most enrollees will be eligible for the new MassHealth administrative renewal process that is now in place. This should decrease the frequency of these events. Additionally, ICOs will be paid prospectively for the month. An ICO must continue to provide services through the end of the month to an enrollee, even if that individual's eligibility changes during the course of the month. Care coordinators will also assist throughout the process, and may be able to resolve eligibility issues to prevent any gaps in ICO enrollment.
- An attendee asked for a list of the ICOs:
 - Blue Care Partnership (Blue Cross Blue Shield of Massachusetts)
 - Boston Medical Center HealthNet Plan
 - Commonwealth Care Alliance
 - Fallon Total Care, LLC
 - Neighborhood Health Plan
 - Network Health, LLC
- An attendee expressed concern that medical providers may not have knowledge and experience with independent living and recovery models. The attendee asked whether this would be an issue the Implementation Council would address. Under the demonstration, the new model utilized by ICOs will not rely solely on the expertise of medical staff in the provision of care. A coordinated system of care will rely, instead, on the expertise and experience of an integrated care team including

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an IL- LTSS coordinator with strong knowledge in independent living and recovery models of care. Additionally, ICOs will be responsible for training curriculum for their staff and their provider network on various topics including disability models of care. An attendee noted that peers should play a role in developing trainings on the recovery model.

- An attendee inquired about the process for increasing rates paid to ICOs for individuals with evolving LTSS needs. Individuals with evolving and increasing LTSS needs will require a redesign of a care plan. A revised MDS-HC should be submitted if the individual has a major change in care needs. The MDS-HC is used to determine rating categories.
- An attendee asked about the procedure for when a dual eligible enrollee turns 65. If the individual is still eligible for MassHealth Standard, they will have the option to remain in the demonstration, enroll in a Senior Care Options (SCO) program, enroll if eligible in a Program of All-Inclusive Care for the Elderly (PACE) program, or select MassHealth direct coverage and Original Medicare or a Medicare Advantage Plan.
- An attendee noted that the current durable medical equipment (DME) and vendor system is broken and noted that stakeholders would like to work with MassHealth and ICOs on these issues in regards to ICO contract development with these providers.