

February 28, 2012 Duals Stakeholder Summary Meeting Notes

Opening Remarks

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MassHealth Response: Certain elements in the capitation rate need to reflect functional status. The tools we have in place now don't measure this adequately. The discussion item for the Assessment group is how we can collect data in the assessment process, using what forms and in what systems.

Q: Is everyone welcome to join the workgroups? **MassHealth Response:** Yes, anyone with interest and expertise can participate.

Q: Will the Grievance and Appeals workgroup also discuss consumer protections? **MassHealth Response:** Yes, this workgroup will focus on protections.

Q: Getting into the specifics of the MOU, is it fair to assume that the RFP will have the specific payment rate included? **MassHealth Response:** We are not sure if the RFP will go quite that far. This is an area where we are having a lot of discussion with CMS. To a large degree, CMS is taking a lot of the responsibility for establishing rates. One of the things that we have communicated to CMS is that as much information as possible needs to be provided to allow organizations to make an informed business decision. We are not sure if the hard rates will be out there but there will be information to help prospective ICOs understand the payment methodology.

Q: If a stakeholder is interested in a special population, which workgroup makes the most sense? Quality? Assessment? All of them? **MassHealth Response:** We are working on a month-by-month basis. What is reflected in the workgroup structure is an attempt to inform the MOU. That doesn't mean that there won't be additional work groups that we need to think about. All of these workgroups will affect all populations. No workgroups are happening at the same time, so you can go to multiple groups. There may need to be future meetings regarding special populations and specific services.

Q: We do not want providers developing quality metrics that will serve providers more than people with disabilities. How will you weigh the voices of the workgroup attendees? **MassHealth Response:** We expect a variety of people to weigh in and encourage all to attend. We need to understand how to get a system together quickly that will work and meet our objectives. These workgroups will not make policy decisions and we do not know who will attend the meetings. We are looking for expertise and a broad group of stakeholders have this expertise. We want recommendations from the workgroups. The state will make the decisions after hearing all of the comments. We hope to produce a better product because of the many diverse groups involved. In April, we will meet to talk about all of the information we received to date and then move forward from there.

Comment: The MOU document should be measured against the goals within the proposal that was submitted. We suggest putting out a transparent document that helps everyone flesh out the issues around this proposal, such as reducing unnecessary services like the use of emergency rooms. Another suggestion is to bring together different groups (consumers, providers, ICOs) in facilitated sessions. Finally, we suggest bringing in experts such as Stuart Altman to speak with us about what we need to know to improve the program.

Q: Are there CMS standards regarding models of care? Specials Needs Plans have a very prescriptive model of care. Does CMS have a care model that they will be measuring what we submit against?

MassHealth Response: That is guidance that will be forthcoming. Throughout the process, we have aimed not to simply replicate Medicare Advantage and Special Needs Plans. We're trying to take a serious look at where there are flexibilities and operational considerations. That is what is behind the timelines.

Q: After April 2, will these meetings get closed to potential provider applicants and provider trade organizations to prevent conflict of interest? **MassHealth Response:** We are not asking the groups to put together the procurement strategy. There will come a time when we want to talk with people about the procurement and will not include potential bidders. At this point, we see value in having diverse standpoints and sessions. When we start talking about selection of ICOs, we will absolutely not include potential applicants.

Comment: DAAHR will have a meeting and presentation by Bob Master, Paul Cook, and others with information on special populations on health care needs. We would love for folks from the state to be there. It's on March 13th from 12 pm to 2 pm at Blue Cross Blue Shield. Contact Dennis Heaphy or Bill Henning for more information.

Closing Comments by Dr. Julian Harris

There is a lot of work for us and there will be a lot of work for you as well. From a transparency perspective, it will be valuable to hear what all groups are saying in public dialogue.

The next open meeting is April 9, 2012.