

Duals Consumer Meeting – July 21, 2011

Introduction

- Question on Savings
 - Stakeholders expressed a concern that fiscal savings would be the major goal of the Duals initiative rather than improving care, quality, and health outcomes.
- MassHealth Response
 - MassHealth’s goal is to create a better option that people will see value in; it would include more community-based behavioral health services, for example. These diversionary services are currently not available to duals population.
 - MassHealth is not managing to any dollar amount. In the short term, there is a timetable to develop the proposal, get it approved, and negotiate with the Feds to make this happen.
 - Cost savings will be a “secondary outcome” and organizations will not win a contract for the Duals program if their proposal only focuses on reducing costs.
 - Payment reform means spending the money better.
- Timing: The pressure is on the October submission of the proposal to the Centers for Medicare & Medicaid Services (CMS).

Member Focus Group Discussion:

[Discussion around presentation summarizing feedback from four member focus groups and two disability-specific meetings]

- Concern that people with mental health disabilities were underrepresented in the focus groups.
- Importance of not limiting choice, especially choice of providers.
- People want to keep existing provider relationships.
- Too many mental health providers won’t accept MassHealth.
- It’s difficult to find quality providers outside of clinic settings.
- Continuous eligibility would be a valuable benefit.
- Make “administrative renewal” a part of the Duals program.
- There are organizational and process barriers, as well as physical barriers to accessibility.
- There also are attitudinal barriers among providers and the public, which will be hard to overcome.
- Reimbursement of providers/hassle of the billing process drives providers away from participation as a MassHealth provider.
- Solo practices don’t have the time or staffing to comply with billing requirements.

Summary of Discussion from July 21, 2011 Duals Consumer Meeting

- Time spent managing patient care, particularly on the telephone, is not reimbursed.
- There is confusion about coverage, billing, and covered services.
- “People don’t know what they don’t know.” It’s impossible to identify all relevant gaps when people don’t understand many elements of their coverage.
- Notices sent to members are confusing and difficult to interpret, even for educated consumers, including EOBs that say “this is not a bill.”
- Difficult to promote recovery when the whole system is so stressful for members.
- There is a broader need to integrate and coordinate care
- Case management is important.
- There is a need to broaden available benefits too.
- Some Dual eligible people rely on duplicative services, such as two PCAs, because of inadequate benefits (particularly around DMEs), as well as uncoordinated care across providers.
- It will be important to preserve members’ on-going relationships with providers under the new Duals program.
- Expand services, offering air conditioners, DME, etc.
- Offer additional benefits that aren’t currently covered, especially dental.
- Broaden payment models.
- Importance of peers who can help with various needs at home, as well as certified peer specialists within providers and day-treatment facilities.
- Twenty-two other states pay for certified peer specialists in their Medicaid programs. Massachusetts should do so.

MassHealth Responses:

- MassHealth is looking at paying for certified peer specialists carefully.
- At the next meeting, MassHealth will focus on what should be in the benefit package; what are constraints on benefits and services?
- MassHealth is moving to a policy of “passive renewal,” also called “administrative renewal,” for people who receive social security and have Medicare coverage (i.e. a subset of Duals).
- MassHealth has just begun administrative renewals for children in the Kaileigh Mulligan Program (Home Care for Disabled Children)
- MassHealth is looking to also renew 66,000 additional Duals by matching with the Social Security Administration to evaluate and confirm MassHealth eligibility.

Quality Discussion:

[Discussion around presentation of preliminary quality metrics framework]

- Independent measurement for measuring person-centered care?
- More accurate response if people have peer assistance in completing the surveys.
- Importance of cultural competency. How to measure it? What does it include?

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- It's important not to have disincentives to disclose information.
- Member satisfaction should be part of quality management.
- "People with disabilities don't necessarily get better," so quality metrics need to reflect the reality of the population being served.
- There's a balance between paying for rehab versus keeping a person in the community—how payment and incentives and quality measures relate to competing priorities and service delivery.
- On-going consumer involvement is key in deciding what measures to use.
- A robust and independent complaint process is needed.
- Add appeals/grievances under administrative services for simplicity.

MassHealth Responses:

- MassHealth is not looking to just tie bonuses to quality, but to tie payment to quality – these will be the fundamentals for participation.
- Member satisfaction may need to be in both places (quality and person-centered care).
- There will be many sources of information: claims data, surveys, etc; will want to use many sources.
- Care coordination happens between patients and providers whereas care integration happens between providers.
- MassHealth needs help in determining the key concepts to keep ICEs accountable regarding administrative simplicity.
- MassHealth welcomes and hopes for continued feedback on the preliminary quality framework, which will be posted on the Duals web site. MassHealth encouraged questions and comments be submitted to Duals@state.ma.us

Conclusion:

- Please share your ongoing questions and comments by emailing Duals@state.ma.us
- Next Consumer Focused Meeting is currently scheduled for September 22 from 1pm-3pm at 1 Ashburton in Boston in the Matta Room – given turnout, MassHealth will look for a larger room