Meeting Notes

Integrating Medicare and Medicaid for Dual Eligible Individuals
Open Public Meeting
One Ashburton Place, Boston
June 1, 2012 ~ 10 AM – 12 PM

Robin Callahan, Massachusetts Office of Medicaid Deputy Director, opened the meeting. Ms. Callahan noted that the original purpose of the meeting was to discuss the release of the RFR; however, the timeline has changed which provides an opportunity for general discussion about key policy issues. CMS has heard from many states that the timeline is too short and is in the process of making some adjustments. Massachusetts still anticipates beginning the Demonstration in 2013. The timelines will be delinked from the Medicare open enrollment period in October which was one of the drivers of the tight timeframe. MassHealth will communicate any changes to the timeline once decisions are made with CMS.

Ms. Callahan reviewed key policy areas as described in the meeting slide presentation (posted at www.mass.gov/masshealth/duals). Some revisions were made since the last meeting. Discussions are still in process between MassHealth and CMS for the purposes of developing a Memorandum of Understanding.

Timeline and Medicare Application

Q: Does the timeline change affect the Medicare part of the application? Is the Model of Care still due July 2nd and will more information be provided about state requirements on the Model of Care?
A: The CMS instructions will not necessarily be changing. Bidders should continue to follow instructions from CMS. The Model of Care should reflect the covered services that have already been described, the models that were discussed in terms of integration of primary and behavioral health, coordination of care and care management, the important role of LTSS, and how the bidders are considering using the community-based options available. The RFR will be targeted to issues that are most important to MassHealth and one of the goals is to not duplicate the information requested through the CMS process. It is important that bidders satisfy all of the requirements within the Medicare process. MassHealth will supplement the questions through the RFR process.

Q: To clarify, from CMS' perspective, the Model of Care will be evaluated on the 11 elements?
A: A CMS representative stated that the CMS evaluation will be focused on the 11 elements. MassHealth will focus on additional elements in the RFR.

Q: Will there be changes to the enrollment timeline regarding when self-selection and auto-enrollment will begin?
A: MassHealth is currently thinking about this but there is nothing to announce yet.

Q: Will hospital emergency rooms be invited to respond to the RFR?
A: At this point in the process, there is a finite group of bidders that already submitted a notice of intent to apply to CMS several weeks ago. An application was also due to CMS on May 24th. If an entity has

not completed these steps, there is no real option to bid on the RFR. Emergency rooms will be providers for the ICOs, however.

Flexible Services and Integration

Q: What kinds of services are included in support for chronically homeless individuals? Does this include securing housing?
A: The concept of "housing first" includes stabilizing the individual by accessing permanent housing. There needs to be a partnership between the entities that secure housing, which is not envisioned to be an ICO role, and the entities that provide case management support. Many people in this population have significant mental health issues, substance use issues and medical issues. The MassHealth Behavioral Health contractor has found that developing a partnership between the entities finding housing and the entities providing medical and social service supports can go a long way in stabilizing the member, decreasing emergency room use and connecting the member to recovery and other resources.

Medical Necessity and Service Authorizations

Q: How does the Medical Necessity slide related to durable medical equipment or other equipment that may not be traditional?
A: The threshold requirement is that DME must be provided in a way that is consistent with both Medicare and Medicaid requirements. There are cases in the current system where one payer would approve a new device but wouldn't approve adaptations. There are occasions when customization would be less expensive than what is currently allowed. The ICOs will not need to access the MassHealth prior approval process and will have flexibility to be more expansive than the fee for service DME program today.

Q: Will MassHealth require prior authorization for admission to an inpatient hospital (acute, psychiatric or substance abuse)? Will there be a standard way of doing that or will each ICO decide?
A: ICOs cannot require prior authorization for emergency or urgent care, family planning, or out-of-area renal dialysis services. This list may not be exhaustive but there will be certain things that the ICO cannot require prior authorization for and this is a sampling of those services. MassHealth will be looking at best practices from current contracts for diversionary behavioral health services.

Services Not Covered by the ICO

Q: Will the Community Based Flexible Supports (CBFS) services be excluded from the Demonstration?
A: State plan Targeted Case Management and Rehabilitation Option services will not be Demonstration services. These services are currently provided through state agencies, DMH and DDS. ICOs must describe plans for establishing and maintaining linkages with these state agencies. Individuals who use CBFS services are eligible to also participate in the Duals Demonstration.

Independent Living and LTSS Coordinator

Q: Are the IL-LTSS Coordinator job qualifications required at the time of hire or over a certain period of time?
A: The job qualifications are at the time of hire.

Q: If someone has a bachelor's degree in health services could s/he meet the IL-LTSS Coordinator job qualifications?
A: The qualifications are a Bachelor's degree in Social Work or Human Services OR at least 2 years working in a human service field with the target population. There was a lot of discussion about the qualifications at LTSS Coordinator work group meetings. If there are specific issues about the qualifications, please let MassHealth know about them.

Q: Is it possible for ICOs to contract with community-based organizations (CBOs) outside of a service area? There may be specialized coordinators that are not evenly distributed across the state.
A: MassHealth will further consider this issue and would look forward to hearing from stakeholders regarding the concern. It is important to ensure that the role is accessible to everyone and that the IL-LTSS Coordinator is within a close proximity to the individual. If the ICOs identify limitations while building networks, they can contact MassHealth about the concern.
Comment: Having a local coordinator is important; however, in Western Mass, local may mean a 50 mile distance.

Q: Has there been further thought about the issue of developing a firewall for CBOs that provide LTSS?
A: The RFR will include language about firewalls. If a CBO provides direct services, and there are certain exceptions, the CBO cannot also be an IL-LTSS Coordinator that refers to the organization for delivering services. The CBO and IL-LTSS Coordinator cannot have a financial interest in the ICO and cannot gain from the approval or disapproval of services. ICOs should contact MassHealth if there are concerns with meeting these requirements.

Q: Is it anticipated that an IL-LTSS Coordinator might have a contract with multiple ICOs?
A: That is a possibility.

Q: Is there a sufficient pool of qualified people for the IL-LTSS coordinator position? If so, are these individuals currently in jobs that will be vacated and difficult to backfill? This seems like it could be a difficult challenge.
A: This is a new job function and how this will affect other programs is an unknown. The workforce will be from CBOs. To the extent CBOs are providing this service, it provides an opportunity to backfill positions. The outcome may be more individuals with this skill set in the marketplace. CBOs will have an opportunity to bring their expertise into this model.

Q: Can the ICO contract with an individual practitioner for this role?
A: The model that MassHealth is advancing is that the ICO will contract with CBOs that employ IL-LTSS Coordinators.

Q: Will there be a caseload limit for IL-LTSS Coordinators?
A: MassHealth will not establish a limit. CBOs will manage the staff and have a contractual relationship with the ICO.

Q: Would MassHealth consider requiring the ICOs to establish parameters regarding the IL-LTSS Coordinator caseload?
A: MassHealth can consider establishing parameters. However, since this is a new model and MassHealth does not have prior knowledge to rely on for establishing parameters, it doesn't make sense

to choose an arbitrary caseload. ICOs will have significant requirements and will need to figure out how to meet all of the obligations of the Demonstration. ICOs and CBOs should be having these conversations because CBOs have knowledge and expertise in this area.

Q: Will the ICO verify that the IL-LTSS Coordinator has met required qualifications and will there be standard monitoring of this?
A: All bidders must have necessary contracts across all provider types. Readiness reviews will be performed and MassHealth will expect the contracts to reflect the terms that will be required in the RFR. CBOs will also be qualifying staff as part of their business operations. MassHealth will not be reviewing all qualifications; however, the ICOs will be required by contract to comply with the terms of the RFR.

Q: Is there a reason certain types of CBOs will receive preferential treatment while others will be considered optional?
A: There are many types of community-based organizations that serve population groups. The IL-LTSS Coordinators should reflect the population groups, and prevalent philosophies of the population groups, served by the ICOs. This is the reasoning behind requiring ICOs to contract with at least one Independent Living Center. Other CBOs will be needed to ensure the individual can select a coordinator who is reflective of their need and preference.

ADA

Q: What are the requirements around compliance with the ADA, in particular, access to communication, alternative formats, and monitoring of that compliance?
A: This is an evolving process but each ICO must comply with the ADA and must designate a compliance officer for the Demonstration and develop a designated plan. This is the largest scale program serving people with disabilities and all ICOs must know that the ADA must be a major part of their efforts. ICOs must reasonably accommodate persons and examples are included in the slide presentation.

Q: Since these types of accommodations are already required by the ADA, will there be any "teeth" to enforce these?
A: MassHealth will require ICOs to develop a plan and MassHealth can follow-up on how the ICOs are doing with implementation of that plan. The first step is to get a commitment regarding the plan, review the plan for adequacy, and then monitor the plan. If there are any problems, corrections will be expected.

Assessment

Q: Is MassHealth considering reviewing the assessment tool that is being considered for the Duals Demonstration (MDS-HC)? There are concerns with using this assessment tool for this population.
A: MassHealth is currently working on the assessment process and tool. There is an active effort to make enhancements to the MMIS system in order to use the MDS-HC tool for the purposes of a preliminary assessment to generate rating categories. The systems team is working on changes to the platform to permit faster and better processing of the data and to allow for new algorithms that track directly to rating categories. This is not the tool that will be used for a comprehensive assessment. There will likely be more time available to talk about the comprehensive assessment including if there is

one tool or multiple tools and if MassHealth should be more directive regarding which tool to use for the comprehensive assessment.

Q: The requirement is that the ICO has a 90-day window to complete the comprehensive assessment. Is there a definite window for the assessment using the MDS-HC?
A: The MDS-HC assessment is one component of the comprehensive assessment, which must be completed within 90 days. Assignments into the Community High Behavioral Health and High Community Needs rating categories will be triggered by submission of the completed MDS-HC Assessment.

Q: Does the 90-day window include completing an individualized care plan?
A: The assessment and development of an individualized care plan should be completed within 90 days. If it can happen faster, that is preferred. Also, the ICO will only receive a higher rating payment for certain populations once the preliminary assessment is completed.

Q: Must all enrollees have an MDS-HC assessment completed?
A: Yes, all enrollees must be assessed.

Pharmacy Coverage

Q: If an ICO charges lower co-pays, can that be paid out of admin costs? This is not allowed for SNPs.
A: MassHealth will further consider this question with CMS.

Q: Will any prescription drugs require prior authorization from MassHealth?
A: The primary pharmacy benefit is the Medicare benefit. These rules will not be changed. Enrollees must consider the formularies since some not all plans will cover all the same drugs.. MassHealth requires coverage of some drugs outside of the Part D formulary. The ICO will be required to cover these drugs. The member will not access the MassHealth approval process. Instead, the member will access the ICO authorization process.

Appeals

Q: If there is a dispute between the member and the ICO at the completion of the assessment, will the member be able to appeal?
A: MassHealth will further consider this question.

ICO Service Areas

Q: What are the defined service areas?
A: ICOs will identify a service area within their proposals. Service areas are comprised of counties and ICOs may propose to cover full or partial counties. An ICO serving a partial county cannot get auto-assignments in that county. The stricter rule stating that an ICO bidding on a partial country will not be selected if there is another ICO bidding on the full county has changed.

Payment

Q: Some individuals must replace wheelchairs after several years and the cost can be over $13,000. Has there been thinking around this in terms of the development of an adjusted rate or amount that is assigned to an individual that may have a large expense every 3-5 years?
A: To be clear, there is no individual budget for a specific person. ICOs will not be told to spend a certain amount of dollars on a person. This is very important. Utilization data already includes information about DME that must be replaced or changed. MassHealth is working with CMS to establish rates and these rates will account for these types of periodic needs. Rate setting is not divorced from actual experience.

Q: Is there an expected timeframe for the rate release?
A: CMS and MassHealth are working on this now.

Q: Will the ICO receive the enrollee's Medicare and MassHealth number at the time of enrollment?
A: MassHealth will look into this further and provide additional information.

Eligibility

Q: Are MassHealth members with third party insurance coverage excluded from the Demonstration? Are people in skilled nursing facilities eligible to participate in the Duals Demonstration?
A: Dual eligibles who have other comprehensive insurance are not eligible for the Duals Demonstration. Individuals in skilled nursing facilities are eligible to participate in the Duals Demonstration.

Q: Could an enrollee lose access to or "age out of" the Demonstration when they turn age 65?
A: No, an enrollee will be able to stay enrolled in the Demonstration upon turning 65. The requirement is that the individual must be under age 65 at the time of enrollment in the Duals Demonstration. An individual will also have additional options once s/he turns 65 years of age including enrolling in the SCO program. Additional options will be presented to the individual and the individual may choose to remain enrolled in the Duals Demonstration or change programs.

Q: Has there been any thought about allowing people with disabilities who gain employment to decline employer sponsored insurance in order to enroll in the Duals Demonstration?
A: MassHealth will further consider this issue and can discuss the issue at a future meeting.

Providers

Q: Many behavioral health providers are concerned about the number of new payers and plans. In the current system, it can be difficult to deal with the authorization issues from contracting with six MCEs with different standards, processes, systems, etc. There are concerns about adding additional complexity. Have there been any thoughts to standardizing requirements, forms, processes, systems, etc? Other LTSS providers agreed with this comment as well.
A: MassHealth could use some help to frame the issue and determine ways to add value in terms of procedural standardization. MassHealth likely will not drive this initiative but could engage in further discussions about supporting a rational system.
Comment: The commercial world has been working on standardizing some of these authorization forms and processes.

Quality

Q: Is MassHealth developing any quality standards for improving functional outcomes or will the ICOs define that? This issue is of great concern. How directive will MassHealth be about expected outcomes and how much is left to the ICOs to decide?
A: This is a key Quality domain; however, there is a lack of evidence-based measures related to functional outcomes. There will be a number of process indicators regarding accessing services and MassHealth will continue to work with experts on next steps. The Demonstration is a great way to assist in understanding the relationship between access to services, expansion of services and outcomes. If anyone has good, reliable, validated indicators, please contact the MassHealth team.

Q: It would be useful if a report could be generated periodically with key indicators and benchmarks related to outcomes.
A: This is a good idea. Follow up with further specifics would be appreciated and this idea could be processed with the group.

Ms. Callahan closed the meeting by informing attendees that meetings will continue. If there are specific areas of interest or concern, stakeholders should notify MassHealth and further discussion about those topics can occur at future meetings.