

Summary of Discussion from July 27, 2012 Duals Open Meeting

Integrating Medicare and Medicaid for Dual Eligibles

Open Public Meeting

Deputy Medicaid Director Robin Callahan welcomed meeting attendees, presented status updates and discussed project activities and implementation. The presentation is available at www.mass.gov/masshealth/duals. Highlights from the discussion portion of the meeting are provided below.

- MassHealth was commended for the Consumer Consultant role in ICO selection. Responses to the Consumer Consultant RFR were due on July 5. MassHealth was pleased with the number of responses and will qualify and select participants. The anticipated selection date is July 30.
- Attendees noted that there are nationwide concerns with the federal demonstration and asked how these issues will affect Massachusetts' proposed demonstration. Massachusetts has been thoughtful about the demonstration and has revised the timeline accordingly. Revisions to the model include a phase-in approach that starts with enrollees that self-select to enroll in the demonstration. The implementation will be monitored to determine if additional timeline changes are needed. An attendee mentioned concerns that many demonstration proposals nationwide are essentially Medicaid waivers and not demonstrations. MassHealth noted the extensive process completed to date, including dialogue with the Centers for Medicare and Medicaid Services (CMS) and stakeholders. Massachusetts has resolved questions about the elements described in the Massachusetts proposal and RFR to CMS's satisfaction. CMS and Massachusetts will continue to process comments and make important adjustments based on input, as necessary.
- An attendee asked if the Model of Care component of the CMS application is still due by the end of July. CMS noted the due date hasn't changed and if any changes are made, updates will be distributed through HPMS. CMS also noted that deficiency notices will be sent towards the end of July. The final resubmission date is August 8.
- It was suggested that data reporting should be a topic in the administrative simplification work group and that consumers should be involved in this activity.
- An attendee noted that there is a great need for training on the recovery model. MassHealth would like to engage broad expertise to develop training curriculums and to present material to ICOs and providers.
- A request was made to change the name Ombudsman to Ombudsperson.

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- MassHealth was asked how it would know if the demonstration is successful. Additional quality metrics are needed to ensure the demonstration is meeting goals and objectives. This work will continue within the Quality work group.
- An attendee noted that issues affecting the LGBT community are not included in the cultural competency definition. MassHealth amended the RFR to add the LGBT community to the cultural competency definition. Cultural competency must be discussed in all work groups as it permeates the various implementation activities. Further input regarding engaging the LGBT community would be appreciated to ensure discussion occurs in all work groups.
- It was suggested that MassHealth add a work group to discuss MIS/IT issues. According to an attendee, a uniform system is not used by all SCOs. This is challenging for providers who need to train staff on a variety of different systems. There are fears that providers will be further challenged by additional separate systems used by the various ICOs. It is unclear how IT reports will allow comparisons across all ICOs. MassHealth agreed that this is an important topic and are simultaneously working on developing internal systems to send aggregated data to ICOs and receive data from the ICOs. This IT capacity topic should be addressed by the administrative simplification group following selection of the ICOs.
- An attendee stated that further discussions are needed to discuss the elderly population that will remain in the demonstration when they turn 65. It is important to consider interface issues with SCOs and other programs. MassHealth noted that this could be a work group topic.
- It was noted that , in addition to an “early warning” system, the demonstration needs an infrastructure and response system to ensure ICOs can make necessary adjustments. MassHealth agreed and stated that contract managers will be hired and located within the MassHealth Providers and Plans unit. Effective monitoring is needed and complaints and issues must be addressed.
- A question was asked regarding the first date of payment and the first date for distribution of enrollment and marketing materials. MassHealth stated that the first date of payment would be the effective date of the first enrollment which is April 1, 2013. Advertising for the demonstration will start in late January. There are opportunities for substantial outreach. The first enrollments will all be self-selected and auto enrollments will likely start July 1, 2013. MassHealth must give 60 days notice prior to auto-enrollment.
- It was verified that individuals with intellectual and developmental disabilities (ID/DD) are eligible to participate in the Demonstration. However, individuals who are enrolled in 1915(c) waivers are currently ineligible and many people with ID/DD are enrolled in a 1915(c) waiver. ICOs must be prepared to serve individuals with ID/DD from the start of the demonstration. Massachusetts included a provision to make it clear that the state wants the opportunity to

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serve individuals that are otherwise eligible for the demonstration but for their enrollment in 1915(c) waivers. Massachusetts will continue to look at issues preventing the waiver populations from enrolling in the duals demonstration.

- Attendees noted that lessons learned from Medicare Part D should be reviewed prior to implementation of the duals demonstration. Implementation of Medicare Part D resulted in a lot of confusion. Considerations should include developing mechanisms for resolving issues faster than is allowed within the SCO program, developing materials that explain ICO networks, and providing assistance with enrollment/disenrollment. MassHealth agreed that a community perspective is needed and there is a desire to engage stakeholders to help in developing and reviewing outreach materials.
- There was a suggestion to consider use of the CMS Medicare Advantage star system. Medicare restricts enrollment into plans with lower ratings.
- There were questions regarding the involvement of people with disabilities on the Advisory Committee. MassHealth would like to engage stakeholders in structuring the group, determining the responsibilities and functions of the group, and choosing the membership.
- In response to a question about providing PCPs with information regarding which members receive outreach materials, MassHealth noted it is currently working with CMS to link Medicare and Medicaid provider data sets. MassHealth only knows the providers that are paid by Medicaid. Outreach is necessary to both enrollees and providers. An important component is to ensure continuity of care for enrollees.