COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
REQUEST FOR INFORMATION
Related to
One Care, Senior Care Options (SCO) and Duals Demonstration 2.0

Respondent Information Cover Sheet

Include the following information for the individual who should be contacted for purposes of discussing any aspect of the Respondent’s completed Response Form:

First Name: [Suzanne]                      Last Name: [Curry]

Title: [Associate Director, Policy and Government Relations]   Organization or Interest: [Health Care For All]

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- I am responding to this RFI on behalf of the Organization listed above: Yes: ☒ No: □
- The information in this response is my own individual opinion: Yes: □ No: ☒

Responses to RFI Questions: Please provide the question number first [e.g., Question A.1 or Question L.3], followed by your response.
September 24, 2018

Melissa Morrison, Procurement Coordinator
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor
Boston, MA 02108

Submitted by email to Melissa.Morrison@state.ma.us

Re: MassHealth Duals Demonstration 2.0 Concept Paper

Dear Ms. Morrison:

On behalf of Health Care For All (HCFA), thank you for the opportunity to respond to the Request for Information (RFI) regarding MassHealth’s Duals Demonstration 2.0 proposal. We appreciate the thoughtful process MassHealth has established to develop this proposal and receive input from stakeholders. Along with many of our advocacy partners, our top goal in this next iteration of the One Care and Senior Care Options (SCO) demonstrations is to ensure access to high quality, coordinated, person-centered care for all dual-eligible members. For One Care in particular, we urge MassHealth to preserve all the attributes that make the demonstration what it is, including promotion of independent living and recovery models and rebalancing spending from institutional to community-based care. We believe the unique features of the One Care and SCO programs can advance these goals, and we ask MassHealth to consider these comments as you refine the “Duals Demo 2.0” proposal. We also support many of the comments presented by the Disability Advocates Advancing our Healthcare Rights (DAAHR) Coalition and the Massachusetts Law Reform Institute.

**Question A.1 (Innovation)**

The overarching goals of the One Care and SCO programs should be improved care and outcomes, including improved quality of life, health, and supporting the consumer to meet his/her goals. We suggest at a minimum that any innovation efforts be closely tied to these core goals, such as some of the items discussed in Question A.2—particularly to improve quality of life and outcomes, address social determinants of health (SDOH), reduce disparities, and ensure that members are leading their own care and are receiving services that enable them to meet their own goals.

MassHealth could further drive innovation in One Care and SCO plans by encouraging integration of oral health into the care delivery system. There is increasing evidence to suggest that the provision of dental care lowers overall health care costs while granting consumers a higher quality of life. One Care and SCO plans are uniquely positioned to play a role in oral health integration, as they cover the full range of dental services for adults. Through the next iteration of the duals demonstrations, there is an opportunity to both address the unmet oral health needs of members and enhance care coordination across the spectrum of care.
In addition, we believe that MassHealth, along with One Care and SCO plans, can further innovate around on addressing members’ health-related social needs, including around housing security, food access, and other domains.

**Question A.2 (Innovation)**

h. Facilitate effective communication access and address accessibility: We suggest that MassHealth ask respondents to the One Care and SCO plan procurements about what infrastructure they have in place to communicate in a person-centered manner with members who are deaf or hard-of-hearing, blind or with vision loss, have limited English proficiency, and/or have other communication barriers.

j. Address SDOH: We suggest that MassHealth ask respondents to the One Care and SCO plan procurements about how they intend to utilize internal and external care coordinators, community health workers, and/or other community-based resources to ensure that members receive all the services and assistance needed related to their SDOH needs. We also suggest that MassHealth ask respondents about infrastructure they have in place to collect and report data about the types of SDOH needs identified; interventions and services provided, including the number of referrals provided to community-based and human service providers; and the result of the referrals and provision of services.

k. Address health disparities and inequities: We suggest that MassHealth ask respondents to the One Care and SCO plan procurements about whether they plan to implement programs to target broad or specific disparities in health outcomes (e.g. diabetes management). We also suggest that MassHealth ask respondents about infrastructure they have in place to collect, stratify and report key data by demographic factors, such as race and ethnicity, including stratifying data related to SDOH (see above).

**Question C.1 (Service Authorizations)**

HCFA has heard from partner organizations that there are instances where members work with their care teams to develop a care plan that includes services which are later denied during the prior authorization process. MassHealth should work with plans and the long-term services and supports (LTSS) Third Party Administrator (TPA) to ensure that approval and provision of LTSS is a more seamless process for members.

**Question E.5 (Appeals)**

There are merits to both integrating and maintaining separate appeals processes through MassHealth and Medicare. HCFA urges MassHealth to convene a meeting specifically on the topic of the integrated appeal process for Duals 2.0. In advance of the meeting, the agency should gather and share data on the number and outcome of appeals in One Care and SCO to date. We believe a discussion among all interested stakeholders and experts familiar with the appeal process in MassHealth, Medicare and the duals demonstrations is the best way to arrive at the optimal approach for Duals 2.0. We support further comments on the appeals process provided by the Massachusetts Law Reform Institute.

**Question F.5 (Care Management)**

Consumer-directed care management is a critical component of the One Care program; care planning should reflect member goals in both the One Care and SCO programs. Beyond the specific parameters around delegated care management functions, we ask MassHealth to focus on the core of
the care for both disabled adult and senior dual-eligibles. The programs are not simply about coordination, but quality and comprehensiveness of the core services – medical, behavioral and LTSS – that are so critical for consumers in achieving meaningful outcomes.

**Question G.3 (Medicare Bidding)**

We appreciate that MassHealth plans to develop risk adjustment methodology based on functional status and SDOH, which are critically important factors to consider for the MassHealth population broadly, and dual-eligible populations in particular. To the extent that it is not already included, we encourage MassHealth to include a homelessness/housing insecurity adjustment to start with, as is being done in the ACO program. The One Care Implementation Council and SCO Advisory Council would be helpful forums to solicit further feedback on risk adjustment, taking into consideration the experience of consumers, providers, and plans.

**Question I.1 and 3 (Provider Payments)**

We recommend prioritizing consumer choice of providers over contract efficiency. Members with complex needs often face challenges in getting all of the care they need within a network. Given the number of providers that a person with complex needs might have, it is difficult to discern which plan covers each of their providers. Many One Care and SCO members also have highly specialized conditions and benefit from seeing highly specialized providers. Restrictive provider networks become doubly problematic when coupled with the fixed enrollment periods; by the time people realize that a key provider is not in network, they may no longer be able to change plans. We would suggest adding stronger quality measures that focus on outcomes to address the accountability and efficacy of providers, rather than restricting networks.

MassHealth must ensure that plans have an adequate network of LTSS providers, including adult day health providers, personal care attendants, home health providers, occupational, physical, and speech therapists, skilled nursing facilities, and more. In addition to meeting specific LTSS network adequacy requirements, plans must meet general network adequacy requirements for providing all covered services. Basic principles for determining network adequacy include: a minimum choice of providers, time and travel distance standards, travel time calculations that take into account transportation available in the community, and provider availability (whether providers are accepting new patients).

**Question K.2 (Measuring and Incenting Quality)**

We encourage MassHealth to include and implement an oral health quality measure for the One Care and SCO plans. The SCO and One Care plans offer a fairly comprehensive oral health benefit, and MassHealth should regularly assess if members are receiving the oral health care necessary for good health. The oral health quality measure currently included in the MassHealth ACO program is for members under age 21 only and, therefore, will not apply to the One Care and SCO plans. Fortunately, a number of validated adult oral health quality measures have been approved by the American Dental Association that should be considered for adoption by the One Care and SCO plans. These include a periodontal evaluation for adults with periodontitis and topical fluoride application for adults at elevated caries risk. Detailed information on these quality measures can be found at [www.ada.org](http://www.ada.org).

We also ask MassHealth to further develop, test, and refine LTSS quality measures, in conjunction with members, advocates, providers, and plans. Key principles for LTSS quality measures include: person-centeredness; examination of quality of life; promotion of consumer choice and control,
including independent living and recovery principles; and using metric outcomes to inform improvements in the One Care and SCO programs.

**Question L.2 (Passive Enrollment)**
As we outline later in our comments, we have significant concerns about pairing passive enrollment with fixed enrollment periods. We ask MassHealth to reconsider imposing a fixed enrollment period on those who have been passively enrolled. We have heard from One Care members on our HelpLine who enroll in a One Care plan, but a few months into their enrollment find that the plan does not work for them and choose to return to the fee-for-service delivery system. We are concerned that even with adequate noticing and education, as well as a fixed enrollment exceptions process, that some One Care or SCO members who are passively enrolled could get “stuck” in a plan or delivery system that does not work for them.

**Question L.3 (Passive Enrollment)**
We suggest that MassHealth maintain the individualized process currently used in One Care and SCO to passively enroll members, based on the services and providers they need and use. One member’s primary care physician might be the most important provider, but for another member, their LTSS or behavioral health provider might be more critical. Likewise, some members’ primary care provider and other important providers may not be included in any of the plans’ networks. In those cases, MassHealth should not passively enroll these members, and instead educate the members on their options and the tradeoffs that enrolling in a One Care or SCO plan may entail.

**Question M.1 (Continuity of Care)**
The proposed 90-day continuity of care provision may be too short for many One Care and SCO enrollees. Given the complexity of the patient population, we request that MassHealth consider a longer continuity of care period, perhaps up to one year. This will give members, plans and providers time to work out network and contracting considerations should not all of a member’s preferred providers be included in the plan’s network. Continuity of care protections must apply to all provider categories, including but not limited to personal attendant care, home health services, and durable medical equipment.

MassHealth should consider additional strategies to make entering One Care and SCO easier for members by educating members about provider networks to ensure that members understand that not all of their current providers may be included in a One Care or SCO plan’s network and members’ rights and responsibilities with regard to passive enrollment and fixed enrollment periods (should MassHealth implement these policies). Provider directories should also be up-to-date and easy to use, and in-person and telephonic assistance should be readily available. In addition, we suggest that MassHealth provide an onboarding “checklist” to plans and members, outlining the timelines, processes and services members are entitled to once enrolled (e.g. assessments, care plans, etc.).

**Question M.2 (Continuity of Care)**
One Care and SCO plans should clearly explain to members their role in the care experience and expectations and timeframes for assessment and care plan processes. Plans should continue to work with members to meet their care and social service needs, and in particular, continue to work with providers to offer single-case agreements as necessary. Overall, plans should provide information and services in a linguistically and culturally competent manner.
**Question N.1 (Special Election Periods (SEPs)/Fixed Enrollment Periods)**

As HCFA expressed in previous comments, we have serious concerns about pairing fixed enrollment periods with passive enrollment in One Care and SCO. Moving to passive enrollment in conjunction with a limited opt-out period and fixed enrollment would be a significant change for dual-eligible members, and may impinge on enrollees’ ability to choose the plan, delivery system mechanism (managed care vs. fee-for-service), and providers that meet their needs. While lock-in policies are in force for the non-duals ACO/MCO populations, we question the appropriateness of also imposing these restrictions on members with much higher medical and social service needs.

However, should MassHealth move forward with fixed enrollment for dual-eligible members, we ask you to consider implementing additional exceptions to allow duals to switch plans or disenroll from managed care altogether. We request that MassHealth consider adding an exception specifically related to access to and provision of LTSS and access to durable medical equipment and repairs. The One Care Implementation Council and SCO Advisory Council would be helpful forums to solicit further feedback on additional fixed enrollment exceptions to implement for the dual-eligible populations.

**Question N.2 (Special Election Periods (SEPs)/Fixed Enrollment Periods)**

We expect that One Care and SCO members will utilize the fixed enrollment exception process at higher rates than the MCO/ACO population. We suggest that MassHealth conduct an evaluation process to identify reasons people opt-out of a specific plan or managed care altogether to help inform improvements and changes to the One Care and SCO programs moving forward.

**Question O.1 and 2 (Enrollment Churn)**

HCFA suggests that MassHealth work with One Care and SCO plans to develop protocols and processes to proactively prevent and/or address eligibility gaps. One method could be for One Care and SCO plans to have staff dedicated to eligibility issues, who can help members complete redeterminations or other processes that impact continued MassHealth eligibility.

**Question O.4 (Enrollment Churn)**

Given the prevalence of enrollment churn, we urge MassHealth to require plans to offer a grace period to ensure that One Care and SCO members do not experience an interruption in care during an eligibility glitch.

We look forward to working with MassHealth and the Executive Office of Elder Affairs as the Duals Demo 2.0 proposal moves forward. Please contact me at (617) 275-2977 or scurry@hcfama.org with any questions or to discuss these comments further. Thank you for your time and consideration.

Sincerely,

Suzanne Curry
Associate Director, Policy and Government Relations