

Medicare-Medicaid Demonstrations - Frequently Asked Questions

General Information

Q1. What is the goal of the Financial Alignment Demonstration?

The Financial Alignment Demonstration seeks to better serve people who are enrolled in both Medicare and Medicaid by testing a person-centered, integrated care model that provides a more easily navigable and seamless path to all Medicare and Medicaid services. Expected outcomes include: improved beneficiary experience of care, fewer avoidable hospitalizations and emergency room visits, and greater independence in the community and at home for seniors and people with disabilities.

Massachusetts Specific Information

Q2. How many beneficiaries are eligible for the Massachusetts Demonstration?

There are approximately 110,000 beneficiaries eligible for the Massachusetts demonstration, out of a total of 274,000 Medicare-Medicaid enrollees in the Commonwealth of Massachusetts.

Q3. What are Integrated Care Organizations (ICOs)?

ICOs are health plan or provider-based organizations that will be competitively selected to enter into 3-way contracts with Massachusetts and CMS to provide integrated care to demonstration enrollees. All health plans or provider-based organizations contracted to participate in the Massachusetts demonstration will be designated as ICOs and will have to meet applicable Medicare and Massachusetts' Medicaid requirements.

Q4. Why does the Demonstration focus on Medicare-Medicaid enrollees under age 65 for enrollment?

The Senior Care Options (SCO) program in Massachusetts is a comprehensive, integrated and coordinated managed care plan that includes all services covered by Medicare and MassHealth (Medicaid) and currently enrolls low-income seniors ages 65 and older. Medicare-Medicaid enrollees in Massachusetts who are under age 65 do not currently have access to this integrated care program; therefore, the Demonstration is focusing on this population.

Enrollees who turn 65 while in the Demonstration will have the option to remain enrolled in the demonstration, or disenroll from the Demonstration and enroll in the Senior Care Options program, another Medicare Advantage plan, the Program of All-Inclusive Care for the Elderly (PACE) (if eligible), or Medicare fee-for-service and Medicaid.

Q5. Will beneficiaries have fewer covered services if they enroll in the Massachusetts demonstration?

No. Coverage for enrollees in the Massachusetts demonstration will continue to include MassHealth (Medicaid) and Medicare Parts A, B, and D services that are currently covered. ICOs will also provide new services not currently available to Medicare-Medicaid enrollees. New services include community support services as alternatives to long-term institutional services, and diversionary behavioral health services to allow individuals with serious mental health and substance use disorders to be able to stay in the community.

Q6. What types of care coordination will be provided under the demonstration?

ICOs will offer care coordination services to all demonstration enrollees. Care coordinators will provide services on a temporary, intermittent, or ongoing basis, depending on the nature of the enrollee's preferences and needs. Care coordination may occur for both medical and behavioral health services, and include assuring that referrals to specialists result in timely appointments; managing and tracking tests, assessments, results,

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and outcomes; assuring safe and effective transitions across care settings; and assisting enrollees with developing wellness strategies and self-management skills to effectively access and use services. Care coordinators for enrollees with complex clinical needs will also serve as clinical care managers that provide more intensive clinical monitoring and follow-up, including medication review, reconciliation, and adjustment; and enhanced self-management training and support for chronic conditions.

Each ICO care team will also have access to an Independent Living and Long-Term Services and Supports (IL-LTSS) Coordinator, contracted from a community-based organization, to assure that long-term services and supports are delivered to meet the enrollee's preferences and needs.

Q7. How will enrollment work for the Massachusetts Demonstration?

Massachusetts will phase in enrollment, beginning on April 1, 2013 with beneficiaries who voluntarily enroll in the Demonstration.

Massachusetts will conduct two passive enrollment periods, tentatively July 1, 2013 and October 1, 2013, subject to ICOs meeting CMS and Massachusetts requirements, including ICOs' capacity to accept new enrollees. Massachusetts will notify beneficiaries of enrollment at least 60 days before their enrollment would take effect, and instruct beneficiaries how to choose a different ICO or opt out of the demonstration and choose another Medicare Advantage plan or original Medicare fee-for-service.

Q8. Which beneficiaries are not eligible for passive enrollment into the Massachusetts Demonstration?

Medicare-Medicaid Enrollees who are not eligible for passive enrollment with an opt-out, but who may participate in the Massachusetts Demonstration if they choose to disenroll from their existing programs, include:

- Those enrolled in a Program of All-inclusive Care for the Elderly (PACE) organization or Medicare Advantage Plan;
- Those enrolled in the CMS Independence at Home (IAH) demonstration;
- Those who have employer sponsored insurance or are retirees for whom their employer/union is paid a Part D Retiree Drug Subsidy by Medicare;
- Those who have already opted out of participating in the Massachusetts Demonstration.

Q9. How often can enrollees change ICOs?

Enrollees may change ICOs or opt out of the demonstration at any time, effective the first day of the following month.

Q10. How will CMS and Massachusetts ensure that beneficiaries are informed about their choices in an understandable manner?

CMS and Massachusetts will work together to ensure there are multiple communication points for providing understandable information to beneficiaries. Clear notices – at multiple points and times – will be required to ensure that beneficiaries know of their benefits, rights, and choices and can make an informed decision about whether to remain in the assigned plan, choose a different plan, or opt-out. In addition, CMS has announced, in concert with the Administration for Community Living, a new funding opportunity to support outreach,

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education and counseling for Medicare-Medicaid enrollees eligible for the new programs through the State Health Insurance Programs (SHIPs) and the Aging and Disability Resource Centers (ADRCs).

Q11. Where can enrollees go to get questions answered about the Massachusetts Demonstration?

Participating ICOs will employ customer service representatives who can answer inquiries and respond to enrollee complaints and concerns. Customer service standards will be at least as robust as the combined Medicare and Medicaid standards. In addition, CMS and Massachusetts will themselves employ or contract with sufficient call center and customer service representatives to address enrollee questions and concerns, including, but not limited to, 1-800-MEDICARE and existing State customer service resources. Massachusetts and CMS will also leverage and support existing resources to assist beneficiaries and their caregivers, including community based organizations, State Health Insurance Programs (SHIPs) and Aging and Disability Resource Centers (ADRCs). Participating Plans, CMS, and Massachusetts shall work to ensure the language and cultural competency of customer service representatives adequately meets the needs of the enrollee population. All services must be culturally and linguistically appropriate and accessible.

Q12. Will beneficiaries be involved in plan governance or operations of the Massachusetts Demonstration?

Yes. CMS and Massachusetts will require participating ICOs to obtain consumer and community input on issues of program management and enrollee care through a range of approaches, which may include beneficiary participation on participating plan governing boards and quality review bodies. The participating ICOs must establish at least one consumer advisory committee and a process for that committee to provide input to the governing board. The plans must also demonstrate participation of consumers with disabilities, including enrollees, within the plans' governance structure.

Q13. Will Part D coverage or protections change under the Demonstration?

No, the Medicare Part D formularies, protected classes, appeals, enrollee rights and protections, and oversight mechanisms will remain the same under the Demonstrations.

Q14. How will CMS and Massachusetts ensure Medicare-Medicaid enrollees receive high quality care under the Demonstration?

A primary goal of the Demonstration is to improve quality. In the context of this Demonstration, maintaining or improving quality includes an emphasis not just on medical care but also on long term services and supports as well as the overall Medicare-Medicaid enrollee experience. Fostering this, CMS and Massachusetts will conduct a joint comprehensive performance and quality monitoring process that builds on – yet goes beyond – the current Medicare Advantage, Medicare Part D, and Medicaid managed care requirements. As specified in the Massachusetts Memorandum of Understanding, participating plans will also be required to report on a core set of measures, including access and availability, care coordination/transitions, health and well-being, mental and behavioral health, long-term supports and services, enrollee/caregiver experience, and screening and prevention.

CMS and Massachusetts will evaluate network adequacy for the participating ICOs using the Medicare standards for medical services and prescription drugs. For long-term supports and services and other Medicaid-only services, participating ICOs will be required to meet State Medicaid network adequacy standards. CMS and Massachusetts will ensure that all networks (i.e., medical, pharmacy, behavioral health, long term services and supports) are large enough to handle the capacity and needs of the targeted populations.

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Q15. Will there be an evaluation of this Demonstration?

Yes. CMS is funding and managing the evaluation of each state Demonstration. CMS has contracted with an external independent evaluator, RTI International, to measure, monitor, and evaluate the overall impact of the Demonstrations, including impacts on Medicare and Medicaid expenditures and service utilization. There will be a unique, Massachusetts-specific evaluation plan for the Demonstration, as well as a meta-analysis that will look at the Demonstration overall.

The Massachusetts Demonstration will utilize a pre-post evaluation design that looks at performance on measures over time. The Massachusetts evaluation will use a comparison group to analyze the impact of the Demonstration.