



601 E Street, NW | Washington, DC 20049
202-434-2277 | 1-888-OUR-AARP | 1-888-687-2277 | TTY: 1-877-434-7598
www.aarp.org | twitter: @aarp | facebook.com/aarp | youtube.com/aarp

August 30, 2016

The Honorable Sylvia Mathews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Via Electronic Submission

Dear Secretary Burwell:

AARP welcomes the opportunity to submit comments on MassHealth's Section 1115 Waiver Demonstration and Amendment Request. AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

We are encouraged by the goals that have been set for this demonstration extension request, namely, the adoption of alternative payment methodologies, improvement in the service needs of MassHealth participants and movement towards a more integrated and coordinated system of care. We believe this proposal represents an ambitious and innovative undertaking and one that merits close attention. AARP believes that many components of the waiver align with AARP principles and policies. Some of these components are:

Managed Care Organizations

AARP understands that the state intends to have Managed Care Organizations (MCOs) gradually assume expanded responsibility in the delivery and coordination of long-term services and supports (LTSS) to vulnerable older adults, with key objectives being to improve quality, outcomes and the consumer experience. As the state moves in this direction, AARP has asked that CMS work with the state to take steps to put financial risk mitigation strategies in place in order to ensure MCO solvency and sustain adequate access to services for beneficiaries.

As the waiver proposal points out, MCOs will be required to adopt a person-centered approach to care. With respect to how person-centered care is defined, we believe the definition should use the term “family caregiver” defined broadly and that this is preferable to the term “natural supports”. A person-centered approach should emphasize keeping individuals who need LTSS in the community rather than institutional settings. AARP would like to recommend that these principles be spelled out in the waiver proposal. We are pleased to see that MCOs will be required to demonstrate compliance with the new federal Medicaid managed care regulations recently promulgated by CMS and must demonstrate competencies and readiness before enrolling people who require LTSS. We agree that it is essential that these requirements be met before vulnerable adults are allowed to enroll in capitated health plans.

Accountable Care Organizations

Under the waiver proposal, MassHealth Accountable Care Organizations (ACOs) will have explicit requirements to partner with community-based behavioral health and LTSS providers to serve members with complex behavioral health, LTSS and co-occurring needs. We commend MassHealth’s commitment to ensure that ACOs, other providers and MCOs will deliver care in a culturally competent manner that is appropriate to the cultural and linguistic needs of consumers. The waiver proposal also points out that ACOs will be expected to work with social service providers to address consumers’ health-related social needs. We are encouraged to see that a portion of Delivery System Reform Incentive Program funding to ACOs will be explicitly designated for “flexible services” to fund members’ social service needs.

AARP supports the requirement that all MassHealth ACOs (except those in the pilots) have a Patient and Family Advisory Committee. We strongly encourage the inclusion of family caregivers in this Advisory Committee. It is important to recognize that some family caregivers may have mobility or health conditions that could impede their ability to participate in the Advisory Committee. Therefore, we ask that CMS work with the state to seek ways to facilitate their engagement.

Other Long Term Services and Supports Provisions

AARP strongly supports the establishment of seamless, person-centered care coordination for consumers who have complex LTSS and social needs. We believe that care coordination is best served when interdisciplinary care teams are formed, and that both community-based LTSS providers and family caregivers should be included as members of these teams.

While we commend MassHealth’s commitment to ensure network adequacy that will provide consumers with the right and opportunity to select a Primary Care Clinician (PCC) plan or one of the other managed care plans, network adequacy should also ensure that consumers’ needs for LTSS are met.

Other Issues

We appreciate the proposal’s commitment that MassHealth will adhere to robust requirements that support consumers’ rights and protections, including existing appeals and

grievance procedures and the establishment of an external Ombudsman. We also applaud MassHealth's commitment to a set of performance metrics over a five-year period that will address and measure total cost of care, quality, consumer experience and care integration.

We also commend the provision in this proposal that will allow individuals in the CommonHealth program to continue their enrollment even after they turn age 65 and that this expansion will help preserve needed services for working seniors in Massachusetts. We are glad to see the requirement that ACOs and MCOs make information about their MassHealth plans easily accessible. We are also pleased that MassHealth will be taking steps to enhance their website, publications, customer service operations and community engagements. AARP commends the state for placing an emphasis on integrating behavioral and physical health.

Questions and Concerns

In addition to the issues addressed above, there are some additional concerns and questions we would like to bring to CMS' attention as it works with the state to finalize the waiver application.

The waiver proposal points out that certain benefits will be available through an ACO or MCO but will no longer be available, or will be limited, in the PCC plan (e.g., chiropractic services, orthotics, eye glasses, and hearing aids). In addition, the proposal states that differential co-pays will also be structured (lower copays for members enrolled in MCO/ACO options) to encourage enrollment in more coordinated models of care. We are concerned that limited services and higher co-pays will have adverse effects on consumers who elect the PCC plan and will lead to different levels of care between these two populations.

The proposal states that following its MCO re-procurement scheduled to launch in late 2017, MassHealth will transition LTSS into a set of services for which MCOs will be responsible. The transition of consumers from one care program to another can oftentimes be confusing for both beneficiaries and their families. In the event provider changes occur, MassHealth should ensure that any transition to new providers is smooth, coordinated, and includes appropriate transfer of records and medication reconciliation. In addition, beneficiaries should be held harmless for the cost of any care as they transition to new providers or new networks. We request that the final waiver explain more about how this transition process will work, such as safeguards that will facilitate smooth transitions.

The waiver proposal indicates the ACOs will be delivering services for some recipients of LTSS while others, dual eligible beneficiaries and some HCBS waiver beneficiaries, will not initially be eligible to enroll in ACOs. We request that the final waiver provide more information on how consumers will receive the same quality of care irrespective of the delivery model they are enrolled in and how any differences will be measured.

Another concern we have is with MassHealth beneficiaries who, as they approach the age of 65, become eligible for Medicare. Irrespective of their enrollment in an ACO, a PCC, SCO or PACE, it is critical that these beneficiaries receive timely, clear and plain language notification of their coverage and benefit options, with a clear and comprehensive explanation of the process for making a smooth transition to Medicare. Beneficiaries should also be made

aware of any potential enrollment penalties if they decide not to enroll in Medicare (Part B and D) at the time they turn the age of 65. We are very interested in learning how these issues will be addressed in the final waiver.

The proposal also points to expectations for the coordination and delivery of care for frail seniors, or members with disabilities, including building in explicit expectations to ensure members' LTSS care is not "over-medicalized." We would appreciate some more details in the final waiver on how this coordination will be achieved.

We encourage the inclusion of the family caregiver experience as a core measure among the quality measures used to evaluate the waiver. We would also like to be assured that the family support services provided by LTSS Community Partners (CPs) are going to be sufficient and appropriate to meet the needs of family caregivers in Massachusetts. The proposal points to a tiered approach that MassHealth will employ for outlining its expectations for care delivery integration based on the complexity of members' needs. AARP would like to have a more detailed explanation of what constitutes a tiered approach.

With respect to the Safety Net Care Pool (SNCP) redesign, the proposal indicates that MassHealth will continue to provide necessary and ongoing funding support to safety net providers through a new stream of Safety Net Provider payments. AARP would appreciate having more details on where this new funding stream will come from and how it will be sustained. Finally, the proposal indicates that LTSS CPs will receive funding to provide independent assessments, person-centered counseling on service options and referrals to LTSS providers. LTSS CPs will also receive funding for their participation on the member's care team, which will be led by the ACO. We would like to know more details on how this funding stream will operate.

Thank you for the opportunity to comment on the MassHealth Section 1115 Waiver Demonstration and Amendment Request. If you have any questions, please do not hesitate to contact KJ Hertz on our Government Affairs staff at (202) 434-3732 or khertz@aarp.org.

Sincerely,



David Certner
Legislative Counsel and Legislative Policy Director
Government Affairs

CC: Vicky Wachino, Director, Center for Medicaid and CHIP Services