



March 27, 2019

Comments on the Proposed Policy Statements:

Managed Care Organization Delegation to Accountable Entities

Member Assignment Related to Accountable Entities

Process: EOHHS convened an HSTP AE Advisory Committee “to leverage expertise to guide the strategic direction of the AE program and generate future dialogue”. Has this process for input and discussion been abandoned? While I appreciate that EOHHS is providing opportunity for comment on the proposed policy statements, and held a meeting for interested parties, it seems to me that the Advisory Committee would have been a good forum in which to discuss these issues and to set a timetable for implementation.

MCO Delegation to Accountable Entities: Understanding that EOHHS’s goal is to avoid duplicative care management for Medicaid enrollees and to move care management from an MCO responsibility to the AEs, I strongly urge that there be more broad-based discussion with interested community members about this transition. There needs to be clarity about a number of issues: is there a clear definition of ‘care management’? Is it to integrate care for people with medical and behavioral issues or who have complex medical problems? Is it to connect members with services that help meet food, housing, and other ‘non-medical’ needs? Is it only for “high-risk patients” (as would seem to be by the requirements in the Proposed Policy Statement)? Who is a ‘high risk patient’? What has been learned from the AE pilots about care management and from the “Accountable Health Communities” program at Care New England? What and how will OHHS measure outcomes as care management moves from the MCO to the AEs?

If these questions have already been answered internally by EOHHS, so there is a road map for the discussions EOHHS intends to have with the MCOs and AEs, beginning April 1, then it would be helpful to share that road map with the community for review and comment.

Member Assignment: I disagree with the proposal to reassign Medicaid beneficiaries who are members of a terminated MCO to a new MCO and then allow the beneficiary to “opt out” of the reassignment. Members should be informed by their PCP that he/she will no longer be able to provide their care if they remain with the current MCO and make the decision about whether to change their PCP or change their plan. The consumer is entitled to choice. I also worry that assignment with the opportunity to switch will result in problems with MMIS/UHIP.

Thank you for your consideration of these comments.

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