

**Managed Care Procurement Stakeholder Engagement Series
Session 1: Member Choice & Plan Options
Public Meeting Notes**

Monday, April 24, 2023
4:00 – 5:00 PM

Department of Labor and Training, 1511 Pontiac Avenue, Cranston, RI, 02920, Conference Room 73-1.

Facilitators/Organizers: Amanda Graziosi (EOHHS), John Neubauer (EOHHS), Mark Kraics (EOHHS), Debbie Morales (EOHHS), Jessica Brown (FCG), Lani Cooper (FCG), Min Tunkel (FCG)

Participants: Alice Msumba (Tufts), Amanda Graziosi (EOHHS), Angella Lello (UHC), Barry Fabius (UHC), Beth Marootian (NHPRI), Brenna Berghina (Child + Family), Catherine Taylor (AARP), Chantele Rotolo (EOHHS), Chris Gadbois (Carelink RI), Christina Pitney (BCBSRI), Christine Anderson (OHA), Dan Belvin (Aetna), Dan Moynihan (Lifespan), Debbie Morales (EOHHS), Garry Bliss (Prospect Medical), Heather-Rose Mattias (Care NE), Jamie Chatel (Tufts), Jeanne Lay (Sherlock Center), Jeff Schmeltz (EOHHS), Jess Brown (FCG), Jessica Stephens Burt (Child + Family), Jim Nyberg (Leading Age RI), John Neubauer (EOHHS), Jordan Beaurert (AG's office), Julie Kitayama (Point 32/Tufts), Katie Barrett (BCBSRI), Keavin Duffy (EOHHS), Kevin Cabral (Providence Community Health Centers), Lani Cooper (FCG), Lauren Fancy (UHC), Leanna Moran (BCBSRI), Linda N. Ward (Opportunities Unlimited), Lisa Carcieri (NHPRI), Lisa Duchesne (NHPRI), Liz Adler (Care NE), Marcy Reyes (CCA Health RI), Mark Kraics (EOHHS), Matthew Harvey (Integra), Melody Lawrence (BCBSRI), Michelle Martin (UHC), Mike Florczyk (UHC), Mike Gossner (UHC), Min Tunkel (FCG), Sam Salganik (RIPIN), Shamus Durac (RIPIN), Stacey Aguiar (UHC), Stephanie Gill (Commonwealth Care), Sylvia Bernal (United Way), Tom Boucher (PACE)

Agenda Item	Key Discussion Points
Welcome & Introductions	Faulkner Consulting Group (FCG) and EOHHS welcomed participants to the public meeting and shared that the session would be an opportunity for the state to expand upon the Medicare-Medicaid Plan (MMP) Phase 2 transition plan and for participants to ask the EOHHS team questions and provide feedback in areas of the program design
Starting Point and Goals: The MMP Demonstration	<ul style="list-style-type: none"> • FCG introduced the starting point of the MMP demonstration and the main goal of the transition (to carry forward the success) <ul style="list-style-type: none"> ○ Participants show high satisfaction with the MMP program, noting specifically single member ID cards, care coordination, quality, and array of services as specific benefits

	<ul style="list-style-type: none"> • What elements of the MMP are most important to maintain from a member perspective? <ul style="list-style-type: none"> ○ Something that members really like is one ID card and all care is integrated ○ Providers go into people’s homes, need to have the most choice and freedom as possible ○ No copays on prescriptions • What elements of the demonstration should be changed to improve the member experience? <ul style="list-style-type: none"> ○ Will there be an opportunity to have different supplemental benefits across Dual-Special Needs Plans (D-SNPs)? <ul style="list-style-type: none"> ▪ Yes, plans should have some flexibility to choose what’s most fitting for their consumers
<p>Why Integrated Managed Care for Dual Eligible Members?</p>	<ul style="list-style-type: none"> • FCG explained the benefits of integrated managed care for members, providers, states, and plans • What are the potential risks and opportunities for an integrated Medicare/Medicaid model? <ul style="list-style-type: none"> ○ For those that lose Medicaid eligibility, will they be allowed to choose their own plans? <ul style="list-style-type: none"> ▪ D-SNPs would inform EOHHS on who will be losing Medicaid, so the state would disenroll them from MLTSS plans. For some D-SNPs there is a six month period where individuals are allowed to keep coverage, but continuity of care periods will be addressed in Session 3. ○ There have been a lot of challenges with the enrollment/disenrollment with the MMP – there may be risks with that and needs to be thought through carefully.
<p>MMP Transition: Visual, Goals, and Strategies</p>	<ul style="list-style-type: none"> • FCG introduced the preliminary strategies behind the integrated Medicare-Medicaid system: <ul style="list-style-type: none"> ○ Including LTSS as an in-plan benefit for all populations ○ Requiring all Medicaid contracted health plans to offer a D-SNP for Full Benefit Dual Eligibles (FBDEs) ○ Implementing a member choice and enrollment model for FBDE that leverages enrollment counseling • Do you have any feedback, questions, or considerations for the state regarding the vision, goals, and strategies? <ul style="list-style-type: none"> ○ All Medicaid contract plans have to offer fully integrated D-SNP? Is that in exclusion for coordination-only DSNPs? <ul style="list-style-type: none"> ▪ Yes, it has to be fully or highly integrated.

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ The State is still thinking about partial duals and if coordination-only D-SNPs should be available for that population, but generally a fully integrated D-SNP would be required. ○ For folks in the MMP right now, it's mandated managed care basically? Would each plan submit their own individual model of care, or would it be mandated? <ul style="list-style-type: none"> ▪ Good question, will be topic of discussion in upcoming meeting. ○ When offering member choice to FBDEs, is managed care and Fee For Service (FFS) a requirement? Or is it something the state wants to do? <ul style="list-style-type: none"> ▪ We want members to continue to have FFS choice, we want that choice to remain the same as today. But it might be a smaller pool than we currently have in FFS. It would allow one's choice on the Medicare side to fit the Medicaid side. ○ Is the state considering only a Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)? <ul style="list-style-type: none"> ▪ The direction preferred would be a fully integrated D-SNP, but highly integrated D-SNPs are still in consideration. ▪ CMS would make that final call, but it would need to cover the same benefits as a FIDE. We are in favor of default enrollment. Some of the requirements are fully integrated D-SNPs to support that. But from a benefit perspective, requirements for FIDE and HIDE SNPs would be the same.
<p>Medicare/Medicaid Options for Dual Eligible Individuals</p>	<ul style="list-style-type: none"> • FCG reviewed the matrix of health plan service delivery options available for dual eligible members, depending on their Medicare and Medicaid choices • Are these the right options? Are there others you would anticipate? Should there be fewer or more? <ul style="list-style-type: none"> ○ Individuals receiving Intellectual Developmentally Disabled waivers would be carved out for FFS? <ul style="list-style-type: none"> ▪ Just their waiver services. Individuals with I/DD are eligible to participate. ○ Could you participate in MLTSS if you're a dual? <ul style="list-style-type: none"> ▪ Only if you're in an integrated D-SNP. ▪ You wouldn't have someone enrolled in traditional FFS Medicare but then have plan A for LTSS ▪ That was the way the original MMP Transition plan was written, so this is a little change?

	<ul style="list-style-type: none"> • Yes, the original MMP Transition plan said you could be enrolled in traditional Medicare but still have MLTSS, but now that's not something that would occur. ○ If you're in option 3 or 4 (Non-integrated Medicare Adv or Medicare FFS/Medicaid FFS), if you then become eligible for LTSS would you then have to choose an integrated plan, or would you be in FFS? <ul style="list-style-type: none"> ▪ You would be in FFS unless you decide to be in an integrated D-SNP. ○ Have you thought about the actual processes and guardrails on consumers responding to marketing and such? <ul style="list-style-type: none"> ▪ Right now we have the Medicare-Medicaid Enrollment (MME) counselors through United Way (which will continue), but we will need some sort of benefit counselling hotline or service. We do see that with DSNP marketing and folks not exactly understanding what they're giving up. ▪ We would love your feedback on that. ○ That confusion has always existed. It would be great if there was an option to retain MME counselors. ○ Have you thought about consumer support when things go wrong – not just benefits counseling? <ul style="list-style-type: none"> • Yes, the State needs to think about that further
<p>Promoting Active Member Choice</p>	<ul style="list-style-type: none"> • FCG discussed how the state would promote active member choice for current dual eligible members and new dual eligible members alike • What factors should EOHHS consider in designing/implementing a member education and outreach process? <ul style="list-style-type: none"> ○ For the MMP transition, it's important to educate members about all options, there may be better plans for individuals, they should understand the other options available. ○ If someone's in a Medicare supplement, is that treated as FFS? Or if they become a dual, would they lose their Medicare supplement plan? <ul style="list-style-type: none"> ▪ EOHHS will take that question back ○ So there would be another series of passive enrollment letters? <ul style="list-style-type: none"> ▪ We don't think the state will be pursuing default enrollment in 2026, we want a smooth transition of MMP members first, but for default enrollment of newly dually eligible

	<p>beneficiaries in Medicaid managed care, plans do need to inform beneficiaries at least 60 days in advance – a notice that they will be enrolled in their plans integrated D-SNP, here are your other options, etc. It’s almost like a passive enrollment, but it’s referred to as default enrollment by CMS.</p> <ul style="list-style-type: none"> ○ How many options is a good amount of choice? Do we have a goal? <ul style="list-style-type: none"> ▪ Decision fatigue is our concern. Looking for your feedback. ▪ I think that’s why Group 3 is so important (Medicaid-Only who become newly Medicare eligible). So for the newly Medicare, if they can be transitioned into the plan they already know, that would be huge, that would be incredible. Even over time – it would allow that continuity. It’s a confusing time for them, there’s lot of choice and such. ▪ I would echo that, we get the most consumer questions and trip-ups about that, but you have to work really closely with DHS. ○ Are you looking for 2-3 integrated DSNPs? <ul style="list-style-type: none"> ▪ Yes, that’s the plan. ○ Hearing about 2027, can you talk about what happens to these members or folks becoming Medicare eligible? Until default enrollment goes through? <ul style="list-style-type: none"> ▪ We’re still working through it, but from a plan perspective – they’ll probably do a lot of their own advertisements and education. From a state perspective, we’re still working through it. It could become overwhelming for the consumer.
<p>Phased Transition</p>	<ul style="list-style-type: none"> ● FCG explained the tentative multi-year, phased approach to transition beneficiaries to integrated D-SNPs ● Is the proposed phased transition approach appropriate to manage enrollment and plan selection? What factors should be considered? <ul style="list-style-type: none"> ○ Just thinking it through, one of the most common problems is when someone becomes eligible for Medicare, it’s like clockwork, it happens immediately. Medicaid redetermination doesn’t always happen on a timely basis. So people enroll in these dual plans but they could be duals only for a short amount of time before Medicaid redetermination.
<p>Medicaid Procurement Timeline and Transition</p>	<ul style="list-style-type: none"> ● FCG reviewed the procurement timeline in more detail, from present day to January 2026, where the new integrated D-SNPs will become available to full benefit dual eligible beneficiaries

	<ul style="list-style-type: none"> • Are there any concerns with following this timeline and meeting critical deadlines? Any suggestions for how EOHHS can support this process? <ul style="list-style-type: none"> ○ So October is when selected plans are notified, or Feb 2024? <ul style="list-style-type: none"> ▪ The aim, and this is tentative, is that the notification would be Feb/Mar 2024
Other Questions	<ul style="list-style-type: none"> • Is there a plan for those receiving LTSS through the MMP currently to maintain those services? <ul style="list-style-type: none"> ○ That will be a topic for future discussion in this series. We will be talking about how to make a seamless transition • So included LTSS as an in-plan benefit for the full population? <ul style="list-style-type: none"> ○ Yes. There is a plan for I/DD waiver services to remain fee for service. • The State may want to think about aligning the contract with the CY instead of the SFY. The federal government has shown it can be done. • Thinking about the AE program, with the MMP you can do a TCOC model with Duals, would that be possible with DSNP? <ul style="list-style-type: none"> ○ We'll also talk more about that in Session 3.
Closing Remarks	<ul style="list-style-type: none"> • FCG reminded participants of future public meeting sessions • EOHHS asked for public comment before ending the meeting. No public comments received.