Topic Area Summaries

a. Program Questions

Comments Received:

As seen during Phase 1, many individuals took the opportunity to ask questions related to program design and the implementation process. These questions were not specific to the Initiative or the waivers open for public comment; rather they sought clarification from the State. Individuals raised a variety of general questions around the following general themes: (1) provider reimbursement rates and billing processes; (2) member services/benefits (e.g., prevocational waiver, habilitation, dental, mental health, integrated health homes); (3) MCO operational processes; (4) beneficiary outreach; (5) state planning assumptions and financial projections; (6) provider enrollment; and (7) provider caseloads.

State Response:

Because the program questions did not provide specific feedback on the waivers, no modifications were made to the waivers; however, these general themes will be utilized by the State to continue developing communication materials and to inform the transition process. Further, the State recognizes that provider education is critical in successfully implementing the Initiative. As providers submitted a number of the above referenced questions, many have been incorporated into the State's Annual Provider Training. These provider education sessions are being offered in eleven different communities throughout the State in September and will focus primarily on discussions regarding the Initiative. The information will also be incorporated into any future provider training or webinar sessions.

b. Service Delivery/Access

Comments Received:

Two comments were received related to service delivery and access. One commenter expressed concern that data is lacking to support claims that managed care will reduce costs and that the Initiative will result in a reduction of services, particularly behavioral health services.

Health and Disability Waiver:

One commenter expressed concerned that the Initiative would limit enrollees ability to access already established teams of waiver providers if they are not part of an MCO's network, and that this was of particular concern for those living in rural areas.

State Response:

As noted in the State's Phase 1 response to similar comments, the Initiative has been designed to incorporate mechanisms to ensure State funding to MCOs is spent on the delivery of services to enrollees and that quality outcomes are achieved. For example, the State has established a

medical loss ratio (MLR) to ensure State funding is spent on the delivery of services and to cap the portion that can be spent by the MCO on non-healthcare related services such as administration, marketing, and profits. With respect to specialist provider access, the Initiative strives to support and increase HCBS provider access. As such, MCOs will be held accountable for meeting contractual requirements for HCBS access standards and must authorize out-of-network care when it cannot be provided in-network. No changes have been made to the waivers as a result of these comments.

c. Home and Community Based Services (HCBS)

Comments Received:

Three comments were received related to the provision of home and community based services (HCBS). One commenter requested that supported community living and job coaching be added to all HCBS waivers as a service for children to support their independence and employment. The second commenter expressed concern about the effect of HCBS waiting lists generally. The third commenter requested that children on HCBS waivers be exempt from mandatory enrollment in managed care.

State Response:

The State shares commenters' commitment to supporting all HCBS waiver recipients, including children, in achieving greater independence. Hence, MCOs will have the flexibility to provide enhanced services, subject to DHS approval. While no changes were made to the covered benefits under the waiver at this time due to the implementation of managed care, the State will consider the commenter's request for future amendments. With respect to waiting lists, the State will continue to emphasize HCBS versus institutional care. This is one benefit of managed care as incentives are provided to move individuals into the community; as such, the number of individuals served under the waivers is projected to increase under the Initiative. Finally, the State that believes quality and outcomes for all Medicaid beneficiaries, regardless of age, will be improved under managed care, as there will be a single entity coordinating care. In addition, choice for children will be maintained through a variety of mechanisms including, but not limited to, choice of MCO, choice of healthcare providers, and ability to change MCO.

d. MCO Oversight/Evaluation

Comments Received:

Several comments were received related to MCO oversight and evaluation. Generally, commenters expressed concern that selected MCOs had been fined in other states for contractual issues.

State Response:

The MCOs were selected through a competitive procurement process. They underwent a rigorous review process and were assessed on a variety of factors related to their experience and

demonstrated success in serving Medicaid enrollees. Further, as described in the Phase 1 responses, the State will be implementing a comprehensive ongoing MCO monitoring process. As such, no changes related to the MCO monitoring, oversight or quality assessment related portions of the waivers were made as a result of these comments.

e. Implementation Timeline

Comments Received:

One comment was received related to the implementation timeline for the Initiative. In general, this commenter felt the implementation date of January 1, 2016 was too aggressive and would jeopardize member health and safety.

State Response:

As noted in the State's Phase 1 response to similar comments, the State has implemented multiple strategies to assure a safe and seamless transition, and is committed to maintaining the existing timeline for implementation. Not only will the State conduct a comprehensive readiness review process to assess MCOs' capability to provide services in accordance with their contracts, no MCO will be permitted to enroll members without meeting the State's expectations.

f. Quality/Safety

Comments Received:

Several comments were received related to the quality of services provided to beneficiaries following the transition to managed care. Generally, commenters felt that the Initiative would result in higher costs and decreased benefits.

State Response:

As noted in the State's Phase 1 response to similar comments, MCOs are contractually obligated to, and will be held accountable for, achieving quality outcomes. MCOs will also be regularly assessed according to standards established by the State, and will be required to attain and maintain accreditation through the National Committee for Quality Assurance (NCQA) or the Utilization Review Accreditation Commission (URAC). Finally, the State monitor MCOs on a variety of key metrics on an on-going basis (e.g., provider network and access standards).

g. Tribal Consultation

No questions or comments were received regarding the Phase 2 waivers.