



AARP Massachusetts T 1-866-448-3621
One Beacon Street F 617-723-4224
Suite 2301 TTY 1-877-434-7598
Boston, MA 02108 www.aarp.org/ma

**TESTIMONY OF AARP
REGARDING
PROPOSAL TO THE CENTER FOR MEDICARE AND MEDICAID
INNOVATION
STATE DEMONSTRATION TO INTEGRATE CARE FOR DUAL ELIGIBLE
INDIVIDUALS
BEFORE THE EXECUTIVE OFFICE OF HEALTH AND HUMAN
SERVICES**

January 4, 2012

Boston, Massachusetts

Good morning. My name is Debbie Banda and I am the director of the AARP Massachusetts state office. AARP is a nonprofit, non-partisan membership organization for people 50 and over. We have about 37 million members nationwide – 825,000 here in the Commonwealth. Thank you for the opportunity to comment on this demonstration proposal to Integrate Care for Dual Eligible Individuals. We commend the Commonwealth for its efforts to improve access, quality and cost of care for people who depend upon Medicare and Medicaid.

As you are aware, those who are eligible for both Medicare and Medicaid are among the poorest, sickest, and costliest of all Medicare beneficiaries - and that makes them the most vulnerable to receiving inadequate care or falling through the cracks. To meet their needs for health care and long term services and supports, they or their families must navigate between two separate programs and systems for delivering services - programs that do not have a history of communicating well with each other or coordinating services.

There are *many* improvements for beneficiaries age 21-64 contained in this Proposal. AARP has submitted detailed comments in writing, and cites in those comments what we think is good about this proposal, including the fact that it uses a medical home care model with choice of primary care providers and allows for the involvement of family, informal caregivers, advocates, peers and others into care planning.

However, we also have some serious concerns about several aspects of the proposal. Therefore, in the interest of time, I will limit my comments this morning to just a few of those concerns as we know you will read our written comments in their entirety.

Enrollment:

AARP supports voluntary enrollment and disenrollment, and not a process whereby individuals are placed into a system and then have the option to disenroll if they do not believe it will best meet their needs - as is contained in this proposal. These voluntary features mean individuals are free to continue fee-for-service arrangements or disenroll at any time and return to the full services available in traditional Medicare and Medicaid with no interruption of eligibility and no interruption of service.

Bottomline: we are concerned that mandatory or passive enrollment, as this proposal requires, does not provide the greatest amount of consumer protection for dual eligible individuals. We have concerns about the potential disruption to enrollees in established relationships and access to their health care providers. If these individuals cannot access services in a timely manner they may seek care at higher cost settings, such as emergency rooms, or may not seek care at all.

Quality of Care:

AARP believes there should be an expansion of baseline measures of the quality of services provided by the ICO. While the Proposal appropriately requires NCQA accreditation for the primary care medical home (PCMH), it sets no quality standards for the ICO selection of other health and support service providers. Minimum quality and accreditation standards for all providers within the ICO network must be incorporated. However, an exception should be made for consumer directed care where the ICO would pay family, informal caregivers, or personal care attendants selected by the consumer.

Appeals:

AARP supports the elimination of differences between the timeframes for filing and resolving an appeal related to benefits, access to external review, benefits pending appeal, and notice of appeal rights. We believe it is critical to protecting vulnerable consumers and we support a unified system for grievances and appeals.

Where due process and notice and appeal rights diverge, the ICO should provide the beneficiaries access to the standard that is most favorable to the individual and his/her family. In addition, enrollees should have access to an independent, external ombudsman to assist in the grievance and appeals process.

Elders and Senior Care Options (SCO)

AARP is pleased that the Commonwealth is committed to the continuation of the SCO program in the short term and is not pursuing a change to the current SCO enrollment process. However, we

have concerns about the future of the program and how it will interface with this proposal over time. As you are aware, two-thirds of duals are over age 65 and 60 percent have multiple chronic conditions.

LTSS

Finally, we want to stress that all efforts should incentivize the provision of home and community based services. Any rule, regulation, and process which favors institutional care must be revised.

Conclusion

In closing, AARP applauds the Commonwealth for working to break down barriers between Medicare and Medicaid with the goal of achieving better care for some of our most vulnerable residents. However, we must be sure the complex care needs of each individual are met, and are coordinated across the entire spectrum including acute, rehabilitative, behavioral and long term care.