Greater Wisconsin
Agency on Aging Resources, Inc.

Sent via electronic mail

Date: August 22, 2022

To: Kelly Van Sicklen and Elizabeth Groeschel,
Wisconsin Department of Health Services

From: Janet L. Zander Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources, Inc.

Re: **DHS-MCO contract changes for January 2023**

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three Area Agencies on Aging in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin. There are over one million adults aged 60 and older residing in our service area.

Thank you for this opportunity to provide written comments on DHS' proposed managed care organization (MCO) contract changes for January 2023. People aged 65 and older make up approximately 44% of the Medicaid long-term care, managed care program population.[1] The MCO contract is an essential tool for ensuring rate structures, care coordination, and a range of long-term services and supports are designed to meet the wide range of needs among program participants and the promotion of program goals and individual member care plan outcomes.

Comments on proposed changes to the 2023 MCO Contract

- 1. Telehealth has proved to be a very beneficial option to expanding access to services. We support the proposed inclusion of criteria to require telehealth services to be functionally equivalent to in-person services by ensuring the delivery mode of the service is clinically appropriate to be delivered via telehealth and the service to be of sufficient quality as to be the same level of service as an in- person visit. One additional requirement we recommend is a requirement to obtain participant agreement that the service is functionally equivalent and ensure their right to actively choose or decline telehealth options at any time. Like other services, the use of telehealth services must be person-centered and consider a

1 [1] Wisconsin Department of Health Services, *Family Care, Partnership, and PACE Enrollment Data – June 1, 2022*; Retrieved from https://www.dhs.wisconsin.gov/publications/p02370-22jun.pdf on Aug. 19, 2022.

participant's/member's ability and comfort receiving various services using this mode of delivery.

- 4. Biannual IMD reporting - We support proposed language for adding Institute for Mental Disease (IMD) reporting biannually. Timely tracking, reporting, and monitoring of IMD stays will help to inform future policy and programmatic changes. We recommend reporting include both length of stay information, as well as location of the IMD. This link - UPDATED Proposed Jan 2023 DHS MCO Contract Amendment Tracking Chart - MASTER LIST was not able to opened.

- 7. Training in mandated reporting and requirements under Wis. Stat. 46.90 (4) and 55.043 (1m) is essential to ensure member safety. We strongly support this proposed contract change.

- 8. Member incidents – We support proposed language specific in provider agreements to require implementation of written policies and training processes related to abuse, neglect, exploitation, and mistreatment, including training in mandated reporting and requirements under Wis. Stat. 46.90 (4) and 55.043 (1m).

- 10. Risk corridor and Medical Loss Ratio (MLR) Risk corridor calculations in the proposed contract appear to be based on actual total claim costs. We recommend also factoring in authorized, but undelivered, services as a trigger to require investment of gains or a risk corridor calculation that does not hold an MCO harmless for failure to deliver services authorized in a care plan. Wisconsin has elected not to implement a minimum MLR and, therefore, relies on federal requirements to develop capitation rates that will allow MCOs to achieve an MLR of at least 85% for the rate year. **To protect Medicaid from paying for excessive administrative expenses or profits (at a time when the adequacy of the provider networks is insufficient to meet the full needs of participants), we recommend limits be set on MCO margins to include implementation of profit caps set at 2% and limiting the amount of administrative spending that can be counted in the margins to 5%. We further recommend profits in excess of 2% be invested into building provider network capacity, pilot projects** that test innovative service delivery methods and support for families with caregiving responsibilities for participants**; and improving targeted outcomes** related to community integrated employment, participant volunteer engagement, community supported living, use of assistive/supportive technology, increased access to transportation options, and access to social/recreational opportunities.

- 12. MCO Duty to Immediately Report Certain Member Incidents – GWAAR supports the addition of Adult Protective Services to the list of authorities in this section: "Upon learning a member has suffered or caused an injury or accident related to any of the following circumstances." We also support the addition of "Upon learning that an Emergency Restrictive Measure, as defined in Wis. Stat. § 46.90(1)(i), was used on a member regardless of injury."

- 16. Network adequacy standard waiver exceptions - GWAAR appreciates that MCOs are required to demonstrate that their provider networks comply with the state developed network adequacy standards as outlined in P-02542. We understand that DHS may grant an exception to these standards if the MCO requests an exception and provides all of the following to DHS: the number of and availability of providers in the particular specialty who are practicing in the service area, the MCO's ability to contract with available providers, the impact to members in the proposed service area, and the MCO plan for how the MCO will serve its

members despite network adequacy deficiencies. We further recommend before DHS grants an exception to the standards, the content of members' care plan goals and outcomes and any natural supports identified in the care plan be assessed to determine how a lack of provider capacity is impacting MCO participants/members. Additionally, we recommend MCO plans for how they will serve members if a network adequacy standard waiver is approved, require MCOs to invest the necessary profits and administrative funds need to grow their network capacity and to develop innovative strategies to increase their service delivery capacity.

Additional recommendations to strengthen the MCO contracts

In addition to the above recommendations, GWAAR also recommends the following be incorporated into the 2023 contracts:

- **Eliminate provisions** in Family Care that allow Managed Care Organizations to **bundle transportation with residential services**. Transportation needs are independent from residential services and should be recognized as such.

- Section V. Care management E. Providing, arranging, coordination, and monitoring services section (see FC-FCP 2022 Contract) – This area of the contract should indicate that MCO staff must run Medicare Plan Finders for enrollees and help them with enrollments into Medicare Part D plans. Enrollment must be maintained year after year by running a new Plan Finder for Medicare eligible members during Medicare's Open Enrollment Period in the fall between October 15-December 7th of each year. To prevent members from losing eligibility for critical public benefits, Family Care case managers must be required to provide the necessary help to ensure that MCO participants remain on and get assistance with renewals for Wisconsin's Home Energy Assistance Program (WHEAP), housing subsidies (Section 8), and Supplemental Security Income (SSI).

  Additionally, to avoid a dual-eligible (Medicare/Medicaid) participant from unknowingly receiving services from out-of-network providers and then being strapped with large, unpayable bills for uncovered services, Family Care Partnership case managers must counsel participants about how networks work and help participants understand who their in-network providers are and the financial consequences of seeking out-of-network care.

With the introduction of multi-state, large-scale, for-profit health care agencies into Wisconsin's Medicaid Managed long-term care system, it is necessary for the state's MCO contracts to not allow profits to be prioritized over quality and meeting participant goals and outcomes. Capitation rates must ensure MCO solvency, while requiring MCO reinvestments to build the capacity of the long-term care provider network. As the number of MCOs is reduced, participants will face increasingly limited options/choices. Wisconsin's long-term care system has benefitted from locally developed and value based MCOs. The state system is rapidly evolving away from our home-grown system; efforts must be in place to ensure choice, quality, and our non-medical model of care aren't lost for good. Contract requirements must not be reduced to entice the few players we have left from leaving, but instead must remain focused on individual outcomes that lead to more independence and community integration.

Thank you for your consideration of these comments on the DHS MCO Contract for 2023. We look forward to continuing to work with you on policies that improve the quality of life of older people in Wisconsin.

Working together to promote, protect, and enhance the well-being of older people in Wisconsin

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