**Title Slide**

**MassHealth Regional Listening Sessions: Customer Services Experience, Payment Reform, Behavioral Health & Long Term Services and Supports**

Executive Office of Health & Human Services

April – June 2015

**Slide 1**

**Goals for today**

* Review MassHealth priorities
* Gather input for:
	+ Member Experience
	+ Payment and Care Delivery Reform
	+ Behavioral Health
	+ Long Term Services and Supports (LTSS)
* Discuss next steps

**Slide 2**

**The Commonwealth has a rich history in health care**

* First in nation to secure nearly universal health coverage for all citizens
	+ 97% insured
	+ 91% of residents report having a usual source of care
* Significant involvement and engagement with stakeholders, advocates, and members
* Health care reform efforts rooted in strong collaboration between private and public sectors
* Legislative mandate to move toward alternative payment methods
* Innovation through new programs (e.g., One Care, Primary Care Payment Reform)

**Slide 3**

**However, MassHealth is currently unsustainable**

This slide depicts a chart that illustrates MassHealth historical and proposed spending, revenue and state cost from FY10 to FY16. MassHealth spending from FY10 to FY14 increased from 9.6 to 12.5 billion dollars and is proposed to increase to 15.3 billion dollars in FY16. MassHealth revenue (FFP + Assessment) from FY10 to FY14 increased from 6 to 6.8 billion dollars and is proposed to increase to 8.7 billion dollars in FY16. The total net state cost of MassHealth from FY10-FY14 has increased from 3.6 to 5.8 billion dollars and is proposed to increase to 6.7 billion dollars in FY16.

**Slide 4**

**Massachusetts spends more on health care than any other state**

This slide depicts a chart on the per capita personal health care expenditures dollars in 2009. The chart shows that Massachusetts had the highest per capita personal health care expenditures of all states at approximately $9,000 dollars. The national average of per capita personal health care expenditures was approximately $6,900 in 2009.

**Slide 5**

**MassHealth Priorities**

* Improve customer service and member experience
* Fix eligibility systems and operational processes
* Improve population health and care coordination through payment reform and value-based payment models
* Improve integration of physical, behavioral health and LTSS care across the Commonwealth
* Scale innovative approaches for populations receiving long term services and supports
* Improve management of our existing programs and spend

**Slide 6**

**Restructuring MassHealth: principles of our approach**

Person-centered Focus on improving quality and member experience

Clinically appropriate Ensure clinically sound design with direct input from Massachusetts members and providers

Appropriate by population Account for varied member populations and providers (not a one-size-fits-all model)

Pragmatic Identify solutions that can be implemented in a practical and timely manner

Data-based Make design decisions based on facts and data

Financially Sustainable Ensure improvements lead to a more cost effective and sustainable system

**Slide 7**

**On April 6, 2015 MassHealth began a series of discussions with stakeholders. We set out the following principles and topical areas:**

* We are committed to gathering input
* We will be holding sessions across the state
* We invite you to bring constructive ideas:
	+ Things we need to improve
	+ Strategies we should consider
* After these sessions, we will evaluate and share next steps on timelines/ sequencing of work
* We will engage stakeholders as we begin to develop specific proposals

Topical areas for input:

* Member and provider experience
* Payment reform to improve population health and care coordination
* Integration of physical and behavioral health
* Approaches for improving care and sustainability for long term services and supports (LTSS)

**Slide 8**

**Member and provider experience: Priorities**

* Improve coordination between MassHealth and the Connector
* Evolve our customer service capabilities
	+ Reduced wait times
	+ Right knowledge to support members
	+ Increased automation to improve our workforce effectiveness
	+ Customer satisfaction metrics
* Maximize the use of technology
	+ Examples: web, telephone, email, text
	+ Clear presentation of Actionable Content and reduced barriers to communication
	+ More real-time response capability
* Enhance access and service for people with disabilities
	+ Improved accessibility
* Enhance our provider-facing customer service
	+ Improve business interfaces with providers
	+ Meaningful partnership in delivering quality care to members

**Slide 9**

**Member experience of care: what’s working and what to improve**

*Questions for discussion*

Enrollment and communication

* + - How can we make Open Enrollment for 2016 work better for applicants and those renewing coverage?
		- What areas cause the most concern regarding the accuracy of information being provided? Where is staff/customer service training most needed?
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Getting to know you and your needs

* Have you been asked what you want and what works for you? Have your opinions been respected?
* What helps providers get to know you and what you need?

Care coordination

* Do your providers talk to one another, and to you?
* Have you worked with someone who coordinated your care? What worked and what didn’t?
* Would you like to work with someone to coordinate your care?

Quality

* What can MassHealth do to better understand the quality of services and members’ quality of life?

Other topics or comments?

**Slide 10**

**MassHealth Payment and Care Delivery Reform: Goals and Principles**

* Goal: every MassHealth member has a provider who is accountable for overall health, quality, and cost of care
* Some things to balance:
	+ Not a one-size-fits-all model
	+ At the same time, approaches must scale across MassHealth
* To be successful, we will need a cohesive strategy that we commit to and design/ roll out at scale (vs. uncertainty of many unrelated pilots and efforts)
* We will also need to sequence initiatives

**Slide 11**

**Payment reform / model, Behavioral Health and Long Term Services & Supports integration**

*Concepts/strategies for discussion*

* Types of payment models and how they fit together (e.g., Patient Centered Medical Homes, Accountable Care Organizations, health homes, episode based payments)
* Population-based view: how do the models need to differ for different populations
* Approach to Behavioral Health and Long Term Services & Supports integration
* Types of providers and capacity to assume clinical and financial accountability
* Variability in risk adjusted total cost of care across providers, especially acute care spend
* Alignment with Managed Care Organizations and commercial payers

**Slide 12**

**Addressing Social Determinants of Health**

*Concepts/strategies for discussion*

* Linking social determinants with clinical services
* Role of payment model in facilitating such linkages
* Type of infrastructure needed to enable referrals from clinical settings to community and social services
* Data linkages across state agencies
* Including community health workers, peer wellness specialists, and personal navigators in care teams

**Slide 13**

**Physical and Behavioral Health integration**

*Strategies/ concepts for discussion*

* Goals for physical/ behavioral health integration
	+ Address gaps/ barriers for better integration of physical/ behavioral health care
	+ Improve coordination of care across physical/ behavioral health services
	+ Better organize care for different groups
	+ Update policies to remove barriers to integration
* Questions
	+ Who is best positioned to help coordinate care?
	+ Should accountability for care be different for people with fewer/greater behavioral health needs?
	+ Behavioral health/primary care provider co-location?
	+ What are the barriers for providers to integrate physical and behavioral health care?
	+ Specialized approaches (e.g., Health Homes)?
	+ Views on “carve out” approaches for behavioral health?

**Slide 14**

**Improving care for elders, individuals with disabilities, and those who use Long Term Services and Supports (LTSS)**

*Strategies/ concepts for discussion*

* Goal: every member has an organization or provider responsible for supporting care coordination and integration, based on the Member’s specific needs and direction
* Principles
	+ Person-centered planning/direction with improved coordination of care
	+ Community first
	+ Increased access to and integration of LTSS
	+ Financial sustainability and cost-effectiveness
	+ Integrating LTSS into new payment models where appropriate
* Potential strategies (for discussion):
	+ How do we enhance access to providers and ADA compliance?
	+ What member protections are important to consider as we think about expanding integrated care models (like PACE, One Care, SCO)?
	+ How should LTSS work for members once MassHealth begins contracting with ACOs, value-based purchasing, and other models?
	+ How can MassHealth better partner with and support LTSS providers?
	+ Where are members running into barriers getting needed services and supports?

**Slide 15**

**Next steps and future engagement**

* Continue to gather input from stakeholder meetings
* Times/ locations can be found on the [*MassHealth Innovations website*](http://www.mass.gov/hhs/masshealth-innovations)
* After stakeholder input meetings are complete, we will
	+ Evaluate input
	+ Share priorities and timelines
* The timelines we develop will sequence various efforts
	+ Some things beginning now
	+ Stagger other initiatives
* We will be conducting significant stakeholder engagement once we begin working through more specific proposals
	+ Details to follow

**Slide 16**

**Thank you**Share feedback and pose questions
Sign up for mailing lists and invitations by emailing us at
MassHealth.Innovations@state.ma.us or by visiting the MassHealth Innovations web site at [www.mass.gov/hhs/masshealth-innovations](http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/masshealth-innovations/).