



One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

February 8, 2021 10:00 AM – 12:00 PM

Virtual Meeting via Zoom



Topics to be discussed...

- One Care Enrollment and DMH Affiliation
- Rating Category One Care Contract Language
- Readiness Review Update
- Audit Tool update
- Quality Measures

January 2021 One Care Enrollment



- Effective January 1, 2021, total number of enrollees: 31,372

Total Enrollment by Plan	
Commonwealth Care Alliance (CCA)	28,186
Tufts Health Plan	3,186
Total	31,372

Total Enrollment by Rating Category		
Rating Category	Enrollees	% of Enrollees
F1	228	0.7%
C3B	275	0.9%
C3A	15,278	48.7%
C2B	1,431	4.6%
C2A	8,788	28.0%
C1	5,361	17.1%
Unavailable*	11	0.0%
Total	31,372	100.0%

*The rating categories for 11 enrollments were unavailable at the time of this report.

One Care Enrollees with DMH Affiliation (January 2021): 2,996

- CCA: 2,789
- Tufts Unify: 207



One Care Rating Category Definitions

- **F1 – Facility-based Care.** Individuals identified as having a long-term facility stay of more than 90 days
- **C3 – Community Tier 3 – High Community Need.** Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; and individuals with 4 or more ADL limitations
 - In CY2014, C3 split into two subsets:
 - C3B: for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3
 - C3A: for remaining C3 individuals
- **C2 – Community Tier 2 – Community High Behavioral Health.** Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need
 - In CY2014, C2 split into two subsets
 - C2B: for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness
 - C2A: for remaining C2 individuals
- **C1 – Community Tier 1 Community Other.** Individuals in the community who do not meet F1, C2 or C3 criteria



One Care Contract Negotiations/Readiness Reviews

- MassHealth is engaged in contract negotiations with three selected entities
- MassHealth and UMass Medical School have shared the first set of deliverable requests with the selected entities, and are preparing additional requests
- The first part of the review process focuses on:
 - Enrollee Services – emphasizing on training polices and access
 - Network Adequacy and Accessibility
 - Organizational Structure - Sufficient Staffing and Staff Training
 - Care Coordination Capabilities
 - Assessment and Care Planning
 - Information Systems
- CMS will also conduct Readiness Reviews for entities with which they do not currently contract, and annual reviews for all entities expected to offer One Care products in 2022



One Care Plan Clinical Audit Update

■ Clinical Audit Tool Review

- Feedback from the Implementation Council will be incorporated into the Clinical Audit Tool before distribution to current One Care Plans.
 - Scope of documented providers was expanded;
 - Expanded scope of “refusal of services” definition; and
 - Increased awareness how goals and needs of the Enrollees should be captured in assessment and care planning process.
- The Clinical Audit Tool is designed to evaluate One Care Plans ability to incorporate person-centered treatment and evaluation from pre-engagement and outreach of their members, through the assessment and care planning processes, and transition and discharge planning from inpatient hospital settings.



One Care Current Quality Withhold Metrics

Quality Withhold Measure

Measure Steward/Data Source

Plan all-cause readmissions

NCQA/HEDIS

Annual flu vaccine

AHRQ/CAHPS

Follow-up after hospitalization for mental illness

NCQA/HEDIS

Controlling blood pressure

NCQA/HEDIS

Part D medication adherence for diabetes medications

CMS/PDE Data

Initiation and engagement of alcohol and other drug dependence treatment

NCQA/HEDIS

Adults' access to preventive/ambulatory health services

NCQA/HEDIS

Encounter data

CMS defined process measure



Additional One Care Quality Areas

Additional Quality and Contract Reporting

- In addition to our Quality Withhold Measures, our One Care Plans are required to submit monitoring and performance data to CMS and MassHealth on a monthly/quarterly basis.
- Core reporting requirements can be found here: [CMS Medicare-Medicaid Plan Reporting Requirements](#)
- Plans also must conduct and submit CAHPS, HEDIS, and other surveys

Collaborating on Quality, Disparities Measurement

- RFR Section 5.8.B.3. requires One Care plans to collect, analyze, and submit data to support identification and measurement of disparities, including in:
 - Mental health
 - Substance Use Disorder (SUD)
 - Women's health
 - Individuals who are Deaf or hard of hearing
 - Race, ethnicity, and language
 - Sexual orientation and gender identity
 - Other areas identified by EOHHS, CMS, or the One Care plan
- MassHealth will connect the Council to our internal quality experts to begin organizing how to approach this work



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