One Care

MassHealth+Medicare Bringing your care together

An Introduction for One Care Plans



Presenters

Main Presenter

Robin Callahan

Deputy Medicaid Director for Policy and Programs,

MassHealth

Facilitator

Laney Bruner-Canhoto
Director of Performance Improvement, Disability and
Community Services, UMass Medical School



Housekeeping Items

- We will use the "mute" feature on this conference call.
- This webinar is being recorded and will be made available at a later date.
- Audio is provided through your phone line.
 Call in to 617-410-9095 to join.
- For best results, turn off your computer speakers.



We encourage your participation!

- There will be a <u>Question and Answer</u> section during the last 15 minutes of the presentation.
 - We will instruct you when you are able to ask a question.
- We will ask you to participate in our <u>Polling Questions</u>.
 - A poll question will appear, and you can choose your answer.
 - Poll results will be revealed before we move on to the next slide.



Reduce Slide Size

- You may need to scroll in order to see the full slide.
- You may also reduce the slide size by pressing the control and minus '-' keys at the same time.
- The screen view will be updated once you refresh your browser or when the presenter moves to the next slide.



Polling Question 1

What is your primary area of expertise?

- Primary Care
- Specialty Care
- Behavioral Health
- Long-Term Services and Supports
- Lived experience of disability
- Advocacy
- Care Coordination/ Care Management
- Other



Polling Question 2

In which part of MA do you provide most of your services?

- Boston area
- Central
- MetroWest
- North Shore
- South Shore and Islands
- West
- More than one region



Objectives of Today's Webinar

Describe essential and unique elements of One Care

Identify characteristics of the One Care population

Explore how care will be delivered & available services

Specify eligibility criteria & enrollment processes

Summarize enrollee rights and protections



What is One Care?

One Care is a new option that allows people age 21-64 who are eligible for both MassHealth and Medicare (dual eligibles) to receive care as part of a single plan offering comprehensive benefits.



What services are covered?

Medicare: All Part A, Part B, and Part D services Medicaid State Plan
Services

including Long-Term Servicesand Supports (LTSS)

Integrated to
Improve Quality
and Reduce
Unnecessary
Costs

Behavioral Health
Diversionary Services

Community Support
Services
Flexible Services



Why Now?

Authorized under Affordable Care Act (ACA)

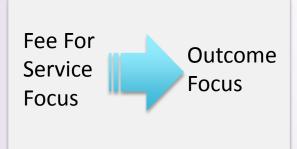
Massachusetts is one of 15 states awarded a planning contract from CMS Center for Medicare and Medicaid Innovation

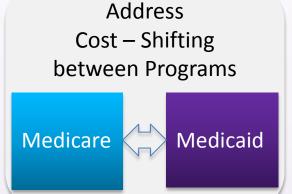
Supports the development of a design proposal for a State Demonstration to Integrate Care for Dual Eligible Individuals



Goals of One Care











Person-Centered Care

Health Care based on the goals and preferences of the individual being supported in the design and implementation of services

The Individual

- Decides who will attend meetings and be involved in decisions
- Attends every meeting about his/her care
- His/her goals and preferences play an integral role in decision-making process
- All options are fully explored and discussed and choice is respected

Choice Dignity Respect Self-determination Purposeful Living



Who are the target populations that will be served in One Care?

Adults with physical disabilities

Adults with intellectual/ developmental disabilities

Adults with disabilities who are homeless



Adults with serious mental illness

Adults with multiple chronic illness or functional and cognitive limitations

Adults with substance use disorders



Who is Eligible for One Care?

Age 21-64

Not residing in ICF/MR

Not enrolled in PACE, SCO, HCBS Waiver



Enrollees

Without other comprehensive insurance

Eligible for MassHealth Standard or CommonHealth

Enrolled in
Medicare
Parts A & B
and Eligible for
Medicare Part D



Characteristics of the One Care Population

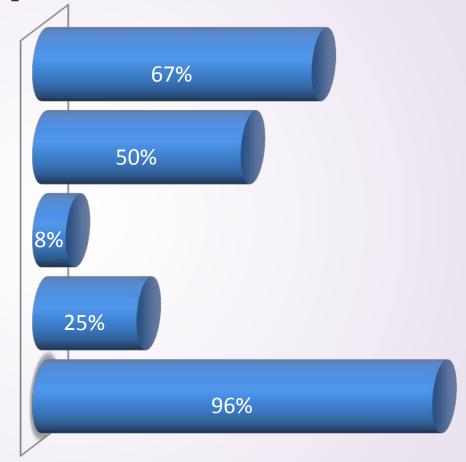
Behavioral Health Diagnosis

Chronic Medical Diagnosis

Intellectual/Developmental Disability

Use LTSS

Reside in Community





How Will Care Be Delivered?



One Care Plans

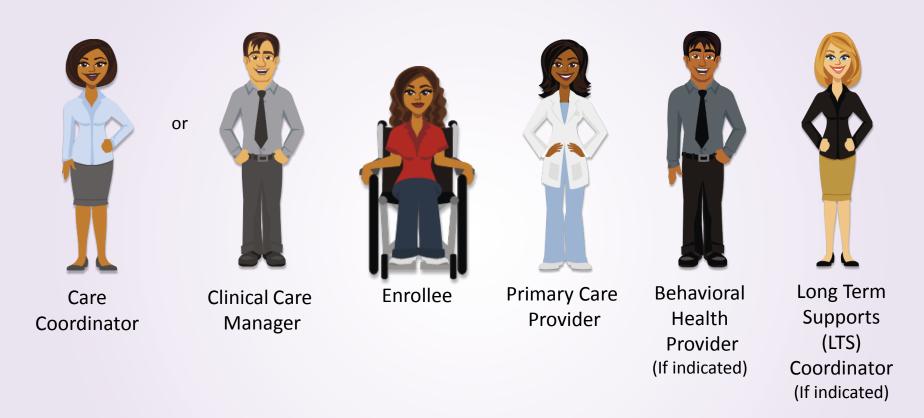
Care delivered through Care Team and provider network

Integration of primary care, specialists, behavioral health and LTSS

Person-centered assessment, planning and service delivery using medical home or health home models as foundation



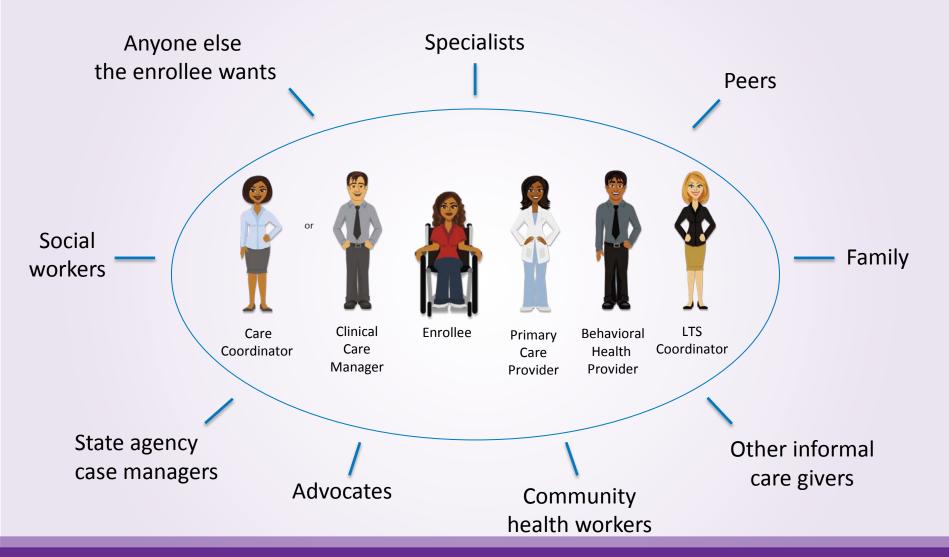
Who Will Be on the Care Team?



The enrollee plays the central role on the Care Team



Who Else May Be on the Care Team?





Polling Question 3

Have you been involved in a person-centered care team?

- Yes
- No
- Not sure



Care Coordinator

Ensure completion of person-centered individual assessment within 90 days of enrollment



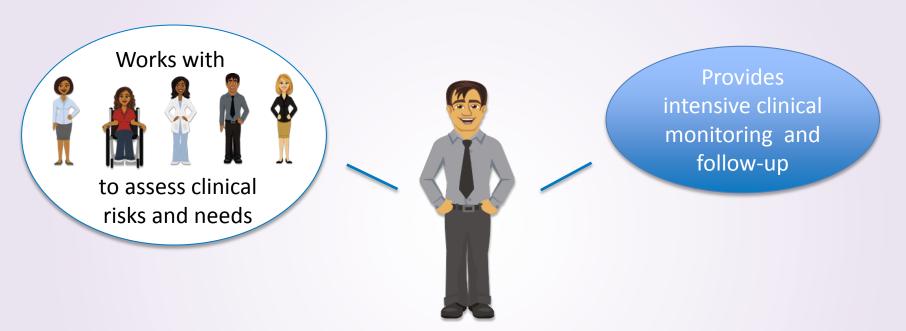
Coordination, monitoring, follow-up

One Care plans provide Care Coordinator to each enrollee





Clinical Care Manager



One Care plans will offer Clinical Care Management for enrollees with complex care needs



LTS Coordinator's Role

Advocate with enrollee

Provide education about LTSS

Facilitate Community Integration



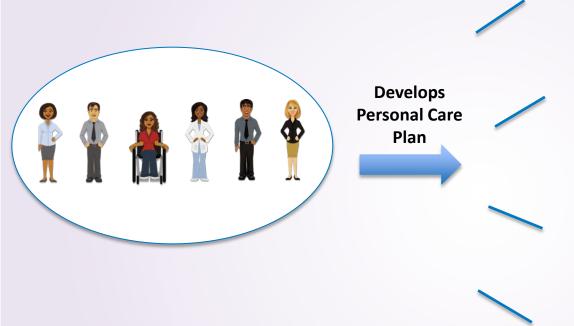
Assist in accessing Personal Assistance Services

Provide LTSS Coordination

Independent Agent



Personal Care Plan



Informed by comprehensive in-person assessment

Enrollee directs Care Team and is involved every step of the way

Covers the whole range of medical, functional, behavioral health, social and support needs

If does not reflect his/her Needs Enrollee has right to disagree or appeal



Polling Question 4

Do you currently work with any members who receive both MassHealth and Medicare?

- Yes
- No
- Unsure



Enrollment Process

Phase 1

Phase 2

Self-Selection

Auto-Assignment







Members receive letter from MassHealth re: enrollment in One Care plans

Members may choose to **opt-in**

Members may choose to **opt-out**

For members who do not make a choice



Enrollee Choice

Enroll or disenroll at any time

Member always has a choice

Enrollees

Can choose a different
One Care plan at any time

Coverage is month to month

non-network provider options

May have



Enrollment Assistance

MassHealth Customer Service

Trusted state agency and community resources

SHINE Counselors

Important! Members may be most concerned whether preferred clinicians and providers are in the One Care plan's network.

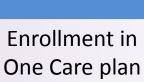


Assessment Timeline

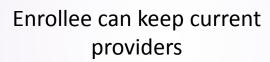
Day 1

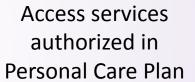
Day 1-90

Day 90



completed





One Care plan must honor existing prior authorizations

Connect with network providers

Assessment Period

Any immediate critical need that arises must be addressed at that time



Continuity of Care

One Care plans must provide
written notification if the
Personal Care Plan proposes changes
to authorized services

Clinician/ Provider can join
One Care plan













One Care plans can create a single case agreement

Care Team can help identify new Clinician/ Provider





Grievances

Can file an internal grievance to express dissatisfaction with One Care plan or provider regarding quality of care, failure to respect Enrollee rights, etc.



Timely response required:

- Within 30 days
- Within 24 hours for expedited grievances

Process must include

Medicare and Medicaid

managed care requirements

Can file an external grievance at any time directly with MassHealth or Medicare





Appeals

Can appeal to request formal review of any decision to change services:

- Deny
- Terminate
- Suspend/ reduce services
- One Care plan service/coverage delay



Internal Appeals:

Will continue to receive services until conclusion of process

External Appeals:

Will be handled by either CMS IRE, MH BOH or both



Ombudsman

Works to identify and address systematic issues



Individual advocacy for enrollees

An external entity



Americans with Disabilities Act Compliance

One Care plan must have a designated ADA compliance officer and plan

One Care plan must reasonably accommodate enrollees and ensure programs are accessible

One Care plan and provider accommodations include but are not limited to:

- Communication access such as ASL interpreters
- Physical Access
- Flexibility in scheduling



Who are the Prospective One Care Plans?





Readiness Review

Plans must pass a joint federal-state Readiness Review process to be allowed to accept enrollments

Key Areas Assessed

Care coordination policies and procedures

Network adequacy

Enrollee and provider communications

Systems

Organizational structure and staffing

Plans that pass the Readiness Review will sign a three-way contract with MassHealth and CMS



How Will One Care Plans Be Paid?





How Will Providers Be Paid?









Providers

Network Providers

Negotiate rates and payment methods with One Care plan

During 90-Day continuity of care period

Out of Network Providers

MassHealth or Medicare FFS rate paid



Quality and Reporting

High priority for One Care





Conclusion

Provides opportunities to enhance person-centered care and contain costs by:

Reducing fragmentation of care

Serves the enrollee in their own culture and community



Enhancing focus on person-centered outcomes

Lessening reliance on acute care and shifting care to the community

Reducing costshifting between Medicare and Medicaid



Questions?

- To Ask A Question:
 - Click the "Ask a Question" button at the upper left hand side of your screen.
 - Type in your question and click "send question".
 - Questions will be answered in the order they are received.

 After the webinar, for further information, please see <u>www.mass.gov/masshealth/duals</u>.



Future Training Efforts

Live Webinars



Online Modules

First module in late June

Recorded Webinars

Posted online after each live webinar

Regional Learning Sessions

Learning sessions throughout the state



Thank You!

To formally complete this webinar and receive a certificate of completion, go to this link:

http://www.surveymonkey.com/s/OneCare523

You can click directly from the webinar or copy and paste the link into your browser.

