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One Care:

Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to Integrate Care for Dual Eligibles

Tuesday, January 15, 2019, 10:00 AM – 12:00 PM

Boston Society of Architects

290 Congress Street, Boston, MA, Suite 200

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**One Care – The Original Capitated Duals Demonstration**

* In 2013, Massachusetts launched One Care – first modern Duals Demonstration in the county to **integrate care and financing**
* One Care was designed specifically to meet the **unique needs of dual eligible disabled individuals with disabilities ages 21-64**

**Key Objectives:**

* + - **Improve member experience in accessing care**
		- **Deliver person-centered care**
		- **Promote independence in the community**
		- **Improve quality**
		- **Eliminate cost-shifting**
		- **Achieve cost savings**
* One Care offers **broader services** than what is available through fee-for-service
* One Care plans are **accountable for meeting their enrollees’ needs** through a **person-centered** care model that **supports each individual** over time
* One Care affords **flexibility** for plans to use global capitated payments to more **nimbly and creatively** craft individualized solutions **to meet each member’s needs, goals, and preferences**
	+ **Rebalance** resources away from acute/emergency services and **toward preventive care** and **community-based services and supports**
	+ **Whole person**; shift away from medical model

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**Consumer-Led Culture and Voice in One Care**

* The One Care model is grounded in **disability competency, independent living,** and **recovery models** of care
* One Care plans must provide **culturally and linguistically appropriate** and **accessible communications** and customer support
* Plan networks include providers that accommodate **physical access, flexible scheduling**, and **communication needs of enrollees**
* A **consumer-led** Implementation Council provides an **unprecedented level of direct consumer** **and** **stakeholder engagement** with MassHealth, CMS, and One Care plan leadership on One Care implementation and policy issues – and is a **national model** for other states
* ***My Ombudsman*** provides **independent** support, information, and assistance
* Each One Care plan convenes a **Consumer Advisory Board** to better **understand member experience**, and to more closely **connect plan members to governance**

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**One Care – Services and Care Coordination**

* **One Care Services** include:
	+ All **Medicare, MassHealth**, and **prescription drug benefits**, including Medicare Part D through a **single, integrated plan**
	+ Enhanced benefits including: **behavioral health and community support services**, **vision and dental** services, **non-medical transportation** services, **care coordination**, and **no copays**
* All One Care members have access to **care coordination**, including:
	+ A care coordinator to help **coordinate their benefits and services**
	+ If the member chooses, a **Long-term Supports Coordinator** to help them with **access to long-term services and supports**
* For new One Care members:
	+ Keep seeing their providers during the **Continuity of Care period** – at least 90 days - until an assessment and care plan are complete
	+ Build a **care team** that preserves existing provider relationships wherever possible
	+ **Comprehensive assessment** to understand member’s needs, goals, and preferences (at least every year)
	+ Care team and member create a **person-centered care plan** based on assessment, driven by member (at least every year)

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**One Care in Duals Demonstration (Demo) 2.0**

* **Duals Demonstration 2.0** is a platform to **build on the work we began with One Care**:
	+ **Partner** with stakeholders, providers, community organizations, plans, and CMS to continue to **improve health quality outcomes**
	+ Expand federal flexibilities to **improve the member experience of older adults** in Senior Care Options (SCO)
	+ **Extend the benefits of integrated care to more members** and promote **long-term sustainability** of One Care and SCO by increasing enrollment
* **We aim to strengthen One Care in Duals Demo 2.0 based on feedback from the Implementation Council and stakeholder community:**
	+ Ensuring scale doesn’t crowd out **individualized, person-centered care**
	+ **Respecting the member’s expertise** in the care planning process
	+ Emphasizing the values of **independent living and recovery**
	+ Promoting **health equity**, **reducing disparities**, and **addressing the social determinants of health**
	+ Pushing the cycle of **innovation**, with **more transparency** on results and outcomes

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**One Care Re-procurement**

* MassHealth is **not** looking for traditional health plans
* We are seeking **committed and innovative partners** that provide evidence they understand how to work with people with disabilities:
	+ Fully embrace and demonstrate commitment to the principles of independent living and recovery models, and cultural and disability competencies
	+ Will leverage best practices to ensure One Care promotes health and wellness equity and drives improvement in member experience and health quality outcomes
	+ Are connected to the communities and the people they will serve
* **Respondents** will be asked to react to **member scenarios inspired by real-life issues**
* **Some consumer members** on the **Implementation Council** will **participate in the evaluation process by**:
	+ Reviewing programmatic responses
	+ Meeting with EOHHS reviewers to share their perspectives and inform the procurement recommendation

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (1 of 6)**

* **We expect selected One Care Plans to:**
	+ Partner with MassHealth, CMS, members, providers, and community organizations to improve population health, health quality outcomes, and quality of life for members with disabilities
	+ Be creative and innovative – we are asking for specific Innovation Plans and will manage these via two-way contracts between MassHealth and each plan
	+ Engage with stakeholders – Implementation Council, Consumer advisory boards, etc.
	+ Demonstrate how person-centered planning and services would be offered consistent with One Care principles and address individuals’ goals
	+ Measure themselves, identify areas for improvement, and drive decisions based on outcomes
	+ Be accountable for improving health care quality and outcomes, including addressing disparities across populations

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (2 of 6)**

* **Plan Commitment to Enrollee Outcomes and Improvement - Attracting/Retaining Members**
	+ Focus on maintaining members’ connection to and engagement with their plans to improve individuals’ health outcomes
	+ Plans will be required to assist members in maintaining MassHealth eligibility; we may prefer Plans that will keep members enrolled during brief gaps in MassHealth eligibility
	+ Plans must demonstrate their value, effectiveness, and commitment to improving health outcomes for members
	+ Successful respondents will demonstrate strategies to:
		- Continually attract new members through self-selected enrollment (in addition to passive enrollment)
		- Engage new members in ways that lead to members wanting to stay enrolled – building long-term relationships focused on Enrollee outcomes

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (3 of 6)**

* **Equity**
	+ Plans should view care model through lens of population health
	+ Intentional focus on disparities
	+ Connecting service authorizations and utilization management to outcomes
	+ Partnerships with community experts to develop effective strategies and engage enrollees
* **Disparities**
	+ Focus areas include: mental health, addiction, women’s health, deaf and hard of hearing, race, ethnicity, language, sexual orientation, and gender identity
	+ Plans must identify, measure, and develop strategies to address and reduce disparities
	+ Track and measure impact of strategies; identify and report on barriers to addressing disparities
	+ We will designate one or more quality measure on disparities

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (4 of 6)**

* **Service Authorizations and Utilization Management**
	+ Authorizations of additional services available in One Care should consider value –
		- How the services contribute to the health, independent living, and quality outcomes of the Enrollee
		- Support the Enrollee’s connection to and ability to participate in their community
	+ Processes should consider expected outcomes, e.g., services that:
		- Divert from facility setting, hospital, or Emergency Department
		- Meet particular needs of person
		- Support ability to live independently and participate in home/community
	+ Plans should connect members to community organizations that can resource/support
	+ Processes should encourage proactive, preventive strategies to prevent and avoid need for acute care

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (5 of 6)**

* **Strengthen LTS Coordinator**
	+ Clarify that we expect engagement before, during, and following care transitions
	+ Ask how respondents will assess and ensure adequate capacity of contracted LTS Coordinators to support participation in Comprehensive Assessments
	+ Plans must work with community to identify and implement best practices for promoting effective LTS Coordinator engagement
* **Personal Assistance Services - Cueing and Monitoring**
	+ Currently is and will remain a covered service – broader than State plan PCA
	+ Clarify definition in new contract and work with stakeholders to improve operational processes
* **Community Connection**
	+ Care plan should address accessibility, access, and participation barriers member’s goals for community connections
	+ Include in assessment and authorization criteria for Non-Medical Transportation and Durable Medical Equipment/Assistive Technology

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**Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (6 of 6)**

* **Transportation**
	+ Frequently highlighted in grievances data and member calls to the Ombudsman
	+ Seeking strategies to use value-based purchasing and improve member experience
* **Transparency and Reporting**
	+ MassHealth will work towards creating a public facing dashboard
	+ Plans will support reporting and engage with MassHealth and Council during development

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**One Care Procurement Updates**

To assist potential bidders, MassHealth has released a Databook and an Eligibility and Enrollment File on COMMBUYS

* **Databook:**
	+ Contains summarized demographic and cost data related to eligible populations and covered services for One Care
	+ Narrative to describe the information in the Databook
	+ Expect summary of Medicare data to be available in 2019
* **Eligibility and Enrollment:**
	+ Data file summarizes the number of MassHealth members eligible for and enrolled in One Care by county and Zip Code as of October 26, 2018
	+ Provided for all 14 Massachusetts counties to indicate where members live and would be eligible for One Care if it were currently available statewide
	+ File with description of data also posted

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One Care

MassHealth+Medicare

Bringing your care together

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