

Public Stakeholder Session: Payment and Care Delivery Reform

Executive Office of Health & Human
Services

May 22, 2015

Goals for today

- Review MassHealth priorities and stakeholder engagement plan
- Set course for Payment and Care Delivery Reform
- Open Discussion
- Initial thoughts
- Next Steps

Recap of last stakeholder meeting: our priorities for MassHealth

- Improve **customer service and member experience**
- Fix **eligibility systems and operational processes**
- Improve **population health and care coordination through payment and care delivery reform**
- 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

Note: there will also be a separate stakeholder listening session on BH/LTSS on June 12th

Restructuring MassHealth: principles of our approach

Person-centered	Focus on improving quality and member experience
Clinically appropriate	Ensure clinically sound design with close input from Massachusetts patients 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

On April 6th, 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 and care delivery 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)**

Goals and Principles for MassHealth Payment and Care Delivery Reform

- 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**

MassHealth Payment and Care Delivery reform: 5 areas for focus

- 1 Payment reform / model**
- 2 Approach to provider improvement**
- 3 Data support, infrastructure and policy initiatives**
- 4 Behavioral health and LTSS integration** (*emphasized throughout*)
- 5 Addressing social determinants of health** (*emphasized throughout*)

Today, we would like to obtain input on key concepts/strategies for all 5 elements

1 4 Payment reform / model, BH and LTSS integration

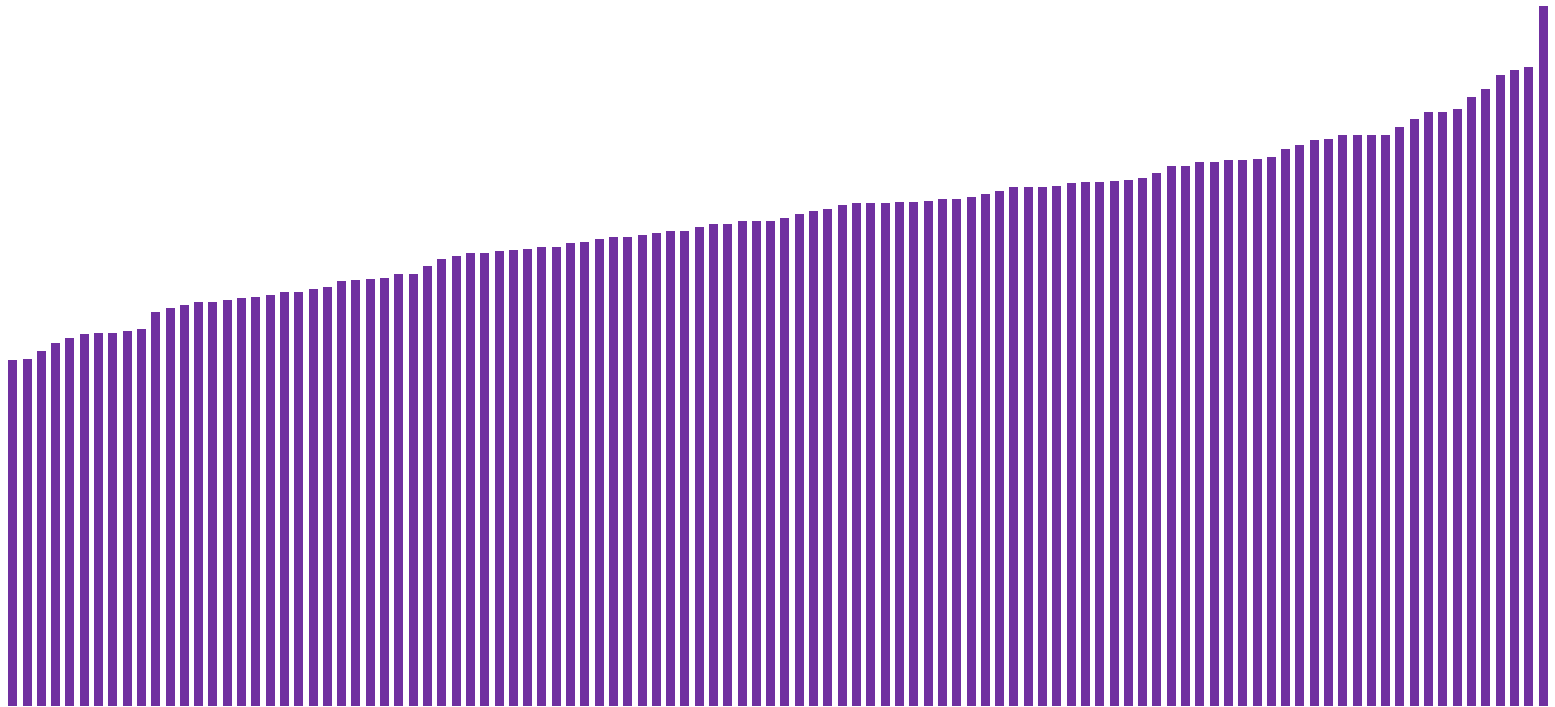
Concepts/strategies for discussion

- **Types of payment models** and how they fit together (e.g., PCMH, ACO, health homes, episode based payments)
- **Population-based view:** how do the models need to differ for different populations (e.g., individuals with very significant BH conditions)
- Approach to **BH and LTSS integration**
- **Types/segments of providers** and capacity to assume clinical and financial accountability
- Approach to account for and/or reduce **variability in risk adjusted total cost of care** across providers, especially acute care spend
- Approach to **aligned implementation with MCOs and commercial payers**

1 Observed risk adjusted variation in total cost of care by provider

MassHealth average risk adjusted total cost of care (PMPY)

For members *without* BH or LTSS services



PCP Practice (based on attributed patient panel)
Each bar represents average PMPY for 1 practice

2 Approach to provider improvement

Concepts/strategies for discussion

- Defining end goal: **community oriented clinically integrated care models across the care continuum**
- **Type of support/incentives required** to facilitate tangible movement towards such models
- How to **align with existing efforts** supported by other government agencies (e.g., CHART) and commercial payers

3 Data support, infrastructure and policy initiatives

Concepts/strategies for discussion

- **Types of data** that would be most helpful to providers (e.g., claims data, admission, discharge, transfer information)
- Approaches to providing such data
 - **Infrastructure requirements**
 - Addressing / mitigating **privacy concerns** for data sharing
 - **Regulatory flexibility / reform**, as appropriate

5 Addressing Social Determinants of Health

Concepts/strategies for discussion

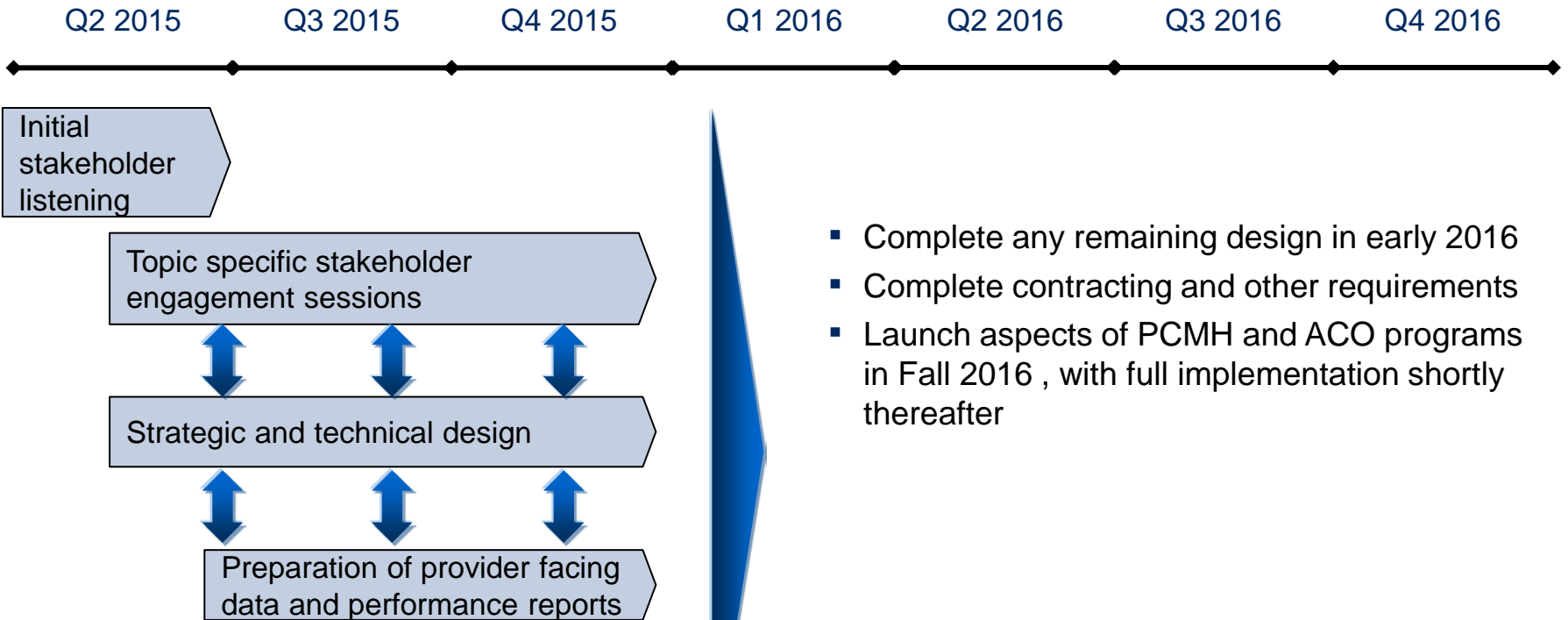
- Determining **which social determinants** to link with clinical services
- **Role of payment model** in facilitating such linkages
- Type of infrastructure needed to **enabling referrals** from clinical settings to community and social services
- **Data linkages** across EHS agencies, as feasible
- Approach to facilitate including community health workers, peer wellness specialists, and personal navigators in **care teams**

Initial thoughts

- **Our goal is to develop and implement a comprehensive strategy that moves all of MassHealth into value-based payment models**
 - For much of the population: **ACO and PCMH model, with behavioral health integration**, based on panel size and readiness of the accountable provider
 - For members with significant BH needs: **health homes with BH providers as the accountable provider**
 - For members who use LTSS or need other support to live independently: **integrated care models** (including scaling innovative approaches like One Care)
 - **Bundled payments** for certain high spend areas (e.g., surgical procedures)
- We will leverage existing funds/programs and explore new opportunities to **support and facilitate community oriented, clinically integrated care models**
- We are committed to **providing timely and accurate performance data and working through enabling infrastructure and policy initiatives** to support providers to be successful under new models
- We are committed to **improving linkages between the medical, behavioral, social and community services** via financial incentives, data linkages and other enabling policies

Tentative timelines: milestones and stakeholder engagement process for PCMH/ACO models

- We will move at a timely and practical pace, and include sufficient time for stakeholder feedback
- Proposed timeline is for PCMH/ACO models only; timeline for other models (e.g., health homes, OneCare) is TBD and will depend on stakeholder feedback



- Complete any remaining design in early 2016
- Complete contracting and other requirements
- Launch aspects of PCMH and ACO programs in Fall 2016 , with full implementation shortly thereafter

We aim to:

- Provide usable data and performance reports by end of CY 2015
- Communicate clear design and roadmap by end of CY2015

Thank you

Share feedback and pose questions
Sign up for mailing lists and invitations
MassHealth.Innovations@state.ma.us

www.mass.gov/hhs/masshealth-innovations

Next Meeting:
Behavioral Health and Long Term Services and Supports
June 12, 2015
2:00-4:00
1 Ashburton Place, 21st Floor, Boston