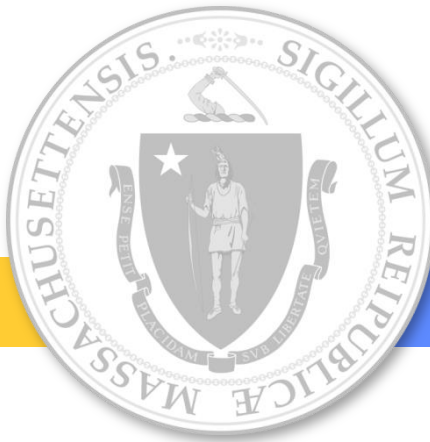


# **MassHealth Regional Listening Sessions: Customer Services Experience, Payment Reform, Behavioral Health & Long Term Services and Supports**



**Executive Office of Health & Human  
Services**

April – June 2015

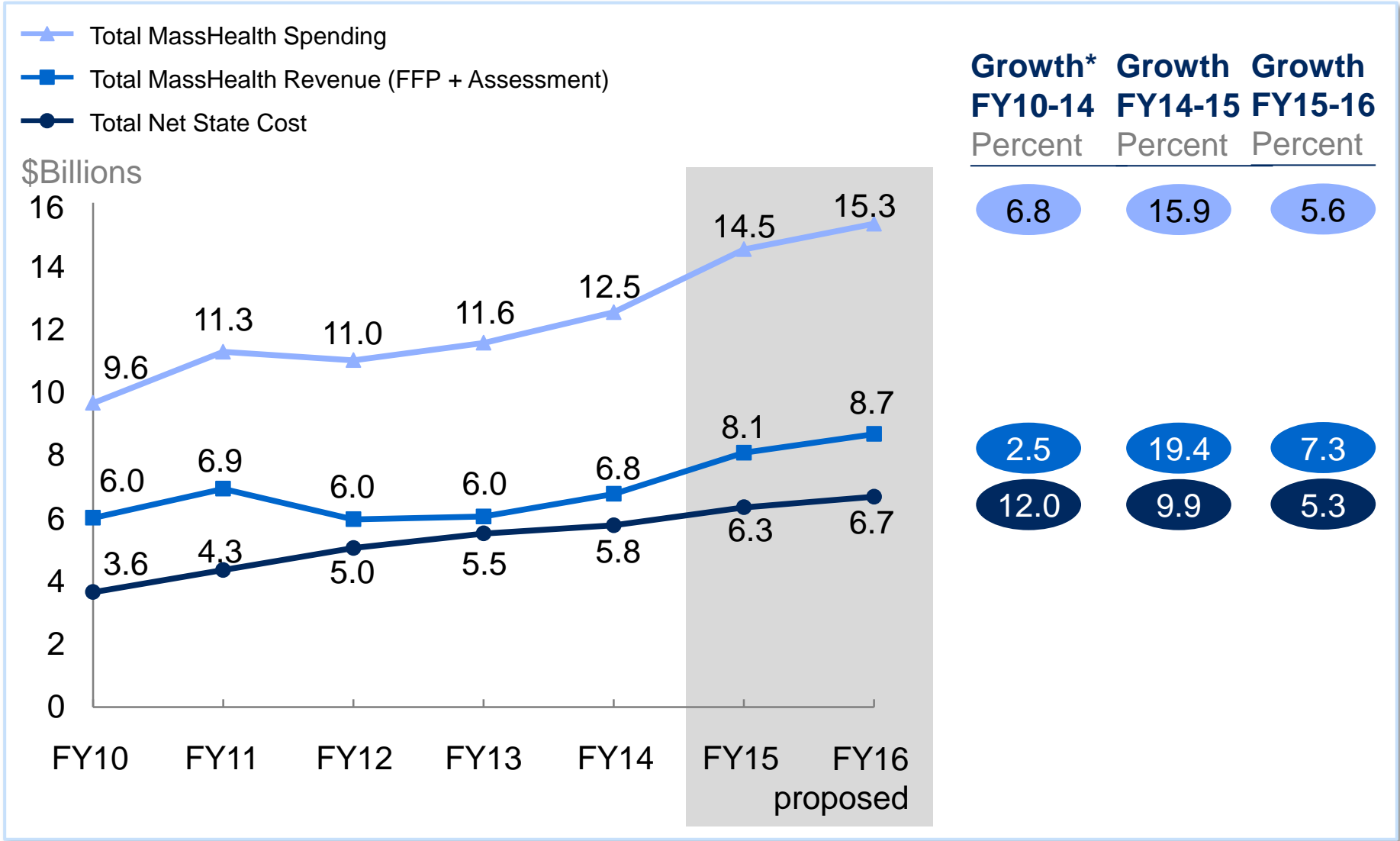
# Goals for today

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

# The Commonwealth has a rich history in health care

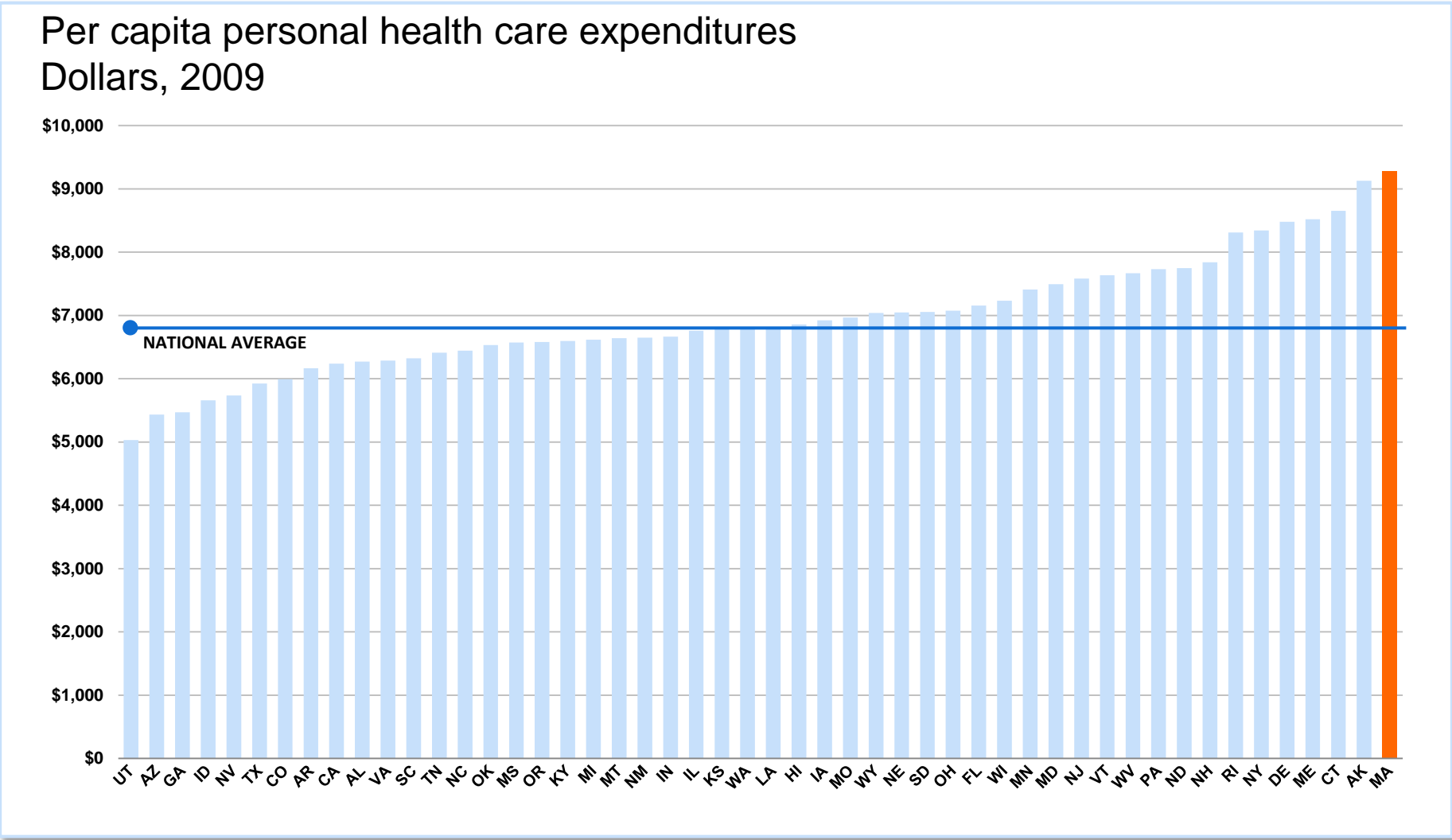
- First in nation to secure **nearly universal health coverage** for all citizens
  - 97% insured
  - 91% of residents report having a usual source of care
- Significant **involvement and engagement with stakeholders**, advocates, and members
- Health care reform efforts rooted in **strong collaboration 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)

# However, MassHealth is currently unsustainable



\*Represents the Compound Annual Growth Rate (CAGR): the year-over-year growth rate of an investment over a specified period of time  
 SOURCE: MassHealth

# Massachusetts spends more on health care than any other state



NOTE: District of Columbia is not included.

SOURCE: Blue Cross Blue Shield of Massachusetts Foundation, March 2013 report (<http://www.bluecrossfoundation.org/publication/updated-health-care-costs-and-spending-massachusetts-review-evidence>); Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2011.

## 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

## Restructuring MassHealth: principles of our approach

|                                  |   |
|----------------------------------|---|
| <b>Person-centered</b>           | Focus on improving quality and member experience  |
| <b>Clinically appropriate</b>    | Ensure clinically sound design with direct input from Massachusetts members and providers |
| <b>Appropriate by population</b> | Account for varied member populations and providers (not a one-size-fits-all model)       |
| <b>Pragmatic</b>                 | Identify solutions that can be implemented in a practical and timely manner               |
| <b>Data-based</b>                | Make design decisions based on facts and data   |
| <b>Financially Sustainable</b>   | Ensure improvements lead to a more cost effective and sustainable system                  |

## On April 6<sup>th</sup>, 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)**



## 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

# 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?**

# 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**

# 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**

# 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**

# 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?

# 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?

## Next steps and future engagement

- **Continue to gather input from stakeholder meetings**
  - Times/ locations can be found at [www.mass.gov/hhs/masshealth-innovations](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



# Thank you

**Share feedback and pose questions**  
**Sign up for mailing lists and invitations**  
**[MassHealth.Innovations@state.ma.us](mailto:MassHealth.Innovations@state.ma.us)**

**[www.mass.gov/hhs/masshealth-innovations](http://www.mass.gov/hhs/masshealth-innovations)**