MassHealth Delivery System Restructuring Open Meeting

Executive Office of Health & Human Services

March 2017

Boston, MA and Springfield, MA

Agenda

I. Review Goals and Timeline

II. Updates

III. Members and Providers

IV. Stakeholder Engagement

I. Review Goals and Timeline

Goals of MassHealth Restructuring

- Improve population health and care coordination through payment reform and value-based payment models
- Improve integration of physical and behavioral health care
- Scale innovative approaches for populations receiving long-term services and supports
- Ensure financial sustainability of MassHealth

Timeline

September 2016:
- ✓ *Reconvene Technical Advisory Groups (TAGs)*
- ✓ *Release ACO procurement*

October 2016:
- ✓ *Responses due for Community Partner (CP) RFI*
- ✓ *Plan Selection and Fixed Enrollment Periods begin*
- ✓ *PCC Plan referral changes begin*

December 2016:
- ✓ *Pilot ACOs go live*
- ✓ *MCO Procurement released*

February 2017:
- ✓ *ACO procurement responses due*

March 2017:
- Release CP procurement

Spring 2017:
- MCO procurement responses due (April 13th)
- ACO selections announced
- Third Party Administrator (TPA) go live
- CP procurement responses due (end of May)

Summer 2017:
- MCO selections announced
- MCO and ACO Readiness Reviews begin
- CP selections announced (August)
- Release One Care procurement
- SCO passive enrollment begins
- New contract for Ombudsman services

Fall 2017:
- Assignment to new ACOs/MCOs for Dec. 2017
- Member notices/enrollment guides
- New One Care applicants submit Notices of Intent to Apply (NOIA) to Medicare

December 2017:
- New MCO and ACO enrollments begin

April 2018
- CP enrollment begins

Summer 2018:
- New cost-sharing changes

Winter 2018:
- One Care plan selections announced; Medicare contracting begins

January 2019:
- New One Care plans begin

December 2019 or 2020:
- MCOs and ACOs accountable for LTSS

II. Updates

1115 Demonstration Waiver Approvals

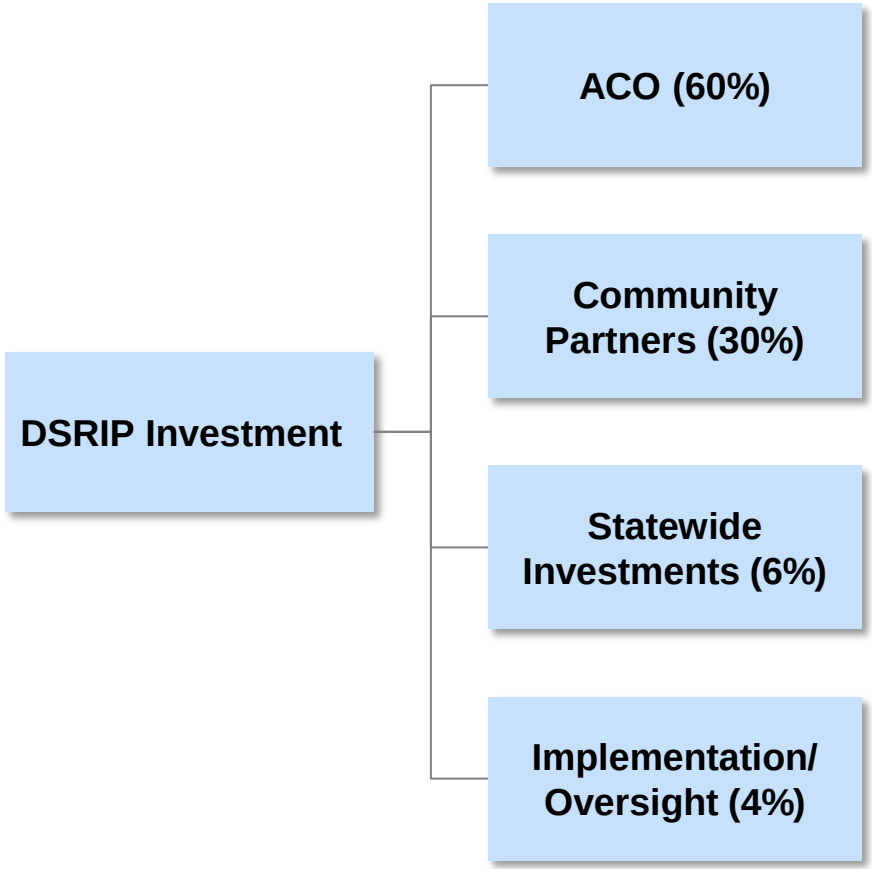
- On November 4, 2016, Massachusetts received federal approval of its request for an amendment and extension of the 1115 Demonstration Waiver – allowing MassHealth to "waive" certain provisions of the Medicaid law and receive additional flexibility to design and improve programs, including:
  - Significant federal funds to preserve and stabilize Massachusetts' health safety net providers
  - Accountable Care Organizations (ACOs), a model of care that uses provider led organizations to better integrate and manage member care
  - Additional substance use treatment services available for MassHealth members
- The 1115 Demonstration Waiver (the "Amendment") will continue be in effect through June 30, 2017
- A new extension of the 1115 Demonstration Waiver (the "Extension") will be effective from July 1, 2017, through June 30, 2022
- The Waiver authorizes $52.4B in spending over five years, including $1.8B in Delivery System Reform Incentive Payments (DSRIP) to fund MassHealth's transition to accountable care
- The remaining $50.6B supports MassHealth programs, including funding programs such as the Health Safety Net (HSN) and the Safety Net Care Pool (SNCP), and to expand coverage of services to address the opioid crisis

1115 Highlights

- Authorizes and describes MassHealth's new managed care structure and choices for members
- Provides federal match for up to $7.9B over five years for the Safety Net Care Pool (SNCP)
- Expands the number of safety net hospitals from 7 to 15 and authorizes $800M in funding over five years
- Expands Substance Use Disorder (SUD) treatment services available to all MassHealth members
- Requires eligible members to enroll in a Student Health Insurance Program (SHIP) plan
- Provides federal reimbursement for CommonHealth coverage for eligible members with disabilities over age 65 at higher incomes working at least 40 hours per month (previously state funded)
- Allows MassHealth to charge higher copay amounts for members in the PCC Plan compared to members in an ACO, MCO or FFS

DSRIP Overview

- DSRIP totals $1.8B over five years and supports four main funding streams
- **Eligibility for receiving DSRIP funding** will be linked explicitly to **participation in MassHealth payment reform efforts**



- ACOs include range of providers (e.g., CHCs)
- Funding contingent on **ACO adoption** and **partnerships with Community Partners**

- Two types: Behavioral Health (BH), Long Term Services and Supports (LTSS); and Community Service Agencies (CSAs)
- Funding contingent on **CP adoption** and **partnerships with ACOs**

- Examples include **primary care, workforce, development and training**, and **technical assistance to ACOs and CPs**

- Small amount of funding will be used for **DSRIP operations and implementation**, including **robust oversight**

Funding Streams & Accountability

ACOs *($1.0B)*

- Provider-led organizations that are held responsible for the quality, coordination and total cost of members' care
- Supports ACO investments in primary care providers, infrastructure and capacity building, and expansion of ACO model to **safety net providers**
- Portion dedicated to reimbursing **flexible services** to address **health-related social needs**

Community Partners (BH & LTSS) and CSAs *($547M)*

- Supports BH and LTSS **care coordination** (e.g., outreach to and actively engage members; identify and facilitate care team)
- Supports CP and CSA **infrastructure and capacity building** (e.g., health information technology; workforce development)
- Directs considerable **new funding** into community-based organizations

SWI & DSRIP Admin *($188M)*

- Allows state to more efficiently **scale up statewide infrastructure and workforce capacity**
- Ensures **robust implementation** and **proper oversight** of the DSRIP program

Accountability

- ACOs & CPs are **accountable to State** for quality and performance (some funding at risk)
- State is **accountable to CMS** based on aggregate performance across the State (some funding at risk)
- If State does not achieve performance targets, then State may lose a portion of DSRIP expenditure authority, which may translate into reduced DSRIP payments to providers

Statewide Investments Overview

Statewide investments (SWIs) will help to **efficiently scale up statewide infrastructure and workforce capacity**, and **provide assistance to ACOs & CPs** in succeeding under alternative payment models. Currently **$115M** is preliminarily allocated across 5 years for the SWIs.

1. **Student Loan Repayment:** program aims to address shortage of providers at community health centers (CHCs) by repaying a portion of a provider's student loan in exchange for a two year commitment at CHC
2. **Primary Care Integration Models and Retention**: program that provides support for CHCs to allow PCPs to engage in one-year projects related to accountable care implementation
3. **Investment in Primary Care Residency Training:** program to help offset the costs of CHC residency slots for both CHCs and hospitals
4. **Workforce Development Grant Program:** program to support health care workforce development and training to more effectively operate in a new health care system
5. **Technical Assistance (TA)**: program to provide TA to ACOs or CPs as they participate in payment and care delivery reform
6. **Alternative Payment Methods (APM) Prep Fund:** program to support providers that are not yet ready to participate in an ACO, but want to take steps towards APM adoption
7. **Enhanced Diversionary Behavioral Health Activities:** program to support investment in new or enhanced diversionary levels of care that meets the needs of members with behavioral health needs at risk for ED boarding within the least restrictive, most clinically appropriate settings
8. **Improved accessibility for people w/ disabilities or for whom English is not a primary language:** programs to assist providers in delivering necessary equipment and expertise to meet needs of people w/ disabilities or for whom English is not a primary language

Flexible Services

- ACOs will be able to invest in certain approved community goods/services that address health-related social needs and are not otherwise covered under Massachusetts' Medicaid benefits
- These "flexible services" will support innovative approaches to addressing the social determinants of health in the following domains:

1. Transition services for individuals transitioning from institutional settings into community settings	**4. Home and Community-Based Services to divert individuals from institutional placements**
2. Services to maintain a safe and healthy living environment	**5. Physical activity and nutrition**
3. Experience of violence support	**6. Other individual goods and services**

- MassHealth and CMS will be refining the details over the coming months, including: activities that are not eligible to receive flexible services funds, eligibility criteria to receive flexible services, service definitions, payment methodologies, and reporting requirements
- Flexible services must be:
  - Health-related
  - Not covered benefits under the MassHealth State Plan, 1115 Demonstration Waiver, or a home and community based waiver the member is enrolled in

MassHealth Managed and Accountable Care Ombudsman

MassHealth plans to procure an independent and neutral entity to provide Ombudsman services to members of the following managed care programs:

- One Care
- Senior Care Organizations (SCO)
- MCOs
- ACOs
- Managed BH Contractor (currently MBHP)
- Program of All-Inclusive Care for the Elderly (PACE)

The role of the Ombudsman is to:

- Assist members in the above programs with conflicts and concerns related to enrollment or use of benefits and
- Address system wide issues to help MassHealth improve services

Ombudsman services are expected to be funded through DSRIP for all programs with the exception of One Care, which is anticipated to be funded through an Administration for Community Living (ACL) grant.

Ombudsman services are expected to begin for each program as follows:

- July 2017: One Care (new contract) and SCO
- September 2017: MCOs, ACOs, and MBHP
- July 2018: PACE

Cost-Sharing Policy Updates

- **New cost-sharing schedule will not exceed 5% of family income**
  - Premiums will be based on 3% of income for eligible members >150% FPL, prorated by family or household
  - Copays will be limited to 2% of income for non-exempt adult members
  - Copays will be eliminated for members at or under 50% FPL (~60% of membership)
- **Copays will be charged on the following:**
  - Pharmacy services and inpatient acute hospital services *(currently have copays)*
  - Therapies: physical therapy, occupational therapy, speech therapy
  - Durable medical equipment – non-recurring items only
  - Orthotics
  - Imaging: CT scans, PET scans, and MRIs
  - Specialist visits, except behavioral health
  - Chiropractic services
  - Non-emergency use of the Emergency Department
- **Copay rules:**
  - Copays for most services will be higher ($4) in the PCC Plan compared to ACOs, MCOs, and FFS ($2)
  - $5 for non-emergency ED use and inpatient acute hospital services for all members
  - $1 for generic pharmacy drugs to treat diabetes, hypertension, or cholesterol *(same as today)*
  - Pharmacy copays will be eliminated for substance use/overdose treatment and tobacco cessation, aspirin, and statins
- **Implementation expected Summer 2018**
- **Public Process:**
  - MassHealth will provide detailed updates to advocates closer to implementation
  - Changes will be proposed through regulation updates; full public comment process

Discussion

ACO Pilot

- MassHealth Pilot ACO started in December 2016 with the following organizations:
  - Boston Accountable Care Organization
  - Community Care Cooperative
  - UMass Memorial Healthcare, Inc.
  - Partners Healthcare Accountable Care Organization
  - Children's Hospital Integrated Care Organization
  - Steward Medicaid Care Network
- Contracted Pilot ACOs identified all PCPs in their organization, as well as any providers in their "referral circle." Members do not need a PCC referral to see providers in the Pilot ACO's referral circle.
- The ACO Pilot is currently serving approximately 153K members

Accountable Care Organization (ACO) Procurement

The 1115 Demonstration Waiver supports MassHealth's implementation of ACOs. Specifically, MassHealth is authorized to move forward with implementation of the three ACO models in **December 2017**:

A. Accountable Care Partnership Plans (Model A)

- Managed care organizations (MCOs), each with a closely and exclusively partnered ACO with which the MCO collaborates to provide vertically integrated, coordinated care under a global payment

B. Primary Care ACOs (Model B)

- Provider-led ACOs that contract directly with MassHealth to take financial accountability for a defined population of enrolled members through retrospective shared savings and risk, and potentially more advanced payment arrangements

C. MCO-Administered ACOs (Model C)

- Provider-led ACOs that contract directly with MassHealth MCOs to take financial accountability for the MCO enrollees they serve through retrospective shared savings and risk

Key dates:

- ✓ *September 2016: MassHealth released ACO RFR and Model Contracts for all three models*
- ✓ *February 16, 2017: Bidder responses due*
- May 2017: Announce selections
- Summer 2017: MassHealth ACO Readiness Review/Contract Negotiations
- Fall 2017: Member notices
- December 2017: Enrollment begins
- December 2017 – June 2023: Initial contract period

MassHealth Received 21 Responses to the ACO Procurement

- MassHealth received bids for:
  - 15 Accountable Care Partnership Plans
  - 3 Primary Care ACOs
  - 3 MCO-Administered ACOs
- Respondents represented a significant portion of the managed care population

Managed Care Organization (MCO) Procurement

- **MassHealth is currently procuring for Managed Care Organizations**
  - Procurement details can be found on COMMBUYS

- **MCO procurement is a critical element of MassHealth payment reform efforts**
  - MassHealth looking to select MCOs with clear track record of delivering high-quality member experience and strong financial performance
  - Emphasis on selecting plans that will be strong partners in the exchange of high-quality and timely encounter and performance data
  - Implements requirements of May 2016 federal managed care rule
  - Successful bidders must demonstrate capacity to manage MCO-Administered ACOs (Model C)
  - Bidders will need to commit to accept responsibility and meet requirements for LTSS in Y3 or Y4 of a 5-year initial contract period
  - New contracts will include new reporting requirements and more defined performance measures
  - Preference for statewide bidders

- **Key dates:**
  - ✓ *December 2016: MassHealth released RFR and Model Contract*
  - April 13th 2017: Bidder responses due
  - Summer 2017: Selections announced
  - Summer 2017: MassHealth MCO Readiness review begins
  - Fall 2017: Member notices
  - December 2017: Contracts effective

Unified Pricing Strategy

- Purpose is to create a level pricing field across MCO, ACO, and PCC Plans
- Rates for MCO, ACO, and PCC Plan products will start with same base data for Rate Year (RY)18
- The base data will include all managed care eligible PCC Plan claims and MCO Program encounter data incurred from October 1, 2015 through September 30, 2016 (RY16) paid through January 2017
    - PCC ~450K members
    - MCO ~850K members
    - Total ~1.3M members
- Standardize categories of service across data sources (PCC Plan claims and MCO encounters)
- Unit pricing will be normalized to be on a MassHealth fee-for-service (FFS) equivalent for major categories of service (fee schedule parity between products)

Unified Pricing Strategy - Fee schedule assumptions

- Historically, EOHHS has built the assumption that hospitals will be paid no more than 105% of the MassHealth fee schedule and professional services will be paid no more than 110% of the MassHealth fee schedule into the MCO prospective capitation rates
- EOHHS will use 100% of the EOHHS FFS fee schedule when setting capitation rates
- EOHHS intends to increase the EOHHS FFS schedules, including but not limited to hospital and professional fee schedules, to arrive at pricing parity across ACOs, MCOs, and PCC Plan
- EOHHS intends to make this change in a way that is budget neutral for the Commonwealth and for impacted classes of providers, as a whole

Discussion

Community Partners: focus population and identification process

Behavioral Health (BH) Community Partners (CPs) will serve a population with high BH needs and include:

- ACO and MCO-enrolled members age 21 and older with Severe and Persistent Mental Illness (SMI) and/or Substance Use Disorder (SUD) and high service utilization
- For members < 21 years of age with Severe Emotional Disturbance (SED), existing CSAs[1] under CBHI[1] will continue to provide ICC[1] services for such members
  - Members 18-20 with SUD diagnosis and high utilization will be eligible for BH CP supports if requested
- Members enrolled in Community Based Flexible Supports (excluding members enrolled on One Care) will be eligible for BH CP supports

Long-Term Services and Supports (LTSS) CPs will serve a population with complex LTSS needs and include:

- ACO and MCO-enrolled members age 3 and older
- Members with physical disabilities, members with brain injury, members with intellectual or developmental disabilities, and older adults eligible for managed care (ages 60-64)

Member Identification and Assignment for BH and LTSS CPs

- **There are two pathways by which members will be identified and assigned for CP supports:**
  1. **Analytical process** (i.e., claims and service-based analysis) by MassHealth
     - MassHealth intends, where possible, to maintain existing member-provider relationships by assigning members to the CP that provides other services to that member
     - ACO or MCO will also assign a portion of members to a CP, as defined by MassHealth
  2. **Qualitative process** (i.e., provider referral or member self-identification)
     - All referrals would go directly to the member's MCO or ACO as appropriate
- **Members retain existing choice** of services and providers for which they are eligible based on their health plan
- **Members will have choice.** Members may decline assignment to a particular CP or to any CP at all

1 CSA = Community Service Agency; CBHI = Children's Behavioral Health Initiative; ICC = Intensive Care Coordination

Community Partner Functions

BH CP Functions

1. **Outreach and active engagement;**
2. **Facilitate access and referrals to social services, including following-up on flexible services;**
3. **Provide health and wellness coaching;**
4. Conduct comprehensive assessment and person-centered treatment planning;
5. Identify, engage, and facilitate member's care team;
6. Coordinate services across continuum of care; and
7. Support transitions of care between settings

LTSS CPs Functions

1. **Outreach and engagement;**
2. **Facilitate access and referrals to social services, including following-up on flexible services;**
3. **Provide health and wellness coaching;**
4. Perform LTSS care planning and choice counseling;
5. Participate on enrollee's care management team, as directed by the member; and
6. LTSS care coordination and support during transitions of care

Selection criteria for BH CPs and ACO/MCO partnership

MassHealth will select BH CPs across the state through a competitive procurement

To be eligible, provider(s) must meet the following proposed minimum requirements:

1. Must be **community-based provider or consortium of providers** with experience and expertise supporting populations with SMI, SUD, and co-occurring disorders through the following areas:
    - **Community based mental health services** (e.g., ESP, PACT, CSP, Community Support Program for chronically homeless individuals, crisis stabilization, respite services, residential services);
    - **Substance Use Disorder treatment services** (e.g., ATS, CSS, SOAP, MAT, outpatient SUD treatment)
    - **Outpatient mental health services** (e.g., clinical, day treatment, medication, intensive outpatient); and
    - **Integrated care management services** (e.g., One Care Health Home, MBHP ICMP, Here For You).

2. Must be a **MassHealth provider** or a provider in the network of a MassHealth-contracted MCE

3. Must have **at least one contract with a state agency** or bureau such as: DMH, BSAS, or DCF as a provider of clinical services

- **ACOs and MCOs will be expected to partner with all BH CPs in the service areas** in which the ACO or MCO operates
- MassHealth will define minimum set of requirements (i.e., Model MOU Framework). ACOs or MCOs and BH CPs may choose to go beyond the minimum requirements
- MassHealth may select a bidder to be a BH CP in more than one region or service area

Selection criteria for LTSS CPs and ACO/MCO partnership

MassHealth will select LTSS CPs across the state through a competitive procurement

To be eligible, provider(s) must meet the following proposed minimum requirements:

1. Must be a **community-based organization or consortium** of community-based organizations with experience and expertise supporting all of the following populations of individuals with complex LTSS needs:
    A. Individuals with complex LTSS and BH needs;
    B. Individuals with brain injury or cognitive impairments;
    C. Individuals with physical disabilities;
    D. Individuals with Intellectual Disabilities and Developmental Disabilities (I/DD), including Autism;
    E. Older adults (up to age 65) with LTSS needs; and
    F. Children and youth (ages 3 - 21) with LTSS needs

2. Must be a **MassHealth provider** or a provider in the network of a MassHealth-contracted managed care entity, including Senior Care Options (SCO), Program of All-Inclusive Care for the Elderly (PACE) or One Care; and

3. If a partnership or consortium, **consortium must be a legal entity** capable of entering into a contract with EOHHS, **or the consortium must identify a lead entity** for contracting purposes.

- **ACOs and MCOs will be expected to partner with at least two LTSS CPs** in the service areas in which the ACO or MCO operates
- MassHealth will define minimum set of requirements (i.e., Model MOU Framework). ACOs or MCOs and LTSS CPs may choose to go beyond the minimum requirements
- MassHealth may select a bidder to be a LTSS CP in more than one region or service area

One Care and Senior Care Options (SCO) Growth Plan

- MassHealth is pursuing all federal authorities necessary to grow these programs
  - Submitted a Letter of Intent to CMS to extend One Care through December 31, 2020
  - Seeking opportunities to improve administrative alignment between Medicare and MassHealth in SCO

- Reprocuring One Care plans for January 1, 2019 start

- Modernizing SCO contract quality and accountability standards

- Using a number of methods to increase enrollment, including community-based outreach, passive enrollment, targeted mailing and phone-based outreach

- Along with MCO program updates, this is part of the overall strategic vision that flows through MassHealth's managed and accountable delivery system programs, including SCO, PACE, One Care, MCOs, and ACOs to address the needs of members

Third Party Administrator (TPA) for LTSS

Even as we prepare for LTSS integration with managed care, we need to take immediate steps to improve and support the way LTSS is provided through the FFS system today

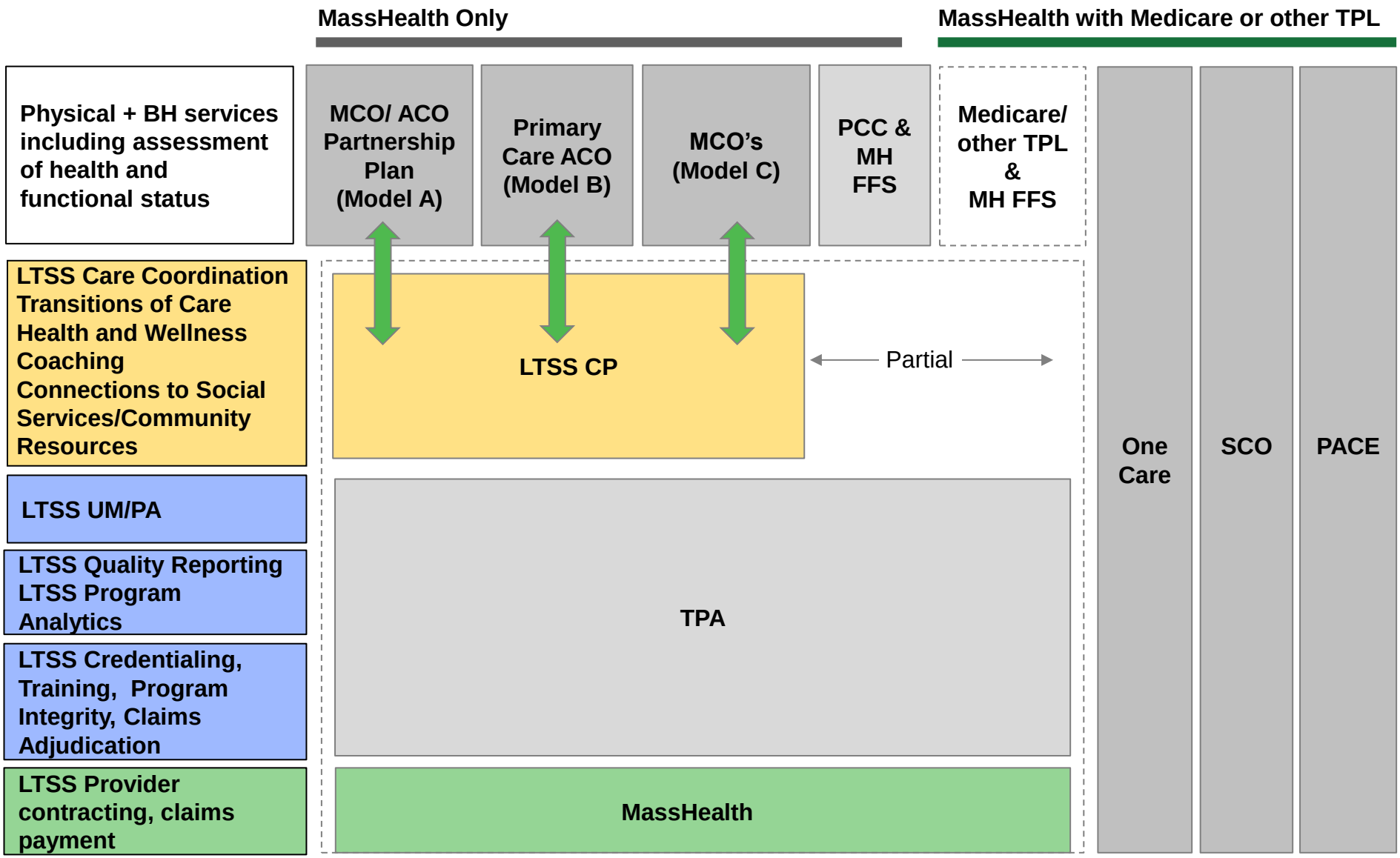
MassHealth has contracted with Optum, a Boston-based IT and business intelligence company, as the Third Party Administrator (TPA). Optum is a subsidiary of United Health Group. As the TPA, Optum will provide clinical, administrative/operations, and systems support to MassHealth and will:

- Strengthen **program integrity analyses and audits**
- Conduct **analyses on utilization and quality patterns**
- **Implement regulations and prior authorizations** as defined and directed by MassHealth
- **Credential providers and maintain a provider directory**
- **Serve as primary resource for LTSS providers** (MassHealth customer service team may transfer member calls to the TPA re: specific prior authorizations)

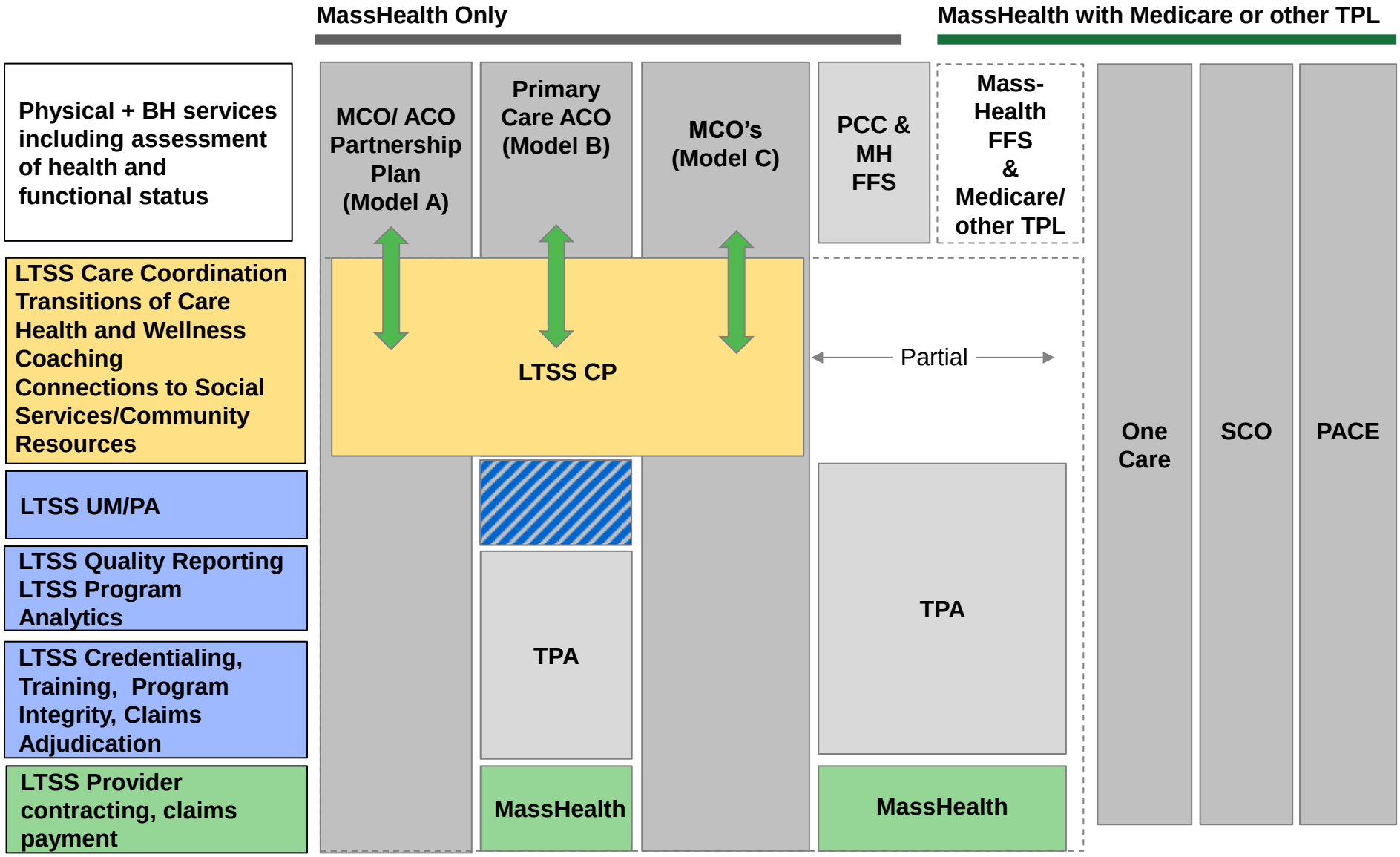
- **Scope**:
  - LTSS State Plan FFS services (not under the responsibility of a managed care entity) provided to members over and under 65, including members eligible for waiver programs
  - Home and Community-Based Waiver Services are not presently in scope for the TPA

- **TPA is <u>NOT</u> at risk for overall LTSS total cost of care**

TPA Roles and Responsibilities Years 1-3



TPA Roles and Responsibilities Years 3-4 On



Anticipated Implementation Dates for LTSS TPA Functions

Discussion

III. Member and Provider Communication

Current and Future Choices for Managed Care Members

- Today, MassHealth's managed care populations are generally:
  - Under 65, no TPL (including Medicare)
  - Living in the community
  - In MassHealth Standard, CommonHealth, CarePlus, and Family Assistance

- Currently, managed care members can choose:
  - **PCC Plan:**
    - BH is managed by a vendor; capitated payment
    - All other services (medical and LTSS) are provided directly by MassHealth, paid FFS
  - **An MCO** in their region:
    - Manages medical and BH services; capitated payment
    - LTSS is provided directly by MassHealth, paid FFS

- When new ACO and MCO contracts begin in December 2017, these members will have the following choices:
  - **Accountable Care Partnership Plans** (Model A) in their service area
  - **Primary Care ACOs** (Model B)
  - **MCOs** in their region; may also choose primary care through an **MCO-Administered ACO** (Model C)
  - **PCC Plan**

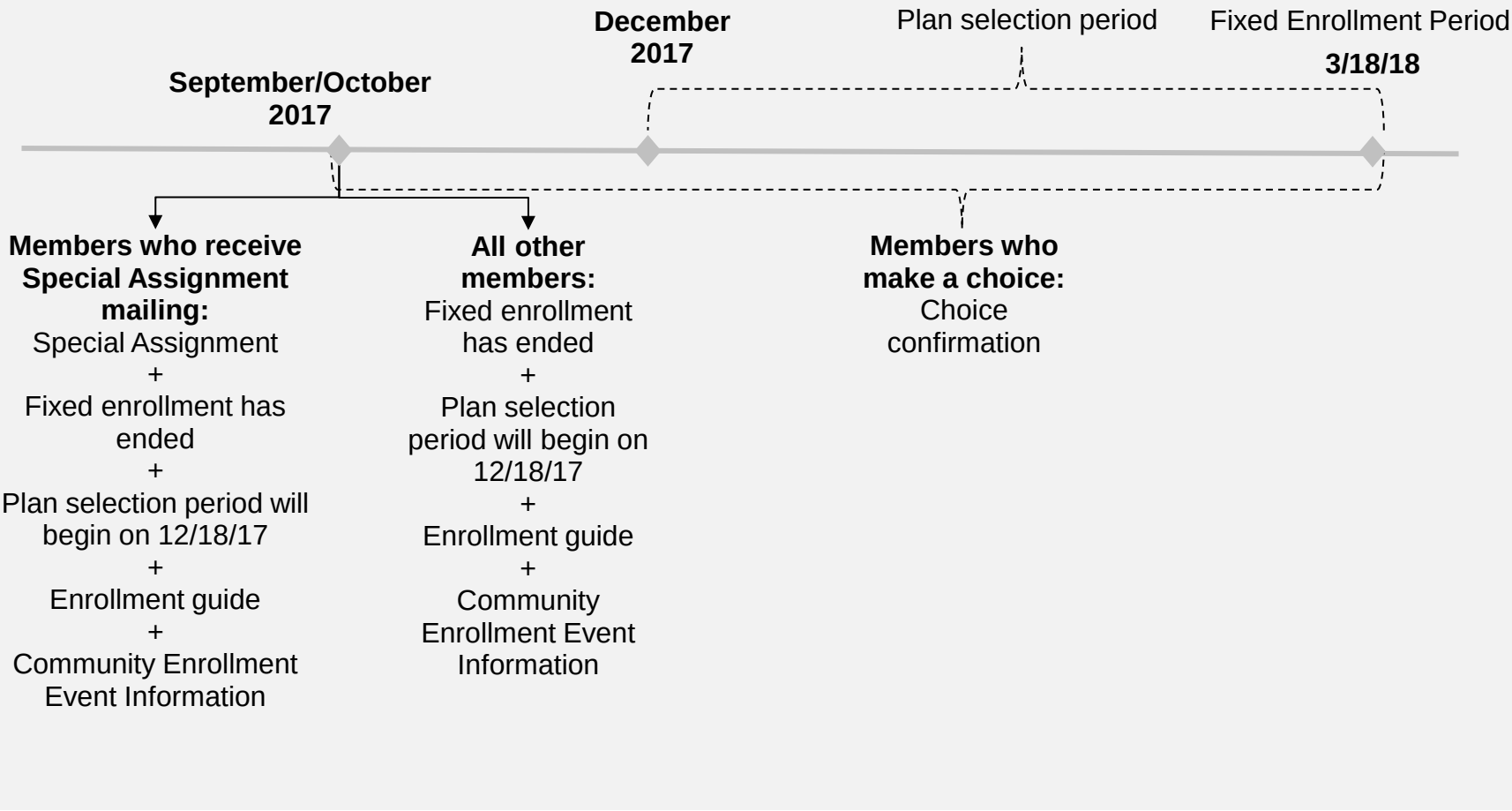
Member Enrollment in New MCOs and ACOs

- In order to ensure that all managed care eligible members are enrolled in MCOs and ACOs (or PCC Plan) by December 18, 2017, certain members will have a **"Special Assignment"** to plans

- Special Assignment will be based on keeping members with their PCP to the extent possible
  - Members who will be Specially Assigned will receive a notice and an enrollment guide from MassHealth in October 2017
  - All MCO and ACO options will be presented in an enrollment guide
  - Members will default to their Specially Assigned plans on December 18th if they do not make another choice

- MCO and ACO enrolled members will have a Plan Selection Period beginning December 18, 2017, and the Fixed Enrollment Period will begin for those members March 23, 2018

Member Noticing for Managed Care Eligible Population



Member Support

In anticipation of new enrollment options, MassHealth is actively seeking avenues to educate and engage members.

Global Awareness & Education	• Staff Training: MassHealth Enrollment Center (MEC) • MassHealth Training Forum (MTF) Presentations • EOHHS Website Updates • Sister Agency & Advocacy Training • Certified Application Counselor (CAC) & Navigator training • Navigator Feedback Sessions • Advertising
Support Material	• Enrollment Guide presenting all available MCO, ACO, and PCC Plan options • Member-specific letters with information about Special Assignment, Plan Selection Period, and Fixed Enrollment Period • Choice Counseling Tool • Member Booklet • Video/Animation “How to Enroll”
Member Engagement	• Community Health Worker (CHW) Training • ACO/MCO Ombudsman • Community Grant Assistance • Community Enrollment Events throughout the Commonwealth
Customer Service Center	• Searchable Provider Directory • Enhanced Call Center Staff

Provider Communication and Education

- To support the goals of MassHealth Restructuring, MassHealth is focused on strategies that bring awareness of payment reform activity and delivery system change to the provider community.

- Providers will need information about how and when MassHealth restructuring will impact them, including network contracting choices, payments and accountability, and administrative changes, as well as changes for members

- MassHealth will develop targeted messaging tailored for specific provider groups, including:
  - Primary Care Providers
  - Hospitals
  - Community Health Centers
  - Specialists
  - Behavioral Health Providers
  - Long-Term Services and Supports Providers

- MassHealth will use a variety of communication strategies and methods to share information with providers, including:

Resources and Information:

- Webinars
- Provider bulletins
- MassHealth website
- MassHealth regulations
- Message text (POSC)

Collaboration Strategies:

- Work with ACOs/MCOs to provide consistent messaging
- Work closely with Provider Associations
- Proactive outbound calls from MassHealth
- Knowledgeable MassHealth Provider Services staff, available to answer providers' questions as needed

Member Perspective

"If I am enrolled in ___, which providers can I see for ___?"

	Primary Care	Hospital/ Specialists	Behavioral Health (BH)	Long-Term Services and Supports (LTSS)	Pharmacy
PCC Plan	MassHealth PCPs	MassHealth Hospital/ Specialists	MBHP providers	MassHealth LTSS providers	MassHealth network Pharmacies
Primary Care ACO	Primary Care ACO's PCPs	MassHealth Hospital/ Specialists	MBHP providers	MassHealth LTSS providers	MassHealth network Pharmacies
MCO	PCPs in the MCO's network	Hospitals/ specialists in the MCO's network	BH Providers in the MCO's network or the network of its BH vendor	*Year 1 & 2* – MassHealth LTSS providers	Pharmacies in the MCO's network
MCO-Administered ACO	MCO-Administered ACO's PCPs			*Year 3 or 4* – LTSS Providers in the MCO's network	
Partnership Plan	PCPs in the Partnership Plan's network	Hospitals/ specialists in the Partnership Plan's network	BH Providers in the Partnership Plan's network or the network of its BH vendor	*Year 1 & 2* – MassHealth LTSS providers	Pharmacies in the Partnership Plan's network
				Year 3 or 4 – LTSS Providers in the Partnership Plan's network	

Provider Perspective (1 of 2): PCPs

"What are my ACO participation options and their implications?"

My options for ACO participation are . . .	And what it means for the MassHealth managed care-eligible members I can serve is . . .
Do not participate in an ACO	I need to **contract with the PCC Plan and/or MassHealth MCOs** in order to have any of their enrollees on my primary care panel
Join a Partnership Plan as a Network PCP	I serve a panel of members who are **all enrolled in my ACO**. I cannot simultaneously have a PCP panel in other products (i.e., the PCC Plan, an MCO, or another ACO)
Join a Primary Care ACO as a Participating PCP	
Join an MCO-Administered ACO as a Participating PCP	My ACO will partner with one or more MCOs (in year 1, my ACO will partner with all the MCOs operating in its geography). I will be required to contract with those MCOs as a Network PCP for their enrollees, and all of their enrollees who are assigned to my panel will be considered part of my ACO's attributed population

- *This primary care exclusivity is **site- / practice-level**, similar to PCC Plan enrollments or participating in the ACO Pilot*
- *MassHealth will provide additional operational details of primary care provider enrollment/ACO affiliation to those providers participating with ACOs over the coming months*

Provider Perspective (2 of 2): non-PCP providers

"What does ACO reform mean for my contracts and who I can see?"

		I want to see members enrolled in . . .			
		The PCC Plan	**A Primary Care ACO**	**An MCO** *(regardless of whether or not they are attributed to an MCO-Administered ACO)*	**A Partnership Plan**
I am a…	**Hospital**	Be in MassHealth's hospital network *(via the MassHealth hospital RFA)*		Contract with each MCO whose enrollees I want to see *(negotiated rate)*	Contract with each Partnership Plan whose enrollees I want to see *(negotiated rate)*
	Professional (e.g., specialist)	Be a MassHealth-participating provider *(via MH professional reg/fee schedule)*			
	Behavioral Health (BH) Provider	Be an in-network provider for MassHealth's BH Vendor *(via contract with the BH Vendor)*		Contract with each MCO (or that MCO's BH Vendor if they have one) whose enrollees I want to see *(negotiated rate)*	Contract with each Partnership Plan (or that Plan's BH Vendor if they have one) whose enrollees I want to see *(negotiated rate)*
	Long-Term Services and Supports (LTSS) Provider	Contract with MassHealth as an LTSS provider at the MassHealth fee schedule; LTSS is "wrapped" coverage directly by MassHealth		For years 1 and 2, contract with MassHealth as an LTSS provider at the MassHealth fee schedule; LTSS is "wrapped" coverage directly by MassHealth for all members, regardless of model	
				Starting on or about year 3, contract with each MCO whose enrollees I want to see *(negotiated rate)*	Starting on or about year 3, contract with each Partnership Plan whose enrollees I want to see *(negotiated rate)*
	Pharmacy	Contract with MassHealth as an in-network pharmacy provider		Contract with each MCO (or that MCO's pharmacy benefit manager as applicable) whose enrollees I want to see	Contract with each Partnership Plan (or that Plan's pharmacy benefit manager as applicable) whose enrollees I want to see

IV. Stakeholder Engagement

Ongoing Stakeholder Engagement

• **MassHealth Restructuring – Advocacy Updates**	• Topics include a broad range of topics related to MassHealth restructuring initiatives • Each month focus on a particular topic to look at in greater detail
• **MassHealth Delivery System Restructuring Open Meetings**	• Topics include a broad range of topics related to MassHealth restructuring initiatives
• **Delivery System Reform Implementation Advisory Council**	• Diverse stakeholder representation (to be procured) • Meaningful role in identifying issues and solutions • Forum/ bridge to community for MassHealth to review/ get input for ongoing design and implementation • Kick-off Spring 2017
• **Unified Pricing Strategy Open Meetings**	• Subject-matter meetings
• **Community Partners Open Meetings**	• Subject-matter meetings
• **Third Party Administrator Open Meetings**	• Subject-matter meetings

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