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Tim Engelhardt  
Director  
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Dear Director Engelhardt:

On behalf of the Massachusetts Medicaid program (MassHealth), I am writing to provide the Executive Office of Health and Human Services' (EOHHS) initial Transition Plan to convert One Care from a Medicare-Medicaid Plan (MMP) platform to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) platform. EOHHS is submitting this initial Transition Plan as required in the Final Rule "Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs" published in the Federal Register on May 9, 2022.

EOHHS looks forward to robust stakeholder engagement as well as collaboration with the Centers for Medicare & Medicaid Services (CMS) to further develop the Transition Plan.

Sincerely,

Amanda Cassel Kraft  
Assistant Secretary for MassHealth and Medicaid Director

cc: Marylou Sudders

## Initial Plan for Process to Transition from the Massachusetts Duals Demonstration to an Integrated D-SNP

### Purpose

This initial Transition Plan provides a high-level overview of the anticipated process to determine the path of transition from the Massachusetts State Demonstration to Integrate Care for Dual Eligible Individuals and Financial Alignment Initiative (FAI) Demonstration (collectively, the Duals Demonstration) under which One Care currently operates, to new federal authority. The Massachusetts Executive Office of Health and Human Services (EOHHS) submits this initial Transition Plan in accordance with the Final Rule “Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs” published in the Federal Register on May 9, 2022 (Final Rule). As required by the Final Rule, EOHHS is planning for the conversion of One Care from a Duals Demonstration to operate under Medicare as a program of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with companion Medicaid managed care plans, effective January 1, 2026. It is imperative to EOHHS that the program resulting from this initial Transition Plan preserves the integration attained through the Duals Demonstration for the One Care target population (i.e., individuals with disabilities dually eligible for both Medicare and MassHealth who are ages 21-64 at the time of enrollment).

The initial Transition Plan lays out the process EOHHS expects to use to determine the structural, policy, and operational elements of its Transition. Beyond providing a summary of current MMP and FIDE SNP operations in Massachusetts, this document also includes necessary elements described in the Final Rule, including:

- Ongoing commitment to making Ombudsman services available to One Care members, including after federal grant funding is exhausted
- Overview of stakeholder engagement channels, including the structured process that EOHHS expects to use for collaboration with stakeholders to develop the specifics of Transition; and
- Summary of known policy, operational, and structural elements and issues that will need to be addressed and resolved – with robust stakeholder processing - through the Transition process, as well as timing for certain activities.

This plan will be considered a living document that will be updated and expanded based on the feedback received from all the relevant stakeholders and CMS as outlined below.

### Background: One Care and the Massachusetts Integrated Care Landscape

#### *One Care*

One Care began serving enrollees on October 1, 2013, following over two years of development work in close collaboration with stakeholders. One Care is the only demonstration under the Financial Alignment Initiative that targets the population of adults with disabilities and limits eligibility to Medicare-Medicaid

beneficiaries ages 21 to 64 at the time of enrollment. The goals of One Care include improving the beneficiary experience in accessing care, delivering person-centered care, promoting independence in the community, improving quality, and eliminating cost shifting between Medicare and Medicaid.

One Care is currently offered through three Medicare-Medicaid Plans (MMPs), serving 12 of 14 counties in the Commonwealth. As of September 2022, approximately 35,000 individuals are enrolled in One Care.

Data from the Annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey indicates high satisfaction with One Care Plans. For 2016 – 2021 measurement years, over 90% of One Care survey respondents rated their health plan overall a 7 or higher out of 10, with at least 72% giving a 9 or 10 rating in each year.

### *Senior Care Options*

Senior Care Options (SCO) provides comprehensive Medicare and Medicaid coverage to dual eligible individuals and MassHealth-only members who are ages 65 and older. The organizations operating SCO plans hold FIDE SNP contracts with CMS for the provision of Medicare Part A & B, and Medicare Part D benefits, through which they served approximately 66,000 dual eligible members in September 2022. SCO plans are the only Dual Eligible Special Needs Plans (D-SNPs) offered in Massachusetts. Six SCO plans are currently available, including three SCO plans that are each operated by the same parent organizations as those operating each of the three One Care plans.

EOHHS also holds Medicaid managed care contracts with the organizations operating SCOs, providing coordinated Medicaid coverage for dual eligible individuals through each organization's companion Medicaid plan. These Medicaid contracts also provide full Medicaid coverage through SCO for individuals who only have MassHealth (non-duals), serving nearly 7,000 such members in September 2022. SCO plans have exclusively aligned enrollment<sup>1</sup>, meaning that enrollment in a SCO's Medicare D-SNP is limited to members who also elect that SCO's companion Medicaid managed care plan for their MassHealth benefits (rather than enrolling in a different SCO for their Medicaid coverage).

The Massachusetts design for both One Care and SCO requires dual eligible enrollees to accept both Medicare and Medicaid coverage through a single plan as a condition of participation (i.e., no option to enroll only for Medicaid coverage and get Medicare fee-for-service coverage). The aligned provision of comprehensive Medicare and Medicaid benefits through One Care MMPs and the required enrollment into companion Medicare and Medicaid plans for SCO both support integration beyond what exclusively aligned enrollment alone can achieve. This approach provides a substantially more advanced integration platform for member experience, including seamless benefit administration, integrated noticing and member communications, and integrated appeals and grievances processes.

Dual eligible adults who are not enrolled in One Care, PACE, or SCO receive their MassHealth Medicaid benefits via fee-for-service. In July 2021, nearly 87% of MassHealth fee-for-service dual eligible

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<sup>1</sup> CMS applies the enrollment limitation to D-SNPs; however, some states using exclusively aligned enrollment allow dual eligible members enrolled in Medicaid managed care to access their Medicare benefits through Original Medicare (fee-for-service).

individuals received their Medicare A/B benefits through Original (fee-for-service) Medicare and were enrolled in a stand-alone Part D Plan for their Medicare prescription drug benefits.

## Ombudsman Support

EOHHS contracts with a non-profit community organization to provide access to independent ombudsman supports for all MassHealth members, including members enrolled in One Care. These supports are currently operated as *My Ombudsman*. *My Ombudsman* serves One Care enrollees by answering questions, helping to identify barriers or address confusion, investigating complaints, mediating between parties, explaining member rights, and making referrals.

EOHHS intends to continue funding the ombudsman program after the current federal grant funding ends. EOHHS requests that CMS consider options to continue federal funding for ombudsman supports, given the important value of these supports for dual eligible members. EOHHS intends to seek funding through the state appropriations process, as needed, to ensure MassHealth members enrolled in One Care continue to be able to access these ombudsman supports.

## Stakeholder Engagement

Stakeholder engagement has played a significant role in One Care since its inception and continues to be a hallmark of the program. One Care is designed to provide comprehensive, person-centered supports for dual eligible adults with disabilities; these members must find value in the program. Partnering with stakeholders provides feedback on real-time member experiences and reveals opportunities for improvement. EOHHS is committed to an engagement process with a wide array of stakeholders to promote collaborative discussion on the planning and implementation as it begins its transition planning process. Current stakeholder engagement forums for One Care include:

- **Implementation Council**  
Founded in 2013, the Implementation Council (Council) is a consumer-led working committee convened by EOHHS to operate during the Duals Demonstration period. The Council's roles and responsibilities include advising EOHHS on One Care and related dual eligible matters; soliciting input from stakeholders on those topics; examining quality in One Care; reviewing issues raised through the grievances and appeals process and My Ombudsman reports on One Care; examining access to services (medical, behavioral health, and long-term services and supports) in One Care; and participating in the development of public education and outreach campaigns related to One Care.
- Throughout the Transition planning process, EOHHS will request feedback and provide updates at the monthly public Council meetings, as well as consulting with the Council for feedback outside of the Council meetings. In addition, EOHHS will periodically convene topical working groups in partnership with the Council to address issues requiring greater depth and knowledge background.
- **Care Model Focus Initiative (CMFI)**  
The CMFI was established in 2022 as a time-limited, highly focused continuous improvement effort including the perspectives, inputs, and the work of the key partners that contribute to the

success of One Care. Between February and July 2022, EOHHS convened a working core team of One Care stakeholders and One Care Plan representatives to delve into aspects of the One Care program's care model to assess what challenges exist that need more attention, prioritize areas of improvement, identify action steps needed to improve, and establish deliverables and timelines for those activities. The CMFI core team was also charged with examining what works well in One Care and exploring ways to expand on these best practices.

The CMFI work identified six key domains with challenges and produced recommendations for those domains to be further developed and implemented by EOHHS and its partners. CMFI also identified a set of Key Performance Indicators (KPIs) that EOHHS will report out. During Fall 2022, EOHHS is working toward implementing these recommendations and further developing strategies to address challenge areas. EOHHS plans to publicly report on CMFI progress in Fall 2022 and will identify how additional progress will be tracked and reported. EOHHS plans to ensure that CMFI improvements are carried forward in One Care through the Transition. Improvements to the care model will be an important theme in EOHHS' Transition work over the next few years.

- **Public Meetings**

EOHHS periodically convenes public meetings to share information and request public input on relevant issues. Information about meetings is shared in advance on the One Care website, via stakeholder email lists, and through other distribution channels to raise awareness among the public about the opportunity to attend and participate. During the development of One Care, EOHHS convened public meetings regularly, and the sharing of different perspectives in a public forum was extremely helpful and productive for development of the Duals Demonstration. Public meetings will be a primary form of interaction with stakeholders as EOHHS develops the specifics of its plan for Transition.

- **Disability Advocate Meetings**

EOHHS meets monthly with disability advocates to discuss and process issues affecting the disability community, including provider, member, and advocacy expertise. One Care-related issues are often raised to EOHHS in this forum, and these meetings provide further opportunities for EOHHS to discuss policy options as we develop our plan for Transition.

- **Stakeholder Emails**

EOHHS shares information about public comment periods and public meetings, as well as informational updates through stakeholder emails. Any member of the public can send an email to the One Care mailbox ([Onecare@mass.gov](mailto:Onecare@mass.gov)) to be added to the list.

- **Website**

EOHHS also manages public facing web pages with information about One Care ([www.mass.gov/one-care](http://www.mass.gov/one-care)). Information, updates, and public meeting information are posted on these pages.

- **Health Plan Communications**

EOHHS engages with its contracted health plans in each program – as well as with trade organizations representing plan interests – through formal and informal meetings and written communications. Current One Care Plans can inform the process on operational and plan considerations of interest.

In addition to the current engagement forums described above, EOHHS anticipates using the following structure at least through the end of calendar year 2023 for substantive stakeholder Transition discussions, to process structural and policy directions for the Transition:

- **Transition Meetings** – EOHHS will hold a public meeting during October 2022 to describe the structure and timing of stakeholder engagement to support development of the Transition Plan. EOHHS further expects to convene public meetings on Transition issues at least quarterly throughout 2023, with each meeting focused on a set of specific Transition topics. Additional listening sessions and discussions with subgroups of stakeholders (e.g., disability advocates, providers and trade organizations, health plans, and the Implementation Council, etc.) will complement the ongoing public meeting cadence.
- **Work Groups** – EOHHS may convene topical work groups for topics requiring deeper expertise. Topics will be determined EOHHS as we advance through Transition policy work.
- **Requests for Information (RFIs)** – EOHHS may issue a publicly posted request for written feedback on specific questions, likely during Spring or Summer of 2023, to gain deeper insight into various stakeholder perspectives.
- **Information Sharing** – EOHHS will share information and updates at least quarterly via the channels described above to ensure it is reaching a broad set of stakeholders.

## Policy and Operational Considerations

EOHHS remains committed to the principles and care model of One Care, and to ensuring access to integrated care for its dual eligible members.

As contemplated by the Final Rule, EOHHS intends to transition One Care to a FIDE SNP model with exclusively aligned enrollment, designed to meet the needs of dual eligible individuals ages 21 to 64 at the time of enrollment. EOHHS aims to carry forward the goals and principles of, and the integration attained through, One Care, including improving access to care, providing culturally competent care, promoting independence in the community, and maintaining strong member protections. EOHHS will work with CMS to provide One Care enrollees a smooth and seamless transition from MMPs to FIDE SNPs.

EOHHS will need to determine the direction for several key areas, as well as develop options in consultation with CMS to carry forward the advanced integration features of One Care into the FIDE SNP model, including integrated appeals and grievances, integrated member materials, quality measurement designed for the target population, and aligned incentives, among others. EOHHS submitted extensive [comments](#)<sup>2</sup> on the proposed rule<sup>3</sup> in March 2022, following consultation with stakeholders. EOHHS expects to continue discussions with CMS and with stakeholders on the topics discussed in this comment letter, as well as other topics that arise in the course of planning.

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<sup>2</sup> Available at <https://www.mass.gov/doc/massachusetts-comments-on-cms-duals-proposed-rule-march-7-2022-0/download>

<sup>3</sup> CMS proposed rule released January 6, 2022: Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs

Stakeholder engagement will inform decisions for any changes in program or policy areas through the Transition process. Key areas include:

- **Enrollment Approach**

- **Exclusively Aligned Dual Enrollment** - EOHHS expects to continue requiring exclusively aligned enrollment. EOHHS expects to also consider options to continue requiring dual eligible individuals to enroll in the same plan for both their Medicare and Medicaid benefits as a condition of participation, as is the case in One Care and SCO today.
- **Enrollment Mechanisms** – EOHHS expects to continue pursuing authority to designate One Care – rather than fee-for-service – as the default delivery system for individuals who become newly dual eligible by gaining either MassHealth or Medicare coverage while between the ages of 21-64. This may include exploring options around the timing of enrollment into One Care, using quality performance to drive assignments, and other enrollment approaches for consideration. EOHHS will continue to prioritize strong member protections for enrollments and disenrollments. EOHHS also anticipates exploring with CMS options to continue to offer Medicare special enrollment period flexibilities that encourage enrollment into One Care.
- **Member Protections in Enrollment Operations** – Through One Care, EOHHS has processed enrollments through the state’s independent enrollment broker – rather than through the plans. This approach provides significant member protections for dual eligible individuals and facilitates more integrated and seamless member-facing enrollment and disenrollment processes as well as related integrated enrollment noticing. EOHHS expects to explore options with CMS to operationalize both Medicaid and Medicare enrollments via state infrastructure and interfaces with CMS’ enrollment systems.

- **Benefit Package**

- EOHHS expects to pursue coverage of all current One Care services, including the expanded package of Behavioral Health services available under EOHHS’s Section 1115 MassHealth Demonstration project, as well as all services in the State Plan as applicable.
- EOHHS will need to update or secure new Medicaid authority for the expanded and additional community-based services not currently authorized under the Massachusetts State Plan, or identify alternate mechanisms to support them (e.g., Supplemental Benefits).
- Services and spending currently carved out of One Care (i.e., Targeted Case Management provided by other EOHHS agencies) would likely continue to be carved out, and EOHHS may periodically update carve out approaches.
- EOHHS will consider whether to require FIDE SNPs to cover any services as supplemental benefits.

- **Quality Measurement**

- EOHHS will seek ways to ensuring quality measurement is aligned with and appropriate for the adult population with disabilities for which One Care is designed. This could include augmenting Medicare quality measurement with Medicaid measures. However, it is critical to recognize that younger dual eligible individuals with disabilities – the population eligible for One Care -- disproportionately represent the most complex and at-risk Medicare members who are impacted significantly by social determinants of health. EOHHS will work with CMS to ensure that measurement and related Medicare financial incentives are not structurally misaligned such that One Care plans would receive lower star ratings and less funding for supplemental benefits.
- Additionally, EOHHS will seek to identify glidepath options to avoid Medicare Stars payment gaps post-transition, including collecting data necessary to calculate Star ratings prior to CY2026.

- **Integrated Member Experience**

- EOHHS will seek to continue integrated notices and cohesive member communications, integrated benefit administration and determinations, and other member-facing elements of One Care policies.
- EOHHS will work closely with stakeholders and CMS to carry forward the person-centered design and care model of One Care – including advances made through CMFI – and to continually improve member experiences. Care model elements fundamental to One Care’s design can be further clarified and enhanced as the Contract is restructured.

- **Financial Approaches**

- EOHHS will continue to work with CMS to identify options for shared investments, savings, and for comprehensive risk mitigation mechanisms that consider the overall program performance and financials (combined Medicare and Medicaid financial performance).

- **Administration, Oversight, and Operations**

- EOHHS expects to preserve the ability to distinguish One Care and SCO programs from one another and preserve the population focus for which each was designed, including operations, reporting, measurement, and identification with unique Medicare contract numbers (H numbers) for appropriate program oversight and performance evaluation.
- EOHHS will collaborate with CMS to ensure appropriate integrated oversight functions and contract management structures for the state and CMS.



- EOHHS will explore available State Plan, waiver, and demonstration authority options to secure Medicaid managed care authority for One Care’s continued operation and for expanded and additional benefits.
  - EOHHS will determine through the Transition process if a state procurement for One Care plans will be necessary or desired.
  - EOHHS will determine through the Transition process whether changes in state statute will be needed, and what changes, if any, may be appropriate to reflect in MassHealth regulations. These determinations will be dependent upon first order policy and structure decisions that will be made earlier in the Transition process.
  - EOHHS will develop timelines and work plans for system changes and processes to facilitate exclusively aligned enrollment and to support other transition modifications as needed.
  - EOHHS expects to spend significant time later in the Transition period rewriting the One Care Three-way Contract as a Medicaid managed care contract. EOHHS will also review and seek to codify elements of FAI-specific guidance issued by CMS as needed to continue and advance One Care policies, particularly where MMP guidance provides member protections beyond comparable CMS guidance for Medicare Advantage Plans (including D-SNPs). EOHHS looks forward to stakeholder insight into contract elements that would benefit from further clarity and detail as it undertakes the revision process. In addition, EOHHS will seek to collaborate with CMS to determine how to resource reporting, measurement, auditing, and other administrative functions CMS currently supports for One Care, as well to preserve oversight and management transparency between the Commonwealth and CMS.
- **Other Gap Areas**
    - EOHHS submitted significant comments on the proposed rule in March 2022. These comments describe known gap areas between the more advanced integration in One Care today and the D-SNP requirements that EOHHS will plan to address with CMS during the transition process.
    - EOHHS anticipates that additional elements may present themselves during the Transition process and would plan to process these with stakeholders and CMS.
- **Alternative Options for Integration**

EOHHS has also noted with interest legislation introduced in Congress (S.4635) that would establish a statutory option (Title XXII) to create an optional state-administered program to provide fully integrated comprehensive care for full benefit dual eligible individuals: the All Inclusive Medicare-Medicaid (AIM) Program. AIM is intended to advance integration for dual eligibles – in many areas going beyond integration elements offered through the FAI demonstrations. If this legislation is enacted, EOHHS will carefully consider – with stakeholder input - whether to adopt AIM as an alternative to transitioning One Care to a D-SNP platform. EOHHS notes that moving to a D-SNP platform would likely entail operational, IT, policy, and federal authority changes that are directionally opposed to changes that

moving to AIM or something similar would require. EOHHS looks forward to working with CMS to ensure a smooth and efficient approach should alternate integration options become available.

#### Timeline for Policy and Operational Decision-Making

EOHHS expects to use the remainder of 2022 and much of 2023 to determine policy and structural decisions outlined above, informed by stakeholder engagement and CMS collaboration and consultation. Decisions made during 2023 will set the direction for the implementation work necessary, such as operational and IT systems changes, necessity for state regulation and/or legislative updates, and whether state procurements are needed.

EOHHS expects to determine the direction of first order and downstream policy decisions with inputs from stakeholder engagement during 2023; EOHHS will provide regular updates on policy direction and decisions on a rolling basis in the stakeholder forums described above (at least quarterly). If a One Care plan re-procurement is necessary, that process would likely occur during 2024, with Medicare Notices of Intent to Apply (NOIAs) for CY2026 due in November 2024, and the Medicare application and contracting process occurring during 2025. EOHHS expects, based on current CMS guidance, that One Care will operate via FIDE SNPs effective January 1, 2026. EOHHS expects to work with CMS to effectuate any necessary enrollment transitions between currently operating structures and post-Transition structures, and to ensure appropriate extensions of Duals Demonstration authority to avoid any gaps in operating authority.

If new federal flexibilities or options for integrated care become available, EOHHS will consult with CMS to understand those opportunities, and how they may alternatively advance One Care goals and priorities. EOHHS will work to ensure seamless operations of One Care in pursuit of any new options.

EOHHS looks forward to further developing and updating this plan in collaboration with stakeholders and CMS in the coming months.