



One Care Demonstration Transition Stakeholder Forum

Executive Office of Health and Human Services

December 2022

Agenda

Principles for One Care Transition

Benefit Transition Planning

Financial Considerations

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Where we are in this stakeholder engagement process

Last time (10/6/22)

Meeting focus:

- Process for transition planning
- Ombudsman services continuation
- Stakeholder engagement channels
- Centers for Medicare and Medicaid Services (CMS) final rule and implications

Today (12/15/22)

Meeting focus:

- Principles for transition
- Benefits
- Financial considerations

Future meetings (Expect in first half of 2023)

Discussion topics include:

- Budget/fiscal deep dive
- Care model
- Benefits updates
- Member experience

Principles for transition

*As One Care transitions to a Dual-Eligible Special Needs Plan (D-SNP) construct, MassHealth is committed to **active engagement with CMS and stakeholders** to maintain the core elements of One Care. MassHealth is using the following principles to guide its transition efforts:*

1. **Preserving current benefits and coverage:** MassHealth is committed to exploring every option to preserve all One Care benefits and coverage
2. **Maintaining financial viability:** MassHealth is committed to exploring creative solutions to ensure financial viability of the program
3. **Leveraging care model improvements:** MassHealth is committed to preserving the flexibility and comprehensiveness of the person-centered care model in One Care, and to building on the outcomes of the Care Model Focus Initiative (CMFI).
4. **Preserving and advancing integration achievements:** Massachusetts is a leader in Medicare-Medicaid integration, and One Care is one of the most advanced models available today. MassHealth will creatively pursue all avenues to protect and continue to advance the level of integration.
5. **Plan accountability/oversight:** MassHealth is investing in expanded oversight resources and building more advanced tools to ensure it can hold plans accountable for meeting Enrollee needs.

Focus for today

For future discussion

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MassHealth is committed to preserving One Care benefits and pursuing all options to ensure this commitment is met

Benefits covered by existing vehicles (State plan, Waivers, Medicare, etc.)

- **Medical services** such as laboratory, physician, inpatient hospital, therapies, vision, hearing, dental, etc.
- **Behavioral health services** including acute and diversionary services, Substance Use Disorder (SUD) services, counseling services, crisis services, etc.
- **Long-term services and supports (LTSS)** such as personal care, adult day health, home health, nursing, durable medical equipment (DME) and supplies, etc.
- **Pharmacy/Medicare Part D** and certain over-the-counter items

Covered benefits include nearly all MassHealth and Medicare services

Most services are covered through MassHealth and Medicare (i.e., not implicated by the transition)

Benefits covered through the demonstration

- **Expanded** DME/assistive technology and personal assistance services
- **Additional community-based** services such as community health workers, home modifications, and non-medical transportation
- Other **flexible benefits** based on a member's care plan

Covering demonstration benefits will be **focus of future transition planning efforts**

MassHealth has creatively leveraged federal Medicaid options to advance EOHHS policy innovations, and will use similar strategies for One Care benefits

MassHealth can cover benefits in several ways

1. Medicaid State Plan

- Agreement between state and CMS that describes the state's Medicaid services and payment

2. Medicaid Waivers (e.g., 1115, other)

- States can use 1115 demonstrations and other waivers to test services not covered through the state plan

3. Medicare Supplemental Benefits

- States can require D-SNPs to cover specific services with Medicare funding (e.g., dental, vision, meals, and other health-related community-based services) that are not covered by Original Medicare

EOHHS has creatively applied federal options to expand benefits, including for One Care

1. Expanding and Improving the continuum of Behavioral Health (BH) Services: *Roadmap to BH Reform*

- EOHHS is expanding access to BH treatment, including for One Care members, through the **State Plan**

2. Expand populations that can access BH Diversionary Services

- EOHHS is embedding outpatient SUD and mental health services in the **State Plan** so all members can access them, including One Care members after the program transitions.
- Expanding Program for Assertive Community Treatment (PACT) and Community Support Program (CSP) services through the **1115 waiver** to serve FFS and 65+ members

3. Targeted supports to advance health equity

- Expanding CSP services through the **1115 waiver** to support One Care and other MassHealth members who are experiencing homelessness, at risk of eviction, or justice involved, along with other initiatives to advance equity by closing disparities in quality and outcomes

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Incentivizing preventative and long-term care investments for dual eligible populations can lead to better outcomes, but may trigger cost-shifting between payers

- **The population of dual eligible adults with disabilities has some of the most acute and complex healthcare and support needs**, including multiple, complex chronic conditions, behavioral health needs, and functional support needs
- The One Care model was designed to move beyond an illness recovery/medical model to preserve community tenure, prevent decline, and support members as their needs evolve due to aging, changes in personal circumstances, and progression of disability, etc.
- MassHealth is committed to **advancing preventative, behavioral health, and community-based services** with the goals of **improving member outcomes, quality of life, and disparities**
- Investments in **Medicaid** services (e.g. preventive and LTSS) reduce costs for Medicare (e.g. reduce acute and inpatient care). This means that **Medicaid investments result in Medicare savings, or cost-shifting**

The One Care demonstration attempted to address cost-shifting between payers. MassHealth will focus on developing new strategies under the D-SNP model to address this (see next slide)

MassHealth will pursue financing approaches that align incentives to further invest in community-based care, maintain financial stability, and address cost-shifting

MassHealth will leverage a combination of financial, quality, and other elements to align incentives and address cost-shifting. Additional details will be discussed in future stakeholder and CMS forums

Rates

Ensuring that Medicaid capitation rates are **efficient and encouraging plans to bid appropriately** (i.e. not under-bid) on the Medicare side

Quality Measurement and Incentives

Aiming to preserve a consistent subset of **measures and goals** and appropriately applying Medicare quality incentives that appropriately reflect the One Care population

Medical Loss Ratio (MLR) Reconciliation

Proposing that Medicare and Medicaid **MLRs be jointly considered** in applying reconciliation

Cost Shifting Tracking

Promoting ways to calculate and financially **account for cost-shifting over time**, and advocating for CMS to adopt those methods

Risk Corridors

Developing methodologies that consider **overall plan profits and losses** as a step in the process of risk corridor reconciliation

Benefits

Requiring plans to cover certain services as **Medicare Supplemental Benefits** (subject to funding); advocating for Medicare benefit expansions