

**Commonwealth of
Massachusetts
Executive Office of
Health and Human
Services**

**Massachusetts Duals Demonstration Transition Plan to an Integrated D-SNP
Stakeholder Forum October 6, 2022**

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Purpose

As required by federal rule, EOHHS is planning to transition the One Care program from the Massachusetts Duals Demonstration, under which One Care currently operates, to new federal Medicare and Medicaid authority.

As of January 1, 2026, One Care will consist of Medicare Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with companion Medicaid managed care plans.

EOHHS submitted an initial Transition Plan¹ to CMS outlining the process to we will use - together with stakeholders - to determine the direction of the transition, including:



Ongoing commitment to making Ombudsman services available to One Care members



Overview of stakeholder engagement channels, including the structured process that EOHHS expects to use for collaboration with stakeholders to develop the specifics of Transition



Summary of known policy, operational, and structural elements and issues that will need to be addressed and resolved

¹ This plan will be a living document that will be updated and expanded based on the feedback received from all the relevant stakeholders and CMS.

Background: Massachusetts Integrated, Managed Care Landscape

	One Care	SCO
TARGET POPULATION	<ul style="list-style-type: none">Adults with disabilities eligible for both Medicare and Medicaid (dual eligibles) who enroll between ages 21-64¹	<ul style="list-style-type: none">Adults ages 65 and older on MassHealth, with or without Medicare (dual eligible or MassHealth-only)
ENROLLMENT (Sept. 2022)	<ul style="list-style-type: none">35,000	<ul style="list-style-type: none">66,000 Medicare and Medicaid Eligible7,000 MassHealth-only
PLANS	<ul style="list-style-type: none">3 Medicare-Medicaid Plans (MMP)Serving 12 of 14 Massachusetts counties	<ul style="list-style-type: none">6 plans that hold FIDE SNP contracts with CMS and SCO Medicaid Managed Care contracts with EOHHSServing 12 of 14 Massachusetts counties3 organizations operate both One Care and SCO
GOALS	<ul style="list-style-type: none">Improve beneficiary experience in accessing careDeliver person-centered carePromote independence in the communityImprove qualityEliminate cost shifting between Medicaid and Medicare	<ul style="list-style-type: none">Offer seamless benefit administration by combining and coordinating health services with social servicesDeliver integrated coordinated noticing and member communications and appeals and grievances processes

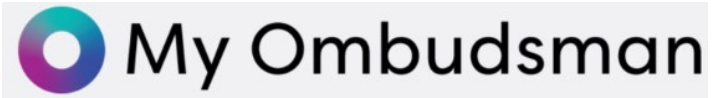
¹ One Care enrollees can remain in One Care after turning 65 when they remain eligible for MassHealth Standard or CommonHealth

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. *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.

MassHealth is committed to continuing to offer *My Ombudsman* services to One Care members after federal grant funding is exhausted. EOHHS plans to take the following action to achieve this continuity:

1. Request that CMS consider options to continue federal funding for ombudsman supports
2. 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. 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 the transition planning process.



Stakeholder Engagement Forums

Implementation Council

The Implementation Council (Council) is a consumer-led working committee whose responsibilities include advising the EOHHS on One Care and soliciting input from stakeholders. Throughout the Transition planning process, EOHHS will request feedback and provide updates at the monthly public Council meetings. EOHHS will also convene working groups with the Council to address issues.

Care Model Focus Initiative (CMFI)

The CMFI was established in 2022 as a time-limited, highly focused continuous improvement effort incorporating perspectives, inputs, and work of key partners that contribute to One Care's success. CMFI provided recommendations for One Care improvements and EOHHS plans to ensure that these are carried forward in One Care through the transition.

Public Meetings

EOHHS convenes public meetings to share information and request input on relevant issues. Information about meetings is shared in advance on the One Care website to raise awareness among the public about the opportunity to attend and participate. Public meetings will be a primary forum to discuss policy options with stakeholders during development of the Transition Plan.

Disability Advocate Meetings





EOHHS meets monthly with disability advocates to discuss and process issues affecting the disability community. 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 Engagement Forums *(continued)*

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) to be added to the list.
Website	EOHHS hosts public facing web pages with information about One Care (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 health plan trade organizations – through formal and informal meetings and written communications. One Care Plans can provide insight into program-specific operational and plan considerations based on their experience.

Stakeholder Engagement Plan

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

-  **Transition Meetings:** EOHHS expects to convene public meetings at least quarterly throughout 2023 to discuss Transition issues and topics. EOHHS also expects to hold additional listening sessions and discussions with subgroups of stakeholders.
-  **Workgroups:** EOHHS may convene workgroups for topics needing deeper background and discussion. Topics will be determined as we move through Transition policy work.
-  **Requests for Information (RFIs):** EOHHS may issue a publicly posted request for written feedback on specific questions – likely Spring or Summer of 2023 - to gain deeper insight into various stakeholder perspectives
-  **Information Sharing:** EOHHS will share information and updates at least quarterly to ensure it is reaching a broad set of stakeholders

Policy and Operational Considerations

EOHHS is committed to the principles and care model of One Care to ensure access to integrated care for its dual eligible members. EOHHS will need to develop options and determine the direction for several key areas in consultation with CMS to carry forward the advanced integration features of One Care into a FIDE SNP model.

Identified Key Areas	
1 Enrollment Approach	5 Financial Approach
2 Benefit Package	6 Administration, Oversight, and Operations
3 Quality Measurement	7 Other Gap Areas
4 Integrated Member Experience	8 Alternative Options for Integration

EOHHS submitted comments¹ in response to the transition proposed by CMS. We expect to continue discussions with CMS and stakeholders on the topics discussed in the comment letter, and other topics that may come up during the planning process.

¹ The March 2022 comment letter is available on the One Care Transition Planning webpage (www.mass.gov/info-details/one-care-transition-planning)

Policy and Operational Considerations *(continued)*

Enrollment Approach

Exclusively Aligned Dual Enrollment

- EOHHS expects to continue requiring exclusively aligned enrollment and will consider options requiring dual eligible individuals to enroll in the same plan for both their Medicare and Medicaid benefits (as 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. EOHHS will prioritize strong member protections for enrollments and disenrollments, and will explore options to continue Medicare special enrollment period flexibilities.

Member Protections in Enrollment Operations

- The state's independent enrollment broker handles One Care enrollments and disenrollments. This provides member protections for dual eligible individuals and facilitates integrated enrollment processes. EOHHS expects to explore options to operationalize Medicaid/Medicare enrollments through state infrastructure and interface 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 and State Plan services.
- Community-based services not currently authorized under the Massachusetts State Plan will need new/updated Medicaid authority or alternate ways to support them (e.g., Supplemental Benefits).
- Certain services and spending (i.e., Targeted Case Management provided by DDS and DMH) would likely continue to be carved out of One Care.
- EOHHS will consider whether to require FIDE SNPs to cover any services as Medicare supplemental benefits.

Policy and Operational Considerations *(continued)*

Quality Measurement

- EOHHS will seek to ensure quality measurement is aligned with and appropriate for the adult population with disabilities for which One Care is designed, including augmenting Medicare quality measurement with Medicaid measures.
- EOHHS will work with CMS to ensure that measurement and related Medicare financial incentives are not structurally misaligned for the population of younger dual eligible adults with disabilities served by One Care.
- EOHHS will seek options with CMS to avoid Medicare Stars payment gaps post-transition, including collecting data necessary to calculate Star ratings prior to CY2026.

Integrated Member Experience

- EOHHS will continue integrated notices and cohesive member communications, integrated benefit administration and determinations, and other member-facing elements of One Care policies.
- EOHHS will work with stakeholders and CMS to carry forward the person-centered design and care model of One Care and to improve member experiences.

Policy and Operational Considerations *(continued)*

Financial Approach

- 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.

Administration, Oversight, and Operations

- EOHHS will distinguish One Care and SCO programs from one another and preserve the population focus for which each was designed.
- EOHHS will ensure integrated oversight functions and contract management structures for the state and CMS.
- EOHHS will explore State Plan, waiver, and demonstration authority options to secure Medicaid managed care authority for One Care operations and benefits.
- EOHHS will develop timelines and work plans for system changes and processes to facilitate exclusively aligned enrollment and support other transition modifications.
- EOHHS will rewrite the One Care three-way Contract as a Medicaid managed care contract. EOHHS will seek to codify elements of duals demonstration guidance and One Care policies, and incorporate stakeholder insight into contract elements. EOHHS will seek to collaborate with CMS to resource reporting, measurement, auditing, and other administrative functions to preserve oversight and management transparency.

Policy and Operational Considerations *(continued)*

Other Gap Areas

- In March 2022, EOHHS submitted significant comments on the proposed rule. These comments describe known gap areas between the more advanced integration in One Care and the D-SNP requirements that EOHHS will plan to address with CMS during the transition process.
- EOHHS will plan to process additional elements in the transition phase with stakeholders and CMS.

Alternative Options for Integration

- Legislation introduced in Congress (S.4635) is 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 eligible. If this legislation is enacted, EOHHS will carefully consider – with stakeholder input - whether to AIM would be a preferred alternative to transitioning One Care to a D-SNP platform. Adapting to a D-SNP platform would likely entail operational, IT, policy, and federal authority changes that are directionally opposed to changes AIM would require.

Timeline for Policy and Operational Decision-Making

In the remainder of 2022 and 2023, EOHHS will determine policy and structural decisions, informed by stakeholder engagement and CMS collaboration and consultation.

2023

With stakeholder input, EOHHS will determine the direction for first order and downstream policy decisions in 2023.

EOHHS will provide updates on policy direction and decisions in the stakeholder forums (at least quarterly).

2024-2025

If a One Care plan re-procurement is necessary, that process would occur in 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.

2026

EOHHS expects One Care to operate via FIDE SNPs effective January 1, 2026. EOHHS expects to work with CMS to effectuate enrollment transitions and ensure appropriate extensions of Duals Demonstration authority.

If new federal options for integrated care become available, EOHHS will consult with CMS to determine 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.

Discussion

- 1) Initial input on key topic areas?
- 2) What is most urgent to figure out?
- 3) What topics likely need deeper workgroup processing?
- 4) Other comments and questions?



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