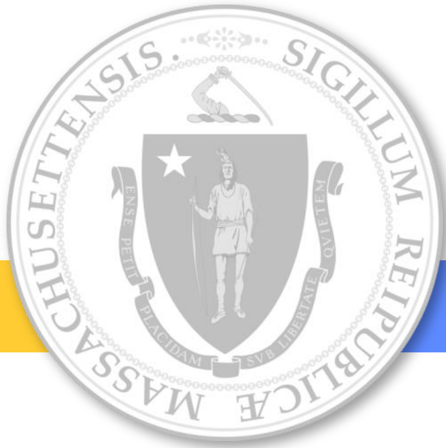
DRAFT/PRELIMINARY



MassHealth Duals Demonstration 2.0 - Listening Session #1

Executive Office of Health & Human Services

July 27, 2018

DRAFT – FOR POLICY DEVELOPMENT PURPOSES ONLY

Agenda

- Updates
- Care Management
- Provider Engagement and Networks
- Service Authorizations
- Appeals and Grievances
- Next Steps

Updates - Status and Timeline

- Request for Information on High Utilizers - May 25, 2018
- Draft Concept Paper - June 13, 2018
- One Care Implementation Council/MassHealth Duals Demonstration 2.0 Meeting - June 14, 2018
- Listening Session #1 - July 27, 2018
- Listening Session #2 - August 7, 2018:
  - Value based purchasing
  - Risk mitigations
  - Medicare bidding approach
  - Measuring and incenting quality
- Listening Session #3 - August 20, 2018:
  - Continuity of Care
  - Passive Enrollment
  - Enrollment churn
  - Fixed Enrollment/Special Enrollment Periods
  - HCBS Waiver participant access to integrated care in the future
- One Care Plan Procurement Release August 2018 (tentative)

Anticipated Procurement Timeline for One Care Plans

August 2018 (tentative)
- One Care Plan Procurement Release

September 2018 (tentative)
- Letters of Intent Requested by MassHealth

October 2018 (tentative)
- Bidder Reponses Due

November 2018
- Medicare Notice of Intent to Apply (NOIA) Due*

January 2019 (tentative)
- One Care Plan Selection

February 2019
- Medicare Applications Due*

March 2019
- Network Submissions Due for Validation**

February – July, 2019 (tentative)
- Joint Readiness Reviews**

June 3, 2019
- Medicare Bids Due*

January 1, 2020
- First Enrollment Effective Date

** Milestone is a part of CMS' annual Medicare application and contracting process*
*** Joint MassHealth and CMS/Medicare process*

MassHealth will post updates about the One Care procurement process:
- On COMMBUYS: www.commbuys.com
- On the One Care and Duals Demo 2.0 websites: www.mass.gov/service-details/information-for-organizations-interested-in-serving-as-one-care-plans

Provider Engagement and Networks - Background

Network Standards for One Care and SCO:

- Medicare standards have applied for medical services and prescription drugs
- MassHealth sets standards for long-term supports and services and other Medicaid services
- Networks must be sufficient to address the needs of the target populations
  - Time and distance
  - Choice

Provider Engagement and Networks - Draft Concept Paper Comments

- Broad interest in access to One Care and SCO statewide and in ensuring robust provider networks
- Issues to address:
  - Provider participation
  - Access to certain services (e.g. durable medical equipment, transportation)
  - Adjusting network capacity with enrollment growth

Provider Engagement and Networks – Discussion Questions

- What would more effectively engage providers to participate in One Care and SCO plan networks?

- What discourages providers from participating in One Care or SCO plan networks? What mitigations would reduce or address these challenges?

- What is critical mass (percent of a patient panel) for a provider to participate?

- What would encourage network participation among Medicare ACO providers?

- How should creating choices in networks be balanced with contracting efficiently, particularly if few providers are geographically available?

Service Authorizations – Background

- Plans may require prior authorization (PA) for certain services
- Plans must have utilization management (UM) policies and procedures (for program integrity and equity)
- Service authorization processes must be at least as protective of medical necessity as the combination of Medicare and MassHealth FFS would be
- A member's assessment, which includes understanding their goals and interests, informs their personal care plan
- Services in a member's person-centered care plan may be subject to prior authorization or utilization management review

Service Authorizations – Draft Concept Paper Comments and Discussion Questions

Draft Concept Paper Comments:

- Service authorization processes should:
  - Be transparent
  - Advance person-centered goals

Discussion Questions:

- How could plans better link individualized care plans to the authorization process?
- What would improve transparency in these processes?
- What strategies could better balance person-centered processes with system efficiencies necessary to support enrollment at scale?

Grievances – Background and Discussion Questions

Background:

- Timeframes: Respond in 30 days; if expedited, respond within 24 hours
- One Care's process accepts grievances through several entities, whereas SCO's process is consolidated at the plan.

Discussion Questions:

- What parts of the current processes are working well and most protective to members?
- What gaps exist in the current processes and how should MassHealth address them? (e.g. for members, providers, health plans, and others involved in the process)
- Where should members be able to submit grievances?
- In One Care, all grievances are documented in the Complaints Tracking Module (this is part of a CMS IT system). How is this supporting (or not) plans in resolving grievances?
- Suggestions to ensure grievance processes are transparent, accessible, and responsive to members?

Appeals - Background

Topic	One Care	SCO	Duals Demo 2.0 – For Discussion
Second Level Appeal Timeline	120 days[1] to file Response within 30 days; Expedited response within 72 hours		120 days to file Response within 30 days; Expedited within 72 hours
Expedited Appeal	Must be requested, Response within 72 hours		Must be requested, Response within 72 hours

[1]Timeframe is in use, contracts in process of updating to reflect 120 days

Appeals – Background Cont.

Topic	One Care	SCO	Duals Demo 2.0 – For Discussion
Second Level Appeals	Medicare services – Medicare Independent Review Entity (IRE) MassHealth services – MassHealth Board of Hearings For Medicare/Medicaid services - May pursue both appeal routes at the same time	Medicare services – Medicare IRE MassHealth services – MassHealth Board of Hearings For Medicare/Medicaid services - May pursue both appeal routes at the same time	All appeals – MassHealth Board of Hearings
Auto-Forward	Medicare services – Yes to IRE MassHealth services – No		For discussion
Aid-Pending	1st Level Appeals - all prior approved non-Part D benefits must continue 2nd Level Appeals to MassHealth Board of Hearings (BOH) – continuing services must be requested within 10 days of the plan's internal appeal decision 2nd Level Appeals to Medicare IRE – no continued services provided	1st Level Appeals – all prior approved non-Part D benefits will continue if the member appeals within 10 days 2nd Level Appeals to BOH - continuing services must be requested within 10 days of the plan's internal appeal decision Medicare appeals – no continued services provided	During the second level appeal process – all services* will continue if the member requests a BOH appeal within 10 days of the plan's internal appeal decision **assumes Medicare funding for Medicare services*

Appeals - Draft Concept Paper Comments

- Some interest in consolidating/aligning the appeals process
- Suggestions:
  - All appeals at Board of Hearings (BOH) only
    - Ensure sufficient staffing, timeliness, Medicare-knowledge on BOH team
    - In-person BOH review process
  - Medicare reviews Medicare covered services (i.e. no BOH review)
  - Create on-line option for requesting appeal and seeing status of appeal

Appeals– Discussion Questions

- What gaps exist in the current processes and how should MassHealth address them? (e.g. for members, providers, health plans, and others involved in the process)
- For which Medicare services is auto-forwarding most important, and why?
- Which Medicare services are most frequently (fully or partially) reversed in Medicare's external review process?
- Which Medicare services are more appropriate for a member or provider initiated second level external appeal?
- Please provide any additional strategies, considerations, or approaches MassHealth should consider to ensure external appeals processes are transparent, accessible, and responsive to members.

Care Management - Background

- One Care and SCO both include:
  - All Medicare Part A, B, and D services and MassHealth State plan services
  - Additional Behavioral Health (BH) diversionary services, dental and vision, and community-based supports
- Team approach to help member coordinate their medical care, behavioral health services, and long-term services and supports
- Assessment informs member's care plan, developed together with their care team; in One Care, member is center of care team
  - One Care: Member is at center of their Interdisciplinary Care Team; Primary Care Provider (PCP) leads team with Care Coordinator, and with BH clinician if indicated
  - SCO: Care managed by a Primary Care Team lead by the PCP

Care Management – Draft Concept Paper Comments

- Overwhelming support for coordinated, integrated care for dual eligible beneficiaries
- Consider:
  - Allowing/encouraging plans to contract with non-medical entities to provide care coordination
  - Using Substance Use Disorder (SUD) and behavioral health providers for care coordination

Care Management – Discussion Questions

- In some cases, plans have delegated care management functions to community-based provider organizations
  - What is working well and not working well for this kind of approach?
  - What qualifications or expertise are important in delegated entities to effectively provide comprehensive care management?
  - What guardrails should MassHealth consider for these kinds of approaches?

Next Steps and Future Engagement

Listening Session #2

Date: August 7, 2018 **Time:** 2:00pm – 4:00pm
Location: 1 Ashburton Place, 21st Floor, Boston, MA

Expected Topics for Discussion
- Value-based Purchasing
- Risk Mitigations
- Medicare Bidding Approach
- Measuring and Incenting Quality

Listening Session #3

Date: August 20, 2018 **Time:** 2:00pm – 4:00pm
Location: 1 Ashburton Place, 21st Floor, Boston, MA

Expected Topics for Discussion
- Continuity of Care
- Passive Enrollment
- Enrollment Churn
- Fixed Enrollment / Special Enrollment Periods
- HCBS Waiver Access to Integrated Care in the Future

One Care

MassHealth+Medicare

Bringing your care together

VISIT US ONLINE

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EMAIL US

OneCare@state.ma.us