



Duals Demonstration 2.0

Listening Session # 3

Executive Office of Health & Human Services

MassHealth

One Care and Senior Care Options (SCO)

August 20, 2018

DRAFT – FOR POLICY DEVELOPMENT PURPOSES ONLY

Agenda

- Updates
- Passive enrollment
- Continuity of Care
- Special Election Periods/Fixed Enrollment Periods
- Enrollment Churn
- HCBS Waiver Participant Access to Integrated Care in the Future
- 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
- Listening Session #3 - August 20, 2018:
 - Passive enrollment
 - Continuity of care
 - Special Election Periods/Fixed Enrollment Periods
 - Enrollment churn
 - 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 Responses 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

Passive Enrollment – Background

Overview:

- Enrollment in both One Care and SCO is voluntary
 - Enrollment is monthly (changes are effective the first day of the next month)
 - Members can opt out from passive enrollment at any time – if members opt out of One Care they will not be passively enrolled during the current Demonstration
- Passive enrollment is used to add predictability for plan enrollment volume; planned enrollment increases may also create incentives for providers to join plan networks
- MassHealth makes plan assignments based on the member's provider relationships, starting with their PCP

Outreach:

- MassHealth sends 60-day and 30-day notices to members being passively enrolled. Plans may outreach to passively enrolled individuals before the enrollment effective date:
 - One Care plans are required to send welcome packets 30 days before enrollment; may assess 20 days before enrollment
 - SCO contractors were able to outreach for orientation and assessment 60 days before enrollment

Passive Enrollment – Draft Concept Paper Comments

- General support for passive enrollment
- Some stakeholders expressed the view that specific considerations should be applied in selecting groups of MassHealth members for passive enrollment
- Considerations:
 - Reconsider passive enrollment for members who previously opted out in the current Demonstration – particularly early on
 - Prioritize continuity of significant enrollee-provider relationships
 - Assure strong member protections are in place
 - Adopt One Care’s policy of data sharing during passive enrollment for SCO
 - Allow for pre-enrollment member education and outreach that includes all of the member’s possible options, including PACE and HCBS Waivers (if applicable)

Passive Enrollment – Discussion Questions

- How can MassHealth encourage collaboration between providers and plans to better leverage passive enrollment for different populations (i.e. all or some of a provider's eligible members)?
- What strategies would improve the passive enrollment process in One Care and SCO?
 - For Members?
 - For Plans?
 - For Providers?
- How should MassHealth consider prioritizing relationships between PCPs and other medical specialists, behavioral health, or LTSS providers when making plan assignments?
- At what point should plans be able to approach members in the passive enrollment process? (Possible range: 20 - 60 days prior to enrollment)

Continuity of Care – Background

Policy:

- Continuity of Care continues until each members' care plan is complete and protects enrollees' provider relationships, services, and prior authorizations during their assessment and care planning processes
 - One Care assessments are required within 90 days of enrollment; continuity of care continues until their care plan is complete
 - SCO assessments are required within 30 days of enrollment
 - When members are passively enrolled in SCO, like in PCDI and One Care, continuity of care continues for 90 days
- Allows for transition planning and connections with network providers, if needed

Data Sharing:

- In One Care, MassHealth shares claims history with plans for new enrollees
- One Care plans may access current Medicare claims data directly from CMS for new enrollees

Continuity of Care – Draft Concept Paper Comments

- Considerations:
 - Develop operational strategies to support provider relationships during the Continuity of Care period
 - Study the lessons learned through the ACO/MCO Continuity of Care process and incorporate best practices

Continuity of Care – Discussion Questions

- What additional strategies should MassHealth consider to make entering One Care and SCO easier for members?
- What strategies should One Care and SCO plans consider using to improve onboarding for new enrollees?
- What strategies should Plans employ to more effectively outreach to providers and build their networks?
- What additional tools or strategies should MassHealth consider to support plans to operationalize continuity of care and care transitions?

Special Election Periods – Background

Current State:

- SCO and One Care provide all of a member's Medicare benefits. In traditional Medicare, these benefits are offered through 3 parts of Medicare: Part A (Institutional), Part B (Provider) and Part D (Pharmacy)
- All dual eligible MassHealth members who do not elect SCO, PACE, One Care, or a Medicare Advantage Part D plan either choose or are assigned to a Part D plan
- Historically, Medicare has allowed dual eligible members to change their Medicare and Part D plans in any month of the year

For 2019, Medicare has made changes to limit when dual eligible members can change plans that cover Medicare Part D (pharmacy) benefits. This policy change applies to:

- Part D plans (Part D)
- Medicare Advantage and Part D (MAPD) Plans, including D-SNPs (Parts A, B, and D)
 - **SCO** plans are FIDE-SNPs (Parts A, B, and D and Medicaid); FIDE-SNPs and D-SNPs are subsets of MAPD plans
- Medicare-Medicaid Plans* (Parts A, B, and D and Medicaid); **One Care** plans are MMPs

Based on enrollment as of April 2018, this policy would impact ~86% of Massachusetts dual eligibles under age 65 and ~97% of dual eligibles age 65 or older.

**CMS is waiving for One Care for 2019, to allow members to enroll in or disenroll from One Care in any month*

Special Election Periods – Background (cont.)

- To implement the federal Comprehensive Addiction and Recovery Act (CARA), Medicare will also identify certain individuals who are potentially at risk/at risk for misuse/abuse of a frequently abused drug.
 - CMS will apply extra limits to when these individuals may change plans covering their Part D benefits
 - CARA provisions supersede the One Care waiver; One Care eligibles or enrollees identified for extra limits via CARA will be subject to those limits
- Most other members getting their Part D benefits from these types of plans would have a SEP they could use to change plans for their Part D benefits at certain times:
 - Once each calendar quarter during the first three quarters of the year
 - January to March
 - April to June
 - July to September
 - No changes October to December (Medicare Annual Election Period)
 - Additional exceptions would be available to members who:
 - Have a change in their dual eligible or Low-Income Subsidy (LIS) status
 - Are assigned to a plan by CMS or their state
 - Move out of their current service area.
 - Are getting care in a nursing home or hospital
 - Want to enroll in or disenroll from PACE
- States that have received a waiver from CMS through their Financial Alignment Demonstration (e.g. One Care) may allow members not impacted by the CARA provisions to continue to enroll/disenroll from Medicare-Medicaid Plans once a month, maintaining the current One Care policy

Special Election Periods/Fixed Enrollment Periods – Background

- MassHealth proposed an alternative implementation of the SEP rule to better align with the approach used in MassHealth’s ACO/MCO plans
- In MassHealth’s ACO/MCO programs, enrollees have:
 - Plan Selection Period - annual 90-day period to choose or switch a health plan for any reason
 - Fixed Enrollment Period – annual period after Plan Selection Period; enrollees stay enrolled in their health plan unless they have certain reasons*, such as:
 - moving out of plan service area
 - poor quality care, lack of access to services or to providers experienced in dealing with your health care needs
 - plan not meeting language, communication, or other accessibility preferences/needs

**Full list of ACO/MCO Fixed Enrollment Period exceptions is available at: <https://www.mass.gov/service-details/fixed-enrollment-period>; additional information is available in MassHealth regulations at 130 CMR 508.000*

Special Election Periods/Fixed Enrollment Periods – Draft Concept Paper Comments

- Commenters were split: Some were generally supportive of fixed enrollment while others were generally concerned about fixed enrollment
- No comments discussed the alternative impact of Medicare’s SEP policy
- Considerations:
 - Some commenters were supportive of fixed enrollment periods if:
 - Members could disenroll if their providers do not contract with the plan
 - Fixed enrollment periods could be aligned with eligibility redeterminations
 - Some commenters encouraged MassHealth to counsel members seeking disenrollment on impacts of changing plans or returning to FFS (e.g., loss of an existing care manager or providers, less services in FFS, and copays in FFS)

Special Election Periods/Fixed Enrollment Periods – Discussion Questions

- In addition to the current exceptions for ACOs and MCOs, what other exceptions should MassHealth consider?
- What other factors should MassHealth consider in applying or updating the current ACO/MCO Fixed Enrollment Period approach to One Care and SCO under Duals Demonstration 2.0?

Enrollment Churn – Background

- Some One Care and SCO enrollees experience short-term changes in their eligibility, but regain their eligible status within a short period of time (e.g., often 0-3 months)
- Monthly enrollments for One Care and SCO allow plans to work with enrollees to address eligibility gaps before enrollment ends
- However, when eligibility is not resolved within the same month, members may be disenrolled from their plan; sometimes also from MassHealth (i.e., involuntary disenrollment)
- MassHealth shares upcoming enrollee redetermination dates with plans weekly

Enrollment Churn – Background and Draft Concept Paper Comments

Background:

- CMS allows Medicare-Medicaid Plans (MMPs) to offer a grace period for members who experience a short-term change in their Medicaid status
- For example, MMPs in Michigan allow these members to remain enrolled for up to 3 months while short-term Medicaid eligibility lapses are resolved
 - During the grace period, MMPs continue to provide all services to impacted members
 - Plans assume the financial responsibility for Medicaid services
 - In some cases, the state may reimburse the plan for periods of restored retroactive eligibility
- To date, no One Care plans have requested to use this approach

Comments:

- Commenters favored finding ways to reduce enrollment churn related to MassHealth eligibility changes

Enrollment Churn – Discussion Questions

- What strategies should MassHealth consider to support One Care and SCO plans to address individual eligibility gaps quickly (i.e. within the same month)?
- What strategies should plans use to reduce eligibility-related enrollment churn?
- What operational or other barriers prevent plans from seeking authority for grace periods?
- Should MassHealth require plans to offer a grace period? Under what conditions?

HCBS Waiver Participant Access to Integrated Care – Background and Draft Concept Paper Comments

Background:

- HCBS Waiver participants are not able to enroll in One Care and participate in any of the Massachusetts 1915(c) Home and Community-Based Services (HCBS) Waivers at the same time
 - Individuals eligible for both must choose which program to participate in
- By comparison, the SCO program includes services available through the Frail Elder Waiver (FEW)
 - Members 65 and older at a nursing facility level of care can get their MassHealth and FEW services either through a SCO plan or MassHealth FFS.
- This is a policy area MassHealth may consider in the future together with stakeholders, but would not be seeking changes for the beginning of Duals Demonstration 2.0

Comments:

- Some stakeholders asked that One Care become an option for dual eligible HCBS Waiver participants

HCBS Waiver Participant Access to Integrated Care – Discussion Questions

For the Future:

- What issues should EOHHS consider when thinking about integrating HCBS waiver services within One Care?
- Should MassHealth consider prioritizing certain HCBS Waiver populations in providing access to or integration with One Care? For example:
 - Waivers with services MassHealth buys directly
 - Waivers targeted to individuals needing residential or other 24/7 supports
- What purchasing, licensing, quality oversight, operational, or other issues should MassHealth and State Agency partners address and resolve before considering creating new enrollment options for HCBS Waiver participants?
- In addition to FEW services, should services available to other HCBS Waiver populations be available to those populations through SCO, so that other waiver participants who are at least 65 have the opportunity to participate in SCO?

Next Steps

- Please check for updates:
 - www.commbuys.com for procurement information
 - www.mass.gov/duals-demonstration-20 for Duals Demonstration 2.0
 - www.mass.gov/one-care for One Care
 - www.mass.gov/senior-care-options-sco for SCO
- MassHealth will be seeking new One Care Implementation Council members

One Care

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VISIT US ONLINE

www.mass.gov/duals-demonstration-20

or

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