MassHealth Restructuring: Public Meeting #1

Executive Office of Health & Human Services

August 12, 2015

Agenda

- **Review feedback from stakeholder listening sessions**

- **Summarize action items / next steps for MassHealth; present current thinking on select topics**

- **Outline process for next phase of stakeholder engagement**

MassHealth received extensive feedback during the stakeholder listening process April-July

- MassHealth held **8 stakeholder listening sessions** across the state and created a **dedicated email address** for stakeholders to submit feedback

- Turnout was very strong, and **MassHealth received extensive input** from a broad array of stakeholders

- MassHealth sought feedback on six key priorities:
  - Improve **customer service and member experience**
  - Fix **eligibility systems and operational processes**
  - Improve **population health and care coordination through payment reform** and value-based payment models
  - Improve **integration of physical, behavioral health and LTSS care** across the Commonwealth
  - Scale **innovative approaches for populations receiving long term services and supports**
  - Improve **management of our existing programs** and spend

Feedback from listening sessions – Customer Service

- Reduce phone wait times

- Improve **accessibility and usability** for persons with disabilities

- **Expedited phone lines** for assisters and providers

- **Streamline** the application process; access application status online

- Simplify the **identity proofing** process in particular

- **Notices** written with clarity at an appropriate grade level; reduce multiple notices

- Increase amount of usable information on **MassHealth website**; more self-help options

- "**No wrong door approach,**" between MassHealth and the Connector; efficient transfers; cross-train staff; warm hand offs and quicker escalation between agencies

- Improve the **overall knowledge of customer service staff** and the consistency and accuracy of responses; and

- Modernize **provider credentialing and revalidation** process

- Use industry-standard **prior authorization** forms and claiming procedures

Feedback from listening sessions – Payment and Care Delivery Reform

- Consider **flexible and broadly applicable** approaches, not "one size fits all" solutions

- **Address fragmentation of care**; improve integration between physical, oral, behavioral health, pharmacy, and long term services and supports (LTSS)

- Move towards a **provider based care management approach** and resource it appropriately

- Address **concerns of small providers** in new payment models

- **Reduce avoidable ED, hospital and institutional utilization**, and build in protections to ensure cost savings are not at expense of primary care, behavioral health, or community-based LTSS

- Incorporate **social determinants of health** (e.g., support access to housing, tenancy preservation programs, nutritional access and support)

- Develop a **robust risk adjustment methodology**, ideally including social determinants

- Facilitate access to **peer services and community resources**

- Ensure new models value **member choice** and support providers' ability to **manage patient populations**

- Include incentives for **member engagement** and satisfaction, protections for **quality and access**

- Improve the quality, transparency, availability, and usability of **MassHealth data**

Feedback from listening sessions – BH/LTSS (1 of 2)

- Ensure focus on **care coordination and management** for frail elders, members with disabilities and/or significant behavioral health needs under accountable care models

- Ensure such standards prevent "**over-medicalization**" of care

- Evaluate ACOs on **LTSS outcomes**

- Ensure **consumer direction** for the Personal Care Attendant (PCA) program

- Draw on the **expertise of community mental health centers and community addiction treatment providers** to coordinate care of their clients, including seniors

- Examine the behavioral health "**carve out**" relationship; improve the integration of behavioral and physical health services

- Consider broadening access for the Community Support Program for People Experiencing Chronic Homelessness (CSPECH) and CommonHealth services

- Examine **Prior Authorization** processes for services for specific conditions; improve access for members who need these services

Feedback from listening sessions – BH/LTSS (2 of 2)

- Improve the **financial sustainability of the One Care program** and consider expanding it

- **Expand Senior Care Options (SCO) and PACE programs** for dual eligible seniors

- Consider **quality-of-life and recovery goals** in the development of quality measures for members with behavioral health needs

- Explore **expanding access to peer services and Recovery Learning Communities** for behavioral health;

- Improve treatment and access for members with **opioid addictions**;

- Evaluate LTSS and BH **reimbursement rates** including parity considerations

- Infuse the **recovery model** throughout the infrastructure of behavioral health services; and

- Identify ways to **address concerns related to privacy and consent** regarding sharing of data

Feedback from listening sessions – MCO program

- Recognize and examine the **financial situation of current MCOs**

- Create an improved and **more transparent rate setting process**

- Consider longer term improvements to the MCO program that drive **quality and efficiency**

- Ensure **alignment across MassHealth**, including for MCO members, with respect to new care delivery and payment models

- Consider improvements to the **stability of member enrollment** that protect member choice

- Review approach to **new high cost specialty drugs** in MCO rate setting

- Create incentives for further improvements **in integration of behavioral and physical health services**

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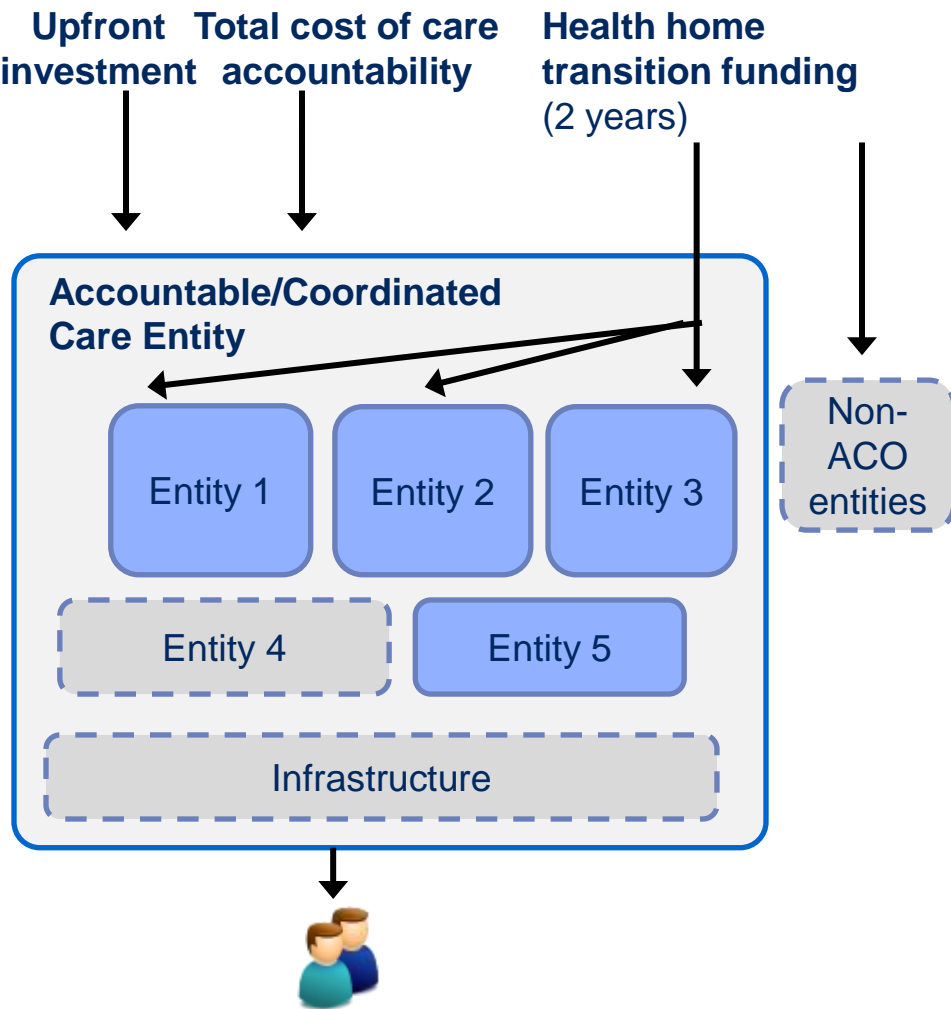- **Outline process for next phase of stakeholder engagement**

Customer service

- More **online self-service options** (e.g., health plan selection, online updates for certain member information such as address)

- **Customer satisfaction surveys** (surveys every ~6 months starting fall 2015, findings will be public and inform improvement initiatives)

- **Application assister direct access phone line** for Navigators and Certified Application Counselors (CAC) (pilot launched early August)

- **Improved identity proofing (IDP) process** (some updates effective August)

- **Cross-training of MH and CCA customer service staff**

- **Streamlined Provider Revalidation process** (e.g, no wet signature required; increased electronic interface; reduced document requirements)

- **Website redesign underway:**

  - New functionality, more user-friendly design and navigation

  - Continued improvements over time to make website more usable and accessible, including to those with disabilities

Payment and Care Delivery Reform – Concepts under consideration

- **<u>Overall goal</u>:** Developing a model that promotes **integration and coordination of care** to reduce siloes, enhance **population health,** and allow providers to take on **financial accountability** for the **total cost and quality of care**

- MassHealth is exploring linking payment and care delivery reform strategies with Massachusetts' conversations with CMS about the **1115 waiver**

- **State commits to annual targets for performance improvement over 5 years, e.g.,**
  - Reduction in total cost of care trend
  - Reduction in avoidable utilization (e.g., avoidable admissions)
  - Improvement in quality metrics

- **Make case to receive federal investment upfront through waiver**
  - Seek upfront CMS investment in new care delivery models
  - State at risk for meeting performance targets
  - Creates access to new funding to support transition and system restructuring

- **Access to new funding contingent on providers partnering to better integrate care**
  - ACO-like model with greater focus on delivery system integration
  - Total cost of care accountability

- Commitment to **significantly improving the quality, transparency, availability, and usability of MassHealth data**

- **Partnering with other payers to** improve **alignment and consistency**

MassHealth envisions cross continuum partnerships to be the cornerstone of new accountable care models, enabled by transitional funding

Upfront investment **Total cost of care accountability** **Health home transition funding** (2 years)

Accountable/Coordinated Care Entity

Entity 1 Entity 2 Entity 3

Entity 4 Entity 5

Infrastructure

Non-ACO entities

- **Partnerships** across the care continuum

- **Explicit goals** on reducing avoidable utilization (e.g., avoidable ED visits) and increasing primary, BH, and community-based care;

- A feasible and **financially sustainable transition** for provider partnerships that commit to accountable care

- **A statewide Health Homes program** to deliver care management and coordination services to appropriate populations of members with eligible chronic conditions

- **Explicit incorporation of social determinants of health**, through the technical details of the payment model and in care delivery requirements;

- Valuing and explicitly incorporating the **member experience and outcomes**

Optional entity

Behavioral Health (BH)/Long Term Services and Supports (LTSS)

> BH/LTSS integration is a critical component of MassHealth payment and care delivery reform strategy. Action items listed below are additional programmatic priorities

- Cross-agency review of policies and regulations to **reduce barriers to integration**, e.g.:
  - Allow same-day billing of consults for primary care and BH
  - Address need for IT infrastructure investments to support care integration

- Review contracts with MCOs and Massachusetts Behavioral Health Partnership (MBHP) to **support more integrated care models**

- Examine BH rates to **reduce disparities and improve access**

- Improve **coordination with other state agencies** (e.g., Department of Mental Health (DMH), Department of Public Health (DPH), Department of Children and Families (DCF))

- Improve patient flow/access to the **right services at the right time**, e.g.:
  - **Reduce ED boarding** and **DMH wait lists** of members awaiting placement

- Improve the **financial stability of One Care** program

- **Review LTSS rates**, including expanding pay-for-quality program for nursing facilities

- Explore **expansion of integrated care models for persons with disabilities** (including dual-eligible members), in partnership with the disability community

MCO program

Short term priorities

- Update assumptions about key factors in rate development, e.g.:
  - **Risk pool** and **member mix** changes due to redeterminations
  - **Pharmacy growth** due to high cost specialty drugs

- Improve accuracy and transparency of quarterly **risk adjustment process**

- PCC option for CarePlus members for **consistency across MCO programs**

- Improve **accuracy and timeliness of encounter data**

- Work with managed care partners to **address disparity in current rates for BH**

Longer term priorities

- More **competitive bidding process** that rewards plans with higher quality, higher customer satisfaction, and better cost effectiveness

- **Member enrollment options** that improve plan stability while protecting member choice

- Further improvements to **risk adjustment**

- Increased **data quality and transparency** for encounter data

- New approaches for new **high cost specialty drugs**

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Process for next phase of stakeholder engagement

- **Public meetings** (every 4-6 weeks) between now and March 2016 to solicit broad public input and provide transparent updates on progress

- A **standing forum for members and/or their families and caregivers** to provide ongoing guidance and feedback on the development, implementation, and performance of its programs and reforms;

- **Workgroups on payment and care delivery transformation**

    - Strategic Design

    - Payment Model Design

    - Attribution (co-led by the Health Policy Commission)

    - Quality

    - Health Homes

    - Certification and Criteria (co-led by the Health Policy Commission)

    - BH

    - LTSS

Workgroups will not be responsible for making policy decisions, such decisions will be made by the Executive Office of Health and Human Services (EOHHS) using inputs from the workgroups. Findings, products, and issues raised in the workgroups will be brought to the regular open, public meetings

Key design questions / discussion points for workgroups (1 of 2)
Examples only, not exhaustive

Strategic design
- What cost, quality and member experience targets can the Commonwealth commit to?
- How should we design an ACO model?
- How should MCOs and ACOs fit together?
- How should we account for member choice?

Attribution
- How should patients be assigned to ACOs or ACO providers? (i.e., who is the right accountable provider for different types of members?)
- How should members be notified and communicate with ACOs?

Payment Model Design
- What services should be included in ACO total cost of care (TCOC)?
- How should ACO payment be structured?
- Which risk adjustment methodology should MassHealth use?
- What data is necessary to support providers ?

Certification and Criteria
- How should MassHealth approach linking its ACO requirements to HPC ACO certification and DOI's RBPO regulations?
- What partnerships/ types of providers need to be represented in an ACO?
- What role should the state play in ACO governance criteria?
- Which specific patient protection criteria should be built into certification?

Key design questions / discussion points for workgroups (2 of 2)
Examples only, not exhaustive

Health Homes	• How many different types of health home models should MassHealth consider? (e.g., primary care based, BH, other specific chronic conditions) • How can MassHealth create a streamlined approach to care management and coordination (across health homes, ACOs, MCOs and other state agency programs)? • Which service delivery and staffing models will best serve the needs of different populations?
Quality	• Which quality metrics should MassHealth choose for its ACO program? • What performance improvement expectations should MassHealth expect over time?
BH	• How should integrated and patient-centered care look for members with severe and persistent mental illness or substance abuse needs? • How can ACO-like payment and care delivery models best support such integrated and patient centered care models?
LTSS	• How should integrated and patient-centered care look for members with disabilities, frail seniors or others with significant LTSS use? • How can ACO-like payment and care delivery models best support such integrated and patient centered care models?