

# One Care: MassHealth plus Medicare

MassHealth Demonstration  
to Integrate Care for Dual Eligibles

Open Meeting

November 6, 2014 1:00 PM – 3:00 PM

Worcester Public Library

Worcester, MA



# Agenda for Today

- One Care Year in Review
- One Care Finance
- Contract Management and Monitoring
  - Behavioral Health Services
  - Quality Monitoring Activities
  - Marketing Material Review
  - Monitoring One Care Plans' Provider Networks
- Public Awareness and Outreach Activities
- Health Homes
- Implementation Council Update
- One Care Ombudsman Update

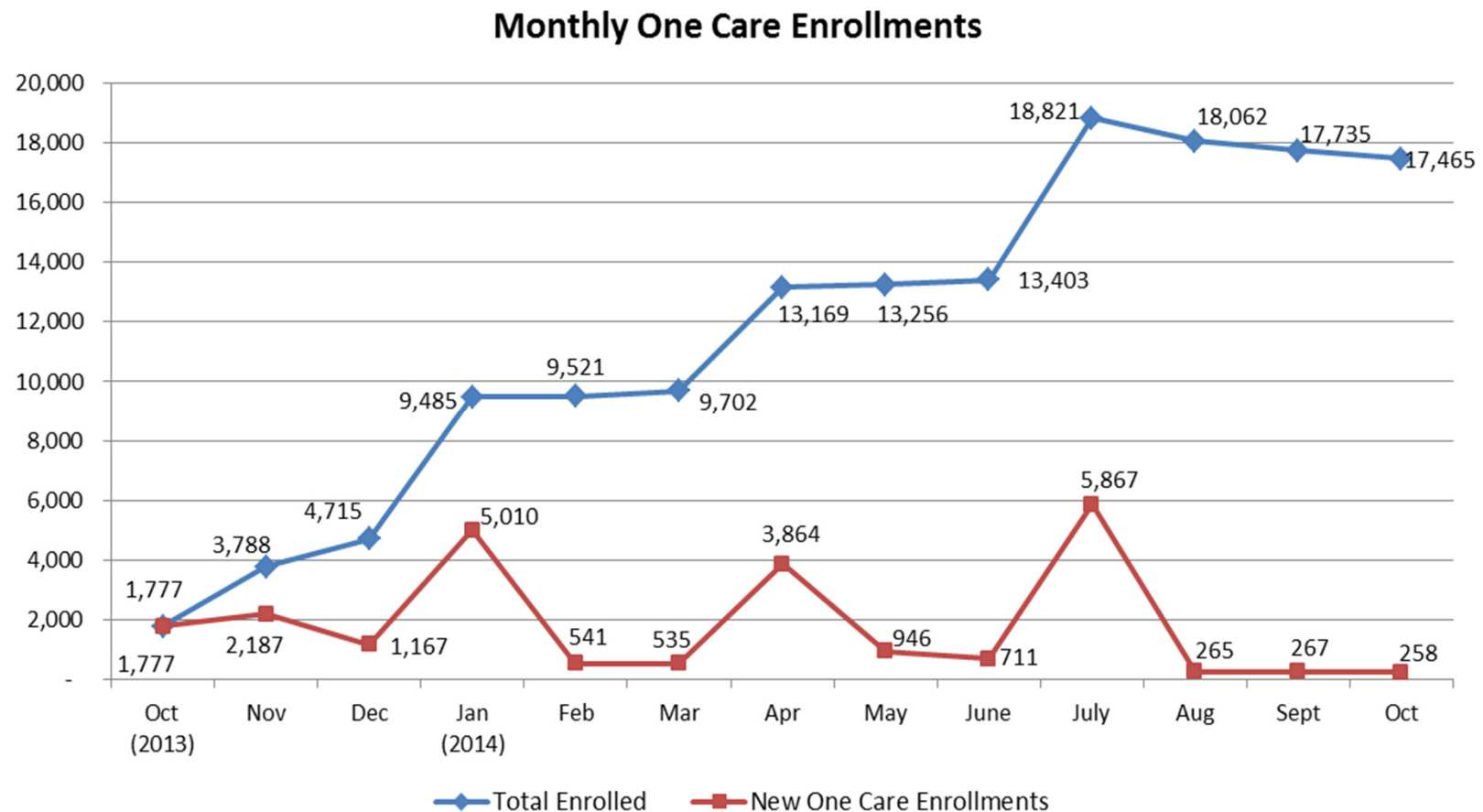
## One Care Year in Review

# Year in Review – Key Milestones

- Early Indicators Project (EIP)
  - Convened workgroup, to obtain early information about member experience in and perceptions of One Care
  - Completed four focus groups and two\* surveys (\*second is underway)
  - Established quarterly dashboard report of One Care indicator data. All data reports are available on the One Care website [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).
- Ongoing outreach and information sessions (three health and enrollment fairs; five community information sessions; ~40 outreach events)
- Developed information-sharing opportunities for providers, plans, and other stakeholders
  - Hosted two in-person conferences
  - Created seven training webinars
- One Care Ombudsman
  - Launched in March 2014
  - Hired a bi-lingual (English/Spanish) ombudsman
- Ongoing stakeholder collaboration, working relationships with the One Care plans, and CMS

# Year in Review – Enrollments

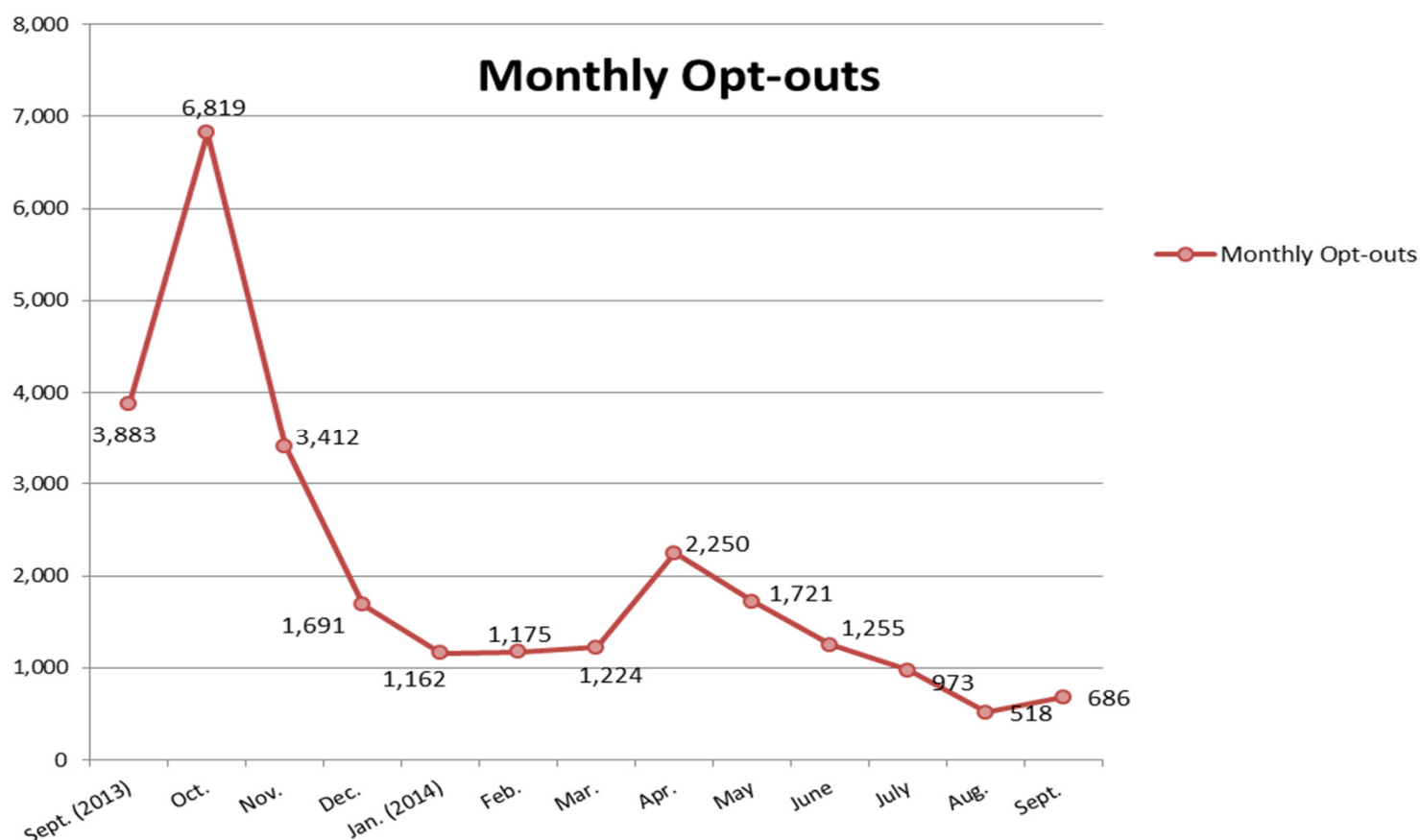
- Following is an overview of enrollments in One Care since the demonstration launched on October 1, 2013



*January, April and July 2014 were auto-assignment months*

# Year in Review – Opt-Outs

- One Care monthly opt outs have significantly declined since the first few months of the Demonstration

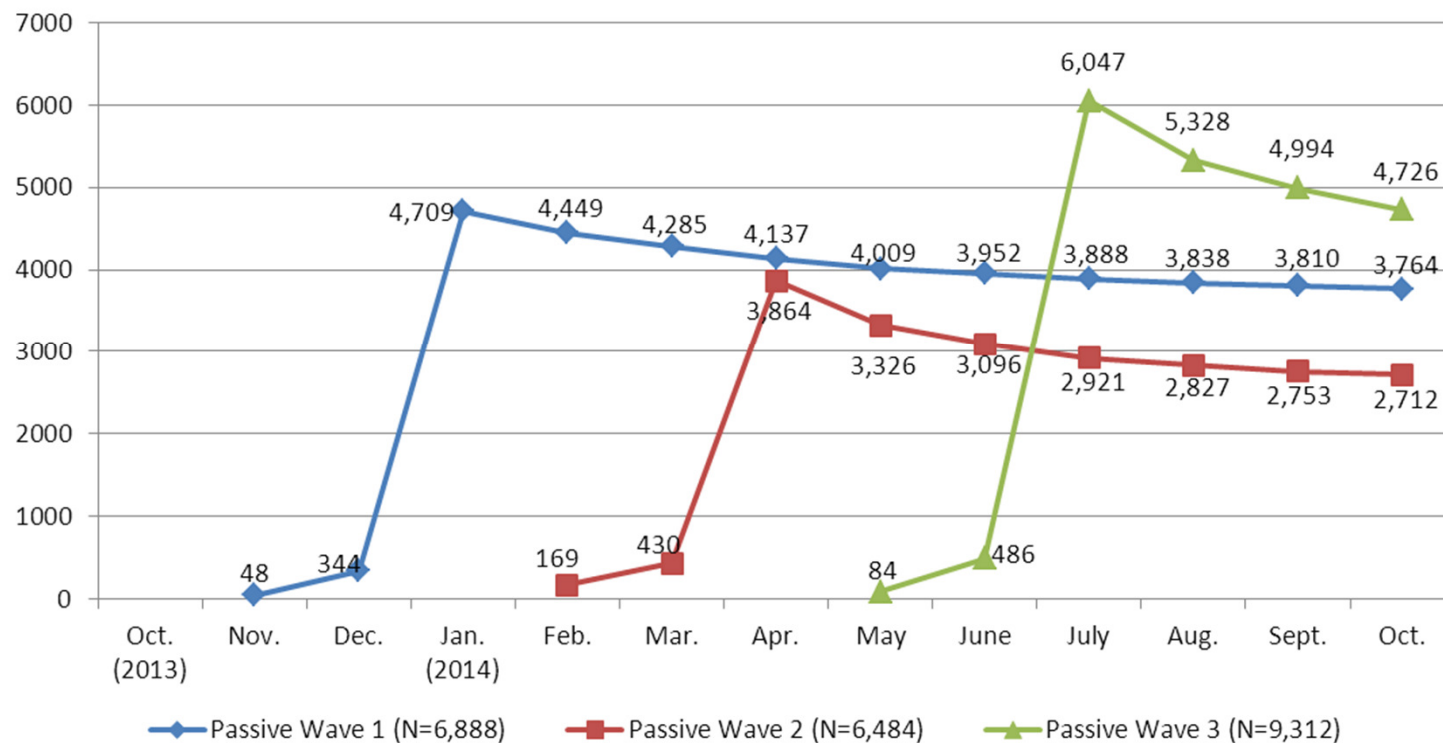


*January, April and July 2014 were auto-assignment months*

# Year in Review – Auto-Assignment Enrollments

- Of the automatic enrollments that took effect (i.e., people stayed enrolled in One Care)
  - Round 1: ~74% remain enrolled
  - Round 2: ~61% remain enrolled
  - Round 3: ~71% remain enrolled

Monthly Enrollment: One Care Enrollees Included in Auto-Assignment



## One Care Finance



# One Care Finance

- MassHealth and CMS are considering adjustments to the financial methodology for One Care
  - Retroactive rating category adjustment payments
    - MassHealth will pay up to 3 months of the difference between the proxy rating category and the MDS-HC assessed rating category
  - High-cost Risk Pool
    - Eliminating for DY1
    - Plans expect to be budget neutral
  - Risk Corridors
  - Savings Percentages

## **Contract Management and Monitoring**

# Contract Management and Monitoring

- MassHealth's One Care unit in the Providers and Plans (P&P) unit is a dedicated program team responsible for monitoring and oversight of One Care operations
- Contract managers work directly with the plans on a daily basis to
  - Protect members' rights
  - Assure members have access to covered services
  - Ensure the One Care plans develop and implement clinical and operational performance measures in accordance with the contractual obligations and program reporting requirements
  - Establishing procedures to facilitate information sharing

# Behavioral Health Services

- MassHealth has been working with the One Care plans and their behavioral health (BH) providers to:
  - Ensure BH services are being integrated with medical and LTSS
  - Identify successful approaches to ensure continuity of care
  - Improve care and reduce adverse health outcomes
- Members experiencing homelessness are particularly vulnerable; MassHealth partnering with the Boston Health Care for the Homeless Program (BHCHP) to increase awareness and enrollment in One Care among this population
  - Staffing information tables at BHCHP to answer questions about One Care and assist with enrollment
  - Attending BHCHP health fairs and food clinics
- Additionally, MassHealth is scheduling meetings with high-volume behavioral health providers to brainstorm ways to reach members who are isolated or otherwise hard to reach. Providers include:
  - Behavioral Health Network
  - Community Health Link
  - Bay Cove

## Behavioral Health Services (*cont'd*)

- The Implementation Council has requested that the One Care plans present on behavioral health integration and services at the November meeting (Friday, Nov. 21, 1-3 PM, One Ashburton Place, 21<sup>st</sup> floor)
- The Council has asked the One Care plans to be prepared to discuss:
  - Access to behavioral health services (inpatient, diversionary)
  - Supporting member transitions between community-based care and inpatient stays or effectively diverting to community-based care
  - Best practices
  - Member engagement (or lack of)
  - Additional challenges or opportunities

# Quality Monitoring Activities

- MassHealth created a One Care Quality workgroup to assist with review of quality and outcome measures
- The Quality workgroup is comprised of MassHealth quality staff and members of the Implementation Council
- The workgroup will
  - Discuss and provide feedback on One Care quality measurement, quality improvement, and evaluation activities
  - Offer input to quality content
  - Review quality program outputs
  - Identify ways to increase One Care member response rates to surveys and other requests for member feedback
  - Encourage One Care members to respond to surveys and other requests for feedback

# Quality Monitoring Activities (*cont'd*)

- The workgroup will periodically provide the Implementation Council status updates on quality measures including:
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPs)
  - External Quality Review Organization (EQRO) compliance review findings
  - Quality Improvement Plan (QIP) Review Findings
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Mental Health Recovery Measure(MHRM) survey results
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Health Outcomes Survey (HOS)
  - Provider Satisfaction Survey Results
  - LTSS Medical Record Review Results
  - Member Grievances
  - Utilization measures e.g., COPD, CHF and Behavioral Health Readmission Rates

# One Care Marketing Material Review



- All plan marketing materials must meet state and federal standards to ensure they deliver clear and accurate information to members and potential members.
- Marketing materials include any materials developed and/or distributed by One Care plans targeting their members or potential members
  - Member Handbooks
  - ID cards
  - Provider Directories
  - Advertising
- Materials jointly reviewed by MassHealth and/or CMS depending on the material type
- Plans must correct and resubmit any materials not meeting guidelines
- MassHealth and CMS have worked collaboratively with each plan to ensure a smooth review process
- As of 11/5/14, a total of 661 materials have been received



# One Care Provider Network Adequacy Monitoring

- Plans must maintain sufficient Provider Networks to provide all enrollees with access to the full range of One Care covered services

Network Adequacy Tests	
<u>Medicare</u>	<u>MassHealth</u>
<ul style="list-style-type: none"> <li>• Meet/exceed a minimum number of required provider types based on population density and member to provider ratio</li> </ul>	<ul style="list-style-type: none"> <li>• Within a 15-mile or 30-minute radius from enrollee's zip code plans must contract with                             <ul style="list-style-type: none"> <li>– At least two PCPs</li> <li>– Two hospitals (when feasible)</li> <li>– Two nursing facilities</li> <li>– Two outpatient BH providers</li> <li>– Choice of two LTSS providers</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <math>\geq 90\%</math> of a plan's members must have access to one or more required providers/facilities within calculated time and distance</li> </ul>	<ul style="list-style-type: none"> <li>• Plans must also demonstrate reasonable geographic coverage of all other provider types (ex. vision, transportation)</li> </ul>
<p><u>Annual Reports and Ongoing Complaints Monitoring</u></p> <p>Plans must report several metrics to MassHealth annually to help evaluate the strength of their provider network. In addition, MassHealth continually follows up on any member complaints regarding weaknesses in a plan's provider network.</p>	

## **Public Awareness and Outreach**

# Community Outreach Video Vignettes

MassHealth



- Watch and hear members talk about why One Care works for them
- Members from all three One Care plans share their stories
- The videos are online at [www.mass.gov/masshealth/onecare/videos](http://www.mass.gov/masshealth/onecare/videos) and on MassHealth's YouTube page

# Community Outreach



- MassHealth recently participated in the following conferences and meetings across the state to reach key One Care audiences

Date	Session/Conference/Event	Location
9/30/14	Shared Living & Adult Family Care Conference	Worcester
10/1/14	One Care information meeting with South Middlesex Opportunity Council (SMOC) Housing Staff	Worcester
10/3/14	Case Management Society of New England 25th Annual Conference	Boxborough
10/7/14	Everyday Miracles Peer Recovery Community Center	Worcester
10/16/14	Consumer Advisory Board (Boston Healthcare for the Homeless)	Boston
10/18/14	NAMI Mass Annual State Convention	Lowell
10/22/14	The Arc of Opportunity Presentation/Discussion	Fitchburg
10/24/14	Association for Behavioral Health – Salute to Excellence	Waltham

- If you are interested in MassHealth coming to one of your events, please email us at [OneCare@state.ma.us](mailto:OneCare@state.ma.us)

# Provider Outreach

MassHealth

- MassHealth continues to implement a provider communication plan to raise awareness of One Care among primary care and behavioral health providers.
- Components of the plan include
  - Ads in provider journals that target primary care and behavioral health providers (Sept-Dec 2014)
  - Email to primary care providers about One Care (October 16, 2014)
  - Direct mail to providers in One Care service areas (early November 2014)
  - Information for provider associations to include in newsletters, bulletins, and updates to their members and networks (mid-November 2014)



**simplify.**

**A Simpler Approach for Primary Care Providers**

One Care is a new health care plan that brings together MassHealth and Medicare to serve Massachusetts residents with disabilities, ages 21-64.

<b>Benefits for You:</b>	<b>Benefits for Patients:</b>
<ul style="list-style-type: none"><li>• Single authorization for payment</li><li>• Submission of bills to one payer</li><li>• Enhanced care coordination</li><li>• Team-based, person-centered care</li><li>• Additional education and training programs</li></ul>	<ul style="list-style-type: none"><li>• No co-payments</li><li>• Enhanced dental and vision services</li><li>• More behavioral health services</li><li>• Additional community based services, e.g., medication management, homemaker services, and transportation to community activities</li><li>• Care that is integrated and coordinated</li></ul>

**One Care**  
MassHealth+Medicare

Learn more about participating One Care plans  
[www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare)

# Mailing to Members with 2015 Part D Changes



- In early November 2014, CMS began mailing letters to individuals who will face changes in their Medicare Part D plan (i.e. Medicare drug plan) in January 2015
- The letters tell people who were previously automatically enrolled in a Medicare drug plan:
  - CMS is reassigning them to a new drug plan
  - How to request a different drug plan
- CMS is also mailing to people who selected a Medicare drug plan but will have to pay a higher premium beginning January 1, 2015
  - People can choose a different drug plan, but they need to request the change
- MassHealth will be mailing One Care enrollment packets to those individuals who are also eligible for One Care so that they can consider One Care an option for their health and drug coverage
- MassHealth expects to mail enrollment packets in late November

## Health Homes



# Health Homes – Overview

- The Affordable Care Act (ACA) created an opportunity for states to enhance integration and coordination for individuals with chronic illness across the lifespan through Health Homes
- MassHealth is developing a Health Home SPA targeting individuals with chronic mental health conditions
  - People with serious mental illness have an average life expectancy that is 25 years less than the general population
  - The majority of these premature deaths are due to chronic medical conditions such as heart disease, COPD, diabetes and obesity



# Health Homes and One Care Population

- MassHealth eligible adults would be eligible for the Health Home SPA if they meet at least one of the following:

Department of Mental Health (DMH)	The member is determined eligible for DMH services; OR
Diagnosis/Utilization criteria	The member is identified through claims analysis as having diagnoses or patterns of utilization that indicate SPMI that closely resemble DMH criteria and/or include a co-morbid medical condition with the SPMI diagnosis.

- Approximately 70% of the population eligible for One Care has a behavioral health diagnosis
- Analysis of early One Care enrollments showed that 41% of One Care enrollees would be eligible for this Health Home SPA
  - One Care enrollees in the C2 rating categories are most likely to meet these criteria

# Health Home Services

- The ACA included the following 6 services as Health Home Services:
  1. Care Management
  2. Care Coordination
  3. Health Promotion
  4. Transitional Care
  5. Individual and Family Support
  6. Referrals to social and community support
- The One Care contract, care model, and list of covered services substantially match the Health Home Services

# Health Home Providers

- For One Care enrollees, MassHealth proposes designating the One Care plan as the Health Home provider
  - One Care plans are accountable through the three-way contract for assessment, care planning, care coordination, care management, and provision and integration of covered services
  - Contract provides flexibility for One Care plans to innovate:
    - Discretion to directly carry out or delegate care management functions to providers
    - Develop alternative payment methodologies
  - Allows for consistency with One Care concept and design, while protecting entitlement to Health Home services for eligible members
  - One Care plans will have discretion to delegate Health Home functions to providers, including those identified by MassHealth as Health Home providers
- The SPA would identify MassHealth enrolled providers as eligible to apply to become Health Home providers (outside of One Care):
  - Mental Health Centers
  - Community Health Centers also enrolled as Mental Health Centers
  - Hospital-licensed health centers that provide mental health services
  - Hospital Outpatient Departments
  - DMH-Operated Mental Health Centers

# Discussion

- Experience in One Care as a 'Health Home'
- Eligible population in One Care
- Designating One Care plans as Health Homes
- Other?

## Implementation Council Update

## One Care Ombudsman

## Discussion/Questions?

Visit us at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare)

Email us at [OneCare@state.ma.us](mailto:OneCare@state.ma.us)

