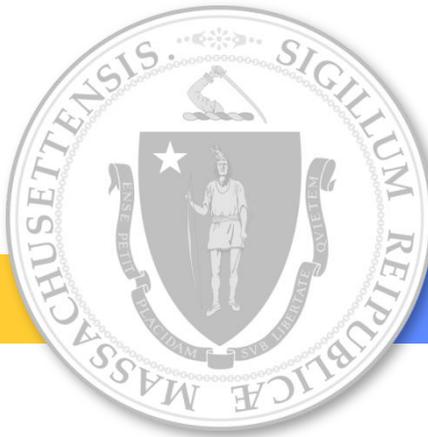


MassHealth Regional Listening Sessions: Customer Services Experience, Payment Reform, Behavioral Health & Long Term Services and Supports



**Executive Office of Health & Human
Services**

April – June 2015

Goals for today

- Review MassHealth priorities
- Gather input for:
 - Member Experience
 - Payment and Care Delivery Reform
 - Behavioral Health
 - Long Term Services and Supports (LTSS)
- Discuss next steps

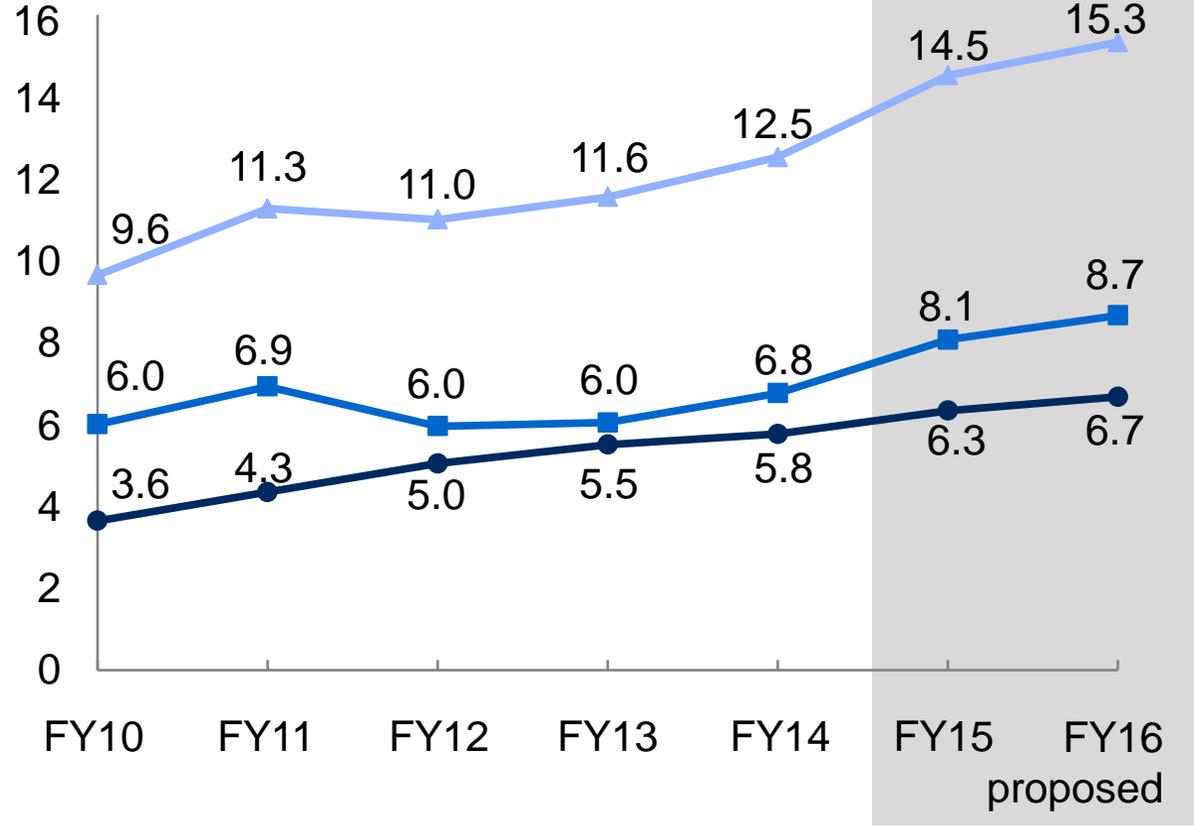
The Commonwealth has a rich history in health care

- First in nation to secure **nearly universal health coverage** for all citizens
 - 97% insured
 - 91% of residents report having a usual source of care
- Significant **involvement and engagement with stakeholders**, advocates, and members
- Health care reform efforts rooted in **strong collaboration between private and public sectors**
- **Legislative mandate** to move toward alternative payment methods
- **Innovation through new programs** (e.g., One Care, Primary Care Payment Reform)

However, MassHealth is currently unsustainable

- ▲ Total MassHealth Spending
- Total MassHealth Revenue (FFP + Assessment)
- Total Net State Cost

\$Billions

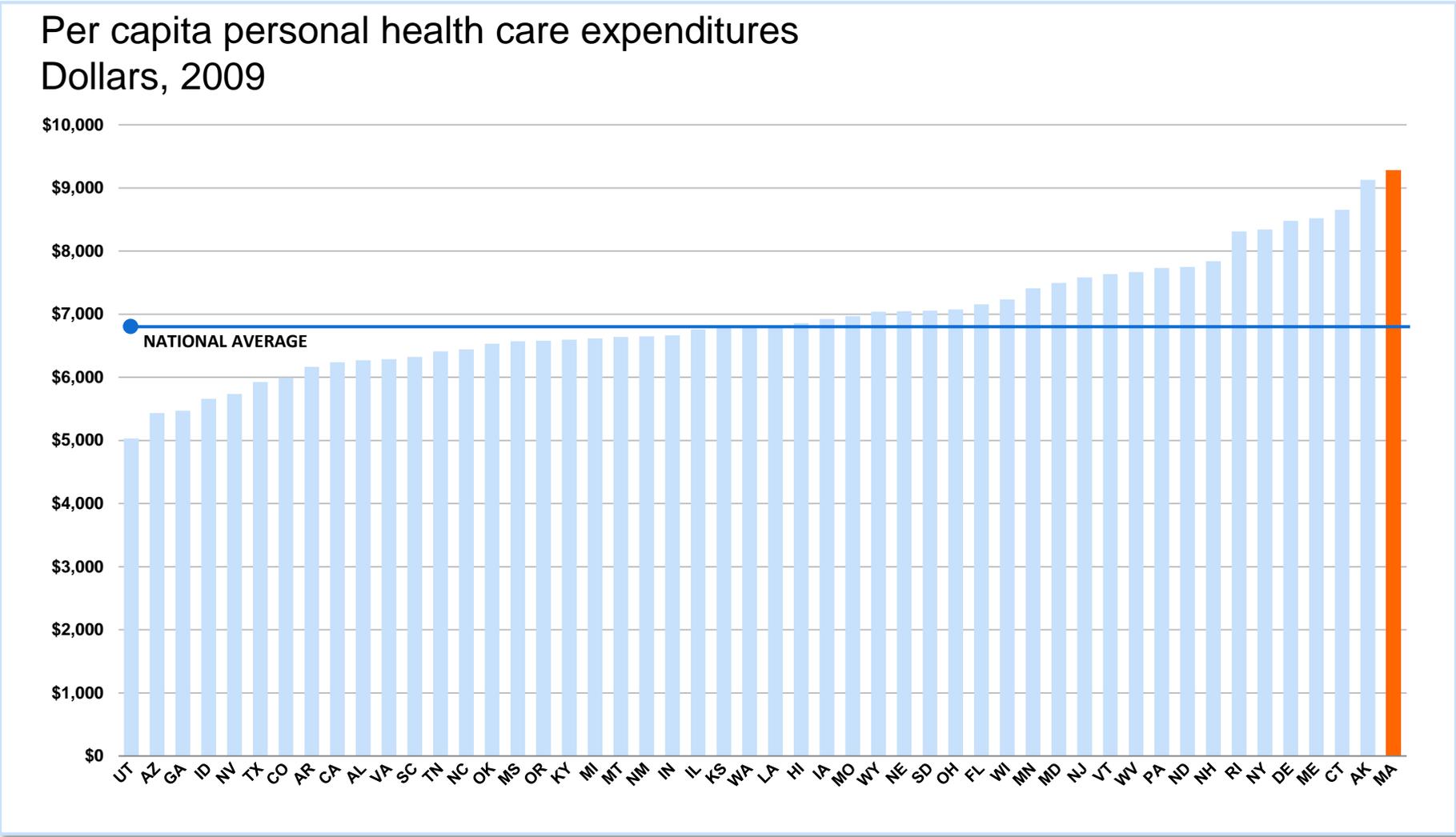


Growth* FY10-14 Percent	Growth FY14-15 Percent	Growth FY15-16 Percent
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*Represents the Compound Annual Growth Rate (CAGR): the year-over-year growth rate of an investment over a specified period of time
SOURCE: MassHealth

Massachusetts spends more on health care than any other state



NOTE: District of Columbia is not included.

SOURCE: Blue Cross Blue Shield of Massachusetts Foundation, March 2013 report (<http://www.bluecrossfoundation.org/publication/updated-health-care-costs-and-spending-massachusetts-review-evidence>); Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2011.

MassHealth 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

Restructuring MassHealth: principles of our approach

Person-centered	Focus on improving quality and member experience
Clinically appropriate	Ensure clinically sound design with direct input from Massachusetts members and providers
Appropriate by population	Account for varied member populations and providers (not a one-size-fits-all model)
Pragmatic	Identify solutions that can be implemented in a practical and timely manner
Data-based	Make design decisions based on facts and data
Financially Sustainable	Ensure improvements lead to a more cost effective and sustainable system

On April 6th, MassHealth began a series of discussions with stakeholders. We set out the following principles and topical areas:

- We are **committed to gathering input**
- We will be **holding sessions** across the state
- We invite you to **bring constructive ideas**:
 - Things we need to improve
 - Strategies we should consider
- After these sessions, **we will evaluate and share next steps on timelines/sequencing of work**
- We will **engage stakeholders as we begin to develop specific proposals**

Topical areas for input:

- **Member and provider experience**
- **Payment reform to improve population health and care coordination**
- **Integration of physical and behavioral health**
- **Approaches for improving care and sustainability for long term services and supports (LTSS)**

Member and provider experience: Priorities

- **Improve coordination between MassHealth and the Connector**
- **Evolve our customer service capabilities**
 - Reduced wait times
 - Right knowledge to support members
 - Increased automation to improve our workforce effectiveness
 - Customer satisfaction metrics
- **Maximize the use of technology**
 - Examples: web, telephone, email, text
 - Clear presentation of Actionable Content and reduced barriers to communication
 - More real-time response capability
- **Enhance access and service for people with disabilities**
 - Improved accessibility
- **Enhance our provider-facing customer service**
 - Improve business interfaces with providers
 - Meaningful partnership in delivering quality care to members

Member experience of care: what's working and what to improve

Questions for discussion

Enrollment and communication

- How can we make Open Enrollment for 2016 work better for applicants and those renewing coverage?
- What areas cause the most concern regarding the accuracy of information being provided? Where is staff/customer service training most needed?
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Getting to know you and your needs

- Have you been asked what you want and what works for you? Have your opinions been respected?
- What helps providers get to know you and what you need?

Care coordination

- Do your providers talk to one another, and to you?
- Have you worked with someone who coordinated your care? What worked and what didn't?
- Would you like to work with someone to coordinate your care?

Quality

- What can MassHealth do to better understand the quality of services and members' quality of life?

Other topics or comments?

MassHealth Payment and Care Delivery Reform: Goals and Principles

- Goal: **every MassHealth member has a provider who is accountable for overall health, quality, and cost of care**
- Some things to **balance**:
 - Not a one-size-fits-all model
 - At the same time, approaches must scale across MassHealth
- To be successful, we will need a **cohesive strategy** that we commit to and design/ roll out at scale (vs. uncertainty of many unrelated pilots and efforts)
- We will also need to **sequence initiatives**

Payment reform / model, Behavioral Health and Long Term Services & Supports integration

Concepts/strategies for discussion

- **Types of payment models** and how they fit together (e.g., Patient Centered Medical Homes, Accountable Care Organizations, health homes, episode based payments)
- **Population-based view:** how do the models need to differ for different populations
- Approach to **Behavioral Health and Long Term Services & Supports integration**
- **Types of providers** and capacity to assume clinical and financial accountability
- **Variability in risk adjusted total cost of care** across providers, especially acute care spend
- **Alignment with Managed Care Organizations and commercial payers**

Addressing Social Determinants of Health

Concepts/strategies for discussion

- Linking **social determinants** with clinical services
- **Role of payment model** in facilitating such linkages
- Type of infrastructure needed to **enable referrals** from clinical settings to community and social services
- **Data linkages** across state agencies
- Including community health workers, peer wellness specialists, and personal navigators in **care teams**

Physical and Behavioral Health integration

Strategies/ concepts for discussion

- **Goals** for physical/ behavioral health integration
 - **Address gaps/ barriers for better integration** of physical/ behavioral health care
 - **Improve coordination of care** across physical/ behavioral health services
 - **Better organize care** for different groups
 - **Update** policies to remove barriers to integration

- **Questions**
 - Who is best positioned to help coordinate care?
 - Should accountability for care be different for people with fewer/greater behavioral health needs?
 - Behavioral health/primary care provider co-location?
 - What are the barriers for providers to integrate physical and behavioral health care?
 - Specialized approaches (e.g., Health Homes)?
 - Views on “carve out” approaches for behavioral health?

Improving care for elders, individuals with disabilities, and those who use Long Term Services and Supports (LTSS)

Strategies/ concepts for discussion

- **Goal: every member has an organization or provider responsible for supporting care coordination and integration, based on the Member's specific needs and direction**

- **Principles**
 - Person-centered planning/direction with improved coordination of care
 - Community first
 - Increased access to and integration of LTSS
 - Financial sustainability and cost-effectiveness
 - Integrating LTSS into new payment models where appropriate

- **Potential strategies (for discussion):**
 - How do we enhance access to providers and ADA compliance?
 - What member protections are important to consider as we think about expanding integrated care models (like PACE, One Care, SCO)?
 - How should LTSS work for members once MassHealth begins contracting with ACOs, value-based purchasing, and other models?
 - How can MassHealth better partner with and support LTSS providers?
 - Where are members running into barriers getting needed services and supports?

Next steps and future engagement

- **Continue to gather input from stakeholder meetings**
 - Times/ locations can be found at www.mass.gov/hhs/masshealth-innovations
- **After stakeholder input meetings are complete, we will**
 - Evaluate input
 - Share priorities and timelines
- **The timelines we develop will sequence various efforts**
 - Some things beginning now
 - Stagger other initiatives
- **We will be conducting significant stakeholder engagement once we begin working through more specific proposals**
 - Details to follow

Thank you

Share feedback and pose questions
Sign up for mailing lists and invitations
MassHealth.Innovations@state.ma.us

www.mass.gov/hhs/masshealth-innovations