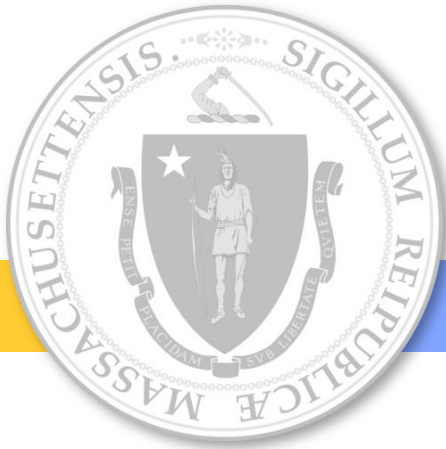


One Care: Implementation Council Meeting



Executive Office of Health & Human Services

**MassHealth Demonstration
to Integrate Care for Dual Eligibles**

Tuesday, January 15, 2019, 10:00 AM – 12:00 PM

Boston Society of Architects

290 Congress Street, Boston, MA, Suite 200

One Care – The Original Capitated Duals Demonstration

- In 2013, Massachusetts launched One Care, the first modern Medicare-Medicaid Duals Demonstration in the country to **integrate care and financing**
- One Care was designed specifically to meet the **unique needs of dual eligible individuals with disabilities ages 21-64**

Key Objectives:

- Improve member experience in accessing care
 - Deliver person-centered care
 - Promote independence in the community
 - Improve quality
 - Eliminate cost-shifting
 - Achieve cost savings
- One Care offers **broader services** than what is available through fee-for-service
 - One Care plans are **accountable for meeting their enrollees' needs** through a **person-centered** care model that **supports each individual** over time
 - One Care affords **flexibility** for plans to use global capitated payments to more **nimbly and creatively** craft individualized solutions **to meet each member's needs, goals, and preferences**
 - **Rebalance** resources away from acute/emergency services and **toward preventive care and community-based services and supports**
 - **Whole person**; shift away from medical model

Consumer-Led Culture and Voice in One Care

- The One Care model is grounded in **disability competency, independent living, and recovery models** of care
- One Care plans must provide **culturally and linguistically appropriate and accessible communications** and customer support
- Plan networks include providers that accommodate **physical access, flexible scheduling, and communication needs of enrollees**
- A **consumer-led** Implementation Council provides an **unprecedented level of direct consumer and stakeholder engagement** with MassHealth, CMS, and One Care plan leadership on implementation and policy – and is a **national model** for other states
- ***My Ombudsman*** provides **independent** support, information, and assistance
- Each One Care plan convenes a **Consumer Advisory Board** to better **understand member experience**, and to more closely **connect plan members to governance**

One Care – Services and Care Coordination

- **One Care Services** include:
 - All **Medicare, MassHealth, and prescription drug benefits**, including Medicare Part D through a **single, integrated plan**
 - Enhanced benefits including: **behavioral health and community support services, vision and dental services, non-medical transportation services, care coordination, and no copays**
- All One Care members have access to **care coordination**, including:
 - A care coordinator to **help coordinate their benefits and services**
 - If the member chooses, a **Long-term Supports Coordinator** to help them with **access to long-term services and supports**
- For new One Care members:
 - Keep seeing their providers during the **Continuity of Care period** – at least 90 days - until an assessment and care plan are complete
 - Build a **care team** that preserves existing provider relationships wherever possible
 - **Comprehensive assessment** to understand member's needs, goals, and preferences (at least every year)
 - Care team and member create a **person-centered care plan** based on assessment, driven by member (at least every year)

One Care in Duals Demonstration (Demo) 2.0

- **Duals Demo 2.0** is a platform to **build on the work we began with One Care**:
 - **Partner** with stakeholders, providers, community organizations, plans, and CMS to continue to **improve health quality outcomes**
 - Expand federal flexibilities to **improve the member experience of older adults** in Senior Care Options (SCO)
 - **Extend the benefits of integrated care to more members** and promote **long-term sustainability** of One Care and SCO by increasing enrollment
- **We aim to strengthen One Care in Duals Demo 2.0 based on feedback from the Implementation Council and stakeholder community**:
 - Ensuring scale doesn't crowd out **individualized, person-centered care**
 - **Respecting the member's expertise** in the care planning process
 - Emphasizing the values of **independent living and recovery**
 - Promoting **health equity, reducing disparities, and addressing the social determinants of health**
 - Pushing the cycle of **innovation**, with **more transparency** on results and outcomes

One Care Re-procurement

- MassHealth is **not** looking for traditional health plans
- We are seeking **committed and innovative partners** that provide evidence they understand how to work with people with disabilities:
 - Fully embrace and demonstrate commitment to the principles of independent living and recovery models, and cultural and disability competencies
 - Will leverage best practices to ensure One Care promotes health and wellness equity and drives improvement in member experience and health quality outcomes
 - Are connected to the communities and the people they will serve
- **Respondents** will be asked to react to **member scenarios inspired by real-life issues**
- **Some consumer members** on the **Implementation Council** will **participate in the evaluation process by:**
 - Reviewing programmatic responses
 - Meeting with EOHHS reviewers to share their perspectives and inform the procurement recommendation

Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (1 of 6)

- **We expect selected One Care Plans to:**
 - Partner with MassHealth, CMS, members, providers, and community organizations to improve population health, health quality outcomes, and quality of life for members with disabilities
 - Be creative and innovative – we are asking for specific Innovation Plans and will manage these via two-way contracts between MassHealth and each plan
 - Engage with stakeholders – Implementation Council, Consumer advisory boards, etc.
 - Demonstrate how person-centered planning and services would be offered consistent with One Care principles and address individuals' goals
 - Measure themselves, identify areas for improvement, and drive decisions based on outcomes
 - Be accountable for improving health care quality and outcomes, including addressing disparities across populations

Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (2 of 6)

- **Plan Commitment to Enrollee Outcomes and Improvement – Attracting/Retaining Members**
 - Focus on maintaining members’ connection to and engagement with their plans to improve individuals’ health outcomes
 - Plans will be required to assist members in maintaining MassHealth eligibility; we may prefer Plans that will keep members enrolled during brief gaps in MassHealth eligibility
 - Plans must demonstrate their value, effectiveness, and commitment to improving health outcomes for members
 - Successful respondents will demonstrate strategies to:
 - Continually attract new members through self-selected enrollment (in addition to passive enrollment)
 - Engage new members in ways that lead to members wanting to stay enrolled – building long-term relationships focused on Enrollee outcomes

Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (3 of 6)

■ Equity

- Plans should view care model through lens of population health
- Intentional focus on disparities
- Connecting service authorizations and utilization management to outcomes
- Partnerships with community experts to develop effective strategies and engage enrollees

■ Disparities

- Focus areas include: mental health, addiction, women's health, deaf and hard of hearing, race, ethnicity, language, sexual orientation, and gender identity
- Plans must identify, measure, and develop strategies to address and reduce disparities
- Track and measure impact of strategies; identify and report on barriers to addressing disparities
- We will designate one or more quality measures on disparities

Procurement Concepts from IC/Stakeholder Feedback

PRELIMINARY (4 of 6)

■ Service Authorizations and Utilization Management

- Authorizations of additional services available in One Care should consider value –
 - How the services contribute to the health, independent living, and quality outcomes of the Enrollee
 - Support the Enrollee’s connection to and ability to participate in their community
- Processes should consider expected outcomes, e.g., services that:
 - Divert from facility setting, hospital, or Emergency Department
 - Meet particular needs of person
 - Support ability to live independently and participate in home/community
- Plans should connect members to community organizations that can resource/support
- Processes should encourage proactive, preventive strategies to prevent and avoid need for acute care

Procurement Concepts from IC/Stakeholder Feedback

PRELIMINARY (5 of 6)

■ Strengthen LTS Coordinator

- Clarify that we expect engagement before, during, and following care transitions
- Ask how respondents will assess and ensure adequate capacity of contracted LTS Coordinators to support participation in Comprehensive Assessments
- Plans must work with community to identify and implement best practices for promoting effective LTS Coordinator engagement

■ Personal Assistance Services - Cueing and Monitoring

- Currently is and will remain a covered service – broader than State plan PCA
- Clarify definition in new contract and work with stakeholders to improve operational processes

■ Community Connection

- Care plan should address accessibility, access, and participation barriers to member's goals for community connections
- Include in assessment and authorization criteria for Non-Medical Transportation and Durable Medical Equipment/Assistive Technology

Procurement Concepts from IC/Stakeholder Feedback – PRELIMINARY (6 of 6)

■ Transportation

- Frequently highlighted in grievances data and member calls to the Ombudsman
- Seeking strategies to use value-based purchasing and other new contracting approaches to improve member experience

■ Transparency and Reporting

- MassHealth will work towards creating a public facing dashboard
- Plans will support reporting and engage with MassHealth and Council during development

One Care Procurement Updates

To assist potential bidders, MassHealth has released a Databook and an Eligibility and Enrollment File on COMMBUYS

■ **Databook:**

- Contains summarized demographic and cost data related to eligible populations and covered services for One Care
- Narrative to describe the information in the Databook.
- Expect summary of Medicare data to be available in 2019

■ **Eligibility and Enrollment:**

- Data file summarizes the number of MassHealth members eligible for and enrolled in One Care by county and Zip Code as of October 26, 2018
- Provided for all 14 Massachusetts counties to indicate where members live and would be eligible for One Care if it were currently available statewide
- File with description of data also posted



One Care

MassHealth+Medicare
Bringing your care together

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