MassHealth

Massachusetts Demonstration to Integrate Care for Dual Eligibles

May 30, 2013

Presentation by Robin Callahan,
Deputy Medicaid Director

One Care

MassHealth

- The Massachusetts State Demonstration to Integrate Care for Dual Eligible Individuals is called One Care: MassHealth plus Medicare

One Care

MassHealth+Medicare

Bringing your care together

Eligible Population

MassHealth

- Key eligibility criteria:
  - Age 21 to 64 at the time of enrollment;
  - Eligible for MassHealth Standard or CommonHealth;
  - Enrolled in Medicare Parts A & B and eligible for Medicare Part D;
  - Without other comprehensive insurance;
  - Residing in a designated service area of an Demonstration plan
  - Not enrolled in a Home and Community-based Services (HCBS) waiver; and
  - Not residing in an Intermediate Care Facility

Target Population Snapshot

MassHealth

- Target population: 111,000 dual eligibles
- Over two-thirds of the target population with a behavioral health diagnosis
- Approximately 50% with a chronic medical diagnosis
- Approximately 8% with an intellectual or developmental disability
- Approximately 25% using long-term services and supports (LTSS)
- 96% in the community, not a long-term facility

Data on this slide regarding target population is from CY2010.

Demonstration Covered Services

MassHealth

- Medicare Services: All Part A, Part B, and Part D services
- Medicaid State Plan Services*
- Additional Behavioral Health Diversionary Services, e.g.:
  - Community crisis stabilization, Community Support Program, acute treatment and clinical support services for substance abuse, psychiatric day treatment
- Additional Community Support Services, e.g.:
  - Day services, home care, respite care, peer support, care transitions assistance (across settings), Community Health Workers
- Added services are designed to advance wellness, recovery, self-management of chronic conditions, independent living, and as alternatives to high-cost acute and long-term institutional services

*Excluding certain services provided by other state agencies: Targeted Case Management, Department of Mental Health Rehabilitation Option, and Intermediate Care Facility services

Care Model and Delivery

MassHealth

- One Care plans will provide:
  - Person-centered planning, with integration across medical, behavioral health and LTSS needs
  - Individualized Care Plans directed by the enrollee, informed by comprehensive in-person assessment of medical, behavioral, and functional needs
    - Continuity of care: For the first 90 days, or until the plan completes the assessment, the plan must allow enrollees to maintain current providers at FFS rates and honor prior authorizations issued by MassHealth and Medicare
  - Interdisciplinary Care Teams, with Care Coordinators and Independent Living and Long Term Services and Supports (IL-LTSS) Coordinators
  - Integrated Medicare and MassHealth benefits

Care Coordination

MassHealth

- Each member will have a Care Coordinator who will
  - Work with the member and care team to create an Individualized Care Plan
  - Manage referrals to specialists/providers outside of the primary care practice
  - Make sure members can get to appointments
  - Ensure all services are accessible to meet the needs of the member
  - Support safe transitions in care

- For members with LTSS needs, an IL-LTSS Coordinator will join the care team to
  - Connect members to community-based services and providers
  - Provide expertise in working with people with disabilities
  - Work with members to access care that is culturally sensitive and competent

Financial Model

MassHealth

- Adopted the CMS Financial Alignment Demonstration capitated model
- Three components to the global payment
  - Medicare Part A/B, risk adjusted with HCC
  - Medicare Part D, risk adjusted with RxHCC
  - MassHealth, risk adjusted with rating categories (see next slide)
- Risk mitigation through High Cost Risk Pool and risk corridors
- Capitation includes savings targets of:
  - 0% for first six months
  - 1% for the remainder of 2014
  - 2% for 2015
  - >4% for 2016

Medicaid Rating Categories

MassHealth

F1 - Facility
C3B – Highest Community Need*
C3A – Med/High Community Need*
C2B – Community Highest Behavioral Health *
C2A – Community Med/High Behavioral Health* *
C1 – Community Other

*In 2013, there will be one C3 category (C3B and C3A together) and one combined C2 category (C2B and C2A together).

Enrollment

MassHealth

- Phased enrollment, to help ensure sufficient capacity to work with enrollees during the transition from fee-for-service
- Enrollment will occur via voluntary, opt-out process
- Independent enrollment assistance and options counseling will be available
- Collaboration with CMS is ongoing to ensure members will experience seamless access to all Medicare benefits, including Part D, regardless of Demonstration enrollment status

Addressing Barriers to Appropriate Care

MassHealth

- MassHealth will require training for One Care plan staff and providers:
  - Disability (social model of disability, independent living model and recovery model)
  - Cultural Competency
  - Primary care provider training in delivering BH and LTSS services
- Plans must contract with community-based organizations that focus on independence for people with disabilities
- Plans must have a designated ADA compliance officer and plan
- Plans must reasonably accommodate persons and ensure that programs and services are accessible:
  - Provide flexibility in scheduling
  - Provide interpreters and/or translators and accessible communications
  - Ensure safe and appropriate physical access to services
  - Provide home-based services, where appropriate

Stakeholder Engagement

MassHealth

- MassHealth has had robust stakeholder engagement throughout the Demonstration
  - More than 30 open stakeholder meetings and workgroups on quality, member notices and assessment
  - Focus groups to inform a public awareness campaign and consumer outreach materials
  - Multiple presentations and meetings with specific groups, including advocates, provider associations, and state agencies
  - Implementation Council
    - Developed at the request of stakeholders seeking a formal role for consumers in Demonstration implementation
    - Majority consumers (and/or family members); providers or trade associations, community organizations and unions
    - Diversity in geography, disability, race/ethnicity, etc
  - Ombudsman

Expected Timeline

MassHealth

MassHealth Trainings to Plan Staff and Providers	Beginning May 2013
Public Awareness Campaign	Summer 2013
Implementation Activities	
Implementation Council	Feb. 2012 – Ongoing
Ombudsman On-boarding	August 2013

- MassHealth is gathering information to develop a revised date for enrollments to begin

Lessons Learned: Stakeholder Engagement

MassHealth

- Start early
- Engage established stakeholders as well as newly forming or less established groups
- Stakeholder input must influence the process in visible ways
- Create many opportunities for exchange
- Need to hear about fears as well as hopes for the project
- Use small and large venues
  - Open meetings
  - Topical workgroups
- Provide general as well as defined opportunities to weigh in

Lessons Learned: Rate Development

MassHealth

- Most challenging aspect of the project
- “Absent the Demonstration” spending limit is difficult when attempting to introduce new care model elements
- Care model expectations set before final rate methodology was known
- Many iterations necessary to bring rates closer to actual projected spending
  - Bad debt
  - Trend
  - Coding intensity adjustment
  - SGR
  - Hospital wage index
- FFS-based rates do not fully account for investment in care model that is necessary to ultimately achieve savings

Thank you

Visit us at www.mass.gov/masshealth/duals

Email us at Duals@state.ma.us