



# Mass Health Reform

*AFC Summit*

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# Principles of Health Care Reform

- Provide integrated, coordinated care across:
  - physical health services
  - behavioral health services
  - long term services & supports (LTSS)
- Goals are to:
  - provide better care
  - improve outcomes
  - lower cost by reducing:
    - emergency room use
    - hospitalizations
    - readmissions
    - nursing home admissions

## **Components**

- Senior Care Options (SCO)
- One Care
- Accountable Care Organizations (ACOs)
- Managed Care Organizations (MCOs)
- Third Party Administrator (TPA)

## **Senior Care Options**

- People over 65
- People on Medicaid and Medicare
- Small number of Medicaid only over the age of 65
- Senior Whole Health, Commonwealth Care Alliance, United HealthCare, NaviCare (Fallon), Tufts, Boston Medical Center HealthNet Plan

## **One Care**

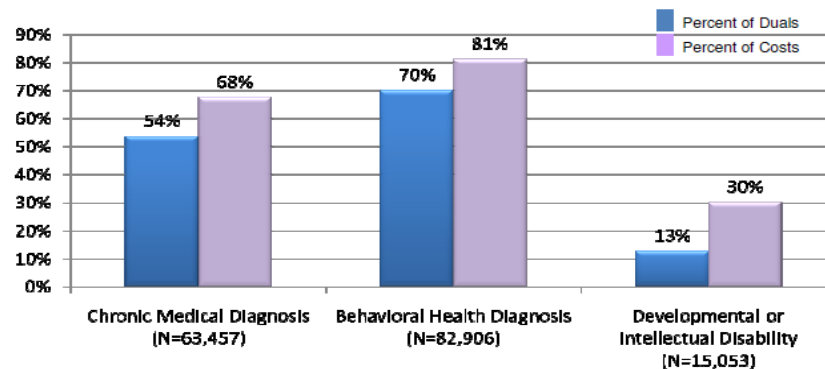
- People 21 – 64
- People on Medicaid and Medicare
- People on any Home and Community Based Waiver not eligible to enroll
- Currently two plans: Commonwealth Care Alliance and Tufts
- In January 2022 United Health Care will become the third plan

## One Care

- Accountable for the delivery and management of all covered medical, Behavioral Health, and LTSS for their enrollees
- Authorize and provide the full array of Medicare and Medicaid services

## MassHealth Demonstration to Integrate Care for Dual Eligibles: 2010 Profile of Dual Eligibles

PERCENTAGE OF DUAL ELIGIBLES WITH CHRONIC MEDICAL, BEHAVIORAL HEALTH, OR DEVELOPMENTAL OR INTELLECTUAL DISABILITY DIAGNOSES, CY2010



Note: Diagnostic categories are not mutually exclusive

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# Accountable Care Organizations

- **The Problem**

- Unsustainable growth, almost 40% (\$15B+) of state budget
- Current fee-for-service model results in fragmented, siloed care

- **Major Goals**

- Stop the growth of MassHealth spending
- Improve quality and access
- Reduce avoidable ED usage and hospital admissions

- **Phases**

- Year 1: Physical and Behavioral Health
- Year (TBD): State plan long term services and supports (day habilitation, AFC)
- Future: **Possible** inclusion of waiver services

- **Target Population**

- MassHealth “only” members
- Excludes those with MassHealth and Medicare or commercial Insurance
- People on waivers will be enrolled
- All ages (3 and older)

- **Organized in 5 MCO Regions**

- **4 Components**

- ACOs
- Community Partners
- MCOs to support ACOs
- DSRIP (Delivery System Reform Incentive Payment Program) funding (infrastructure/transformation)



## **Accountable Care Organizations**

- ACOs are groups of doctors, hospitals, and other health care providers, who come together to give coordinated care to their members.
- Provider-led organizations responsible for the total cost of care – medical and behavioral, but not LTSS until at least year 3
- ACOs provide primary care, comprehensive assessments, care plans, care coordination, disease management, transitions, etc.
- Required to contract with Community Partners
- 3 versions:
  - ACO – MCO partnership (model A)
  - Primary care ACO (model B)
  - ACO – MCO non-exclusive contract; an ACO can contract with multiple MCOs and vice versa (model C)
- Eligible MassHealth members: current MCO and PCC plan populations (1.2M)

## **Community Partners**

- The role of the CPs is to integrate behavioral health and LTSS with primary care
- Participate on interdisciplinary care teams
- Provide person-centered care coordination for members with complex BH and LTSS needs
- CPs certified by MassHealth
- ACOs must contract with all BH CPs and at least 2 LTSS CPs in each region
- Significant differences in roles and responsibilities of the 2 types of CPs

## LTSS CP Qualifications

- **Able to serve:**
  - Individuals with complex LTSS/BH needs (although persons who qualify for BH CP will be directed there)
  - Individuals with brain injury or cognitive impairments
  - Individuals with physical disabilities
  - Individuals with I/DD
  - Older adults <65 with LTSS needs
  - Children and youth (ages 3-21) with LTSS needs

## **LTSS CP Qualifications**

- Experience working with persons with complex LTSS needs
- Able to address cultural and linguistic diversity
- Financial stability
- Management stability/infrastructure
- Board/governing committee includes consumers with LTSS needs
- Appropriate staffing plans/training programs
- Care coordination experience/competencies
- Community partnerships within LTSS and social service domains
- IT and reporting infrastructure
- QI systems

## **LTSS CP Core Functions**

- Provide disability expertise on the comprehensive assessment
- Provide LTSS care planning using a person-centered approach and choice counseling
- Participate on the member's care management team to support LTSS care needs decisions and LTSS integration
- Provide LTSS care coordination and support during transitions of care
- Provide health and wellness coaching
- Connect the member to social services and community resources

## DSRIP

- Delivery System Reform Incentive Payments
- 1.8 billion provided by CMS over a 5 year period
  - Development of MassHealth ACOs
    - Start up costs, ongoing costs, flexible supports for SDOH (use or lose), transitional funding for safety net hospitals
  - Development of Community Partners
    - Infrastructure/capacity building – will require a proposed work plan and budget; ongoing care management/coordination; 0-20% at risk for CPs based on metrics
  - Development of Statewide infrastructure
    - Workforce development/training, student loan repayment programs for medical practitioners, grant programs for primary care integration, primary care residency training

## Managed Care Organizations (MCOs)

- Two MCOs across the State for people on Medicaid not enrolled in an ACO
  - Boston Medical Center HealthNet Plan
  - Tufts Healthy Together

## **Third Party Administrator**

- Role of Third-Party Administrator as it relates to:
  - Managed Care Organizations (MCOs)
  - Accountable Care Organizations (ACOs)



## **Future ???**



**Questions?**