ABH

ASSOCIATION FOR BEHAVIORAL HEALTHCARE

Integrating Primary and Behavioral Health Care through MassHealth Systems Transformation

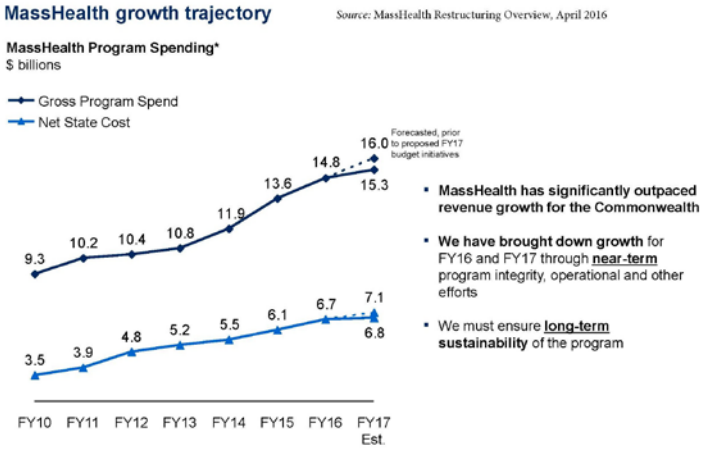
April 25, 2017

Who We Are

- ABH is a statewide association representing 80+ community-based mental health and addiction treatment provider organizations.
- Our members are the primary providers of publicly-funded behavioral healthcare services in the Commonwealth, serving approximately 81,000 Massachusetts residents daily, 1.5 million residents annually, and employing over 46,500 people
- ABH members provide services through contracts with the Department of Mental Health, Department of Public Health/Bureau of Substance Abuse Services, MassHealth and MassHealth MCOs, Commercial Payers

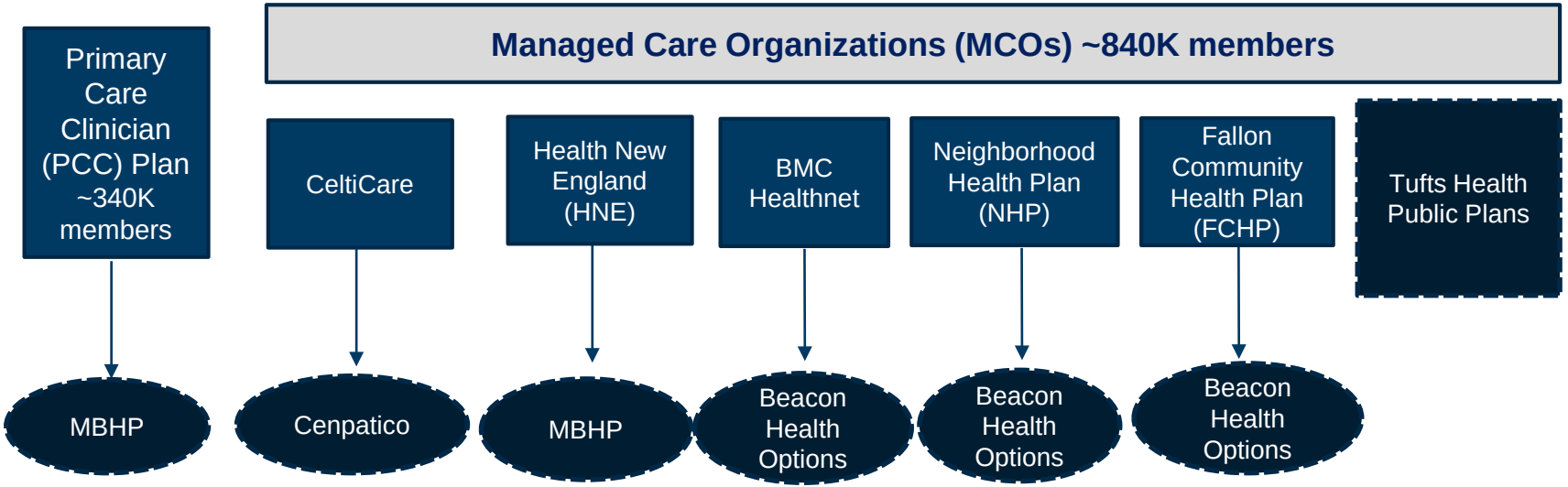
MassHealth Systems Transformation: Goals and Drivers

- Improve population health and care coordination through payment reform and value-based payment models
- Improve integration of physical and behavioral health care
- Scale innovative approaches for populations receiving long-term services and supports
- Ensure financial sustainability of MassHealth



Current MassHealth Managed Care Under Section 1115 Waiver

Options Available to Non-Dually Eligible MassHealth Managed Care Members



Shaded dark blue indicates MH/SUD management/access

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MassHealth Systems Transformation: Approach

Current State

- Rewards volume
- Built to address emergency or short-term medical events; difficult for members to navigate the system
- Multiple doctors treating the same patient for the same condition without talking to each other
- Limited transparency into quality and efficiency of care
- Patient information often stored in silos or paper medical records

Sustainable Model

- Rewards outcomes and value
- Member's health managed seamlessly across providers and over time (not visit by visit)
- Providers act as a team to ensure coordination of right services
- Easy to understand quality and cost data made available to consumers and providers
- Appropriate electronic health information available across care teams and with consumers

MassHealth Systems Transformation: Pathway

- **Financial** - Leverage federal Delivery System Reform Incentive Payment (DSRIP) Program via Section 1115 Demonstration renewal
  - $1.8 Billion over 5 years, more up front, diminishing over time
  - Investments for infrastructure, capacity building, and care coordination
- **Populations –** Managed care mandatory MassHealth members under 65 living in community (no TPL including Medicare)*
  - ~1.1M individuals (~840K in MCOs, ~390K in PCC Plan/MBHP)
- **Delivery System** – Shift care delivery authority and financial risk (different options available) to provider-based entities.
  - Accountable Care Organizations (ACOs)
  - Community Partners (CPs)

*Community Partner care coordination services will be available to dually eligible individuals enrolled in CBFS

Systems Transformation: Key Components

- **Accountable Care Organizations (ACOs)** - provider-led organizations that coordinate care, have an enhanced role for primary care, and are rewarded for value (improving total cost of care and outcomes), not volume
- **Community Partners (CPs)** - provider-led, community-based entities focused on the member, that partners with ACOs and collaborates with MCOs, providers, and social services / community resources to support improved care delivery and member experience
  - Two types: Behavioral Health (BH) and Long Term Services and Supports (LTSS)
- **Statewide Investments –** Healthcare workforce development and training, targeted technical assistance for providers; improved accommodations for people with disabilities; other priorities like ED boarding
- **Managed Care Organizations (MCOs) –** expected to work with ACO providers and CPs to improve care delivery and population health management

System Transformation: ACOs

- DSRIP Investment: $1.1B (over 5 years)
- ACOs have responsibility for Total Cost of Care (TCOC) for managed care spend (physical and behavioral health – LTSS spend phased in over time) and performance on quality measures
- Responsible for
  - team-based care management,
  - coordinating care,
  - managing care transitions,
  - conducting comprehensive assessments, and
  - developing person-centered care plan.
- Dedicated funding to address social determinants of health (SDOH)

System Transformation: ACOs – 3 Models

- **Accountable Care Partnership Plan (Model A)** - A single ACO partnered w/ single MCO
  - Paid prospective capitated rate for attributed members (full insurance risk)
  - All enrolled members receive primary care from that ACO's PCPs
  - Members can see any providers in the plan's network, e.g., BH providers.
  - Can serve a smaller geography than a MassHealth MCO region.

15 Accountable Care Partnership Plan bidders

- **Primary Care ACO (Model B)** - ACO contracts w/ MassHealth
  - Shared savings/losses based on TCOC and quality performance for attributed members
  - All enrolled members receive primary care from that ACO's PCPs
  - Aside from their PCP, members can see any provider in the MassHealth network/BH network (MBHP)

3 Primary Care ACO bidders

- **MCO-Administered ACO (Model C)** - An ACO that contracts w/ one or more MCOs
  - Accountable to MCO through shared savings/losses (MassHealth must approve)
  - Members enroll in an MCO and choose (or can be attributed to) an ACO based on their selection of PCP
  - Members can see any provider in their MCO's network
  - Must serve one or more MassHealth MCO regions

3 MCO-Administered ACO bidders

System Transformation: BH and LTSS CPs

- "Community-based entities" to help MassHealth members with high BH or complex LTSS needs navigate care
- ACOs and MCOs required to partner with CPs
- Leverage expertise and capabilities of existing community-based organizations serving populations with BH and/or LTSS needs
- Break down existing silos, deliver integrated care and address SDH
- BH CPs will deliver Health Home-type services:
  - Outreach and active engagement; Comprehensive assessment and person-centered treatment planning; Care coordination and care management; Care transitions; Medication Reconciliation; Health and wellness coaching; and Connection to community, human & social support services

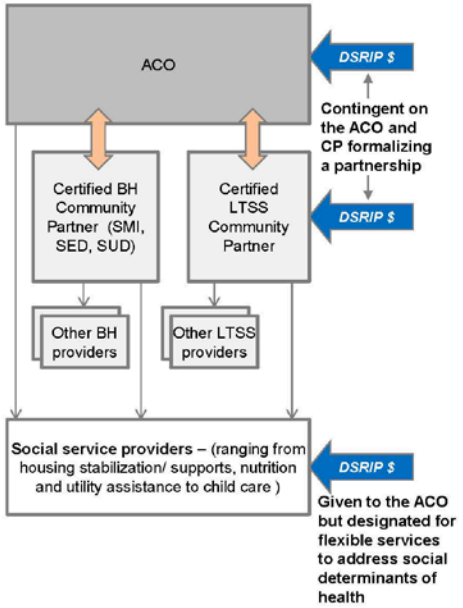
System Transformation: BH CP Service Eligibility

- Adult SMI and SUD Populations (21 and older)
  - "Analytic" Pathway
    - Identified via claims– diagnosis *plus* utilization, select comorbidity, or other factor, e.g. DMH involvement
    - MassHealth estimates ~60,000 eligible, ~35,000 to be served
  - Qualitative/Referral Pathway – TBD
  - If BH and LTSS needs, member offered BH CP services
- Children/Youth with SED (under 21)
  - Intensive Care Coordination through existing Community Service Agencies
  - Eligible for DSRIP infrastructure dollars, but no DSRIP service payment (currently a Medicaid State Plan service)

ACO and CP Relationship

B Community Partners (CPs) and linkages to social services

→ Indicate referrals and relationships



Goals:

- Encourage ACOs to "buy" BH/ LTSS care management expertise from existing community-based organizations vs. "build"
- Invest in infrastructure and capacity to overcome fragmentation amongst community-based organizations

Who can be a BH or LTSS Community Partners

- The State certifies BH and LTSS CPs
- Criteria include expertise in care coordination and assessments and infrastructure/ capacity
- CPs can be providers but self-referrals monitored
- LTSS CPs must demonstrate expertise across multiple populations with disabilities

How it works

- Certified CPs and ACOs both get direct DSRIP funding
  - Funding for both is contingent on ACOs and CPs formalizing arrangements for how they work together
- Portion of ACO funding designated for "flexible services" to address social determinants
- MCOs may provide support to Model A and Model C ACOs for integrating with BH and LTSS CPs

SMI = Serious Mental Illness, SED= Serious Emotional Disturbance, SUD = Substance Use Disorder | 10

System Transformation: BH and LTSS CPs

- DSRIP Investment: ~$547M (over 5 years)
- For BH CPs
  - Dedicated funds for infrastructure (capitated payment, phases down $35-$5 pmpm)
  - Dedicated funds for CP services (capitated payment; $180 pmpm; $250 pmpm CBFS)
  - Potential for quality bonuses (metrics TBD)
  - All funding streams have incremental portions at-risk tied to performance, e.g., Y1 = 0%, Y2 = 5%, Y3 = 10%, Y4 = 15%, Y5 = 20%.
  - Performance metrics
- MassHealth pays CP directly for 5 years. After 5 years, assumption is CPs have demonstrated ROI and negotiate with ACOs/MCOs for sustainability

System Transformation: **BH Performance Measures**

- DSRIP Accountability Score – Weighted Domains Tied to At-Risk $
  - *Prevention and Wellness (5%):* prenatal care; annual wellness visit
  - *Chronic disease management (5%):* COPD/asthma admissions and medication; diabetes admissions
  - *BH/SUD (10%):* AOD treatment initiation/engagement; follow-up MH hospitalization (7 days OP; 3 days BH CP)
  - *Member Experience (10%):* access; care planning; participation in care planning; quality and appropriateness; health and wellness; social connectedness; self-determination; Functioning; self-report outcomes; satisfaction.
  - *Integration (10%):* social service screening; utilization of flexible services; BH OP utilization
  - *Avoidable Utilization (10%):* All-Cause readmission; preventable ED visit
  - *Engagement (50%):* 90-day assessment/care plan; rate of care plan completion

System Transformation: CP Selection Criteria

- MassHealth-led procurement process
  - Geographically-based procurement, i.e., 5 MassHealth regions; subregion bidding possible
  - 4-5 BH CPs per region; 4 LTSS CPs per region. May vary.
  - Entities most capable of serving identified population (SMI, SUD, LTSS).
- Threshold criteria for “community-based entities”
  - Capacity to serve minimum panel size, most recent discussions = 1000 lives
  - Existing infrastructure (personnel, facilities, equipment, IT and systems)
  - Collaborative working relationships with other local providers, community organizations, etc.
  - Cultural and linguistic competence
- Must be willing to partner with multiple ACOs and MCOs

System Transformation: BH CP Selection Criteria

- Community-based provider or consortium of community-based providers with experience and expertise supporting populations with serious mental illness (SMI), substance use disorder (SUD), and co-occurring disorders. Demonstrate via at leat one service within each of the following:
  - *Community based mental health services* (e.g., CBFS, ESP, PACT, CSP, CSPECH, crisis stabilization, respite services, residential services)
  - *Substance Use Disorder treatment services* (e.g., ATS, CSS, SOAP, MAT, outpatient SUD treatment)
  - *Outpatient mental health services* (e.g., clinical, day treatment, medication, intensive outpatient); and
  - *Integrated care management services* (e.g., One Care Health Home, MBHP PBCM, Here For You, grant-based and care management programs)
- MassHealth and/or MassHealth-contracted Managed Care Entity Provider; and,
- At least one service contract with a state agency such as DMH, DPH/BSAS or DCF.

System Transformation: CSAs

- CSAs will continue to deliver the services as they do today;
  - Medical necessity criteria & service specification will remain unchanged
  - CSAs will be paid for services as they are today
- CSAs will be eligible for DSRIP funding for infrastructure and capacity development
  - A CSA must partner with all ACOs and MCOs in the service areas it serves to be eligible for DSRIP funding
  - CSAs will be subject to contract requirements with MassHealth.

Systems Transformation: MCO Procurement

- MCOs will have important role in ACO implementation
  - Remain insurer, pay claims, and work with ACOs to improve care delivery and support care integration
  - Support ACOs to build provider capacity, including providing population health management analytics
- Reprocurement “critical element” of payment reform. MassHealth looking for MCOs with:
  - Clear track record of delivering high-quality member experience and strong financial performance
  - Strong partners in high quality and timely encounter and performance data exchange
  - Ability to manage MCO-Administered (Model C) ACOs
  - Ability and financial capacity to assume LTSS responsibility in Y3 or Y4

Systems Transformation: MCO Procurement Goals & Highlights

- Improving the experience of Enrollee care;
- Increasing physical health, Behavioral Health, and LTSS integration and coordination;
- Increasing the clinical quality of Enrollee care;
- Increasing the cost efficiency of Enrollee care, including reducing the rate of TCOC growth;
- Achieving value through increasing the cost efficiency of administrative services;
- Ensuring Enrollees' access to care and choice among providers;
- Increasing Cultural and Linguistic Appropriateness of care, and increasing accessible medical/diagnostic equipment;
- Supporting the uptake of Alternative Payment Models;

Systems Transformation: MCO Procurement Goals & Highlights

- EOHHS to contract with no ***more than three Bidders per Region***.
- Preference for Statewide Bidders;
- Enhanced performance and Contract management requirements, including quarterly performance reviews and performance reporting;
- Enhanced specificity on UM and risk stratification to support efficient care delivery/management of medical cost trend;
- Requirements to improve quality/integrity of data exchanged with EOHHS;
- Enhanced program integrity requirements;
- Financial arrangements that ensure MassHealth financial sustainability and contracting efficiency; and
- An efficient rate acceptance and Contract execution process to support goals and implementation timelines.

MassHealth Managed Care Organizations (MCOs)

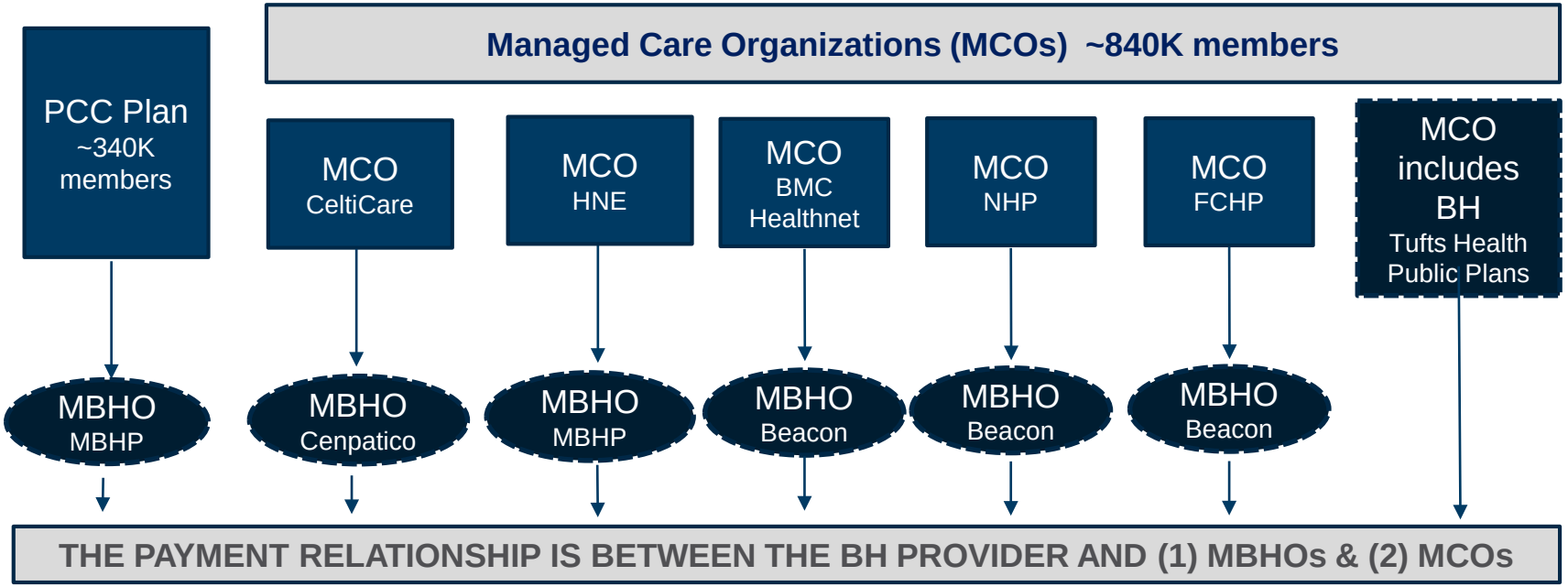
MCOs will work with ACOs to Improve Care Delivery and Population Health Management

#	MassHealth MCOs (as of Mar. 2017)	Behavioral Health Benefits
1	Boston Medical Center HealthNet Plan	Beacon Health Options
2	Fallon Community Health Plan	Beacon Health Options
3	Health New England	Massachusetts Behavioral Health Partnership (MBHP) - ASO
4	Neighborhood Health Plan	Beacon Health Options
5	Tufts Health Public Plans (formerly Network Health)	Tufts Health Plan
6	CeltiCare Health (Care Plus only)	Cenpatico Behavioral Health
★	*Primary Care Clinician (PCC) Plan**	Massachusetts Behavioral Health Partnership (MBHP)

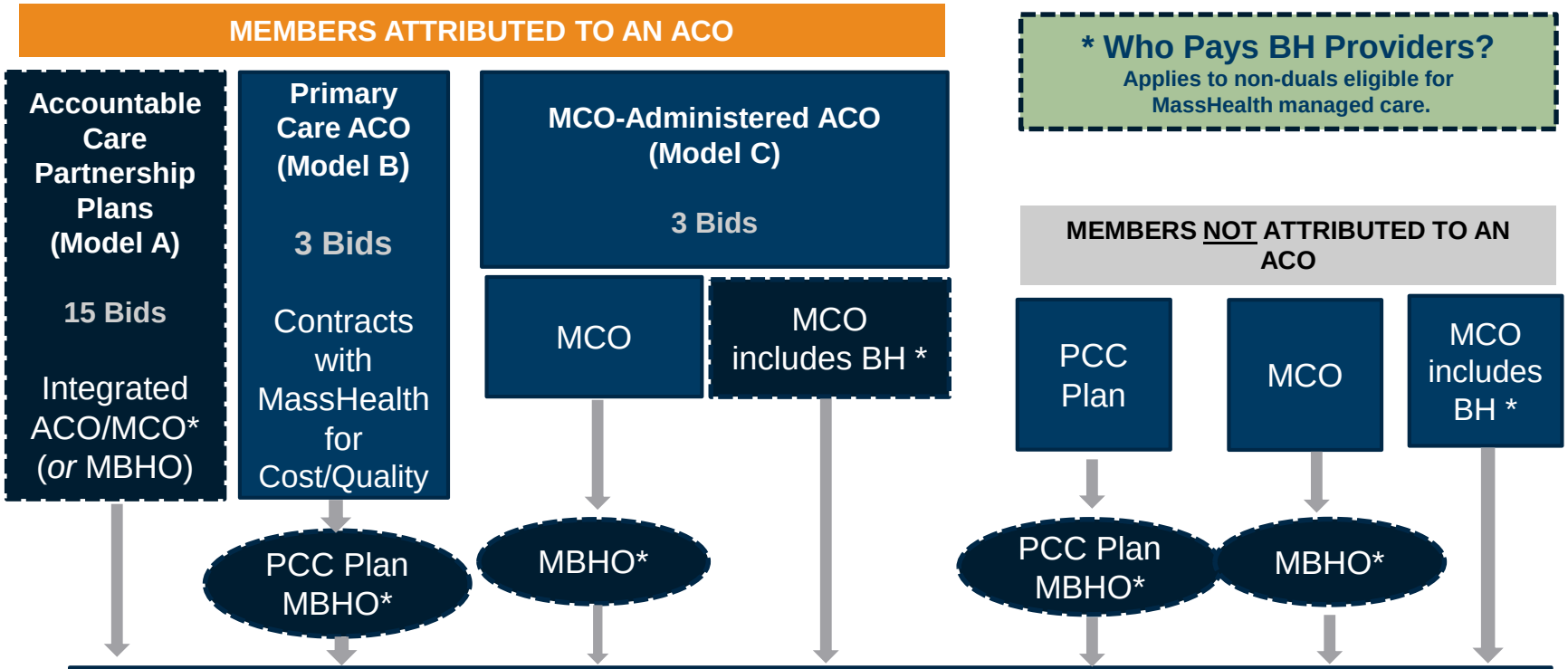
*Note: PCC Plan members will not be eligible for CP services. Primary Care ACO members (who access BH through MBHP) will be eligible.

Depiction of Current State (Pre-MassHealth Reform)

Who pays BH providers today for the care provided to members covered under MassHealth?
**Non-dually eligible MassHealth managed care members.*



Future State 2018 - Potential Payment Relationships



Future State 2018 - Potential Payment Relationships: ACO Close-Up

MEMBERS ATTRIBUTED TO AN ACO

Accountable Care Partnership Plans (Model A)

1. BMC/Boston ACO (22 service areas)
2. BMC/Mercy Health ACO (4 service areas)
3. BMC/Signature Healthcare (4 service areas)
4. BMC/Southcoast Health (7 service areas)
5. Fallon/Health Collab. Of Berkshires (2 service areas)
6. Fallon/Reliant (4 service areas)
7. Fallon/Wellforce (21 service areas)
8. Health New England/Bay State Health (4 service areas)
9. NHP/Merrimack Valley (3 service areas)
10. Steward/-- (29 service areas)
11. Tufts/Atrius (all service areas but Gloucester)
12. Tufts/BIDCO (all service areas)
13. Tufts/Cambridge Health Alliance (all service areas)
14. Tufts/Central Mass ACO (all service areas but Gloucester)
15. Tufts/Children's Hospital (all service areas)

Integrated ACO/MCO* (may have MBHO)

Primary Care ACO (Model B)

1. Community Care Cooperative
2. Partners Healthcare ACO
3. Steward Medicaid Network ACO

PCC Plan's MBHO*

MCO-Administered ACO (Model C)

1. Greater Springfield Care Alliance
2. Lahey Health
3. Whittier Street Health Center

MCO

MBHO*

MCO includes BH *

THE PAYMENT RELATIONSHIP COULD BE BETWEEN BH PROVIDERS AND:
(1) ACO/MCOs, (2) ACOs, (3) MCOs, OR (4) MBHOs. CPs NOT REPRESENTED ON THIS PAGE.

Systems Transformation: Timeline

End of 2016:

- ACO/MCO RFRs released
- Community Partner RFI
- ACO Pilots (6) went live
- Fixed enrollment periods

Spring 2017

- MCO responses 3/15/17
- CP RFR responses 5/31/17
- ACO & MCO Selections

Summer 2017

- CP selections (August)
- ACO and MCO readiness reviews

Fall 2017

- MassHealth member notices

Winter 2017-2018

- MCO and ACO Enrollments

Spring 2018

- CP member onboarding (April)