


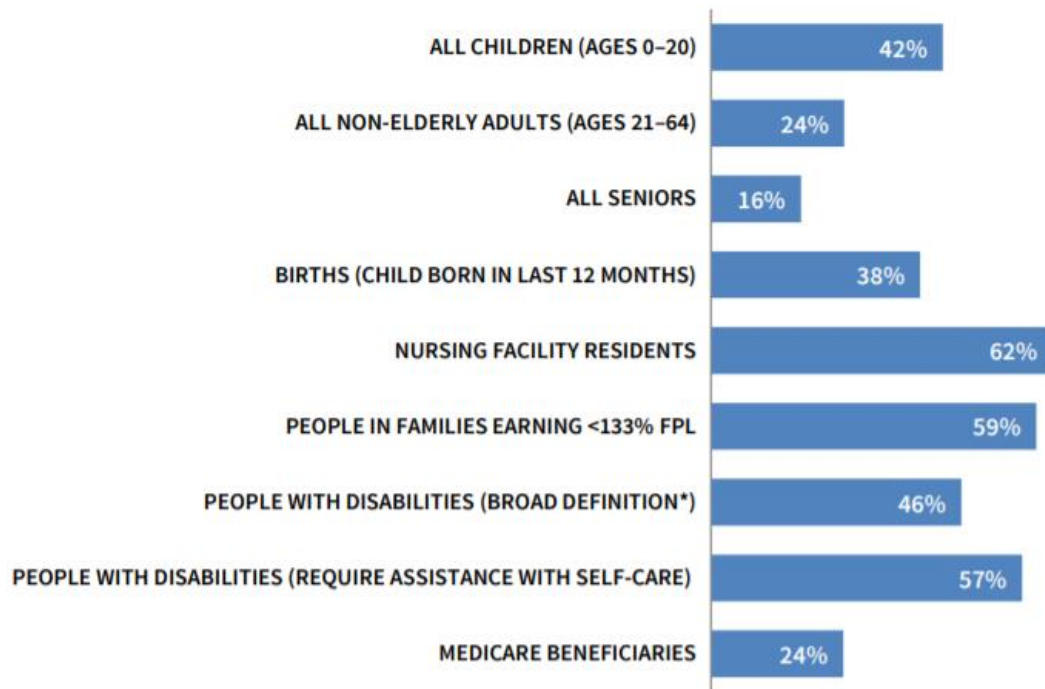


# Exploring models of integrated and managed healthcare in the Massachusetts Medicaid Program (MassHealth)

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1. **Characterization of the population of focus**
  2. Interprofessional teams
  3. Population health advocacy: strategies and opportunities
  4. Experiential learning
  5. Acknowledgements

## PERCENT OF SELECT MASSACHUSETTS POPULATIONS COVERED BY MASSHEALTH, 2017



## ENROLLMENT



More than **1.8 million** members



**42% of Massachusetts children** are MassHealth members



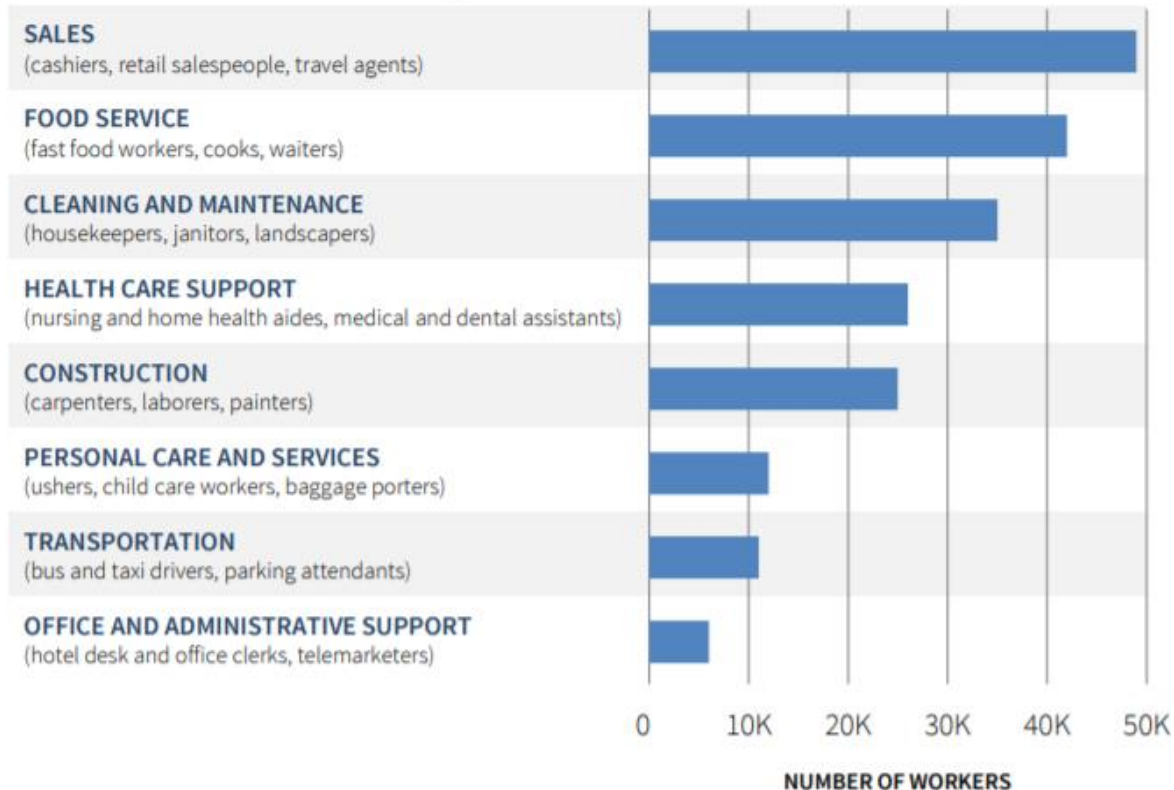
2015 2018

**Relatively stable enrollment** for past 4 years (SFY 2015-2018)

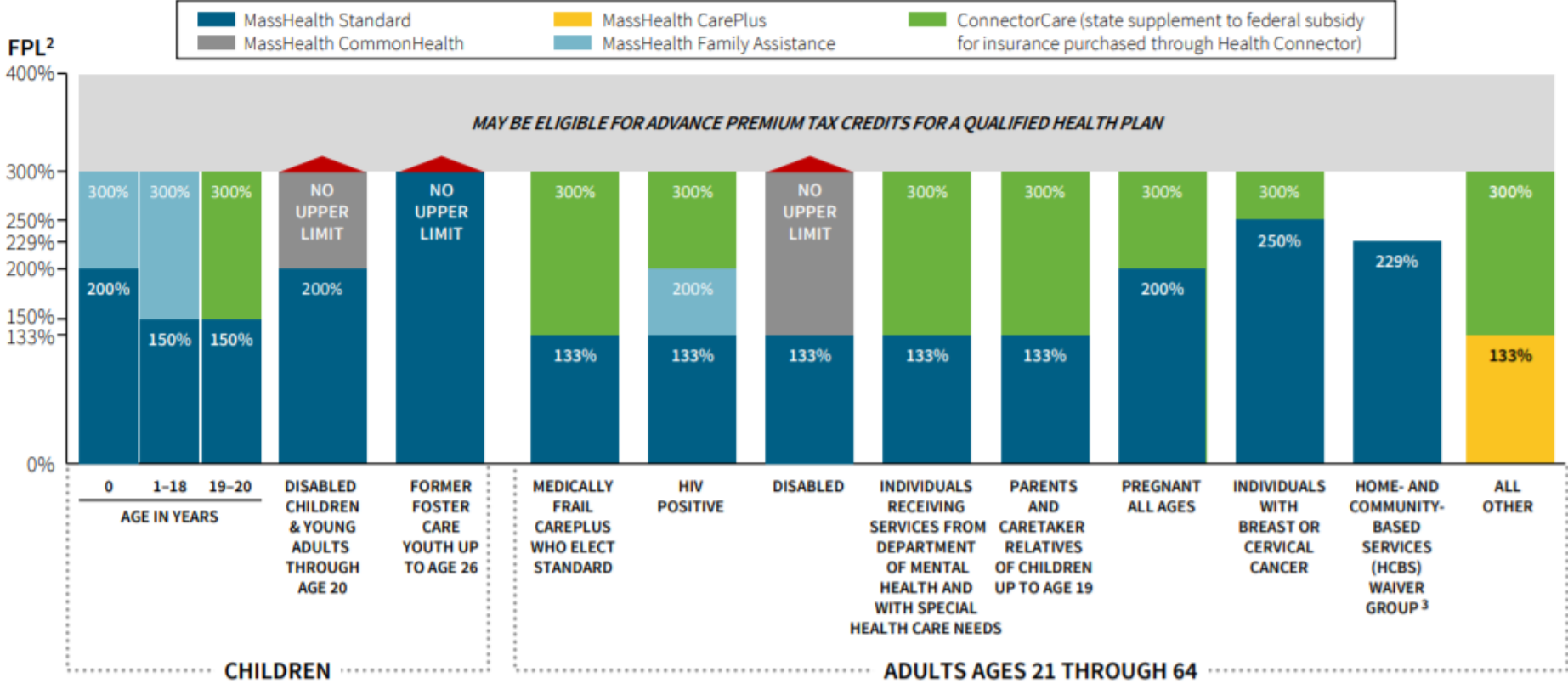
More than **three quarters** of non-elderly MassHealth members live in working families.



MassHealth provides health insurance coverage to low-income workers across a **wide range of industries**:




# MASSHEALTH INCOME LIMITS VARY FOR DIFFERENT AGES AND ELIGIBILITY GROUPS<sup>1</sup>



# ELIGIBILITY FOR SENIORS AGE 65 AND OLDER GENERALLY INCLUDES AN ASSET TEST AND LOWER INCOME THRESHOLDS; MOST SENIORS ALSO HAVE MEDICARE<sup>1</sup>

POPULATION	INCOME/ASSETS <sup>2</sup>	COVERAGE
Living in community, with or without Medicare eligibility, citizen or lawfully present immigrant	≤100% Federal Poverty Level (FPL) ≤\$2,000 Assets	Comprehensive coverage through MassHealth Standard or Family Assistance (based on immigration status). Those with Standard also have coverage of Medicare cost-sharing and premiums.
Living in community, undocumented noncitizen	≤100% FPL ≤\$2,000 Assets	MassHealth Limited — Emergency services only.
Living in community, eligible for Medicare	≤100% FPL ≤\$7,560 Assets	MassHealth Senior Buy-In — Covers Medicare premiums, co-pays, and deductibles. Does not cover other MassHealth Standard services.
Living in community, eligible for Medicare	>100% and <135% FPL ≤\$7,560 Assets	MassHealth Buy-In — Covers Part B premiums only. People who meet a spend-down deductible may also qualify for MassHealth Standard.
Living in or waiting for facility-based long-term care	No specific income limit ≤\$2,000 Assets	MassHealth Standard — Including LTSS. Member must pay income minus monthly allowances <sup>3</sup> toward nursing facility care.

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# Exploring interprofessional teams of care

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- Interprofessional Team at MassHealth and Medicaid included:
  - Medical Doctors
  - Case Managers
  - Nurses
  - Clinical Pharmacists
  - Social Workers
- Most team members held a part-time clinical practice in addition to their MassHealth duties.





# How do they provide the care for the population members?

- Actively work on effective policy changes to MassHealth and Medicaid infrastructure that affect the MassHealth population
- Facilitate continuity of care for members
- Work directly with community-based organizations to help fill gaps and provide extended healthcare and wellness services



# What are the strengths and limitations of the team?



## Strengths:

- Interdisciplinary team with diverse background
- Respect for each member of the team

## Limitations:

- Working in their own silos perhaps?

# Our interactions with team members

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- We mainly were given lectures by various team members (medical directors, director of behavioral health, director of addiction services etc)
- However, these lectures were often heavily driven by Q&A
- We also had the opportunity to spend time attending a pharmacy policy meeting and to sit with nursing case managers





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# Advocating for the MassHealth Population



- Annual state budget
  - MassHealth remains one of the largest parts of the budget, largely due to the rise in healthcare costs every year
  - In recent years, they have also made use of this funding to assist members with access to behavioral health, long term services, and even housing assistance
  - The annual budget is a major give and take with the state government, but MassHealth has a good track record of securing enough funds
- Access
  - MassHealth works to ensure that members have access to as many providers as possible which can be especially critical for members of the disability community including non-MHA groups
  - Similar work is done with pharmacies

# Community Partners Program



- Community Partners (CPs) are community-based organizations contracted by MassHealth to enhance care coordination of MH members with complex needs
- Two types of CPs: Behavioral Health CPs and Long Term Support Services (LTSS) CPs
- MH members are either referred for CP services or identified as eligible by MassHealth via claims data
- Program Objectives:
  - Help members navigate BH and LTSS systems in Massachusetts
  - Improve continuity and quality of care for eligible members
  - Utilize existing infrastructure and organizations in the community that support the BH and LTSS populations
  - Promote independent living and cultural competence

# Utilization Management and Care Coordination




- Goal of program is to make sure MH members receive appropriate care in the most appropriate setting
- Nurse care coordinators are certified case managers who work closely with chronic disease and rehabilitation hospital (CDRH) staff to anticipate issues that may involve MassHealth (discharge planning, prior authorizations, etc.)

# Getting Involved

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- Providers can advocate for their patients at hearings where MassHealth asks for feedback on new policies or on how to handle prior authorization regulation
- Learning about the prior authorization system and why it exists can help providers better understand how to interact with it
- Learning about some quirks of MassHealth and Medicaid - for example sometimes the brand name drug is cheaper than the generic!



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# Experiential Learning - Defining Population Needs



- Complex patients must often transfer between numerous facilities/treatment centers. How do we ensure this process is seamless and patient's needs are being met?
- How do you ensure patients are being treated appropriately with an evidence-based approach?
  - How do you meet the population's needs with a limited budget when faced with costly drugs and procedures?

# Experiential learning-Coordinated Care

Observed nurses/case managers coordinate the care of MassHealth patients transitioning to & from a **chronic disease and rehab facility or skilled nursing facility** to ensure they obtain **high-quality and efficient care**.

- Evaluate requests for patient transfers to long term acute care facilities
- Ensure patient is getting necessary treatment
- Monitor patient improvement
- Prior to discharge, obtain medical equipment for use at home, set up home aid, visiting nurse, etc.



# Experiential learning - PA's

Observe the MassHealth pharmacy team discuss their **formulary** based on an evidence-based analysis of a drug's **efficacy**, balanced against **cost**.

- What drugs should require prior authorization (PA)?
  - How can PA's be used to influence prescription behavior?
- What tier should new drugs fall under?
- Review statuses of old drugs



# Experiential learning - PA's

Review **prior authorization cases** for **procedures/surgeries** and discuss why they do/don't meet requirement.

- What cases constitute medical necessity and warrant insurance coverage?
  - bariatric surgery?
  - breast reduction for gynecomastia?
- What are some of the current criteria (31) for the most common procedures/surgeries?



# Experiential learning



Lessons from experiential learning:

- **Prior authorizations** and EHR are big contributors to **burnout**, but also play an important role in reducing **fraud and waste**.
- MassHealth values coordinated care, but their abilities are limited in their capacity as an insurer
- MassHealth directors want the **best outcome** for their patients.

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# Acknowledgements



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