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

<table>
<thead>
<tr>
<th>Population Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children (Ages 0–20)</td>
<td>42%</td>
</tr>
<tr>
<td>All Non-Elderly Adults (Ages 21–64)</td>
<td>24%</td>
</tr>
<tr>
<td>All Seniors</td>
<td>16%</td>
</tr>
<tr>
<td>Births (Child Born in Last 12 Months)</td>
<td>38%</td>
</tr>
<tr>
<td>Nursing Facility Residents</td>
<td>62%</td>
</tr>
<tr>
<td>People in Families Earning &lt;133% FPL</td>
<td>59%</td>
</tr>
<tr>
<td>People with Disabilities (Broad Definition*)</td>
<td>46%</td>
</tr>
<tr>
<td>People with Disabilities (Require Assistance with Self-Care)</td>
<td>57%</td>
</tr>
<tr>
<td>Medicare Beneficiaries</td>
<td>24%</td>
</tr>
</tbody>
</table>

**Enrollment**

More than **1.8 million** members

42% of Massachusetts children are MassHealth members

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:

- **SALES** (cashiers, retail salespeople, travel agents)
- **FOOD SERVICE** (fast food workers, cooks, waiters)
- **CLEANING AND MAINTENANCE** (housekeepers, janitors, landscapers)
- **HEALTH CARE SUPPORT** (nursing and home health aides, medical and dental assistants)
- **CONSTRUCTION** (carpenters, laborers, painters)
- **PERSONAL CARE AND SERVICES** (ushers, child care workers, baggage porters)
- **TRANSPORTATION** (bus and taxi drivers, parking attendants)
- **OFFICE AND ADMINISTRATIVE SUPPORT** (hotel desk and office clerks, telemarketers)
MASSHEALTH INCOME LIMITS VARY FOR DIFFERENT AGES AND ELIGIBILITY GROUPS

MAY BE ELIGIBLE FOR ADVANCE PREMIUM TAX CREDITS FOR A QUALIFIED HEALTH PLAN
ELIGIBILITY FOR SENIORS AGE 65 AND OLDER GENERALLY INCLUDES AN ASSET TEST AND LOWER INCOME THRESHOLDS; MOST SENIORS ALSO HAVE MEDICARE

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>INCOME/ASSETS²</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in community, with or without Medicare eligibility, citizen or lawfully present immigrant</td>
<td>≤100% Federal Poverty Level (FPL) ≤$2,000 Assets</td>
<td>Comprehensive coverage through MassHealth Standard or Family Assistance (based on immigration status). Those with Standard also have coverage of Medicare cost-sharing and premiums.</td>
</tr>
<tr>
<td>Living in community, undocumented noncitizen</td>
<td>≤100% FPL ≤$2,000 Assets</td>
<td>MassHealth Limited — Emergency services only.</td>
</tr>
<tr>
<td>Living in community, eligible for Medicare</td>
<td>≤100% FPL ≤$7,560 Assets</td>
<td>MassHealth Senior Buy-In — Covers Medicare premiums, co-pays, and deductibles. Does not cover other MassHealth Standard services.</td>
</tr>
<tr>
<td>Living in community, eligible for Medicare</td>
<td>&gt;100% and &lt;135% FPL ≤$7,560 Assets</td>
<td>MassHealth Buy-In — Covers Part B premiums only. People who meet a spend-down deductible may also qualify for MassHealth Standard.</td>
</tr>
<tr>
<td>Living in or waiting for facility-based long-term care</td>
<td>No specific income limit ≤$2,000 Assets</td>
<td>MassHealth Standard — Including LTSS. Member must pay income minus monthly allowances³ toward nursing facility care.</td>
</tr>
</tbody>
</table>
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2. **Interprofessional teams**
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Exploring interprofessional teams of care

- 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

- 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

- 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?
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

Special thanks to:
Dr. Viveka Zawisza, Dr. Mohammed Dar (MoDar), Dr. Jill Morrow-Gorton, Linda Shaughnessy, Tami Ohler, Dr. Clara Filice, Kim Lenz, Paul Jeffrey, Dr. Monica Le, Peg Harvey, Adam Stoler, Christine Cura, Terry Lindblom, Camille Vasquez