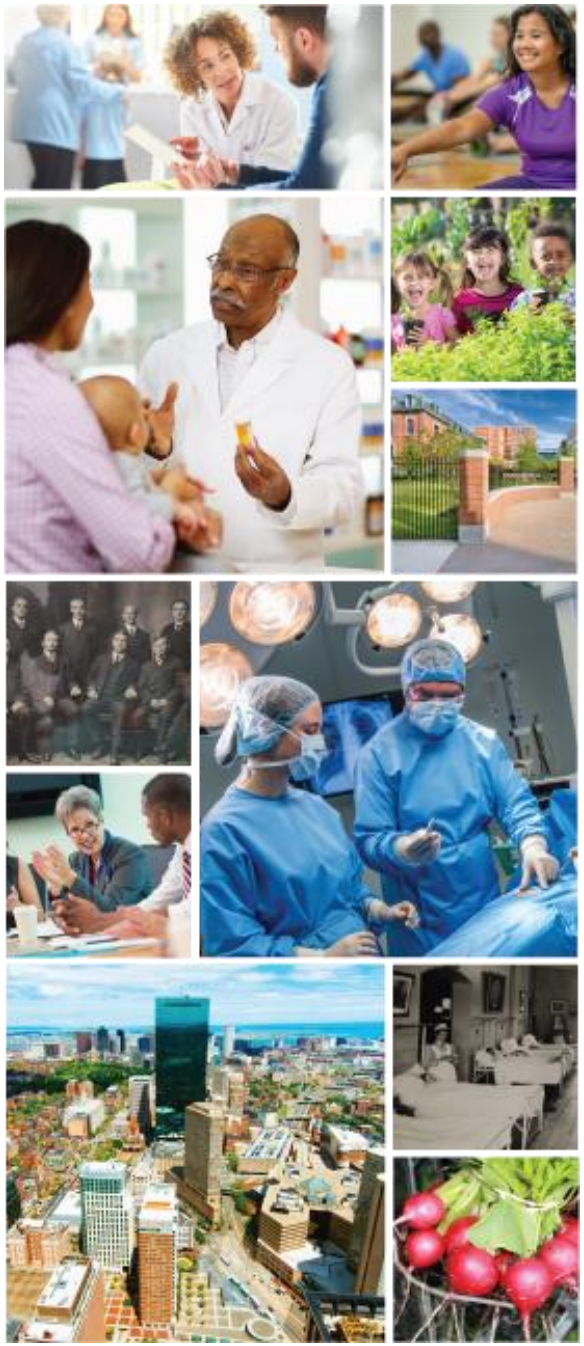


Boston Medical Center
HEALTH SYSTEM

WellSense Care Alliance:

MassHealth ACO transition and program overview

February 7th and 15th 2023

Agenda

- **ACO Overview**
- Member enrollment
- Quality
- Pharmacy
- Behavioral Health
- Community Partners
- Flexible Services
- Primary Care Sub-capitation
- Support available during April transition

MassHealth Accountable Care Organizations were founded to improve patient outcomes and manage costs

An Accountable Care Organization (ACO) is.... An organization of practitioners, health plans, and government that **agrees to be accountable for overall care of its patients**. ACOs are responsible for **improving patient outcomes and managing costs**. It is designed to help patients manage illnesses and reduce health care costs by preventing unnecessary or duplicate tests, reducing preventable admissions to the hospital and emergency room visits.

The state's goals in creating the MassHealth ACO were...

1. To improve patient experience by engaging members (e.g. transitions of care and improved coordination between providers)
2. To strengthen patient-PCP relationships
3. To encourage ACOs to develop clinically integrated partnerships including coordinated care teams and networks
4. To increase and integrate Behavioral Health and Long Term Care Service

1 in 4 Massachusetts residents are covered by MassHealth and over half of MassHealth members are in an ACO[1]

[1] Commonwealth Medicine UMass Chan Medical School, "MassHealth: The Basics"

As of 4/1, Wellforce Care Plan is becoming WellSense Care Alliance and will be shifting from working with Fallon to WellSense Health Plan for the ACO

About WellSense Health Plan

- WellSense (formerly known as BMC HealthNet Plan) has been serving MassHealth members for 25 years
- More MassHealth members are served by WellSense than any other insurer
- WellSense has deep experience in the MassHealth ACO program, and currently supports 4 ACO partners (BACO, Mercy, Signature, Southcoast)
- WellSense has a large network of specialty providers across the state
- WellSense is part of the Boston Medical Center Health System – therefore providing opportunities for greater clinical partnership with BMC providers and supports that cater to Medicaid patients

ACO members will begin to receive communications from MassHealth and WellSense about the upcoming transition later this month…

MassHealth transition letter

Welcome packet with ID card, ID card letter, and quick start guide

Welcome packet & Member attribution letter for members without PID/SL data on initial 834 file

2/9

2/21

WellSense Welcome Letter

2/25

3/13

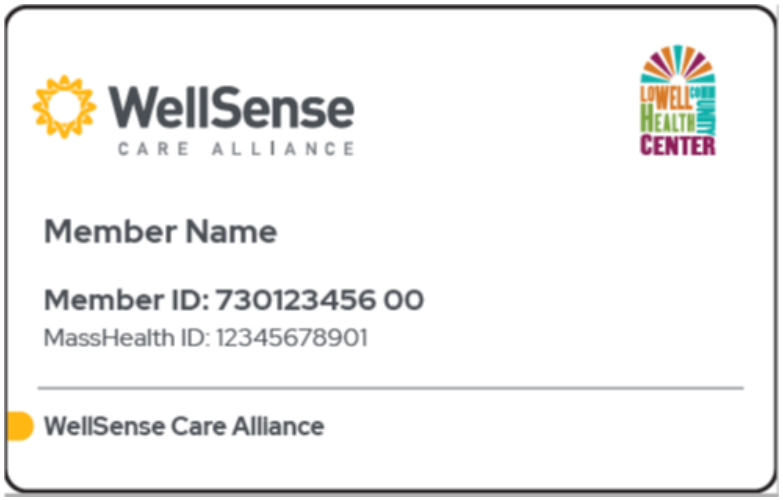
Member attribution letter

4/7

… including new member ID cards

Front:

For Lowell CHC attributed members:



For all other ACO members:

Back:

WellSense's approach to Continuity of Care during this transition includes honoring all existing Prior Auths and ensuring network flexibility

Goal	WellSense approach *details forthcoming in future training*
Alert providers and members that requirements are changing	• Email all providers in late February with details • Provide ACO partners with talking points to share internally • Offer training to new ACO partners on UM processes
Notify members and providers that some services may now require PA, their network changing and the MH formulary has been updated	• Alert members that requirements are changing and encourage them to review WellSense materials
Ensure claims continue to pay correctly for previously approved services	• Honor all authorizations approved by legacy carrier • Load those auths into system to ensure claims payment
Minimize disruption to members and providers while they adjust to new requirements	• Offer some flexibilities for no auth and out-of-network denials for first 90 days • Providing support and flexibilities for pharmacy network transitions and formulary changes
Quickly address problems at go-live	• Clear escalation processes and contacts • Use reporting / monitoring to identify issues
Ensure smooth long-term transition	• Identify members visiting OON providers and work closely with ACO to transition their care

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Initial communications to members will reflect their current primary care practice as reflected in MassHealth data

- Fallon has helped the ACO develop excellent attribution to individual primary care providers during the course of the last five years
- Moving forward, MassHealth is focusing on attribution to Provider ID/Service Location (PID/SL) for the purposes of primary care payments
- MassHealth will use PID/SLs and MMIS database names associated with those PID/SLs as the basis for initial attribution and member communications
- Current attribution to PID/SL is not as accurate as to PCP, and therefore may have some errors (e.g., member is attributed to PID/SL associated with Pratt Pediatrics instead of Pratt General Medicine)
- As a result, your patients may receive communications from MassHealth with practice names or information that is inaccurate
- We will provide you with talking points for these situations to smooth the way for members
- WellSense is using comprehensive lists of participating primary care practices (with patient recognizable names) in initial ACO communications so all members can “see themselves” in the ACO
- We will work with LCOs and WellSense to update member attribution to reflect current PCP-level attribution with Fallon as soon as possible
  - Ideally before launch on 4/1 (if allowed by MassHealth) – if not, before 5/1

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We provide a number of supports to assist in quality performance

Measure Expertise

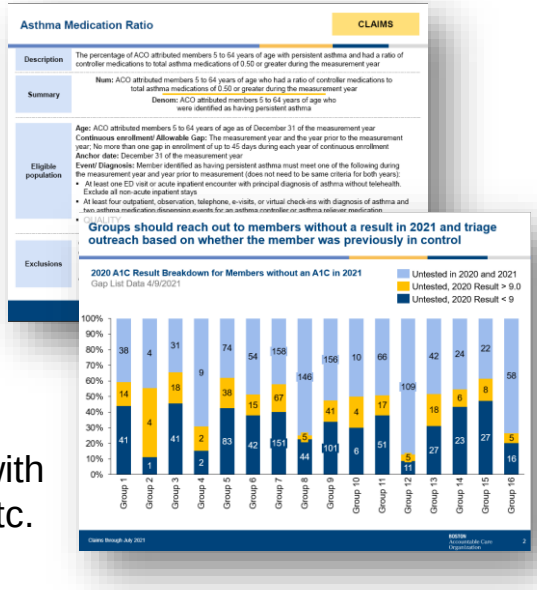
- **Experts in the measure specs**; ACOs use our "Metric Cliff Notes"
- Coordinate metric-level "**Best Practice Summits**" throughout the year

Clinical Training

- **Network-wide clinical training sessions**, i.e. SMART therapy for asthma care, new guidelines in diabetes care, etc.

Performance Measurement

- Monthly **metric-level performance dashboards**, with custom cuts for each ACO, i.e. by group, by PCP, etc.



Data Analytics

- **Custom analytics** to guide targeted efforts across measures and within measures such as gap lists, ADT feeds, clinical supporting data (e.g., MPR) and dashboards displaying trended performance.

Implementation support

- Where possible, **partner on implementation and shared programming**, i.e. Behavioral Health team assists with Depression Remission and Response follow-up; Clinical Pharmacy team supports medication adherence outreach for Asthma Medication Ratio (AMR)

Program Administration

- Manage all **MassHealth-related items**: attend office hours, coordinate deliverables (i.e. Chart Abstractions, Performance Improvement Projects), advocate for MH program changes

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WellSense's overall pharmacy approach

- **Pharmacy Benefits Manager**: **Express Scripts (ESI)** is WellSense's third-party administrator of prescription drugs, primarily responsible for processing and paying drug claims. They typically negotiate discounts and rebates with drug manufacturers, contract with pharmacies and ensure meeting formulary
- WellSense uses a **uniform pharmacy network** for ACOs – **retail network is narrow** (CVS is anchor; Walgreens excluded) and **specialty pharmacy is a closed network**
  - ESI is working to bring key pharmacies that serve ACO patients into their network where possible
- WellSense is required to **adhere to MassHealth formulary and prior authorization criteria**, and advocates for policy change with MassHealth where clinically appropriate.
- WellSense offers **direct contact to internal pharmacy department** for inquiries and questions and **24/7 provider access** for authorization inquiries and support
- **Electronic prior authorization systems** are set up for **24/7 real-time decisions**
- Patients have the option to request an **emergency override for a 72-hour supply of medication** from the pharmacist when encountering a rejection at the pharmacy.
- **Proactive transition management for formulary changes**: including advance notification of changes, member impact lists, provider engagement, and educational tools such as prescribing guides to aid in transitions.
- WellSense also supports **medical expense management and quality efforts** with ACO Partners
  - **Academic Detailing**: Identifying opportunities to prescribe lower cost, clinically appropriate, medications
  - **90 Day supply**: Encouraging patients to switch medications to a 90 day supply resulting in cost savings
  - **Mail Order Pharmacy**: in alignment with 90 day supply, brings greater med adherence, patient convenience and cost savings
  - **Asthma Medication Ratio**: pharmacy strategies to support ACO quality performance in asthma

PRELIMINARY

To ensure a smooth and safe transition for 4/1, WellSense will work closely with ACO pharmacy teams to support patient needs

Transition

- **Many current prior authorizations and scripts should transfer over**
  - All medical benefit drug authorizations will transfer
  - Prescription benefit drug authorizations for scripts not aligned with new state formulary require further review (*process still tentative – details forthcoming*)
- **Retail and specialty networks will change**
  - Many pharmacies will remain in network (incl. CVS), but some pharmacies members currently fill at will not (e.g., Walgreens)
- **MassHealth formulary will change**
  - Some changes can be made at point of sale, others may require script changes or prior authorization submission

Supports WellSense will provided

- WellSense plans to provide **some flexibility** during an initial period
- **Member transitions:** WellSense will work closely with ACO pharmacy teams to identify patients who need transition outreach transition because their pharmacy or medication is changing
- **Communications guidance**: provider communications templates, slide support, and drafts for staff emails to be provided prior to 4/1
- **Targeted solutions and approaches for disproportionately impacted members:** (e.g., patients relying on retail pharmacy-provided services such as adherence packaging or delivery)

Further details will be provided prior to 4/1

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WellSense also works with Beacon to provide behavioral health network – with additional supports and services

- **Network**: WellSense uses a uniform, broad behavioral health network for ACOs which is administered by **Beacon Health Options**
  - Covering the full spectrum of care (incl. outpatient, day programs, diversionary, inpatient and acute)
  - Beacon conducts contracting, credentialing, prior authorizations and claims processing
  - **Wellforce/Fallon currently utilizes Beacon** so there is a **99% provider overlap** (and Beacon is working to contract and enroll the remaining 1%)
- **Prior authorization**: WellSense requires PA for some inpatient and diversionary BH services (managed by Beacon), but **does not require referrals** for any services
  - We have worked with Beacon to lessen PA requirements, which has improved member access and reduced provider abrasion
- **Care management**: a range of services are provided to members with BH conditions alongside existing efforts in your practices (e.g., collaborative care model in primary care)
  - WellSense telephonic BH care management incl. post-discharge support for BH Transitions of Care
  - BH Community Partners
  - WellSense complex care management teams for highest-risk members (working with RNs, SWs to jointly address complex medical and BH needs)

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Community Partners (CP) program will continue with some shifts in the individual CP partners for the next waiver

What are CPs?

Community-based organizations awarded by MassHealth and contracted with ACOs to provide enhanced care coordination to MassHealth members with complex needs.

Two kinds of CPs:

- **Behavioral Health:** serve members ages 21-64 with severe and persistent mental illness
- **Long-term Supports & Services**: serve members ages 3-64 with complex LTSS needs (e.g., functional impairments, disabilities)

Community Partners' responsibilities to patients

Outreach to Patients
To encourage members to participate in the program, expected a min of **3 attempts, including at least one face-to-face**

Assessment & Care Planning
Comprehensive Assessment expected which must be person-centered with member-identified and approve goals.

Care Team Coordination
Facilitate communication among members and subject matter experts for BH/LTSS community services

Care Management
Coordinate between member's, state agencies, specialty providers. Connect programs appropriate for members

Transitions of Care
Assist with discharge planning, appointment access/follow-ups and a face to face interaction within 3 days post-discharge

Connection to Social Services
Assist enrolled members with SDOH needs including referral to Flexible Services

Some of the CPs that currently serve our ACO patients will continue to do so – others will be phasing out of the program and will require member graduation or transition

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What is the MassHealth Flexible Services Program (FSP)?

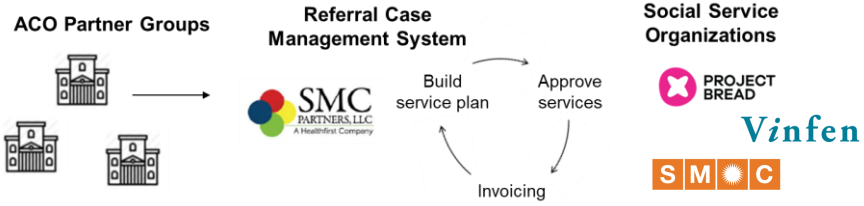
Flexible Services program is MassHealth funded to provider health-related social supports with the goal of improving member health outcomes and reducing TCOC

FSP Eligibility

- **Actively enrolled in the ACO and include one of each of the following two criteria**
- **Meet at least one of the Health-Needs-Based Criteria:** behavioral health need, complex physical health need, needing assistance with one or more documented Activities of Daily Living, repeat ED use, or experiencing a high-risk pregnancy/complications with pregnancy
- **Meet at least one of the Risk Factors:** experiencing homelessness, at risk of homelessness, or risk for nutritional deficiency

FSP Supports

- **Pre-tenancy:** assisting members with obtaining and completing housing applications**;**
- **Transitional assistance funds** to support one-time household set up costs and first/last month's rent
- **Tenancy Sustaining:** assisting members with communicating with landlords; obtaining adaptive skills needed to live independently in the community
- **Home Modifications:** needed to ensure member's health and safety (e.g., installation of grab bars and hand showers; in-home risk assessments
- **Nutrition**: includes goods, transportation, and services that educate members about appropriate nutrition and help members access food needed to meet their nutritional needs.



ACOs partner with a variety of social service organizations (SSOs) for FSP nutrition and housing supports

- Social Service Organization (SSO) partners for FSP housing and nutrition supports vary by ACO – *see below for the groups WellSense Care Alliance is partnering with*
- Types of Services or Health Needs-Based Criteria may differ between SSOs.
- Please reach out to your ACO specific FSP point of contact for confirmation on SSOs accepting FSP referrals for your members and how to submit a referral. This information is also available through the Flexible Services Program Directory posted online by MassHealth.

SMOC

Vinfen

PROJECT BREAD

MILL CITY GROWS

COMMUNITY SERVINGS
FOOD HEALS

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- **Primary Care Sub-capitation**
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In the next waiver period (beginning April 2023) MassHealth is implementing a sub-capitation program for all primary care practices

Medical premiums or base rate

- MassHealth will develop the **sub-cap medical premium for each primary care location** (PIDSL-Provider ID/Service Location) based on:
  - Historical performance (during 2021) across rating categories and practice type
  - The state will also implement a panel-specific health status adjustment

+

PC Cap tier funding

- In addition to medical premiums, primary care groups (at the PIDSL level) will receive **additional funding by meeting the sub-cap tier requirements**. The tier funding is intended to be an incremental investment in primary care.
- There are requirements by tier related to care delivery, structure and staffing, and population specific requirements (see following slide)
  - Requirements do not need to be met until **July 1, 2023**
- Groups must attest to meeting tier 1 to be in the program

Tier payments PMPM	Pediatric	Adult
Tier 1	~$5 – ~$7	~$4 – ~$6
Tier 2	~$7 – ~$9	~$6 – ~$8
Tier 3	~$13 – ~$15	~$10 – ~$12

=

Overall cap payment

- PIDSL specific rates for sub-cap medical and tiers will be added together based on member attribution and then **paid monthly at the Tax ID (TIN) level**

Base Rate: What's included in the cap?

MH has clarified that PIDSL affiliation in step 2 will be based on TIN

MassHealth's logic below determines whether **an incoming claim falls under Primary Care Sub-capitation (i.e. should it be zero-paid?).**

Topic	Sequence	Description
Member Attribution	**1**	Is the member enrolled for the full date of service on the claim? If yes, continue
	2	Is the billing provider on the claim the Member's assigned PIDSL or affiliated with the Member's assigned PIDSL? If yes, continue
Specialist Logic	**3**	Does the practitioner performing the service have a sub-capitation "included" specialty? If yes, continue.
	4	Does the practitioner performing the service have a sub-capitation "excluded" specialty? If no, continue.
Sub-capitation code list	**5**	Is the procedure code on the sub-capitation list? If yes, continue.
	6	This is a sub-capitation claim line, zero-pay. Label the claim line sub-capitation.

"Included" specialties: Nurse Practitioner, Internal Medicine, Pediatrics, Family Practice/Medicine, Geriatric Medicine, Certified Nurse Midwife, Physician Assistant, and Adolescent Medicine

"Excluded" specialties: Anesthesiology, Dermatology, Nuclear Medicine, Psychiatry, Psychiatry (Child), Radiology (Diagnostic), Radiology (Therapeutic), Surgery (Cardiothoracic), Surgery (Colon and Rectal), Surgery (General), Surgery (Neurological), Surgery (Orthopedic), Surgery (Plastic and Reconstructive), Surgery (Vascular), Surgery (Other), Physical Therapy

All specialties on the included and excluded list are subject to change based on MassHealth guidance.

Specialties will be pulled from information currently in WS' internal system, which was populated during credentialing and can be updated on an ad hoc basis.

Note: *Specialist Logic does not apply to FQHCs but does for FQHCs under a hospital license*

Non hospital-licensed FQHCs have different logic (specialty step is skipped).

The higher the tier a practice or PIDSL achieves, the more funding available to that practice/PIDSL

TIER 1	TIER 2	TIER 3
Requirement	Requirement	Requirement
Traditional primary care	Brief intervention for BH conditions	One of: clinical pharmacist visits; group visits; educational liaison for pedi pts
Referral to specialty care	Telehealth BH referral partner	E-consults available in 5+ specialties
Oral health screening and referral	E-consults available in at least three (3) specialties	After-hours or weekend sessions (3+ sessions)
BH and substance use disorder screening	After-hours or weekend session (1+ sessions)	Three team-based staff roles
BH referral with bi-directional communication, tracking, and monitoring	Team-based staff role	Maintain consulting BH clinician with prescribing capability
BH medication management	Maintain consulting independent BH clinician	On-site staff with children, youth, family-specific expertise (FT) P
Health-Related Social Needs screening	On-site staff with children, youth, and family-specific expertise (part or full time) P	LARC provision, at least 1 option P
Care coordination	Provide SNAP and WIC assistance P	Active Buprenorphine Availability P
Clinical Advice and Support Line	LARC provision, at least one option A	LARC provision, multiple options A
Postpartum depression screening	Active Buprenorphine Availability A	Next-business-day MOUD induction and F/U A
Use of Prescription Monitoring Program	Active AUD Treatment Availability A	
LARC provision, referral option		
Same-day urgent care capacity		
Video telehealth capability		
No reduction in hours		
Translation and Interpreter Services		
Pediatric EPSDT screenings P		
Pediatric SNAP and WIC screenings P		
Establish & maintain relationships w/CBHI P		
Coordination with MCPAP P		
Coordination with M4M P		
Fluoride varnish for pts 6 months to age 6 P		

KEY

✓ Existing capacity or light lift

● Moderate lift

▲ More challenging to achieve

"P" Indicates Pediatric Specific

"A" Indicates Adult Specific

WellSense will send three monthly reports along with capitated payments, providing additional detail on these payments

Report	Overall Summary	Cap Payment Detail	PIDSL Reference
Purpose	Payment by PCE, FFS-equivalent reconciliation	Member attribution and associated payment	PIDSL-level payment guidance
Detail	This report will show the following information for every TIN in each ACO: • Date range • Check # • Current month paid • Adjustments • Net payment • Cumulative net payment • # of members • # of member months • List of associated PIDSLs with member months, total paid (current month) and aggregate PMPM	This report will show the following information for every TIN in each ACO: • Member name • Member ID • DOB • Rating category • PCP name • Assigned PIDSL • RC rate • Month • # of member-months (in month) • Cap paid for member	This report will show the following information for every PIDSL in each TIN within each ACO: • Tier • TIN • Health-status adjustment (PCAL) score • Member attribution by rating category

- Financial reporting related to the primary care sub-capitation payments will also be incorporated into quarterly financial statements.

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Support available to you and your teams during April 2023 transitions

- Additional training and engagement to prepare for 4/1 covering topics such as:
  - How to submit prior authorizations for WellSense
  - How to submit claims for WellSense
  - Primary care sub-capitation program payment / tier requirements
  - Etc.
- FAQs and talking points for the transition
- “Drop-in sessions” every Wednesday at noon starting 2/15 through the end of April
- Medicaid_ACO@tuftsmedicine.org email for any questions or issues
- Weekly ACO newsletter for pediatric practices
- Escalation approach to quickly address problems that emerge
- Clinical transition of care to reduce patient and provider issues