

MassHealth Strategic Planning Document 2012-2015

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DRAFT Updated April 23, 2013



About the Strategic Plan

The MassHealth 2012-2014 Strategic Plan is the product of thoughtful and focused deliberation among MassHealth's leadership team about how a new mission, priorities and goals could best shape the organization's strategic direction. In addition, the priorities identified by EHS, the Governor, and other key stakeholders were considered. The result is an increased emphasis on member-focused programs, care integration, program integrity, sustainability, and continued innovation.

The purpose of the strategic planning process is to:

- Identify key priorities for MassHealth to allow for appropriate allocation of resources
- Focus MassHealth staff toward the same strategic goals, enhancing efforts toward improving performance
- Demonstrate performance results by tracking and measuring progress toward achieving strategic goals using robust metrics
- Communicate to stakeholders about MassHealth's mission, goals and accomplishments
- Align strategic goals with EHS, the Governor and outside stakeholders

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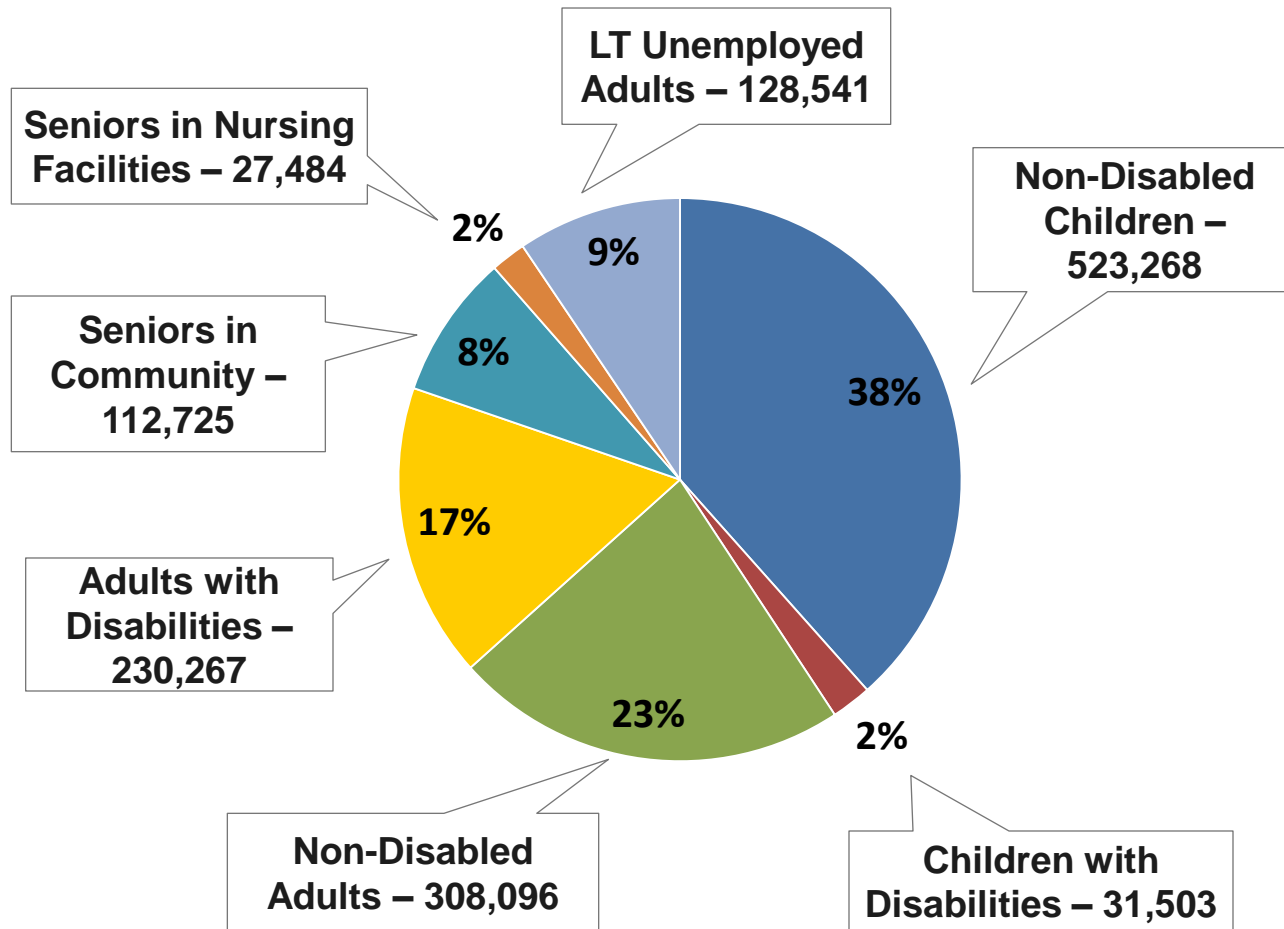
MassHealth's Mission Statement



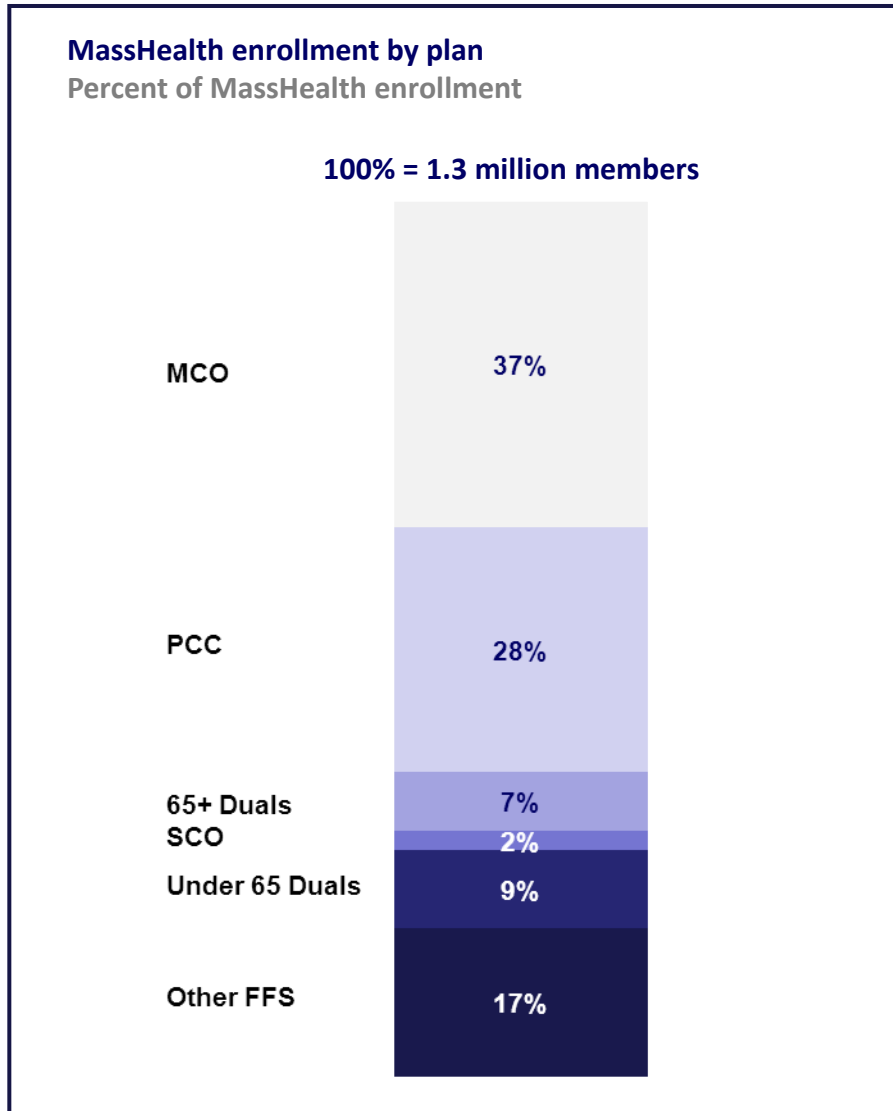
To improve the health outcomes of our diverse members, their families and their communities, by providing access to integrated health care services that sustainably promote health, well-being, independence, and quality of life.

MassHealth covers children, adults, and seniors, and often supplements other insurance

Percent of total MassHealth enrollment, FY 2012 Estimate



Overview of MassHealth Coverage Vehicles



Managed Care Organizations:

- Boston Health Net
- Network Health
- Fallon Community Health Plan
- Neighborhood Health Plan
- Health New England

Primary Care Clinician Plan:

MassHealth-administered managed care plan

Dual Eligibles:

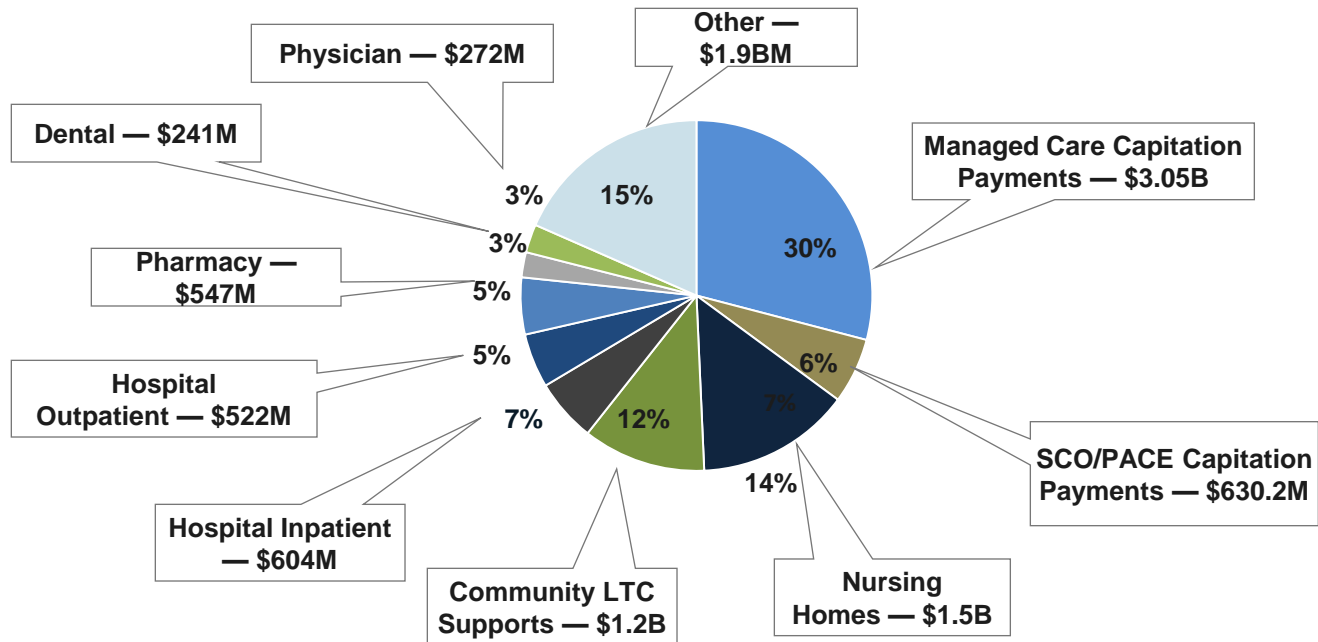
- Eligible for Medicare coverage due to age
- Eligible for Medicare coverage due to disability or other reasons
- Most in FFS
- Seniors are eligible for SCO & PACE

Other FFS:

- Patients being assigned to an MCO
- Beneficiaries with third party coverage
- Members with access to limited benefits

MassHealth Spending by Provider Type

TOTAL MASSHEALTH SPENDING in 2012 = \$10.4B

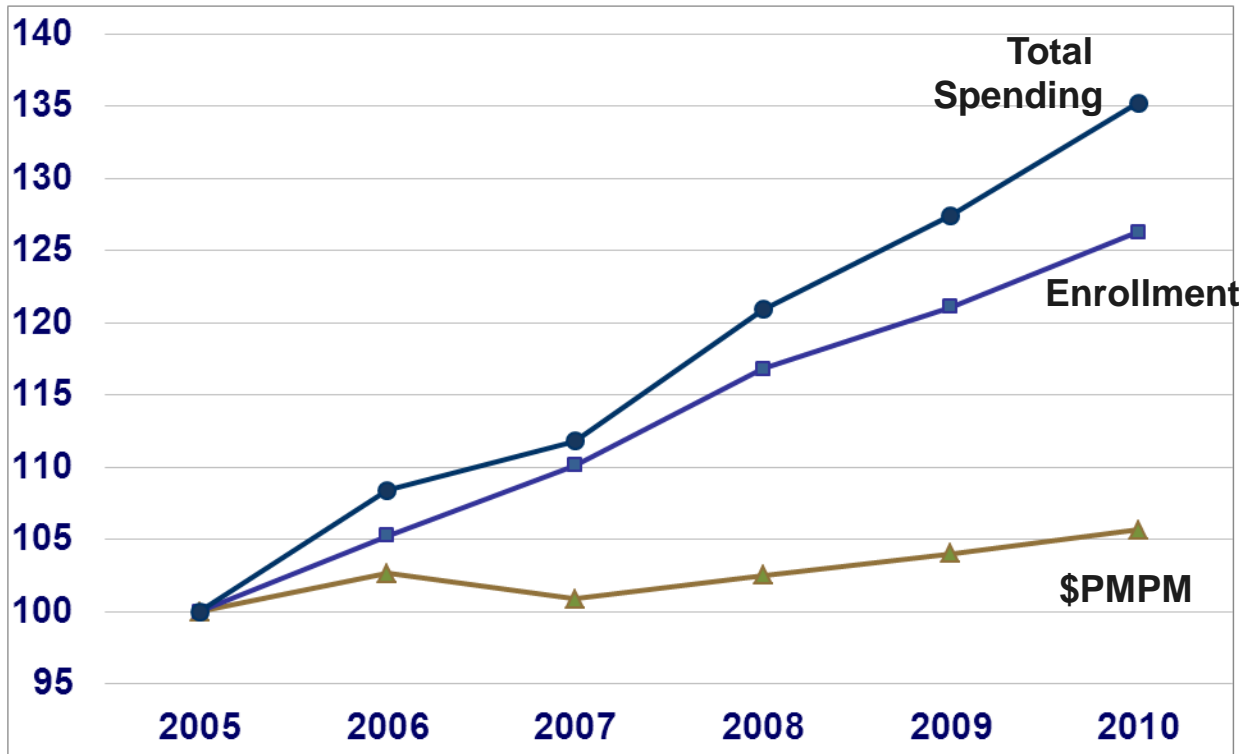


NOTE: "Other" includes Medicare Part D clawback (\$207M), Medicare Buy-in (\$408M), Medicare Crossover (\$210M), Transportation (\$141M), community health centers (\$93M), and smaller amounts of spending on rest homes, vision care, EI/Chapter 766, hearing care, group practice organization, family planning clinics, renal dialysis clinics, ambulatory surgery center, eye glasses, DME/Oxygen, imaging/radiation centers, certified independent labs, psychologists, mental health clinics, psychiatric day treatment, and substance abuse services payments.

SOURCE: MassHealth Budget Office.

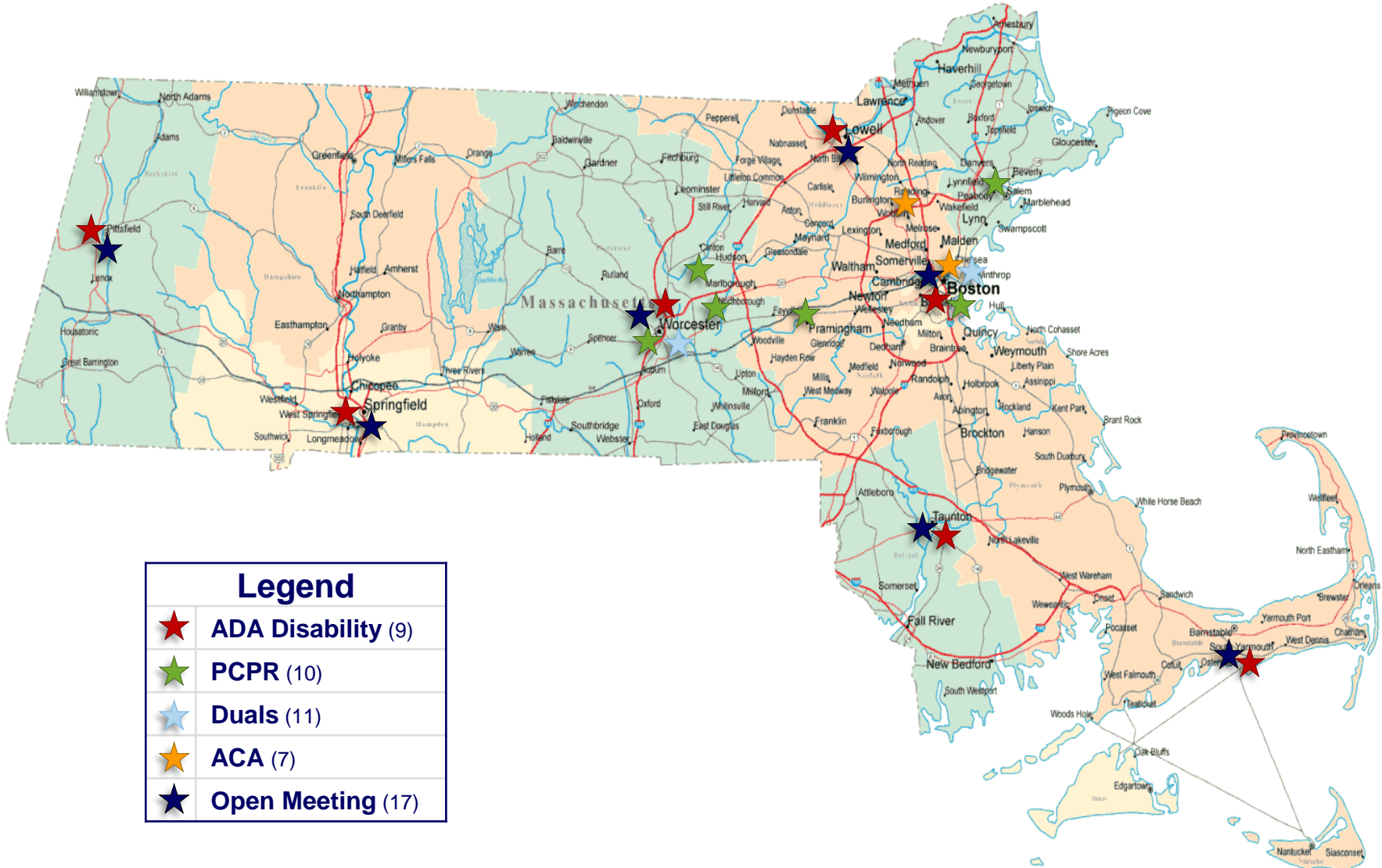
Increasing enrollment during the economic downturn has driven growth in MassHealth spending in recent years

Growth in MassHealth total spending, enrollment and per member per month (PMPM) costs
(Year 2005 = 100)



Spending per member increased an average of just 1.1 percent per year from fiscal year 2005 through 2010, while enrollment grew an average of 5 percent per year

Over the past year, MassHealth has held more than 50 stakeholder engagement meetings across the state



Our Strategic Goals

- 1 Deliver a seamless, streamlined, and accessible member experience
- 2 Promote integrated care systems that share accountability for better health, better care, and lower costs
- 3 Shift the balance toward preventative, patient-centered primary care, and community-based services and supports
- 4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives
- 5 Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners

EHS – MH Strategic Goal Alignment



MassHealth

EHS Cluster

Deliver a seamless, streamlined, and accessible member experience

Promote integrated care systems that share accountability for better health, better care, and lower costs

Shift the balance toward preventative, patient-centered primary care, and community-based services and supports

Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives

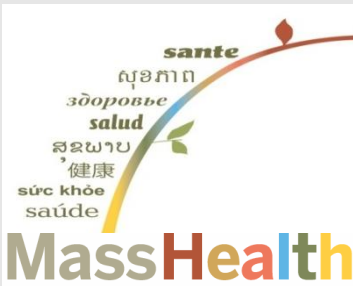
Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners

WELLNESS & HEALTH CARE
Maintain access to health care.
Improve the health of individuals, families and communities.
Improve the quality of health care.
Reduce the cost of health care.
Improve care coordination for high risk populations.
CHILDREN, YOUTH AND FAMILY
Redesign the CYF service delivery model to reflect holistic and strengths-based care that is family driven and community focused.
Improve access to services by streamlining information resources and family access points, and optimally leveraging community-based partnerships.
DISABILITY
Increase the use of home and community-based settings as an alternative to institutional care.
Expand access to home and community based long-term supports while also improving the capacity and quality of those supports.
Provide innovative person-centered services focused on consumer choice and self-determination.
Ensure the availability of physical and communication access for individuals with disabilities in the Commonwealth.
ELDERS
Improve the capacity, quality and availability of community-based long term care services and supports.
VETERANS
Ensure that access to all veterans' benefits and services is available throughout the Commonwealth.
End veterans' homelessness/ Increase access to transitional and permanent housing options.

Strategic Goals and Top Ten Strategic Initiatives



Members



4

Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives

- Program Integrity Optimization

1

Deliver a seamless, streamlined, and accessible member experience

- Operations and Customer Service Enhancement
- Integrated Eligibility System/ Health Insurance Exchange
- ACA Expansion

2

Promote integrated care systems that share accountability for better health, better care, and lower costs

- Duals Demonstration
- Delivery System Transformation
- Primary Care Payment Reform
- Health Information Exchange/Technology

3

Shift the balance toward preventative, patient-centered primary care, and community-based services and supports

- PCC/ Behavioral Health Integration
- Money Follows the Person

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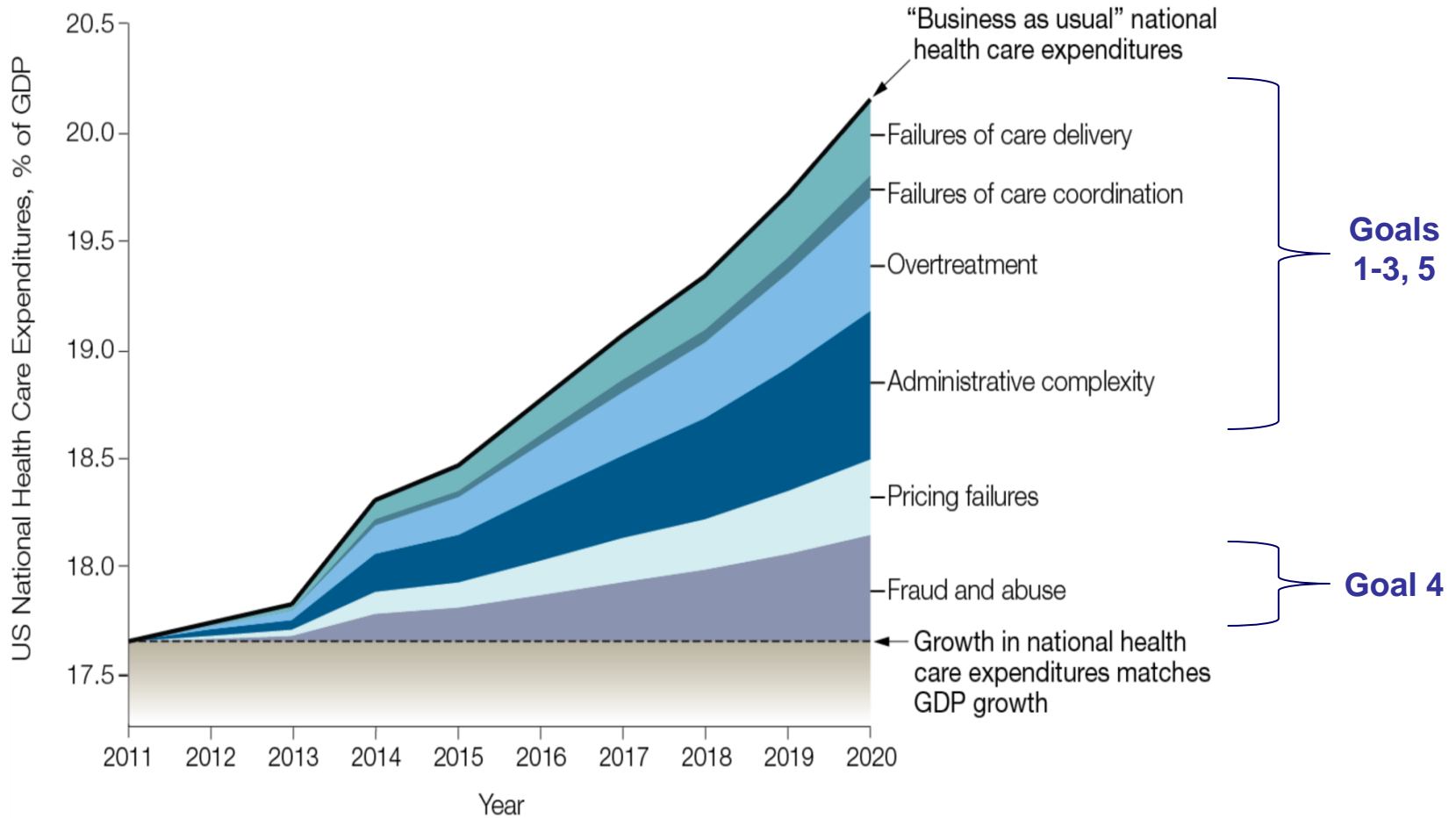
Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners

- Live our mission and meet members where they are
- Focus on stewardship and fiscal responsibility
- Be data driven
- Model a team-based approach

Key Initiatives:

	Duals	PCPR	MFP	ACA	IES/HIX	Prog Int	PCC/BH	DSTI	Ops	HIT
1) Deliver a seamless, streamlined, and accessible member experience.										
• Provide a seamless, streamlined eligibility determination and enrollment experience for members through investments in IT and front-line staffing levels	✓		✓	✓	✓	✓				✓
• Deliver information that is clear, engaging, timely, accessible, and culturally and linguistically appropriate to our members and providers	✓	✓		✓	✓		✓			✓
• Use front-line staff training, performance data, and recognition for excellence to enhance the customer service experience for our members and providers	✓			✓	✓					✓
• Engage community-based organizations in partnerships to better communicate with our members and to improve member access	✓	✓	✓	✓		✓	✓			✓
• Solicit regular member and provider feedback to drive process improvement and report back lessons learned and next steps	✓		✓	✓		✓	✓			✓
• Recognize innovations and excellence in customer service throughout MassHealth by employees, vendors, and providers		✓			✓					✓
2) Promote integrated care systems that share accountability for better health, better care, and lower costs.										
• Use alternative payment methodologies to promote care delivery innovations such as team based care, group visits, telehealth, virtual office visits, and community health workers	✓	✓		✓			✓	✓		✓
• Prioritize access to integrated models of care delivery for high cost members with complex care needs	✓	✓		✓			✓	✓		✓
• Promote and scale the patient-centered medical home model across all MassHealth programs	✓	✓		✓			✓	✓		✓
• Operationalize primary-care behavioral health integration	✓	✓		✓			✓	✓		✓
• Align quality measures across initiatives and tie payments to quality	✓	✓		✓			✓	✓		✓
• Leverage payment strategies to drive adoption and use of EHRs to enhance care coordination and quality improvement	✓	✓		✓				✓		✓
• Give providers access to timely data to accelerate care improvement	✓	✓					✓	✓		✓
3) Shift the balance toward preventative, patient-centered primary care, and community-based services and supports.										
• Invest in community-based behavioral health and long-term services and supports that promote independent living	✓	✓	✓	✓			✓			✓
• Promote active member engagement in the development of their care plan and self-management strategies for chronic diseases	✓	✓	✓				✓	✓		✓
• Hold providers accountable for reducing readmissions, ER visits and admissions for ambulatory sensitive conditions such as asthma and diabetes	✓	✓	✓				✓	✓		✓
• Partner more closely with other agencies for development and rollout of prevention and wellness initiatives across MassHealth Programs		✓	✓				✓	✓		✓
• Creatively engage and incentivize members to participate in wellness initiatives focused on smoking cessation and obesity	✓	✓					✓			✓
4) Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives.										
• Promote no wrong door processes to report fraud and abuse for staff, providers, members, and the public				✓		✓				✓
• Build and strengthen partnerships with other state and federal agencies to enhance program integrity efforts				✓	✓	✓				✓
• Use our new eligibility system and state and federal data matches to strengthen program integrity efforts				✓	✓	✓				✓
• Enhance audit capacity and leverage data to identify high priority areas for audit focus					✓	✓				✓
• Develop predictive modeling capabilities to prevent fraud and abuse before payments have been made						✓				✓
• Hold contracted entities accountable for identifying and reporting fraud	✓	✓	✓		✓	✓	✓		✓	✓
5) Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners.										
• Live our mission and meet members where they are	✓			✓	✓		✓			✓
• Focus on stewardship and fiscal responsibility	✓	✓	✓	✓		✓	✓	✓	✓	✓
• Be data driven	✓	✓		✓	✓	✓	✓	✓	✓	✓
• Model a team-based approach	✓	✓	✓	✓		✓	✓	✓	✓	✓

Strategic plan prioritizes opportunities for improving care and addressing health care cost growth



Donald Berwick and Andrew Hackbarth, "Eliminating Waste in US Health Care", *JAMA*. 2012; 307(14): 1513-1516.

Strategic Goals and Top Ten Strategic Initiatives



4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives



Members

1 **Deliver a seamless, streamlined, and accessible member experience**

- Operations and Customer Service Enhancement
- Integrated Eligibility System/ Health Insurance Exchange
- ACA Expansion

2 Promote integrated care systems that share accountability for better health, better care, and lower costs

3 Shift the balance toward preventative, patient-centered primary care, and community-based services and supports



5 Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners



1 Deliver a seamless, streamlined, and accessible member experience.

What does this mean for MassHealth?

- Provide a **seamless, streamlined eligibility determination and enrollment experience** for members through investments in IT and front-line staffing levels
- Deliver **information that is clear, engaging, timely, accessible, and culturally and linguistically appropriate** to our members and providers
- Use **front-line staff training, performance data, and recognition for excellence to enhance the customer service experience** for our members and providers
- **Engage community-based organizations in partnerships** to better communicate with our members and to improve member access
- **Solicit regular member and provider feedback** to drive process improvement and report back lessons learned and next steps
- **Recognize innovations and excellence in customer service** throughout MassHealth by employees, vendors, and providers

The Operations and Customer Service Initiative includes efforts focused on the member experience



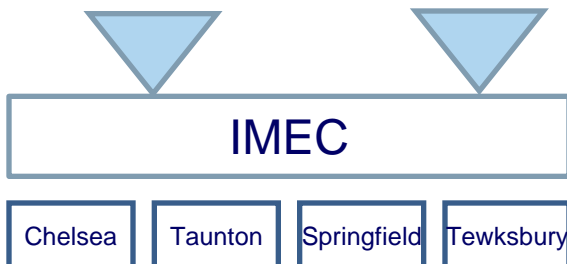
Enrollment Improvements



Phone calls routed to 1st available



Mail sent to Taunton



Streamlined Eligibility



- Will affect ~210,000 community elders, disabled adults and children, and families receiving SNAP benefits, or about 15% of our members

Customer Service Strategy

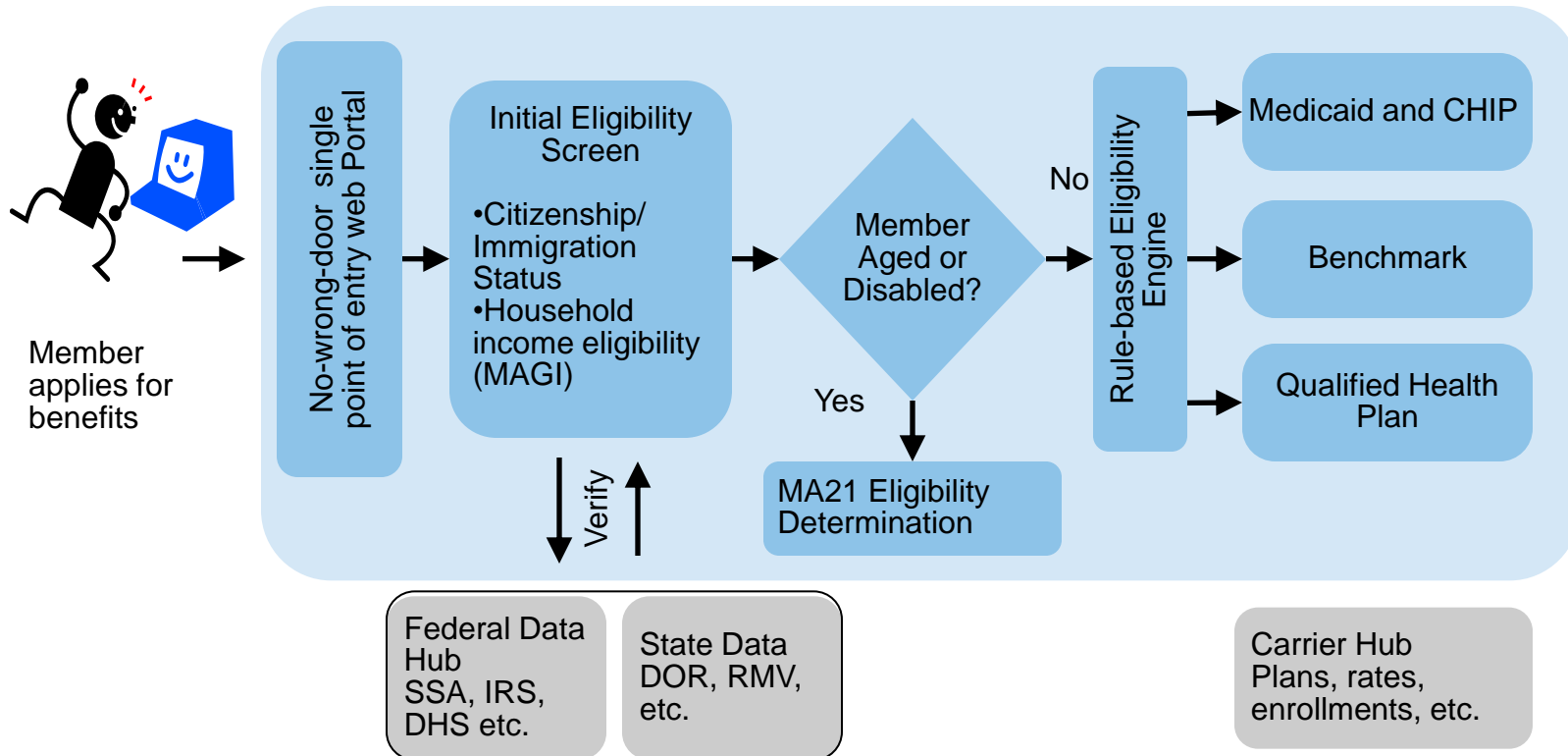
- Additional training, technology, and monitoring
- Strategic Hiring
- Customer Service Contract Enhancements
- Introduction of Customer Relationship Management (CRM) Software

How does this support our strategic goals?

- Provides a seamless, streamlined eligibility determination and enrollment experience for members through investments in IT and front-line staffing levels
- Uses front-line staff training, performance data, and recognition for excellence to enhance the customer service experience for our members and providers
- Deliver information that is clear, engaging, timely, accessible, and culturally and linguistically appropriate to our members and providers

1

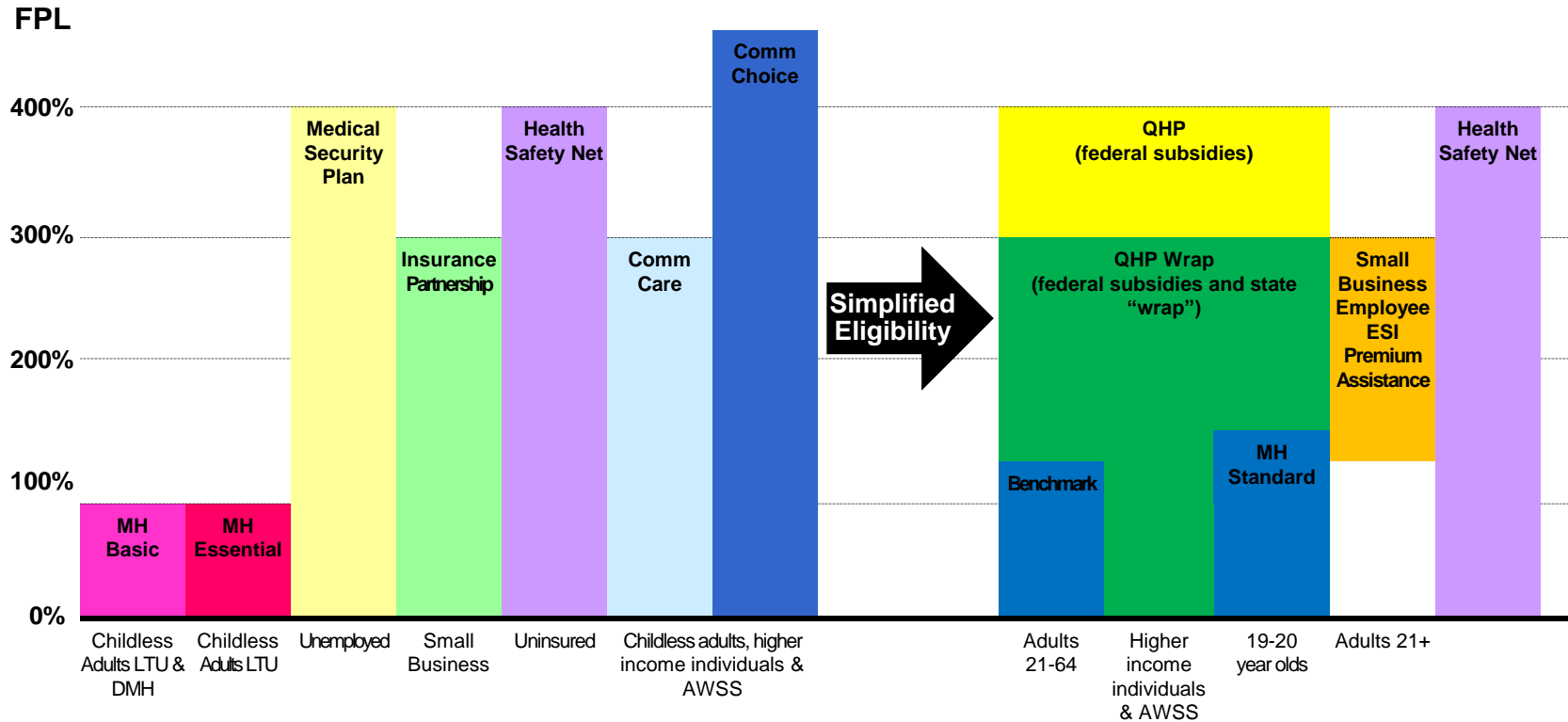
The Integrated Eligibility System and Health Insurance Exchange simplify eligibility determination and enrollment across Health & Human Services



How does this support our strategic goals?

- Provides a seamless, streamlined eligibility determination and enrollment experience for members through investments in IT and front-line staffing levels
- Deliver information that is clear, engaging, timely, accessible, and culturally and linguistically appropriate to our members and providers

1 Eligibility categories will be simplified under the ACA



How does this support our strategic goals?

- Provides a seamless, streamlined eligibility determination and enrollment experience for members through investments in IT and front-line staffing levels
- Uses front-line staff training, performance data, and recognition for excellence to enhance the customer service experience for our members and providers

Strategic Goals and Top Ten Strategic Initiatives



4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives



Members

1 Deliver a seamless, streamlined, and accessible member experience

2 Promote integrated care systems that share accountability for better health, better care, and lower costs

- Duals Demonstration
- Delivery System Transformation
- Primary Care Payment Reform
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3 Shift the balance toward preventative, patient-centered primary care, and community-based services and supports



5 Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners



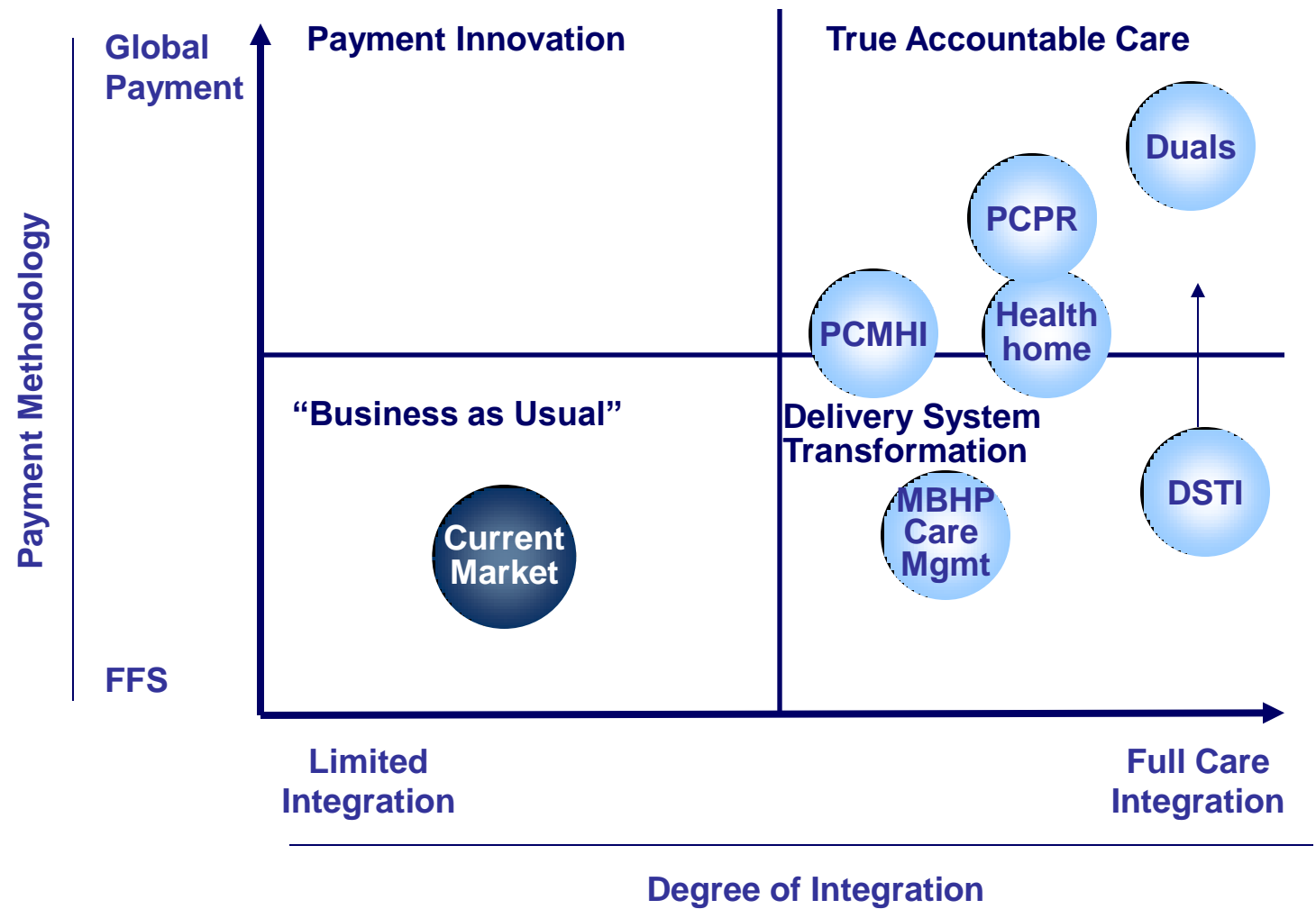
2 Promote integrated care systems that share accountability for better health, better care, and lower costs

What does this mean for MassHealth?

- Use **alternative payment methodologies to promote care delivery innovations** such as team based care, group visits, telehealth, virtual office visits, and community health workers
- Prioritize access to **integrated models of care delivery for high cost members with complex care needs**
- Promote and **scale the patient-centered medical home model** across all MassHealth programs
- Operationalize **primary-care behavioral health integration**
- **Align quality measures** across initiatives and tie payments to quality
- **Leverage payment strategies to drive adoption and use of EHRs** to enhance care coordination and quality improvement
- **Give providers access to timely data** to accelerate care improvement



2 MassHealth has multiple programs to move towards integrated, accountable care



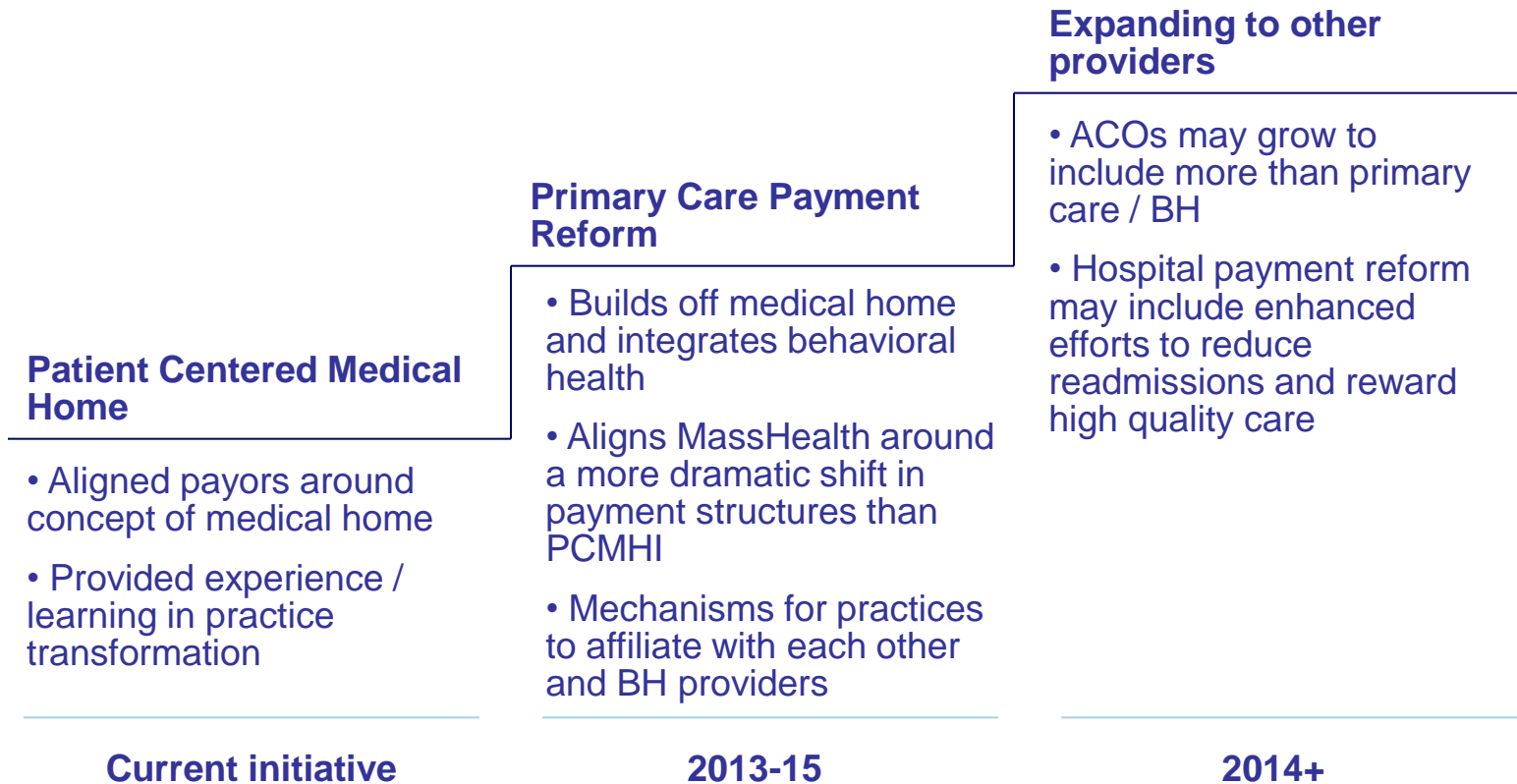
Case studies have shown that these new payment methods are succeeding



Incentive structure	BCBS established global payment risk sharing contracts with physician groups	Hampden County Physician Associates with Mercy Medical Center entered into a prospective global payment arrangement with a managed Medicare provider	MGH Primary Care Group demonstration project embarked on a 3-year shared savings demonstration with CMS
Patient population	BCBS HMO or point-of-service enrollees	5,100 managed Medicare members	2,500 high-cost Medicare enrollees
Outcomes improvement¹	2.6% increase in proportion of patients meeting chronic care quality thresholds	45% drop in hospital admissions 7% decline in average length of stay	4% lower mortality 13% drop in ED visits 20% lower hospitalization rate
Cost improvement	Intervention associated with a 1.9% medical savings relative to control group.	12% lower cost than a comparable population	7% lower cost than a comparable population after accounting for care management fees



2 MassHealth's primary care reforms are built from work on the patient-centered medical home



How does this support our strategic goals?

- Use alternative payment methodologies to promote care delivery innovations such as team based care, group visits, tele-health, virtual office visits, and community health workers
- Promote and scale the patient-centered medical home model across all MassHealth programs
- Operationalize primary-care behavioral health integration

2 Primary Care Payment Reform Payment Structure



A



Comprehensive Primary Care Payment

- Risk-adjusted capitated payment for primary care services
- May include some behavioral health services

B



Quality Incentive Payment

- Annual incentive for quality performance, based on primary care performance

C



Shared savings/risk payment

- Primary care providers share in savings on non primary care spend, including hospital and specialist services

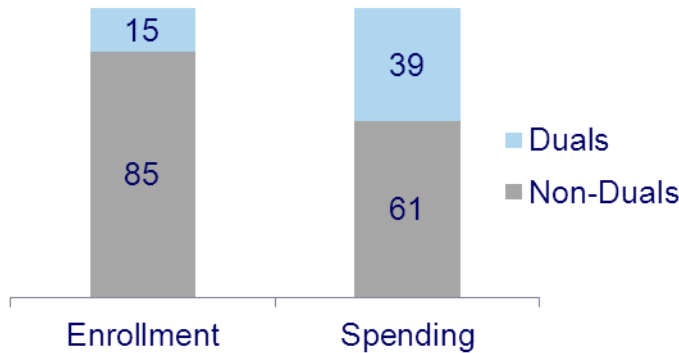
The payment structure will not change billing for non-primary care services (specialists, hospital); PCP's will not be responsible for paying claims for these services. However, we are evaluating complementary alternative payment methodologies to hospitals and specialists for acute services.



2 The Dual Eligible Demonstration Project provides integrated care to vulnerable members

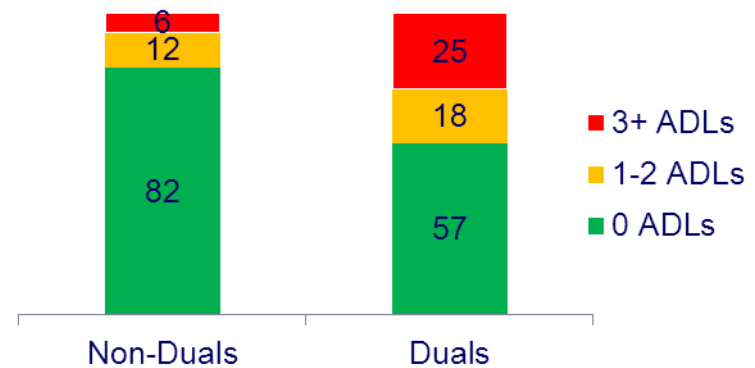
Duals cost more than double the average for Medicaid patients

Enrollment and spending by member type (percentage of total)



And need far greater medical and community-based support

Members requiring assistance with activities of daily living (percentage of total)



Program Features

- Contracts with integrated care organization to provide medical, behavioral health and community-based services coordinated by an integrated care team
- Uses an integrated global payment funded by MassHealth and Medicare and encourages alternative payment mechanisms

How does this support our strategic goals?

- Prioritize access to integrated care delivery for high cost members with complex needs
- Use alternative payment methodologies to promote care delivery innovations

The Delivery System Transformation Initiative funds hospitals to implement four sets of projects



DSTI provides \$628 Million over three years for four sets of hospital initiatives

Development of integrated delivery system based on PCMH principles

- Developing PCMH practices
- Integrating physical and behavioral health care
- Improving communication and coordination

Innovative care models to improve quality and outcomes

- Improving care transitions and reducing preventable readmissions
- Piloting innovative care models to coordinate care for patients with chronic-diseases and complex conditions

Development of capabilities to manage alternative payment models

- Enhancing performance reporting and financial analysis
- Developing risk stratification capabilities

Population-focused health outcome improvements

- Hospitals will report on a common set of population-focused health outcome measures and track them over time

How does this support our strategic goals?

- Promote and scale the patient-centered medical home model across all MassHealth programs
- Align quality measures across initiatives and tie payments to quality



2 The Health Information Exchange and information technology support will improve quality and reduce costs

Health Information Exchange		Other Support for HIT
Phase 1: (2012)	<p>Network participants</p> <ul style="list-style-type: none"> • Hospitals and Physicians • Health plans • Long-term care facilities • Patients • Quality Reporting Service 	<p>Network functions</p> <p><u>Send/receive:</u></p> <ul style="list-style-type: none"> • Referral/Consult • Admission notification • Discharge Summaries • Lab Order/Results
Phase 2: (2013)	<p>Additional network participants</p> <ul style="list-style-type: none"> • More providers and payers and quality reporting services • Diagnostic facilities 	<p><u>Send/receive:</u></p> <ul style="list-style-type: none"> • Public Health Alerts • Quality Measure Reports • Patient-matching service
Phase 3: (2014)	<p>Additional network participants</p> <ul style="list-style-type: none"> • More providers and payers 	<p><u>Search and retrieve:</u></p> <ul style="list-style-type: none"> • Patient record • Patient consent

- The Mass e-Health Institute assists doctors and other providers in adopting electronic health records
- The Medicaid EHR Incentive Program will provide \$600M in incentives to physicians and hospitals that adopt, implement, upgrade or demonstrate meaningful use of EHRs over 5 years
- The Last Mile program aims to remove barriers to adoption of the HIE by providers and hospitals

How does this support our strategic goals?

- Align quality measures across initiatives and tie payments to quality
- Leverage payment strategies to drive adoption and use of EHRs to enhance care coordination and quality improvement
- Give providers access to timely data to accelerate care improvement

Strategic Goals and Top Ten Strategic Initiatives



4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives



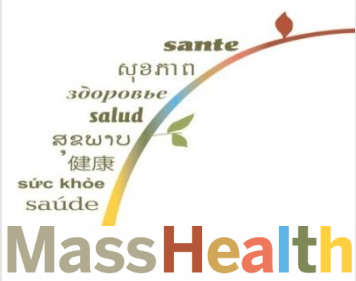
Members

1 Deliver a seamless, streamlined, and accessible member experience

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- PCC/ Behavioral Health Integration
- Money Follows the Person



5 Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners

Shift the balance toward preventative, patient-centered primary care, and community-based services and supports



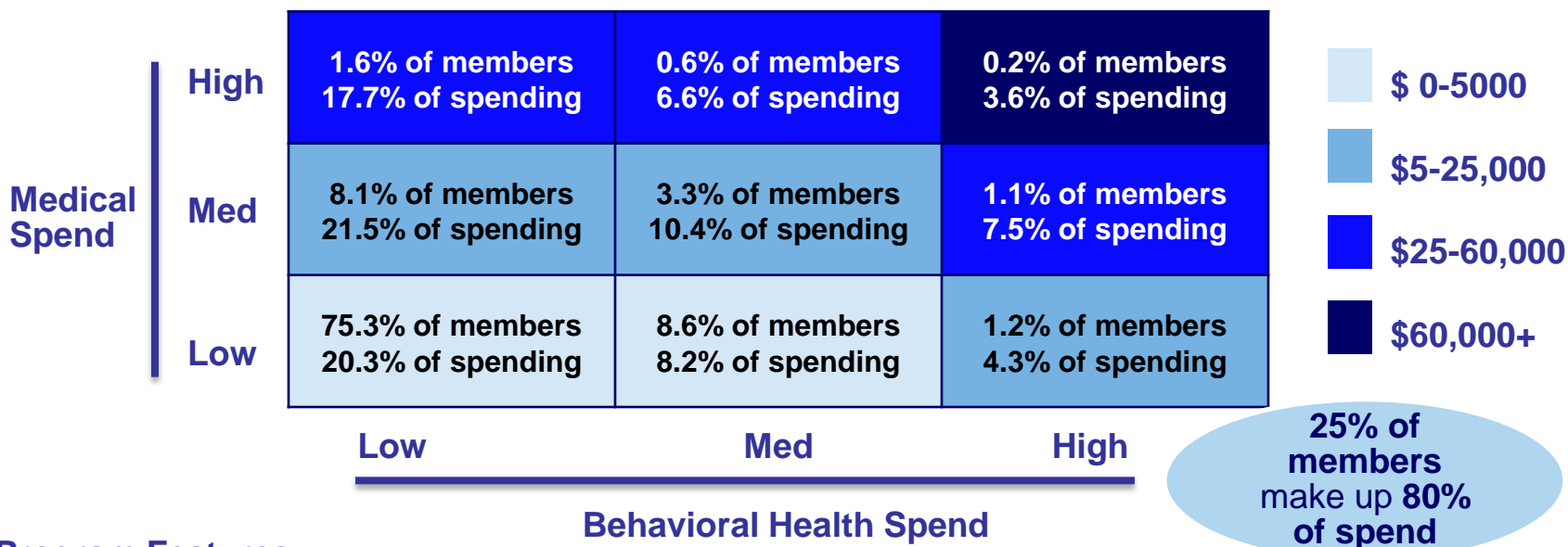
What does this mean for MassHealth?

- Invest in **community-based behavioral health and long-term services** and supports that promote independent living
- Promote **active member engagement in the development of their care plan** and self-management strategies for chronic diseases
- **Hold providers accountable for reducing readmissions**, ER visits and admissions for ambulatory sensitive conditions such as asthma and diabetes
- **Partner more closely with other agencies** for development and rollout of **prevention and wellness initiatives** across MassHealth Programs
- Creatively engage and **incentivize members to participate in wellness initiatives** focused on smoking cessation and obesity

Integrating Behavioral Health and enhancing Primary Care coordination will drive quality and efficiency for most expensive members in the PCC Plan



Spending on members by medical and behavioral health costs



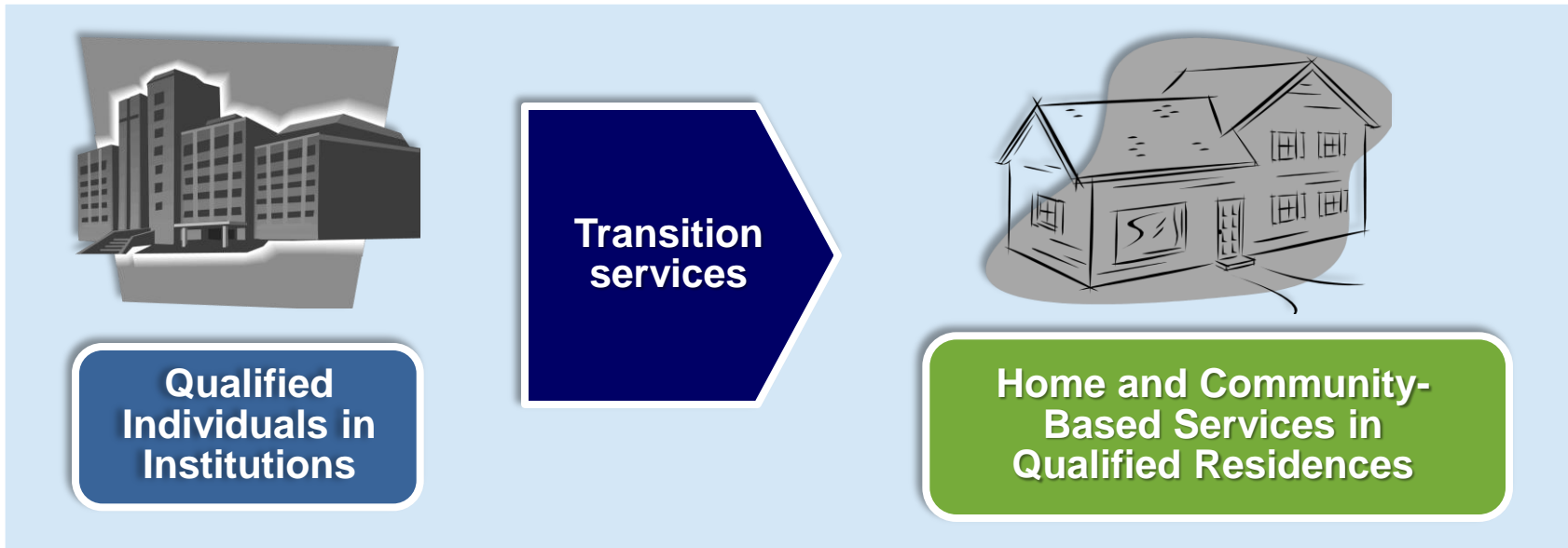
Program Features:

- Improving coordination between PCC's and BH providers
- Uses predictive modeling to identify members with conditions that can benefit from care management
- Providing training and support to PCC and BH providers on using population health data to improve care
- Supporting Primary Care Payment Reform

How does this support our strategic goals?

- Invest in community-based behavioral health and long-term services and supports that promote independent living
- Promote active member engagement in their care plan and self-management strategies for chronic diseases
- Hold providers accountable for reducing readmissions, ER visits and admissions for ambulatory sensitive conditions

The Money Follows the Person Project supports member transition from institutions to the community



- Massachusetts will receive \$110 million in federal funds over five years as part of the Money Follows the Person (MFP) program, which supports seniors and individuals with disabilities so they may live in their own homes or in community settings successfully.
- Massachusetts is one of 13 states to receive federal Affordable Care Act (ACA) funding for the program and received \$13.5 million in the first year, the largest grant awarded.

How does this support our strategic goals?

- Invest in community-based behavioral health and long-term services and supports that promote independent living
- Promote active member engagement in the development of their care plan and self-management strategies for chronic diseases

Strategic Goals and Top Ten Strategic Initiatives



4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives

- Program Integrity Optimization



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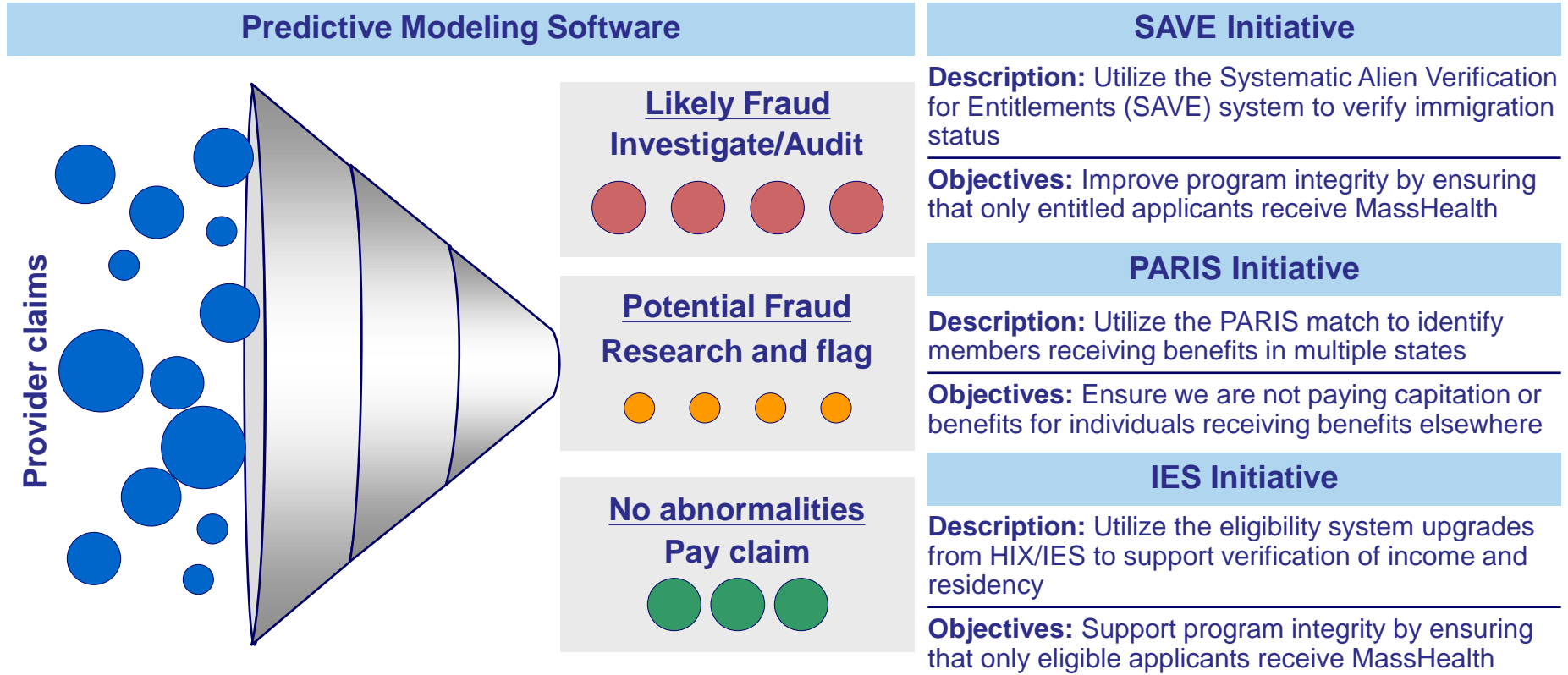


4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives.

What does this mean for MassHealth?

- Promote **no wrong door processes to report fraud and abuse** for staff, providers, members, and the public.
- **Build and strengthen partnerships** with other state and federal agencies to enhance program integrity efforts.
- **Use our new eligibility system and state and federal data matches** to strengthen program integrity efforts.
- **Enhance audit capacity** and leverage data to identify high priority areas for audit focus.
- **Develop predictive modeling capabilities** to prevent fraud and abuse before payments have been made.
- **Hold contracted entities accountable** for identifying and reporting fraud.

4 The Program Integrity Optimization Initiative includes multiple projects to improve both member and provider program integrity



How does this support our strategic goals?

- Build and strengthen partnerships with other state and federal agencies to enhance program integrity
- Use our new eligibility system and state and federal data matches to strengthen program integrity
- Develop predictive modeling capabilities to prevent fraud and abuse before payments are made

Strategic Goals and Top Ten Strategic Initiatives



4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives



Members

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5 Create a dynamic internal culture and infrastructure that supports our ability to meet the evolving needs of our members and partners

- Live our mission and meet members where they are
- Focus on stewardship and fiscal responsibility
- Be data driven
- Model a team based approach

5 Our Values



Live our mission and meet members where they are

- Our members have challenging lives. We need to adapt to meet their evolving needs rather than expecting them to adapt to our traditional ways of working.

Focus on stewardship and fiscal responsibility

- We are entrusted both with management of significant public resources and with facilitating access to coverage and care. We must pursue every opportunity to ensure that we earn that trust through a commitment to fiscal responsibility, program integrity, and sustaining access to health care.

Be data driven

- We should leverage the best available data and evaluation strategies to ensure that we are continuously improving our performance as an organization and outcomes for our members.

Model a team-based approach

- Like the integration we promote in our delivery systems, we ourselves do our best and most innovative work when we are integrated and coordinated with our partners in state and federal government, the private sector, our providers, and, most importantly, our members.

5 Living Our Values



Live our mission and meet members where they are

- Actively engage stakeholders in accessible settings and formats
- Provide front-line staff with easy channels to elevate recurring member concerns
- Highlight implementation of member and advocate recommendations

Focus on stewardship and fiscal responsibility

- Enhance partnerships with EOHHS sister agencies and state and federal audit and law enforcement organizations
- Develop and track progress against MassHealth specific per-member spending growth targets

Be data driven

- Develop robust Analytics Unit
- Invest in IT infrastructure to support analysis
- Leverage partnership with DHCFP/CHIA

Model a team-based approach

- Ongoing implementation of the Integrated Care Delivery Organization
- Recruit and retain top talent
- Regularly engage and update all staff on progress against strategic plan

FY 12 Key Accomplishments

1 Deliver a seamless, streamlined, and accessible member experience

- Received certification of MMIS
- Received approval for plan for Integrated Eligibility System supported by \$72M in federal investments
- Issued RFR for innovative new Customer Service Contract
- Launched Electronic Document Management
- Implemented the I-MEC Model
- Launched Accessibility Work Group
- Reduced MEC call wait times by 50%, blocked calls by 80%, walk-ins by 24%, Reduced number of pended documents by 64%
- Received Level 1 Establishment grant sub-award to support coordination with the Health Insurance Exchange
- Hired Disability and Accommodations Ombudsperson, conducted disabilities and accommodations member survey, accessibility and accommodations training for customer service and eligibility staff, purchased Assisted Listening Devices for MEC locations
- Updated MA21 to track member accommodations, updated MBR and SMBR to mirror changes to MA21

2 Promote integrated care systems that share accountability for better health, better care, and lower costs

- Secured CMS Support to build the Health Information Exchange leveraging Medicaid IT infrastructure and funding
- Developed Delivery System Transformation Initiative with CMS and safety net hospitals under 1115 Waiver
- Issued Duals RFR

3 Shift the balance toward preventative, patient-centered primary care, and community-based services and supports

- Secured 1115 Waiver authority for Asthma Bundled Payment Pilot
- Issued Primary Care and Behavioral Health coordination procurement for the PCC plan
- Developed and submitted three waivers to CMS to serve MFP-waiver eligible persons with LTSS in the community

4 Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives

- Issued RFR for Predictive modeling software
- Negotiated access to SAVE database for immigration verification
- Received approval for plan for Integrated Eligibility System supported by \$72M in federal investments

5 Create an internal culture and infrastructure to support our ability to meet the evolving needs of our members and partners

- Initiated Strategic Planning process
- Implemented reorganization

Next Steps

What are we doing to put the strategic plan into action?

- Strategic plan presentations to internal and external stakeholders – 50 completed or planned
- Discussions with MassHealth teams about how to operationalize Goal 5
- Quarterly report-outs to Leadership Team on each initiative
- Linking strategic goals to individual performance goals
- Utilizing performance management dashboards that link initiatives to strategic plan goals
- Providing internal support toward strategic goals through the MassHealth Strategic Performance Management Office
- And more...

Thank you!

For more information about this document, or the strategic planning and performance management process at MassHealth, please contact **Alicia Boisnier, Director of Strategic Performance Management**, at alicia.boisnier@state.ma.us or (617) 573-1651.