



Successful Practices in Accountable Care: Massachusetts League of Community Health Centers

Company Profile

Massachusetts League of Community Health Centers (the League)

Founded: 1972, one of the first state Primary Care Associations (PCAs)

Location: Boston, MA

Members: 52 community health centers with more than 300 access sites

Services: analysis, training and education, workforce development, clinical quality, information technology development

Also includes: Massachusetts' Health Center Controlled Network (HCCN)

Program Profile

MassHealth Accountable Care Organizations (ACOs)

Basis: 1115 Waiver, effective July 1, 2017

Eligible Lives: 1.2 million

Number of ACOs: 17

ACO Start Date: March 1, 2018

Support at the State

Massachusetts has 1.9 million members of MassHealth, the state Medicaid program, of which 1.2 million are eligible to participate in managed care. As a result, the state negotiated a 5-year 1115 waiver, effective July 1, 2017.

The waiver allows the state to engage in a demonstration project in line with the objectives of the state Medicaid program and further, includes \$1.8 billion of investment funds. The 1115 waiver seeks to “transform the delivery of care for most MassHealth members and to change how that care is paid for, with the goals of improving quality and establishing greater control over spending.” (<https://www.mass.gov/service-details/1115-masshealth-demonstration-waiver>). Improving quality and reducing cost are two key tenants of accountable care which the Massachusetts League of Community Health Centers (the League) supports, especially the introduction of new care delivery methods for many of the patients served by Massachusetts health centers.

As part of the 1115 waiver, the state introduced the concept of accountable care organizations (ACOs). Defined by the state of Massachusetts as, “provider led organizations that coordinate care, have an enhanced role for primary care, and are paid based on care outcomes versus the volume of

MassHealth ACOs

- Atrius Health
- Baystate Health Care Alliance
- Beth Israel Deaconess Care Organization
- Boston Accountable Care Organization
- Cambridge Health Alliance
- Children’s Hospital Integrated Care Organization
- Community Care Cooperative*
- Health Collaborative of the Berkshires
- Lahey Health
- Mercy Health Accountable Care Organization
- Merrimack Valley ACO
- Partners HealthCare ACO
- Reliant Medical Group
- Signature Healthcare Corporation
- Southcoast Health Network
- Steward Medicaid Care Network
- Wellforce

* indicates all FQHC ACO

services provided.”(<https://www.mass.gov/masshealth-innovations>). They also provided the framework for three different types of ACOs: Accountable Care Partnership Plans, Primary Care ACOs, and Managed Care Organization (MCO) Administered ACOs, which were all effective March 1, 2018. Overall, 17 ACOs were created among these three (3) types. Health centers are participating and leading in the 13 Accountable Care Partnership Plans and the three (3) Primary Care ACOs. The Accountable Care Partnership Plans exclusively partner with one specific MCO and utilize that MCO’s network of providers to provide integrated and coordinated care. The three (3) Primary Care ACOs contract directly with MassHealth. One unique Primary Care ACO is Community Care Cooperative, which is composed exclusively of 13 Federally Qualified Health Centers (FQHCs) from across the state.

With the waiver having been approved on November 4, 2016, effective July 1, 2017, and the 17 Accountable Care Organizations launching March 1, 2018. The League and many health centers participated in the state’s MassHealth stakeholder work groups, committees and councils, which helped prepare for implementation and served as a venue for the PCA, HCCN, and health centers to become involved in the process with the state and have their perspective taken into consideration. The League was grateful for the state’s focus on primary care and their responsiveness in the process. The extensive preparation time and health center voice resulted in a deeper understanding of health center operations and overall engagement of health centers in the development of the ACO measurements. The support at the state level and the partnership between the state’s Medicaid office, PCA, and HCCN made the implementation process smoother than expected in a complicated and often confusing process.

Team Based Care Requires Team Based Support

Similar to the partnership between the state and the PCA/HCCN, which was essential for ensuring a smooth implementation, the PCA enhanced internal collaboration and communication focused on ACO and new health plans just as accountable care requires all parts working in coordination. In February, the League started an internal cross-divisional workgroup with representation from all divisions including policy, clinical, health informatics, and workforce. The work-group meetings, which began weekly and have transitioned to twice a month, allow the members an opportunity to share what they are working on related to ACOs, provide updates from their division, and identify state-level activities such as policies that might impact the ACOs’ activities on health centers. This time allows them to discuss and disseminate information they hear from individual health plans and health centers, and focus on the internal education needed for the PCA and HCCN staff. The PCA found this time to be beneficial as an additional way to ensure they are providing timely and helpful support to their health centers. They recommend starting similar workgroups for accountable care efforts as early in the process as possible. The efforts of the ACOs cross many different areas and therefore need to be supported by similar cross-cutting approaches.

The League also appointed one person to serve as the internal point of contact for all MassHealth ACO efforts. That individual knows and speaks the language of ACOs and serves as the “go to” person for questions, of which there are many. It provides for feedback and clarity when there are many new and moving parts. Having one person who is aware and connected to all levels of PCA staff helps to connect the right people and create the best team possible, similar to how a care coordinator might assist a patient in a health center.

Considerations for Implementation

Any significant change to the payment and care delivery system for some 1.2 million Medicaid members and the providers that serve them is going to come with challenges. Attribution (the process of assigning individual members to providers) was a crucial and sometimes complicated process. For March 1, MassHealth developed a “special assignment” process, which was designed to maintain members’ relationship with their PCP whenever possible. While this process worked smoothly for many members, there were members whose plan assignment was not with their desired PCP, which has been a point of confusion and concern for some health center patients and health centers. Because of the volume of the member transition and the significant changes, from March 1 to July 1 of this year the state allowed for an extended Plan Selection Period so that members could change plans and select the option that was best for them and their care needs. As of July 1, 2018, most managed-care eligible members entered the Fixed Enrollment Period, which means a member cannot change plans until the next Plan Selection Period, which will begin on March 1, 2019, unless they meet and go through an exceptions process. Fixed Enrollment is still a new process (this is only the second time it has been implemented for managed-care eligible members) so everyone is still learning and working through this new process and any challenges impacting members, health centers and plans. The PCA, and its affiliated Health Center Controlled Network, are supporting health centers with training and support for ongoing ACO implementation. The resources they are able to provide to implement the necessary systems changes are made possible in part through an allocation of funds from a Delivery System Reform Incentive Payment (DSRIP) program. The League also supports health centers with workforce initiatives as the main facilitator of a student

loan repayment program. Health centers had to, and continue to, engage in extensive internal education efforts for providers, staff at every level across the health center, and board members about new health plan options.

With support from the state, the PCA, and the health centers, the MassHealth managed care eligible patients in Massachusetts are experiencing a new level of coordinated and comprehensive care. These partnerships and efforts are not without challenges, but over the next five years are expected to result in better quality care and better managed costs for the health care system overall.

Domains of ACO Measurements

1. Prevention and Wellness
2. Chronic Disease Management
3. Behavioral Health / Substance Use Disorder
4. Long-Term Services and Supports
5. Avoidable Utilization
6. Progress Towards Integration Across Physical Health, Behavioral Health, LTSS, and Health-Related Social Services
7. Member Care Experience

This document was produced by the National Association of Community Health Centers.

For more information contact:

Julie Balter, Specialist, Provider Networks

jbalter@nachc.com

Special Thanks to:

Liz Sanchez, MPH, Senior Manager, Policy & Health Access

Massachusetts League of Community Health Centers

lsanchez@massleague.org

And

Diana Erani, MBA, Vice President, Health Informatics

Massachusetts League of Community Health Centers

derani@massleague.org

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS16089, Technical Assistance to Community and Migrant Health Centers and Homeless for \$6,375,000.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.