

Massachusetts SIM Initiative



Award
\$44 million

Period of performance
October 1, 2013 – April 14, 2018

Pre-SIM Landscape

Health Insurance Individual Mandate

State residents required to have a minimum level of insurance coverage in 2006; those earning <150 percent FPL are eligible for free insurance.

PCMH Model

Medicaid participated in 46 PCMH sites between 2011 and 2014.

APM Legislation

The State enacted legislation in 2012 to control health spending and expand APMs.

Commercial Insurer Activity in APMs

FFS was the primary payment method, but some private payers reported high provider participation in APMs.

Health Information Exchange

The statewide health information exchange, Mass Hlway, launched in 2012.

Strategies

Symbols represent strategies that build on efforts that pre-date SIM.

Develop Primary Care Payment Reform Initiative

Massachusetts Medicaid (MassHealth) built on prior multi-payer PCMH initiative to increase providers' accountability for total cost of care under PCPRI, 2014-2016.

Establish ACO model

In 2016, the State piloted a Primary Care ACO model among Medicaid beneficiaries. In 2018, MassHealth expanded to three ACO model types and contracted with 17 ACOs.

Create e-Referral system

Massachusetts created a bidirectional electronic referral system to facilitate referrals from primary care to community resources who then send feedback to primary care.

Develop community LTSS partnerships

As part of the ACO model, MassHealth procured behavioral health and LTSS partners to ensure specialized patients receive appropriate community-based care.

Expand Massachusetts Child Psychiatry Access Project

The SIM Initiative award helped expand behavioral health consultation services to pediatricians and perinatal providers statewide to support children and postpartum mothers.

Reach

as of March 2018

More than half (56%) of Massachusetts' total Medicaid population was served by ACOs.

Accountable Care Strategy

56%

Medicaid
22% of state population

Primary Care Payment Reform Initiative

6%

Target Impact of ACO Model

PCPRI increased access to behavioral health providers and gave providers experience with alternative payment models prior to joining the full scale ACO, but did not lead to improvements in outcomes.

Goals

Better Care Coordination



The Community Partner model leverages capacity of behavioral health and LTSS providers to coordinate care for individuals with SMI and LTSS needs. Community Partners receive care coordination payments and funding to support infrastructure such as connection to Mass HIway and care coordination IT systems. The state requires ACOs to contract and work with the Community Partners within their service areas.

Increased Quality of Care



ACOs are held financially accountable for their attributed patients' performance on a set of 23 quality measures, including breast cancer screening rates and antidepressant medication management, with the goal of improving quality of care.

Appropriate Utilization of Services



Participating providers are also held financially accountable for their attributed patients' health care utilization with the goal of reducing unnecessary utilization. MassHealth provides quarterly reports to the ACOs with information on their highest utilizers to aid ACOs in managing utilization rates.

Lower Total Spending



The ACO model's focus on appropriate, high quality, coordinated care is aimed at controlling system-wide costs. Given the targeted focus of care coordination efforts, ACOs reported expected reductions in mental health and substance use disorder-related expenditures in the long-term.

Improved Population Health



The state is planning to build capacity within providers aimed at addressing social determinants of health, such as housing and employment.

Lessons Learned

- ✓ The State's iterative approach to delivery and payment reform allowed for continued learning and model enhancements based on lessons learned.
- ✓ Massachusetts state leadership found high value in the flexibility of the SIM funding.
- ✓ The ACO pilot allowed Massachusetts to address operational challenges before full implementation, and served as an opportunity to create trust among providers.
- ✓ Success of the e-Referral system was dependent on the system's technological capabilities as well as availability of affordable services for patients by the Community Partners.