WHAT TO KNOW ABOUT ONE CARE: A HIGH-LEVEL OVERVIEW OF ITS UPCOMING TRANSITION

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Note: This report offers a high-level overview of the One Care program and its upcoming transition. For readers interested in a more detailed and technical explanation of One Care, its upcoming transition, and the potential impacts of these changes, please see the complementary report *What to Know About One Care: A Detailed Look at its Upcoming Transition*.

INTRODUCTION

There are 312,000 older adults and people living with disabilities in the Commonwealth who are enrolled in both MassHealth (Massachusetts' name for two programs combined: Medicaid and the Children's Health Insurance Program) and Medicare. Many of these "dual eligible" individuals experience complex health and social needs. For example, many people who are dual eligible require physical and behavioral health care (including treatment for mental health and substance use disorders), and also long-term services and supports (LTSS) like home health aide and personal care services to help them with their daily care needs and routines (see box below for more on LTSS).

While people who are dual eligible have access to a wide range of benefits, navigating two separate enrollment processes, provider networks, benefit packages, and member materials can be challenging without the right supports. This fragmentation also leads to misaligned financial incentives. For example, Medicaid investments in services like behavioral health and LTSS for people who are dual eligible reduce unnecessary use of hospital and emergency department services paid by Medicare. Conversely, successful Medicare approaches to post-acute and transitions of care models can prevent long-stay nursing facility care, which results in savings to Medicaid. However, there is not a direct way for Medicaid or Medicare to share in the savings it generates for the other program. Taken together, this fragmentation can negatively impact the quality of care for dual eligible individuals, and can lead to higher costs across Medicare and Medicaid.

Up to 40 percent of people who are dual eligible in Massachusetts are under age 65 and living with physical, intellectual, or developmental disabilities.[i] To address the needs of dual eligible individuals with disabilities under age 65 and to ease some of the challenges associated with fragmented care delivery described above, the Commonwealth launched One Care in 2013. One Care is a program aimed at serving dual eligible individuals with disabilities age 21 to 64 (at the time of enrollment) and focuses on coordinating members' Medicare and Medicaid benefits under a single health plan.[ii]

Because Medicare is a federal program and Medicaid is run at the state level with federal oversight, states need to partner with the federal government to change how care is delivered to people who are dual eligible. As such, the One Care program currently operates as a temporary "demonstration" under a specific federal authority to create "Medicare-Medicaid Plans," or MMPs, that align Medicare and Medicaid coverage and financing.

Long-Term Services and Supports (LTSS) encompass a variety of health, health-related, and social services that assist individuals with functional limitations due to physical, cognitive, or behavioral health conditions or disabilities. LTSS include both nursing facility stays and home- and community-based services (e.g., home health services, personal care, adult day health care).

Leveraging this demonstration authority, the Commonwealth designed One Care to provide a person-centered care model with additional behavioral health and community-based support benefits and strong member protections informed by meaningful member engagement. Notable program elements include integrated member materials and communications across Medicare and Medicaid, and a single enrollment and disenrollment process to reduce program fragmentation and confusion for the member. Because One Care members have a high prevalence of behavioral health needs and physical disabilities, the Commonwealth designed One Care with the goal of helping its members live independently and thrive in the community. For example, each member is offered a Long-Term Supports Coordinator (LTS Coordinator), whose job is to advocate for the member's LTSS needs. Additionally, to ensure high-quality care delivery, the Commonwealth effectuated a strong quality management and oversight strategy to track plan performance and support ongoing improvements to One Care.

ONE CARE'S UPCOMING TRANSITION

The Centers for Medicare & Medicaid Services (CMS) is ending the demonstration that enabled One Care (the MMP model), effective December 31, 2025. MMPs were established to provide a high level of integrated care for people who are dual eligible; however, since its inception the integrated care landscape has evolved. Federal policies have encouraged other types of models, like Dual Eligible Special Needs Plans (D-SNPs) to offer more coordinated and integrated care – and at a broader scale nationally – than what existed when MMPs first started.[iii] To ensure that best practices from the MMPs do not get lost post-transition, CMS is incorporating many lessons learned from the MMP model into D-SNPs, which have a permanent program authority. CMS is supporting states to transition their MMP plans to the D-SNP model.

MassHealth, the Commonwealth's Medicaid agency, is committed to preserving One Care's principles and key successful program features through the D-SNP model beginning in January 2026. D-SNPs are a unique type of Medicare Advantage plan. Medicare Advantage plans offer Medicare coverage through private insurance companies, and D-SNPs are a particular type of Medicare Advantage plan designed specifically to serve the unique needs of the dual eligible population. For example, D-SNPs include requirements that the plan help coordinate Medicaid benefits for the member (since the member may receive their Medicaid benefits from another plan or directly from the state's fee-for-service Medicaid

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program). Because of this requirement, Medicare plans must sign a contract (State Medicaid Agency Contract, or SMAC) with the state to operate a D-SNP (which regular Medicare Advantage plans do not have to do). The SMAC is the primary document that specifies program requirements for D-SNPs.

Notably, the Commonwealth is transitioning its One Care demonstration to a specific type of D-SNP known as the Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). Among D-SNPs, the FIDE SNP offers members the most integrated experience between their Medicare and Medicaid benefits, in large part because members are required to receive both their Medicare *and* their Medicaid benefits from one plan (the FIDE SNP). FIDE SNPs are financially responsible for the full spectrum of Medicare and Medicaid services, inclusive of behavioral health, LTSS, and primary and acute care.

DIFFERENCES BETWEEN THE CURRENT AND FUTURE ONE CARE PROGRAM

While the FIDE SNP model enables Medicare-Medicaid integration for dual eligible individuals, it has some limitations relative to MMPs (the program under which One Care currently operates):

- **Two separate contracts:** FIDE SNPs operate under two separate contracts, one with the federal agency that administers Medicare and Medicaid (CMS), and one (the SMAC) with the state Medicaid agency. These two contracts may conflict or have redundancy, and this model provides the Commonwealth with less direct oversight over the Medicare portion of the FIDE SNP (although Massachusetts is leveraging other approaches to mitigate this, including using the SMAC to require plans to report their Medicare quality measure performance to the Commonwealth). By contrast, in the MMP demonstration, One Care has operated via a single three-way contract between the state, CMS, and the plan. This model enabled joint plan oversight between CMS and the Commonwealth and afforded the Commonwealth the ability to help shape and enforce Medicare-related contract provisions.
- **No direct opportunity for shared savings payments:** FIDE SNPs receive separate federal and state funding streams for Medicare and Medicaid services, with no opportunity for states to share in Medicare savings directly with CMS. This siloed approach does not consider the impacts of one payer on the other (e.g., improved Medicare outcomes due to Medicaid services, or vice versa).

Despite these limitations, since the MMP program authority is ending, the FIDE SNP remains the most promising model through which the Commonwealth can retain key features of its One Care program. And while some of the program oversight and Medicare-Medicaid financial alignment may be lost with the transition, the Commonwealth has articulated a strong plan to preserve as much program oversight and financial alignment as possible.

Key elements of the current One Care program that will be **retained** in the transition of the One Care program from MMP to FIDE SNP include:

- **Person-centered care delivery model and benefits,** including Individualized Care Plans that incorporate members' health, independent living, and recovery goals. It also includes LTS Coordinators, whose job is to help members identify and understand their LTSS needs and identify community services and resources to meet those needs.
- **Strong member engagement,** including through the continuation of the One Care Implementation Council (a committee established to advise the Commonwealth on One Care; at least half of all council members are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities).
- **Robust member protections,** including access to My Ombudsman (a program that helps members resolve issues in how they experience services). It also includes provisions to minimize member disruption when enrolling in a new plan with a different provider network.
- **Integrated member materials and communications** across MassHealth and Medicare.
- **Integrated approaches to financial oversight of the plans** across MassHealth and Medicare.

Key elements of the current One Care program that will **change** include:

- **Network adequacy standards and oversight:** For example, while MassHealth will continue to have direct oversight regarding network adequacy for Medicaid services, MassHealth will no longer have direct involvement in CMS processes for assessing whether in-network Medicare providers are adequate to ensure member access to care. Instead, MassHealth will need to establish its own requirements and expectations for how plans must coordinate with MassHealth on Medicare network adequacy. For example, MassHealth may choose to set additional standards for Medicare services via the SMAC that plans would need to meet in addition to the CMS requirements.
- **Enrollment and disenrollment processes:** For example, plans will take on key enrollment and disenrollment functions that have been administered by the Commonwealth to date, similar to what occurs in Senior Care Options (SCO) today.
- **Quality reporting and measurement:** MassHealth will continue to hold plans accountable to state-required Medicaid quality measures in the SMAC, but the Commonwealth will no longer be able to have input on the Medicare quality measures through which plan performance is assessed.

Key elements of the current One Care program that will **no longer exist** include:

- **The process of automatically enrolling eligible individuals into One Care plans** (known as "passive enrollment").
- **A single three-way contract structure** between CMS, the Commonwealth, and One Care plans – instead, plans will have two separate contracts (one with the Commonwealth and one with CMS).
- **The opportunity for the Commonwealth to share directly in the Medicare savings** resulting from integrated care.

ONE CARE FIDE SNP PROCUREMENT AND NEXT STEPS

The Commonwealth is procuring health plans for One Care (and SCO) through an aligned request for responses (RFR) process; this process will result in state Medicaid contracts with the Medicare Advantage plans that will serve One Care members and SCO members under the new FIDE SNP model beginning in 2026.[iv] Plans' RFR responses were due to MassHealth on April 5, 2024. Given the structure of FIDE SNPs, One Care plans will need to go through two contracting and implementation processes: one to be selected to contract with MassHealth and another to contract with Medicare. The new One Care FIDE SNPs are expected to be announced by November 1, 2024, with coverage for members enrolled in the new model starting January 1, 2026.

One Care is a uniquely integrated care program for dual eligible individuals under the age of 65. The core tenets of the program – person-centered care with a focus on independent living and recovery in the community – have driven One Care's program features and are key principles that MassHealth has committed to prioritizing in the state's transition from the MMP demonstration to a FIDE SNP platform.

ENDNOTES

i Author's private correspondence with MassHealth, May 14 2024.

ii Commonwealth Medicine, University of Massachusetts Medical School (2022, October 1). *MassHealth: The Basics, Facts and Trends.* https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2022-10/MassHealthBasics2022_FINAL_1.pdf.

iii Centers for Medicare & Medicaid Services (2022, May 9). *Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs.* https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and.

iv Commonwealth of Massachusetts (2022, November 30). *Procurement for One Care Plans and Senior Care Options (SCO) Plans for 2026.* Mass.gov. https://www.mass.gov/info-details/procurement-for-one-care-plans-and-senior-care-options-sco-plans-for-2026.

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