**Key Sections from S. 2202 SWMs Health Care Affordability Bill**

 **Original SWMs**

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| **S. 2190 (10/17/17)** | **S. 2202 (11/2/17)** | **Topic** | **Changes** |
| **Section 114** | **Section 116** | **Post acute care referral consultation program** | **No major changes.** |
| **Section 126** | **Section 128** | **MassHealth sharing of data with providers** | **No major changes.** |
| **Section 128** | **Section 130** | **Passive enrollment of Medicare individuals in SCOs; waivers to allow Medicare members with insufficient income to pay for 135 NF days to prospectively enroll in MassHealth** | **No major changes.** |
| **Section 129** | **Section 131** | **Report on # of ACO members getting LTSS; LTSS spending data, etc.** | **No major changes** |
| **Section 130** | **Section 132** | **Enroll MassHealth members in home care into SCO and transfer 1630 funds to SCO, or from SCO back to 1630.** | **Section 132 now transfers funds from 1630 services instead of 1633 care management; allows transfers in reverse if elders leave SCO to join home care; no transfers if it results in a waiting list for home care.** |
| **Section 131** | **Section 133** | **Pilot program for housing providers to passively enroll tenants into SCO or MCO plans, in consultationwith ASAPs.** | **Minor change lists PACE, SCO and MCOs as plans for housing providers to coordinate with.** |

**S. 2202 key section language:**

**SECTION 116**. Notwithstanding any general or special law to the contrary, the executive office of health and human services, in collaboration with the executive office of elder affairs, the office of Medicaid and the department of public health, shall develop a **post-acute care referral consultation program,** subject to appropriation, of regional consultation teams to: (i) assist providers and consumers in determining appropriate post-acute care settings and coordinating patient care and (ii) share best practices among providers. The program shall also ensure education and outreach on provider pre-admission counseling required under section 9 of chapter 118E of the General Laws.

A regional consultation team shall include regional representation from: (i) aging service access points; (ii) senior care organization members of the MassHealth Senior Care Options program; (iii) Program of All-inclusive Care for the Elderly plans; (iv) One Care plans; (v) the Massachusetts council on aging; (vi) the Massachusetts Healthy Aging Collaborative; (vii) skilled nursing facilities; (viii) and other entities or individuals deemed appropriate by the executive office of health and human services. A regional consultation team may be based within an aging service access point.

The executive office of health and human services shall submit an initial report to the joint committee on health care financing, the joint committee on elder affairs and the senate and house committees on ways and means not later than March 15, 2018, that details: (i) the anticipated structure for the program; (ii) estimated cost estimates for the implementation and maintenance of the program; (iii) a breakdown of the state investment and anticipated alternate funding sources; and (iv) a timeline for program implementation.

Beginning in 2019, the executive office of health and human services shall submit an annual report not later than March 15 to the joint committee on health care financing, the joint committee on elder affairs and the senate and house committees on ways and means that shall include, but not be limited to: (i) education and outreach efforts on preadmission counseling; (ii) the number of providers accessing the program; (iii) the estimated cost estimates for the implementation and maintenance of the program; and (iv) a breakdown of referrals based on the site of post-acute care.

**SECTION 128**. Notwithstanding any general or special law to the contrary, the office of Medicaid shall establish **a plan outlining the office’s method for collecting, maintaining and sharing data with providers** to ensure compliance with benchmarks associated with the MassHealth accountable care program, including ways to coordinate measures of social determinants of health that provide breakdowns by special populations within and across programs.

The plan shall be filed with the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means not later than August 1, 2018.

**SECTION 130**. Notwithstanding any general or special law to the contrary, the executive office of health and human services shall apply for **a federal waiver to permit passive enrollment of individuals eligible for Medicare into the MassHealth senior care options program**. The executive office may also apply for a federal waiver to: (i) permit a Medicare member, who does not meet the financial eligibility standards for Medicaid but demonstrates insufficient income and assets to pay for 135 days of skilled nursing facility care, to prospectively enroll in the MassHealth senior care options program using Medicare or other funding; and (ii) receive Medicaid matching funds for a Medicare recipient or member of the executive office of elder affairs home care program who is not otherwise eligible for Medicaid and lacks income and assets to pay for 135 days of skilled nursing facility care.

The executive office of health and human services may engage the technical assistance and program design expertise of an external evaluator, if available, and share relevant data with such an evaluator, in order to implement this section in accordance with rigorous evaluation for program impact and cost-effectiveness. Any completed evaluation shall be filed with the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means.

**SECTION 131**. The office of Medicaid shall report on the role of long-term services and supports within MassHealth and MassHealth accountable care organizations in each year of the accountable care organization demonstration. The report shall include: (i) the baseline number of accountable care organization-attributed MassHealth members receiving long-term services and supports, disaggregated by age category, disability status, service type, and any other relevant categories; (ii) total MassHealth spending on long-term services and supports and number of members receiving long-term services and supports disaggregated by age category, disability status, service type, and any other relevant categories; (iii) MassHealth average per member, per month long-term services and supports costs by service type; (iv) any projected changes in utilization of long-term services and supports in the coming year and the rationale for such changes; (v) any estimated shift in spending between medical and long-term services and supports or social services spending within the accountable care organization program in the prior year of the demonstration; (vi) the process for determination of long-term services and supports needs for members attributed to the accountable care organization program, disaggregated by accountable care organization if processes differ; and (vii) the appeals process for accountable care organization members denied long-term services and supports. This report shall be filed with the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means not later than April 1, 2018, and thereafter annually by April 1 for each year of the accountable care organization demonstration.

**SECTION 132**. Notwithstanding any general or special law to the contrary, the executive office of health and human services shall enroll MassHealth-eligible consumers who are enrolled in the executive office of elder affairs home care program, subject to exceptions based on level of acuity or continuity of care, in the MassHealth senior care options program.

The executive office of health and human services and the secretary of **elder affairs shall transfer funds between item 9110-1630** of section 2 of chapter 47 of the acts of 2017 and item 4000-0601 of said section 2 of said chapter 47 for the costs of consumers enrolled in the home care program who enroll in the MassHealth senior care options program **or for the costs of senior care options enrollees who opt out of senior care options and return to the home care program**. The amount transferred to said item 4000-0601 of said section 2 of said chapter 47 shall not exceed the estimated annual cost of care in the home care program for participating senior care options enrollees and **funds shall not be transferred in any fiscal year if it results in a waiting list for services** provided by said item 9110-1630 of said section 2 of said chapter 47.

Not later than October 1, 2018, the executive office of health and human services shall provide a report on the number of MassHealth-eligible home care consumers enrolled in the senior care options program, the number of consumers planned to be enrolled, the timeline for the enrollment, the amount of transferred funds associated with the enrollment and the amount of federal matching funds projected to accrue to the senior care options program. The report shall be filed with the clerks of the senate and the house of representatives and the senate and house committees on ways and means.

**SECTION 133**. The executive office of health and human services may develop a pilot program to certify supportive housing and affordable housing providers, in coordination with plans that service individuals eligible for Medicaid, Medicare or both, including but not limited to program for all-inclusive care for the elderly, senior care options and other managed care organizations, and in consultation with aging services access points, community partners and other stakeholders, **to: (i) establish coordinated care teams and supports within housing sites** that are funded with pooled resources, financing models including social impact bonds or other sources; or (ii**) subject to federal authorization, passively enroll residents in senior care options, Medicaid-managed care** or other globally-budgeted health care plans to establish care coordination between the housing provider and plans and to provide a critical mass of plan members necessary for care coordination and targeted investment within the housing site. Housing providers and plans shall not enter into exclusive relationships, but shall **conduct passive enrollment into not less than 2 plans within each housing site.** A resident choosing to opt out from such a coordinated plan shall continue to have access to any plan regardless of housing site. The executive office of health and human services may engage the technical assistance and program design expertise of an external evaluator, if available, and share relevant data with the evaluator to implement this section in accordance with a rigorous evaluation of program impact and cost-effectiveness. Any completed evaluation shall be filed with the clerks of the senate and house of representatives, the joint committee on health care financing and the senate and house committees on ways and means.