Massachusetts One Care Demonstration Summary of Changes to the Three-Way Contract

This contract was re-executed in its entirety for a January 1, 2022 effective date in order to:

- Extend the demonstration through December 31, 2023 (Demonstration Year 10) (see 5.7.1)
- Strengthen 'Local Control' levers to ensure One Care Plans' expertise, communications, and member experience reflect One Care expectations and Massachusetts delivery system in the following areas:
 - o Authorization of services (see 2.9.4)
 - o Marketing, outreach, and enrollee communication materials (see 2.14)
 - o Massachusetts-based staffing and resources (see 5.3.19.4)
 - o Training requirements (see 2.7.4)
 - o Network adequacy, access, and availability (sees 2.8.1.1.1.4; 2.8.2.1.7; 2.9.2.11.1)
- Incorporate several 2019 RFR policy updates for One Care Plans directly into the Contract including:
 - o Clarifying combined scope of Medicare/Medicaid benefits (see 2.4.2)
 - Adding accessibility and accommodations compliance officer to key management position list (see 5.3.19.1)
 - o Eligibility protections and redetermination assistance (see 2.3.5)
 - o Assessment timelines (see 2.6.1.1.1; 2.6.2.1)
 - o Personal Assistance Service Network (see 2.8.8)
- Specify CY 2023 financial terms
 - o Increases savings percentage for calendar year 2023 (see 4.3.4)
 - o Updates quality withhold amount and quality withhold measures (see 4.4.5)
 - Creates a coding intensity adjustment for plans that meet specific criteria (see 4.3.5.1.1)
- Clarify requirements around communication access and accessibility (see 2.6.6.2.1.4)
 - Explicitly requires One Care Plans provide enrollees access to their coordinator(s) using the enrollee's communications preferences (i.e., email, text, phone, etc.) (see 2.5.4.2)
- Update definitions of Actual Non-Service Expenditures, Deemed Eligibility, and adds definition of Community Support Program for Individuals with Justice Involvement (CSP-JI) (see 1.4; 1.35; 2.5.11)
- Expand eligibility for cueing and monitoring benefit (see 2.8.8.2.1.4)
- Add option for deeming of members who lose Medicaid eligibility (see 2.3.1.13)
- Technical updates throughout