QUARTERLY REPORT ON THE PERFORMANCE OF THE ONE CARE PROGRAM DRAFT 9_10_14
The purpose of this proposed report is to inform the work of the One Care Implementation Council.

Easy-to-read reporting template to be developed based on approval by the Council.

	Plan Submission	Value of the Measure	Data and Calculations	Benchmarks
1	Enrollment by Rating Category	Allows for an analysis of the relative mix of each plan.	Data: Plan provides enrollment by RC. To the extent feasible, plan should also provide the number of persons with Intellectual Disabilities (ID) by RC. Calculation(s): Enrollment distribution by RC for each plan.	Compare the mix of plans and to the overall mix for the program.
2	Plan Enrollment by Race and Ethnicity	Demonstrates the diversity of each plan's enrollment.	Data: Plan provides the number of non-white enrollees. Calculation(s): Percentage of non whites as a share of each plan's enrollment = [Non white enrollees/total plan enrollment]	Compare the % of non white enrollees in each plan to the overall average for the program.
3	Revenue Sources	Allows for an analysis of the proportionate share of payer revenue: Medicaid, Medicare, and Other.	Data: Plan provides total revenue by source; plan should note if revenue for Medicaid includes or excludes withholds for quality and risk pool for LTSS. Calculation(s): Medicaid/Total revenue, Medicare/Total revenue, Other/Total revenue	Compare the composition of revenue across plans.
4	Plan Spending by Rating Category and by Service	Allows for an understanding of how revenue is being spent across RCs and across services and how plans are providing services to enrollees across comparable RCs.	Data: Total plan PMPM spending by major categories of spending and by RC: (1) all medical care, (2) behavioral health inpatient, (3) behavioral health non inpatient, (4) LTSS community, (5) LTSS institutional, (6) IL-LTSS coordination, (7) DME, (8) Rx for psychopharm, (9) Rx for all other, (10) all other service costs, and (11) administration. Calculation(s): Distribution of PMPM spending by RC across plans.	Compare PMPMs by RC and to the average PMPMs by RC for the program (above/below average).
5	Community-Based LTSS: PCA Spending on a PMPM Basis	Allows for monitoring of PCA use across plans, using spending as a proxy.	Data: PMPMs for PCA services by RC. Calculation(s): Relative ratio between PMPM spending by RC for each plan to the average PMPM by RC across all plans.	Compare to the average PMPM for each RC (above/below average).
6	Dental: Oral Health Visit Within 9 Months of Enrollment	Demonstrates plan's effectiveness in providing dental services to new enrollees. Dental services are a promised new benefit to new enrollees.	Data: The number of new enrollees due for an oral health visit in that quarter, and the number who received the visit. Calculation(s): [Those with a visit w/in 90 days/All those due for a visit within 90 days]	Compare effectiveness of plans, determine appropriate action.
7	Hospital Use	Allows for a review of the level of hospital use by each plan.	Data: Hospital admissions for medical, hosptial admissions for behavioral, readmissions for medical, readmissions for behavioral health. Data by RC. Calculation(s): Hospital admission per 1,000, 30-day readmission rates.	Compare measures across plans.
8	Alternative Payment Methods	Provides an overview of how plans are paying providers.	Data: Plan separates total health care spending into two large categories: FFS payments made to providers, and payments made to providers on a non-FFS. Calculation(s): Relative mix of payments to providers.	Compare plan mix to the average for the program, compare One Care to the Mass market.
9	Financial Health: Operating Profit/Loss Ratio	Allows for an assessment of the plan's financial stability.	Data: Plan provides total revenue, total expenditures, and operating margin. Calculation(s): Profit/loss in dollar and in percent terms.	Compare P/L across plans.
10	Service Spending: Medical Loss Ratio (MLR)	Allows for a look at the percentage of revenue spent on medical costs.	Data: Plan provides total revenue and total medical expenses. Calculation(s): MLR calcuated by plan.	Benchmark TBD by Council.

PROPOSED DRAFT, SEPT 5, 2014, D. Heaphy