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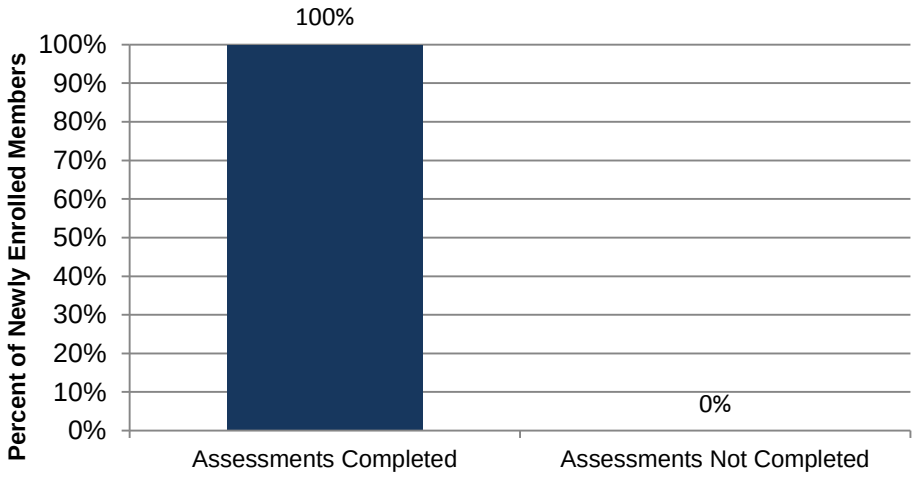
One Care Enrollee Assessment and Long-Term Supports (LTS) Coordinator Referral Quarterly Report*
April 2015 – June 2015

Chart 1: Percentage of Assessments Completed Within 90 Days of Enrollment for Individuals Whose Enrollment* Began Apr. 1, May 1, or Jun. 1 of 2015 N= 357**



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**N= total members whose first date of enrollment was on one of these dates, excluding individuals who refused an assessment or who the plans were unable to locate. Note that N does not represent the cumulative number of individuals enrolled as of these dates.

Chart 2: Percentage of Assessments Completed Within 120 Days of Enrollment for Individuals Whose Enrollment* Began Apr. 1, May 1, or Jun. 1 of 2015* N= 372**

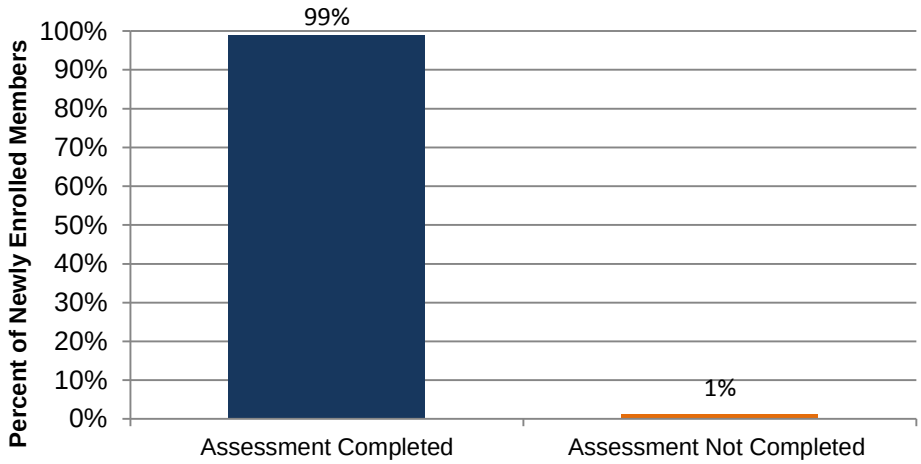

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Chart 1 shows how One Care plans are performing with respect to the Core 2.1 measure from the demonstration reporting requirements. The Centers for Medicare & Medicaid Services (CMS) requires Medicare-Medicaid Plans participating in all capitated model demonstrations under the Financial Alignment Initiative to regularly report core measures, including Core 2.1.

The Core 2.1 measure tracks how many One Care members have had a comprehensive assessment within 90 days of their enrollment effective date into a One Care plan. This measure is cumulative based on monthly data submissions from the One Care plans, and for the period covered in this report includes members who enrolled as of April 1, May 1, or June 1 of 2015. The measure excludes members who were unwilling to participate in an assessment or who did not respond to at least three attempts to contact them ("unable to locate"). The Core reporting requirements document, including the specifications for the Core 2.1 measure, are posted on the MMCO website: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-

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Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html. This graph shows that 100% of members who enrolled in One Care during this time period, who the plan was able to locate, and who agreed to participate in an assessment, received a comprehensive assessment within 90 days of their first effective date of enrollment.

While it is not a measure required by CMS, Chart 2 shows how many members were assessed within 120 days. Chart 2 demonstrates that One Care plans have continued to conduct assessments for members between their 90th and 120th day of enrollment; while the percentage assessed decreased from 100% to 99%, the demoninator increased compared to Chart 1. The increase in the denominator indicates that plans were able to make contact by the 120th day of enrollment with members they had been unable to locate within the first 90 days.

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Chart 3: Assessment Status Within 90 Days of Enrollment* for Individuals Whose Enrollment Began on Apr. 1, May 1, or Jun. 1 of 2015**

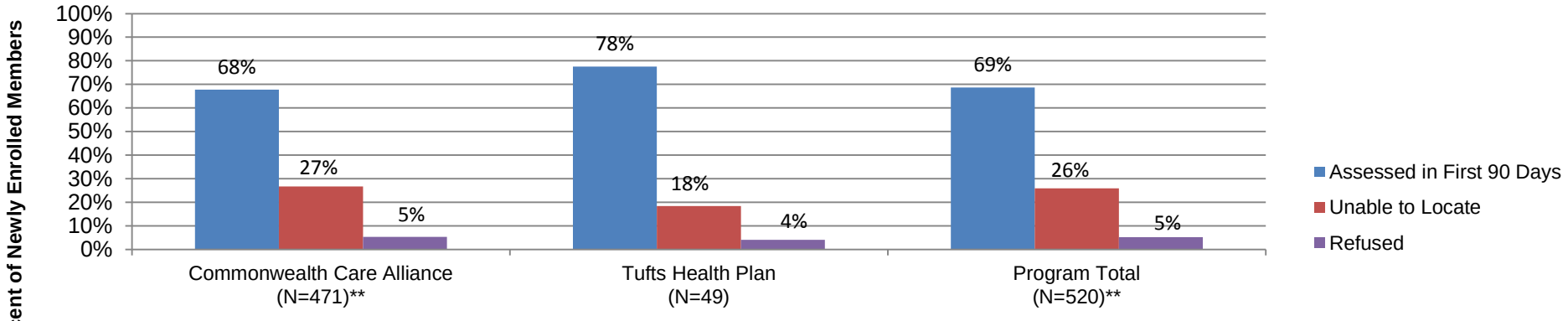

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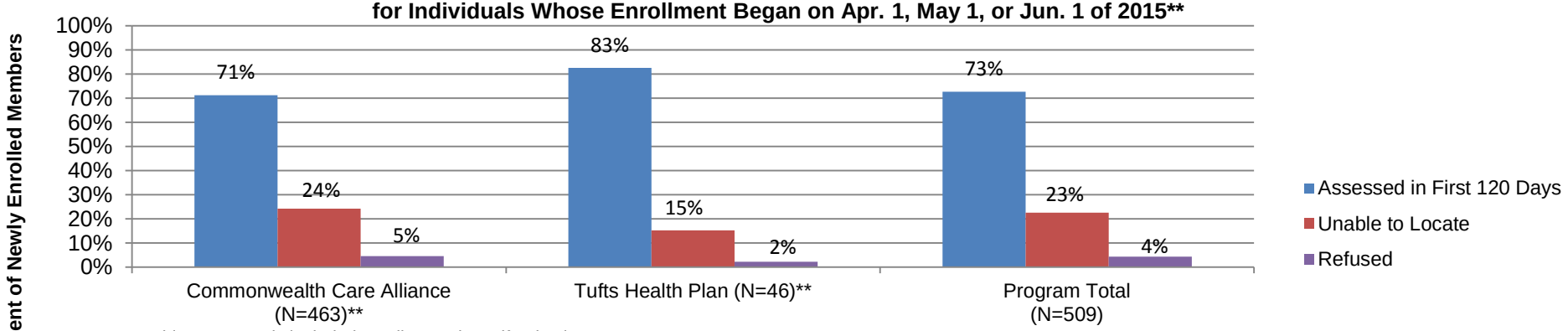
Chart 4: Assessment Status Within 120 Days of Enrollment* for Individuals Whose Enrollment Began on Apr. 1, May 1, or Jun. 1 of 2015**



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Charts 3 and 4 show the percentage of assessments completed out of the total number of One Care members with an enrollment date of April 1, May 1, or June 1 of 2015, including individuals who refused to participate in an assessment and members the plans were unable to locate (members who did not respond after three or more attempts to contact them). Charts 3 and 4 also break these percentages out by plan. Note that the number of enrolled members in Chart 5 is lower than in Chart 3 due to members in the 'unable to locate' or 'refused' categories who disenrolled between their 90th and 120th day of enrollment.

For example, Chart 3 shows that for members with April, May, or June 2015 effective enrollment dates, Commonwealth Care Alliance conducted assessments with 68% of those members within 90 days; made at least 3 outreach attempts to 27% of those members and did not receive a response; and received refusals from 5% of those members. In total, the plan met its contractual requirements for all members.

The charts show variation between each of the two plans in the number of members who were newly enrolled during this period (identified in the chart as "N"), and the status of members' assessment completions. These charts also show that both of the One Care plans had members they were unable to locate with at least three contact attempts, although the actual numbers and percentages vary.

Chart 4 again demonstrates that the number of completed assessments increases by 120 days of enrollment. In this quarter, the percentage of members the plans were unable to locate decreased between 90 and 120 days, indicating that the plans were later able to make contact with many of the members in this enrollment cohort. For example, Tufts Health Plan (Tufts) experienced a decline (from 18% to 15%) in the percentage of members who they were unable to locate, with many of these members moving into the "assessed" category. One Care plans are expected to continue outreach to members they are unable to locate by attempting to contact them at least once every three months.

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Chart 5: Assessment Completion, Identified Long-Term Services and Supports (LTSS) Needs, and Offering of a Referral for a Long-Term Supports (LTS) Coordinator Within 90 Days of Enrollment* for Individuals Whose Enrollment Began Apr. 1, May 1, or Jun. 1 of 2015**

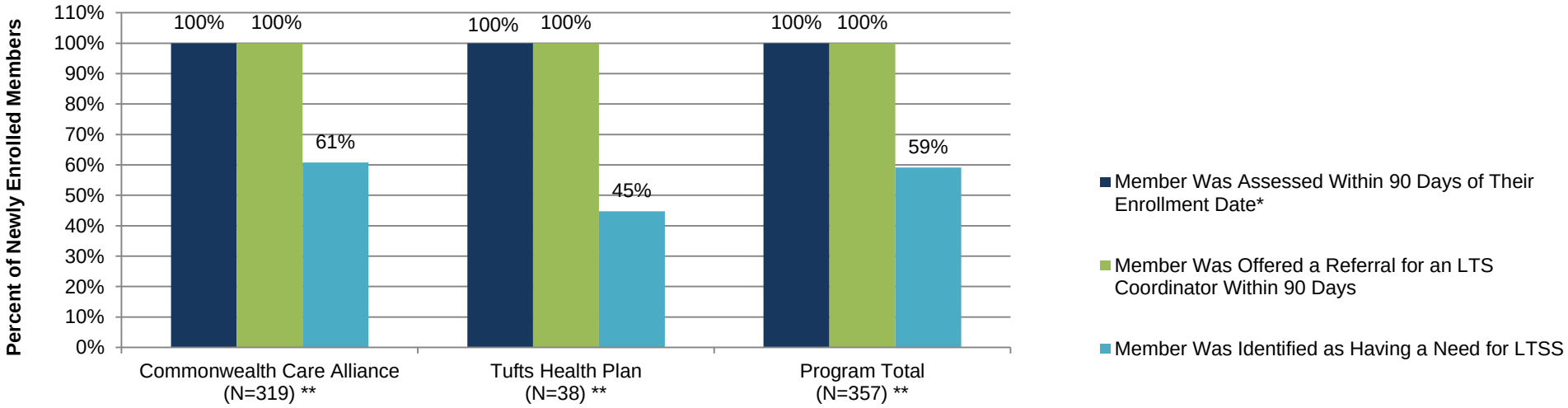

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Chart 5 shows how many members whose effective enrollment dates were April 1, May 1, or June 1 of 2015 (the denominator for each column), received a comprehensive assessment within 90 days; how many were determined by the plan to be in need of LTSS[1]; and how many members were offered a referral for an LTS Coordinator (the numerators for each of the columns). For example, this chart shows that for members with April, May or June 2015 effective enrollment dates:

[1] The need for LTSS may be identified by the assessment, by the enrollee, by other Interdisciplinary Care Team (ICT) members, or by any other party as identified in Section 2.5C (4)(g) of the three-way contract:

- At any time at an Enrollee's request;
- During Comprehensive Assessments for all Enrollees in C3 and F1 Rating Categories, and for all Enrollees in any Rating Category who request it;
- When the need for community-based LTSS is identified by the Enrollee or ICT;
- If the Enrollee is receiving targeted case management, is receiving rehabilitation services provided by the Department of Mental Health, or has an affiliation with any state agency; or
- In the event of a contemplated admission to a long-term care facility

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Commonwealth Care Alliance assessed 100% of those members who they could locate and agreed to participate in an assessment within 90 days; Commonwealth Care Alliance reported offering a referral for an LTS Coordinator to 100% of those members; and 61% of those members were identified as having a need for LTSS. The One Care plans are contractually required to offer a referral for an LTS Coordinator to all of their enrollees when they make contact with them (including members who may not yet have had an assessment). In this time period, the number of people who were offered a referral for an LTS Coordinator was significantly higher than the number of people identified as having a need for LTSS. Members who initially decline a referral for an LTS Coordinator may request one at any time.

Note that enrollment in Chart 5 excludes members who were unwilling to participate in an assessment or who the plans were unable to locate, as with Charts 1 and 2.

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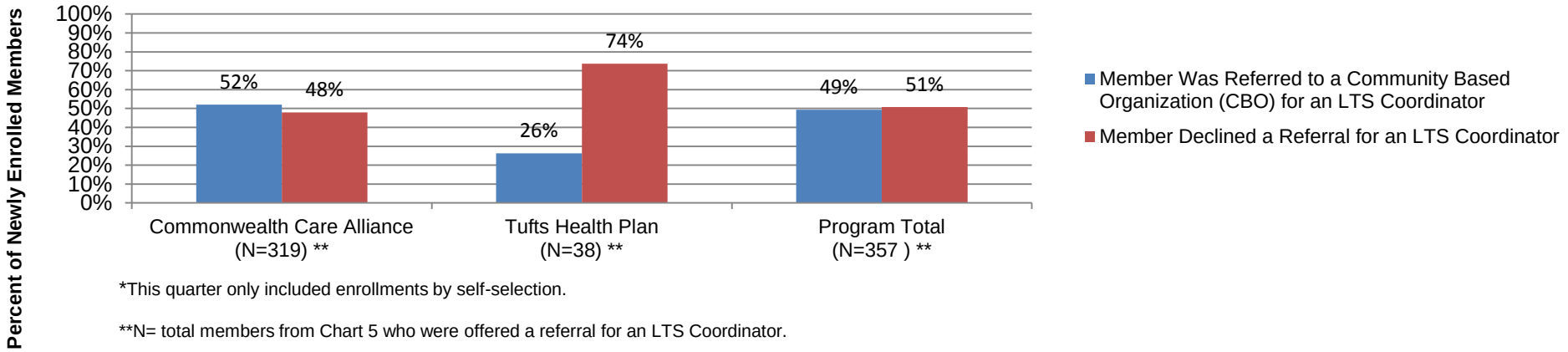
Chart 6: Long-Term Supports (LTS) Coordinator Referrals for Individuals Whose Enrollment* Began on Apr. 1, May 1, or Jun. 1 of 2015 and Who Were Offered a Referral Within 90 Days of Enrollment**



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**N= total members from Chart 5 who were offered a referral for an LTS Coordinator.

Chart 7: Long-Term Supports (LTS) Coordinator Referrals for Individuals with an Identified LTSS Need Whose Enrollment* Began on Apr. 1, May 1, or Jun. 1 of 2015 and Who Were Offered a Referral Within 90 Days of Enrollment**

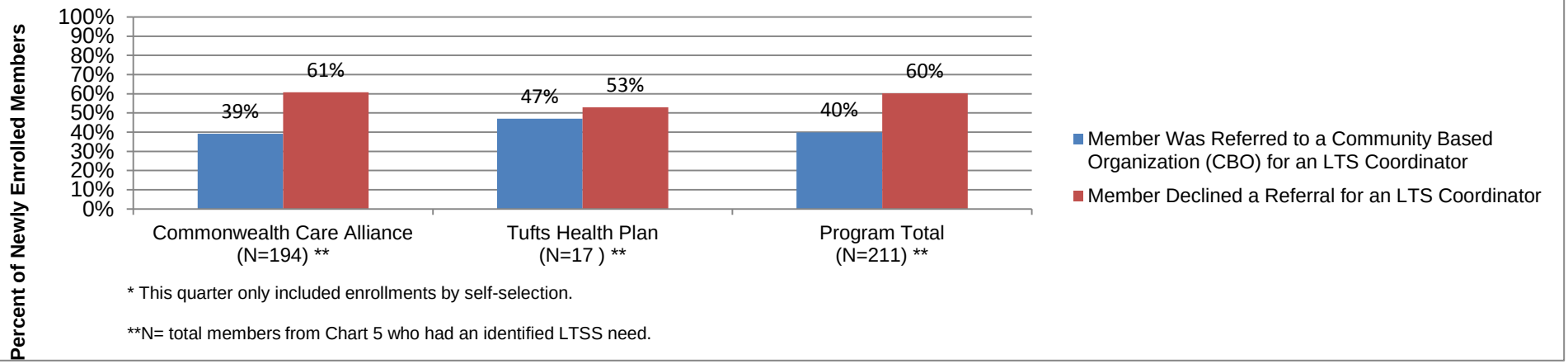

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Chart 6 shows how many members, of the total who were offered a referral for an LTS Coordinator either declined the offer of a referral or accepted and were subsequently referred to Community Based Organization (CBO) for an LTS Coordinator.[2] Chart 7 shows how many of the members with an identified need for LTSS (from Chart 5) either declined the offer of a referral for an LTS Coordinator, or accepted and were subsequently referred to a CBO.

As might be expected, these charts demonstrate that acceptance of a referral for an LTS Coordinator is generally (though not always) higher among individuals with an identified LTSS need, though some individuals with identified LTSS needs chose not to have a referral for an LTS Coordinator. It is important to understand that choosing not to receive a referral for an LTS Coordinator does not mean the member is not receiving LTSS. This chart is only looking at a member's choice to accept a referral for an LTS Coordinator not, and does not indicate receipt of LTSS.

Data from the Early Indicators Project (EIP) indicate that there may be some confusion among members about the role of the LTS Coordinator. MassHealth is working closely with stakeholders to understand both LTSS need and acceptance of a referral for an LTS Coordinator, and to educate both members and providers about the role of the LTS Coordinator. For example, MassHealth worked with stakeholders to create a one-page informational sheet on a member's right to an LTS Coordinator (released in July 2014), that One Care plans have been instructed to give to each of their enrolled members; and also to develop a webinar on the role and benefits of the LTS Coordinator for members (September of 2014).

[2] In One Care, all members who choose to have an LTS Coordinator are referred to an independent Community Based Organization (CBO) that is contracted with the member's One Care plan to provide the plan's members with LTS Coordinator services. This chart does not reflect how many members who were referred to the CBO actually met with an LTS Coordinator.

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