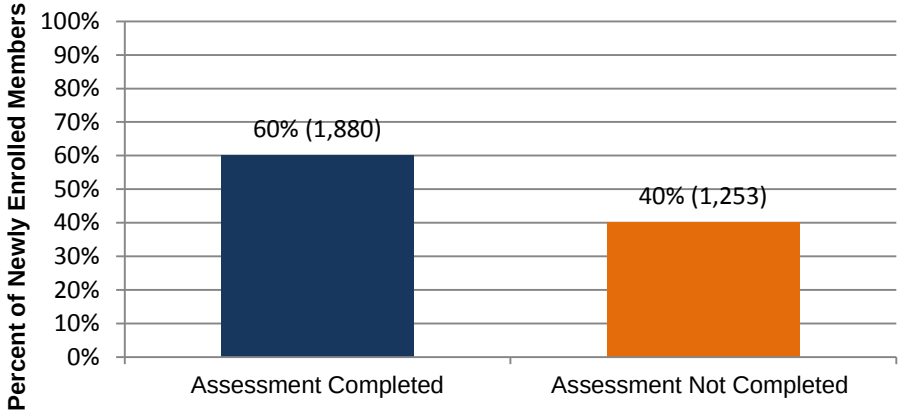
One Care
MassHealth+Medicare
Bringing your care together

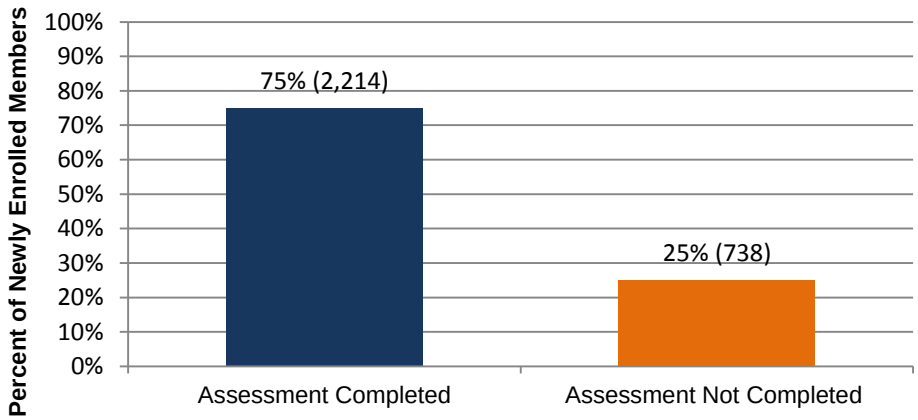
One Care Enrollee Assessment and Long Term Supports Coordinator (LTS-C) Referral Quarterly Report July 2014 – September 2014

Chart 1: Percentage of Assessments Completed Within 90 Days of Enrollment for Individuals Whose Enrollment Began Jul. 1, Aug. 1, or Sept. 1 of 2014 N= 3,133*



*N= total members whose first date of enrollment was on one of these dates, including 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 Jul. 1, Aug. 1, or Sept. 1 of 2014 N= 2,952*



*N= total members whose first date of enrollment was on one of these dates, including 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 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 July 1, August 1, or September 1 of 2014. 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-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html This graph shows that 60% of members who enrolled in One Care in 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.

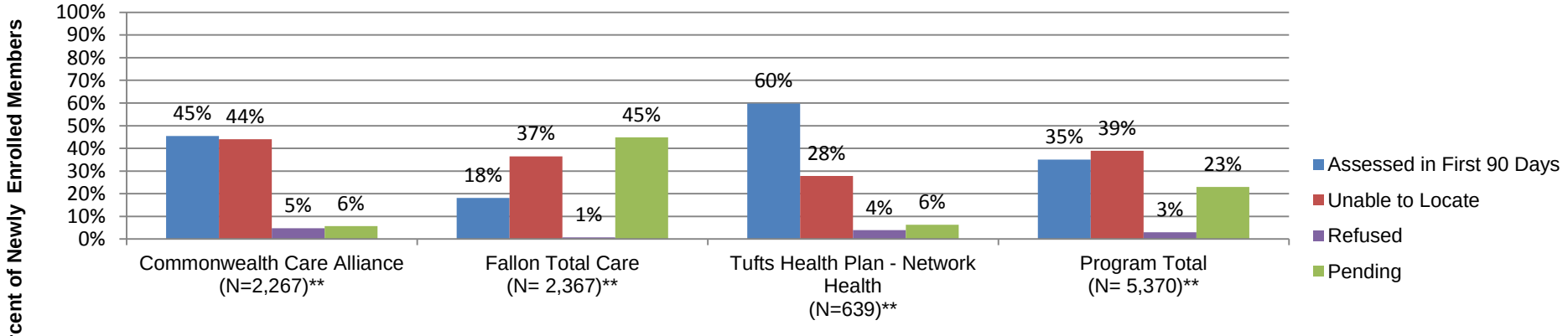
One Care Enrollee Assessment and
Long Term Supports Coordinator (LTS-C) Referral Quarterly Report
July 2014 – September 2014

While it is not a measure required by CMS, Chart 2 shows how many of these members were assessed within 120 days. Note that because some members may choose to disenroll between their 90th and 120th day of enrollment (between their 3rd and 4th months), the total number of enrolled individuals (the denominator) is lower in Chart 2 than it is in Chart 1. Chart 2 demonstrates that One Care plans have continued to conduct assessments for members between their 90th and 120th day of enrollment; 75% of One Care members who enrolled during this time frame were assessed within 120 days (compared to 60% who were assessed within 90 days).

One Care
MassHealth+Medicare
Bringing your care together

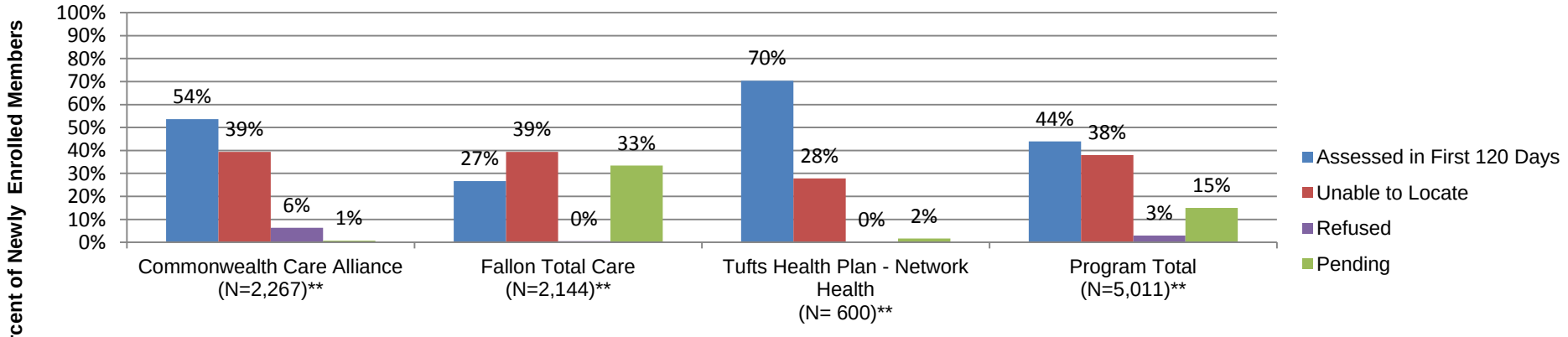
One Care Enrollee Assessment and Long Term Supports Coordinator (LTS-C) Referral Quarterly Report July 2014 – September 2014

Chart 3: Assessment Status Within 90 Days of Enrollment for Individuals Whose Enrollment Began on Jul. 1, Aug. 1., or Sept. of 2014*



*N= total members whose first date of enrollment was on one of these dates, including 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.
**This time period includes members auto-assigned to all plans with an effective enrollment date of July 1, 2014.

Chart 4: Assessment Status Within 120 Days of Enrollment for Individuals Whose Enrollment Began on Jul. 1, Aug. 1, or Sept. 1 of 2014*



*N= total members whose first date of enrollment was on one of these dates, including 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.
**This time period includes members auto-assigned to all plans with an effective enrollment date of July 1, 2014.

One Care
MassHealth+Medicare
Bringing your care together

One Care Enrollee Assessment and
Long Term Supports Coordinator (LTS-C) Referral Quarterly Report
July 2014 – September 2014

Charts 3 and 4 show the percentage of assessments completed out of the total number of One Care members with an enrollment date of July 1, August 1, or September 1 of 2014, 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. The "pending" category includes members who have not yet had an assessment within 90 days, have not refused an assessment, and who the plan has unsuccessfully attempted to contact at least three times. As with Charts 1 and 2, the number of enrolled members in Chart 4 is lower than in Chart 3 on account of members who disenrolled between their 90th and 120th day of enrollment.

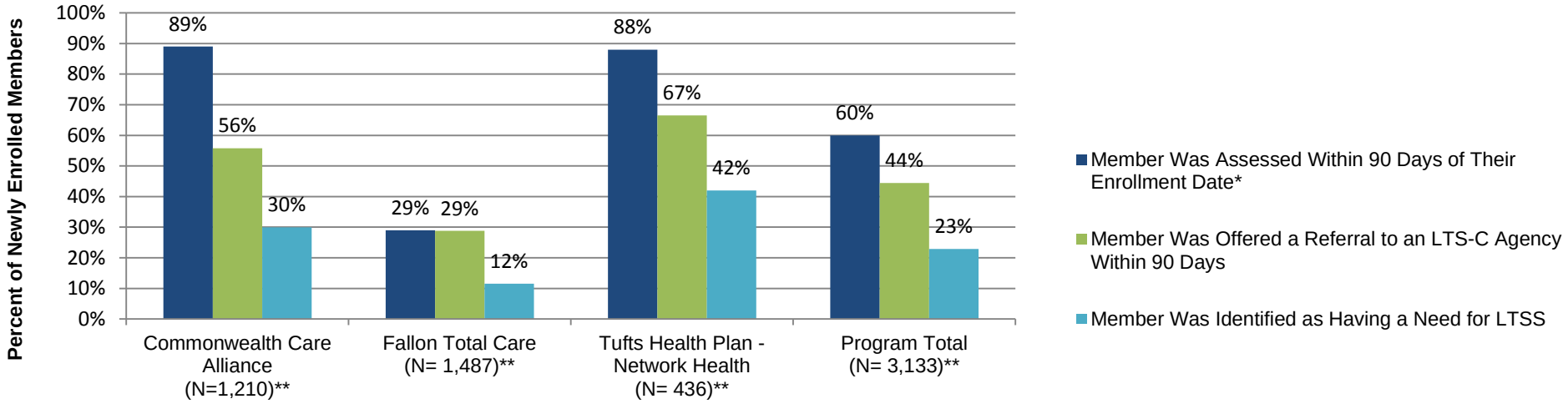
For example, Chart 3 shows that for members with July 1, August 1, or September 1, 2014 effective enrollment dates, Commonwealth Care Alliance conducted assessments with 45% of those members within 90 days; made at least 3 outreach attempts to 44% of those members and did not receive a response; and received refusals from 5% of those members. In total, the plan met its contractual requirements for approximately 94% of members, while approximately 6% of members were in the "pending" category. The proportion of Commonwealth Care Alliance members with relevant effective enrollment dates who were in the "pending" category declined to 1% at 120 days of enrollment.

The charts show variation between each of the three 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. Note that this period includes members who were auto-assigned to the plans as of July 1, 2014. These charts also show that all 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, while the number of members whose assessments have been pending decreases. Chart 4 also shows that for the most part, the number of members who the plans were unable to locate with at least three contact attempts within the first 90 days of enrollment did not change substantially between 90 and 120 days. 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.

One Care Enrollee Assessment and Long Term Supports Coordinator (LTS-C) Referral Quarterly Report July 2014 – September 2014

Chart 5: Assessment Completion, Identified Long Term Services and Supports (LTSS) Needs, and Offering of a Long Term Supports Coordinator (LTS-C) Within 90 Days of Enrollment for Individuals Whose Enrollment Began Jul. 1, Aug. 1, or Sept. 1 of 2014*



*N= total members whose first date of enrollment was on one of these dates, including 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.
**This time period includes members auto-assigned to all plans with an effective enrollment date of July 1, 2014.

Chart 5 shows how many members whose effective enrollment dates were July 1, August 1, or September 1 of 2014 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 an LTS-C. For example, this chart shows that for members

[1] The need for community-based LTSS may be identified by the assessment, by enrollee, by other Interdisciplinary Care Team (ICT) member, 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

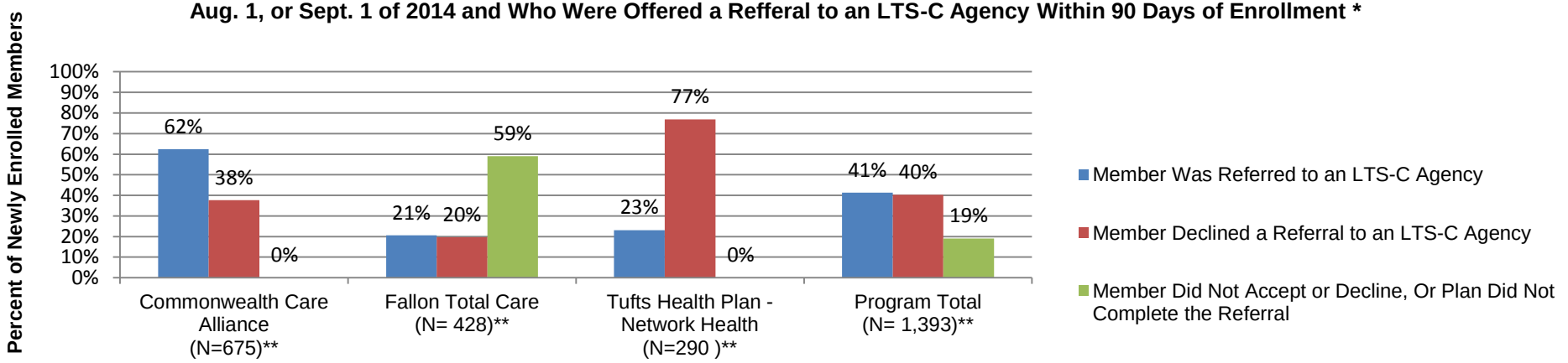
with July, August or September 2014 effective enrollment dates: Commonwealth Care Alliance assessed 89% of those members who they could locate and who did not refuse an assessment within 90 days; Commonwealth Care Alliance reported offering an LTS-C to 56% of those members; and 30% of those members were identified as having a need for LTSS. The One Care plans are contractually required to offer an LTS-C to all of their enrollees when they make contact with them (including members who may not yet have had an assessment), so the percentage of members who are offered an LTS-C may be slightly higher than the percentage of those who received an assessment. In this time period, the number of people who were offered an LTS-C was significantly higher than the number of people identified as having a need for LTSS. Members who initially decline a referral to an LTS-C 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.

One Care
MassHealth+Medicare
Bringing your care together

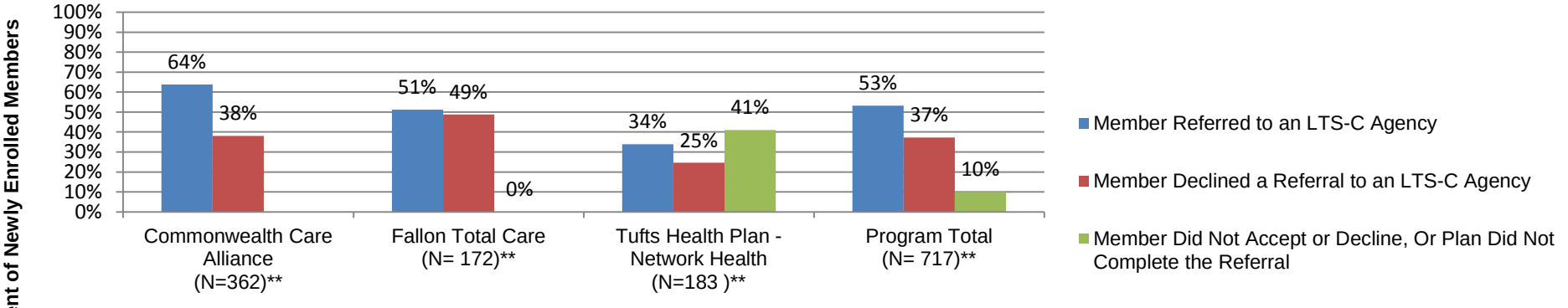
One Care Enrollee Assessment and
Long Term Supports Coordinator (LTS-C) Referral Quarterly Report
July 2014 – September 2014

Chart 6: Long-Term Supports Coordinator (LTS-C) Referral Uptake for Individuals Whose Enrollment Began on Jul. 1, Aug. 1, or Sept. 1 of 2014 and Who Were Offered a Refferal to an LTS-C Agency Within 90 Days of Enrollment *



*N= total members from Chart 5 who were offered a referral to an LTS-C agency.
**This time period includes members auto-assigned to all plans with an effective enrollment date of July 1, 2014.

Chart 7: Long-Term Supports Coordinator (LTS-C) Referral Uptake for Individuals with An Identified LTSS Need Whose Enrollment Began on Jul. 1, Aug. 1, or Sept. 1 of 2014 and Who Were Offered a Refferal to an LTS-C Agency Within 90 Days of Enrollment*



*N= total members from Chart 5 who had an identified LTSS need.
**This time period includes members auto-assigned to all plans with an effective enrollment date of July 1, 2014.

One Care Enrollee Assessment and
Long Term Supports Coordinator (LTS-C) Referral Quarterly Report
July 2014 – September 2014

Chart 6 shows how many members, of the total who were offered an LTS-C referral (the purple column in Chart 5), either declined the offer of a referral or accepted and were subsequently referred to an LTS-C Agency.[2] Because in some cases members may not have made an affirmative choice to be referred or decline a referral to an LTS-C agency within the 90 day time period or the plan may not have completed a referral, percentages may not always add up to 100%. Chart 7 shows how many of the members with an identified need for LTSS (from Chart 5) either declined the offer of an LTS-C referral, or accepted and were subsequently referred to an LTS-C Agency.

As might be expected, these charts demonstrate that uptake of the LTS-C referral is much higher among individuals with an identified LTSS need, though some individuals with identified LTSS needs chose not to have an LTS-C referral. It is important to understand that choosing not to receive an LTS-C referral does not mean the member is not receiving LTSS. This chart is only looking at a member's choice to accept an LTS-C referral or 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-C. MassHealth is working closely with stakeholders to understand both LTSS need and LTS-C uptake, and to educate both members and providers about the role of the LTS-C. For example, MassHealth worked with stakeholders to create a one-page informational sheet on a member's right to an LTS-C (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-C for members (September of 2014).

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