

One Care Member Experience

Findings from the 2018-2022 surveys

Presented to:



Presented by:

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Background and Research Questions

Background

- The One Care financial alignment demonstration integrates Medicaid and Medicare services for working-age dual eligible members with disabilities into managed care organizations (MCOs) that receive capitated payment from Medicare and MassHealth.
 - One Care has been offered through two MCOs, Commonwealth Care Alliance and Tufts, since 2016, and in 2022, MassHealth included a plan offered by UnitedHealthcare as a third option.
- One Care offered additional services compared to the fee-for-service (FFS) program:
 - Care Coordinator
 - Long-Term Services Coordinator (LTS-C)
 - Individualized Care Plan (ICP)

One Care Member Experience Survey Background

In response to CMS requirements and the One Care Implementation Council's request to capture and report any perceived change in members' experience with healthcare services due to the One Care Demonstration, UMass Chan has implemented an annual survey for:

- A sample of One Care members since 2016 (data collection started in 2017).
- A sample of working-age dual eligible members enrolled in FFS since 2018 (data collection started in 2019).

Topics Covered in Member Experience Surveys

Topics Covered in One Care Survey

- Reason for and ease of enrollment in One Care
- Members' care team and satisfaction with their care team
 - Care coordinator
 - LTS-C
 - Utilization of the ICP
- Assessment and care planning process

Topics Covered in Both One Care and FFS Surveys

- Members' care team and satisfaction with their care team
 - Care team is limited to primary care provider/personal doctor for FFS members
- Assessment of medical, behavioral health (BH), long-term services and supports (LTSS) and transportation and how well those needs were met
- Overall satisfaction with healthcare experience

COVID-19 Public Health Emergency

- In March 2020, a COVID-19 Public Health Emergency (PHE) was declared.
- In response to the COVID-19 PHE, the One Care program required plans to contact all members to identify their needs and facilitate access to personal protective equipment (e.g., masks for those receiving in-home services) and vaccines.
- The federal COVID-19 PHE declaration ended on May 11, 2023.
 - Survey years 2018 and 2019 capture trends in member experience prior to the PHE.
 - Survey years 2020 through 2022 capture trends in member experience during the PHE.

Research Questions

Q1: How well did One Care members rate their experience with their care team compared to dual-eligible members who remain in the FFS program?

Q2: How well does One Care meet its members' needs for medical and BH, LTSS, and transportation services?

Q3: What impact does experience with care coordination have on the number of self-reported needs met for medical, BH, LTSS, and transportation services for members enrolled in One Care?

Q4: What was the impact of the One Care program's actions during the COVID-19 PHE on members' reports of how well One Care medical services and LTSS met their needs?

Response Rate and Respondents' Characteristics

Response Rate

MES Survey (Reference Year)	Data collection (Year)	Number of respondents	Response rate	Response rate by program	
				One Care	FFS
		Overall	Overall	One Care	FFS
2018	2019	2,646	38.4%	38.0%	38.8%
2019	2020	2,853	41.4%	41.7%	41.0%
2020	2021	2,485	36.1%	35.7%	36.5%
2021	2022	2,234	32.4%	32.0%	33.0%
2022	2023	2,188	31.8%	31.3%	32.5%

Results

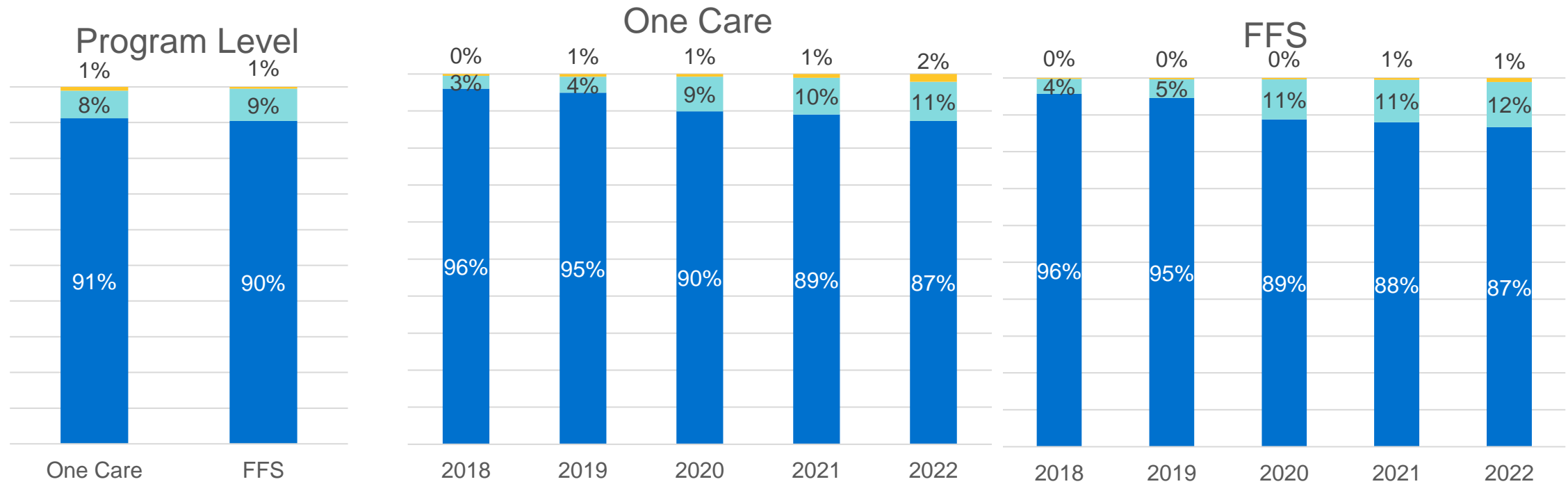
Q1: Experience with Care Team

Reported Visiting Primary Care Provider/ Personal Doctor in Past 12 Months

Between 2018 and 2022, 96% of One Care and FFS dual-eligible members had a primary care provider (PCP) or personal doctor.

The majority of One Care (91%) and FFS (90%) members reported visiting their PCP in the last 12 months.

- There was a significant difference between programs when it comes to visiting PCP in the last 12 months with 8% of One Care members reported not visiting their PCP compared to 9% of FFS members.
- There was a slight, but significant, decline in One Care and FFS members who reported visiting their PCP in the last 12 months between 2020 and 2022 – a period that overlaps with the COVID-19 PHE period, and reports of limited access to health providers.



Question:

One Care: Have you met with your Primary Care Provider in the past 12 months?

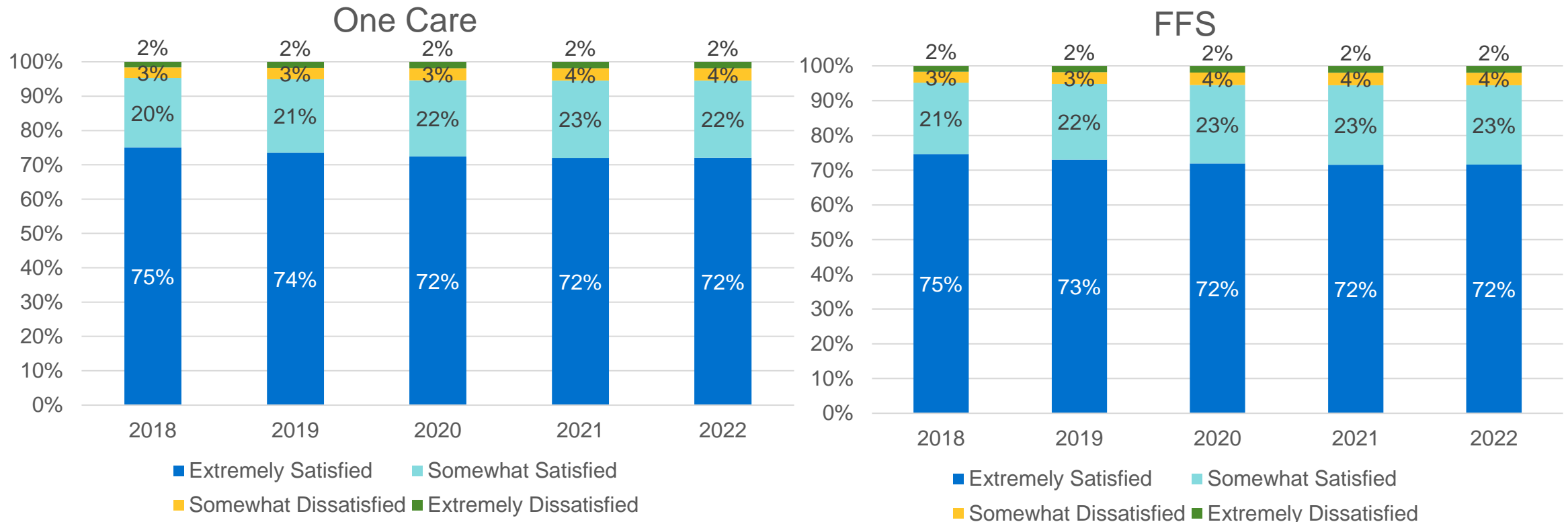
FFS: Have you had a phone, video or in-person visit with your **personal doctor** in the past 12 months?

■ Yes ■ No ■ Don't know/Not sure

Satisfaction with Primary Care Provider/ Personal Doctor

In general, One Care and FFS dual-eligible members were extremely satisfied (73%), or somewhat satisfied (22%) with their PCP.

- We found no significant difference between One Care and FFS when it comes to the level of satisfaction with their PCP.



Question:

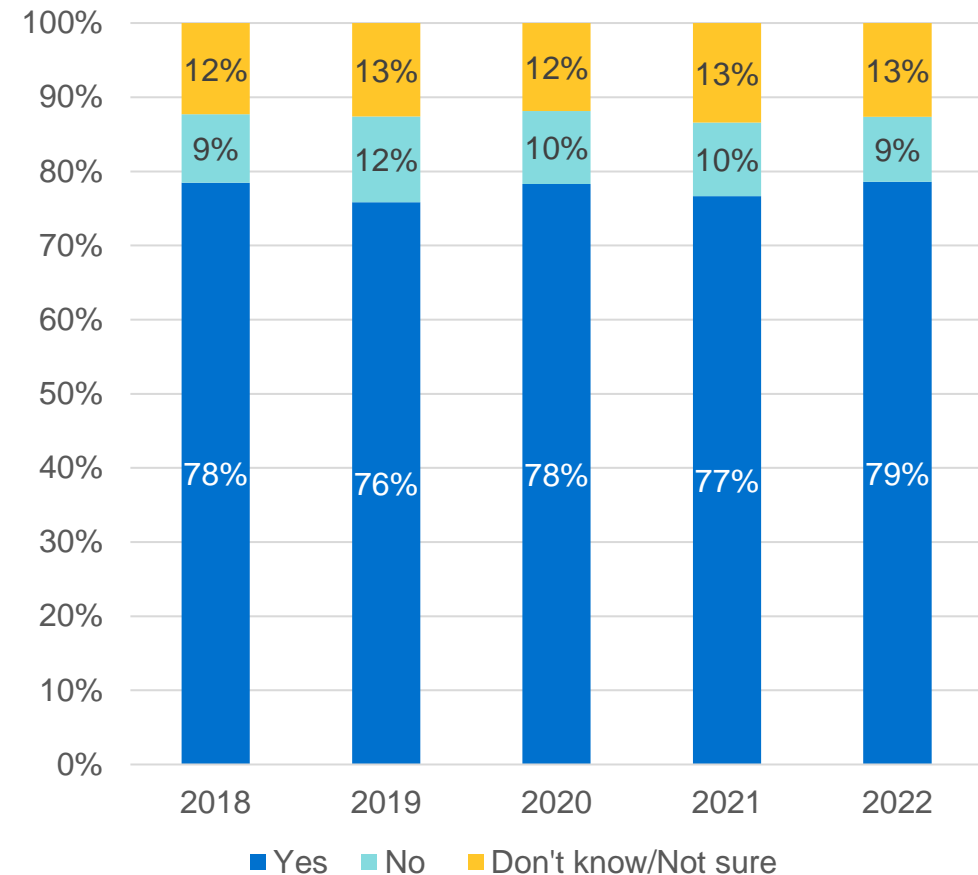
One Care: How satisfied are you with the Primary Care Provider you have under your One Care plan?

FFS: How satisfied are you with your personal doctor?

Care Coordination for One Care Member

Have a Care Coordinator

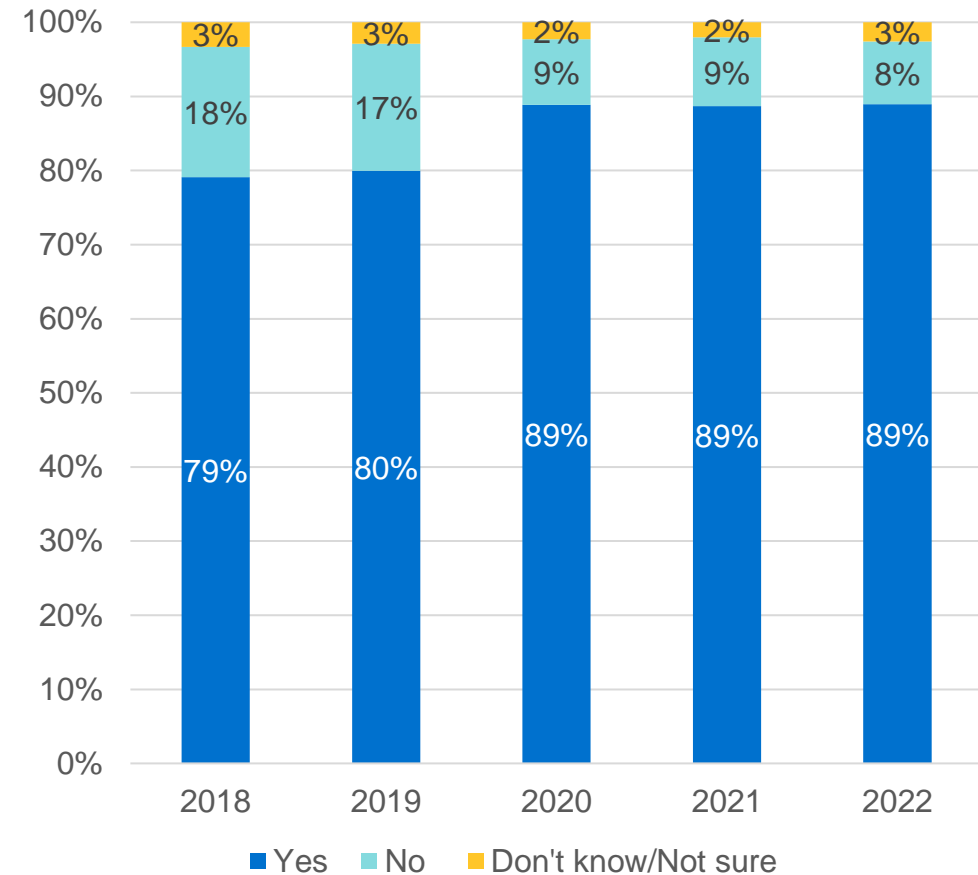
- The majority of One Care Members reported having a care coordinator
- A significantly smaller percentage of members reported having a care coordinator in 2019 but this percentage improved in later years
- 79% of members reported having a care coordinator in 2022, the highest percentage since 2018
- The percentage of those who did not know if they have a care coordinator was consistent (12% to 13%)



Care Coordination for One Care Members forHealth™ CONSULTING at UMass Chan Medical School

Met with Care Coordinator in Past 12 Months

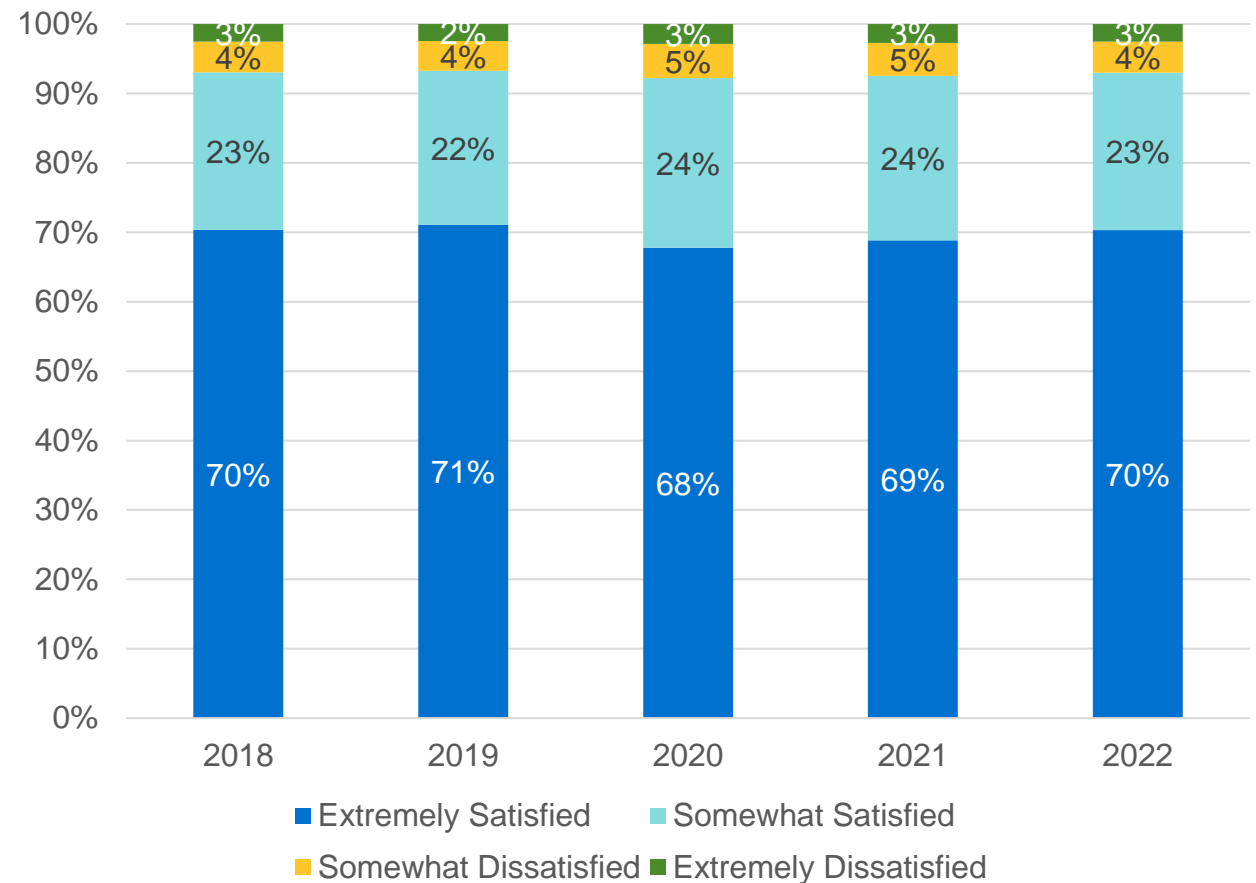
- The majority of One Care members who had a care coordinator reported meeting with their care coordinator in the past 12 months
- Starting in 2020, there was a significant 10% increase in the percentage of members who met with their care coordinator compared to 2018
- This increase was consistent between 2020 and 2022, a period that overlaps with the COVID-19 PHE
- Among those who had a care coordinator, the percentage who did not know if they had met with a care coordinator was small and consistent (2%-3%)



Care Coordination for One Care Members

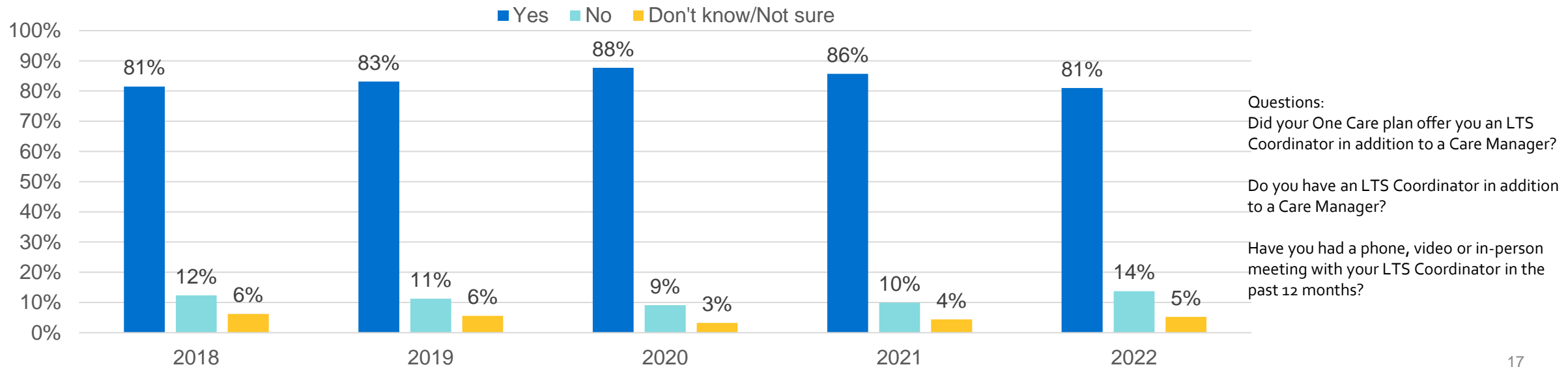
Satisfaction with Care Coordinator

- The majority of those who had and met with their care coordinator in the last 12 months were either extremely satisfied (70%) or somewhat satisfied (23%) with their care coordinator
- There was no significant difference in members' satisfaction across the five study years
- The percentage of those who were somewhat dissatisfied (5%) or extremely dissatisfied (3%) was small and consistent across the five study years



LTS-C for One Care Member Met with LTS-C in the Past 12 Months

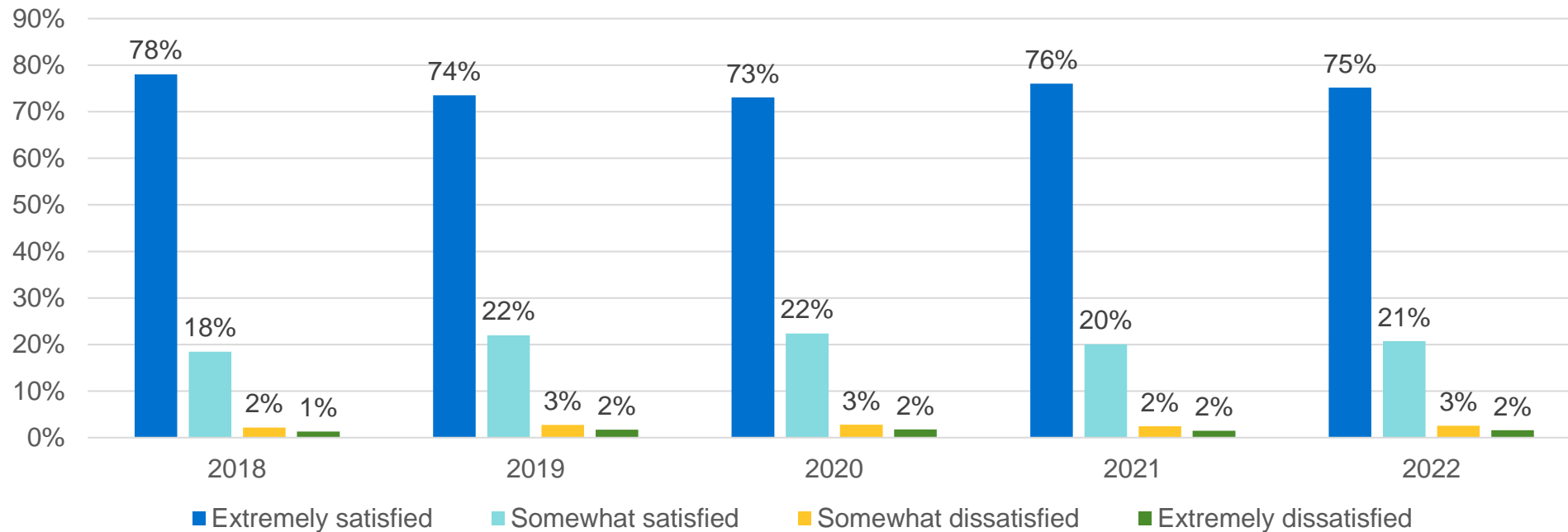
- Over the 5-year study period, 48% of One Care members knew their One Care plan offers an LTS coordinator in addition to a care manager.
- Among those who knew their plan offered an LTS-C in addition to a care coordinator, 25% reported they had an LTS-C and 31% did not know or were not sure if they had an LTS-C.
- Among members who reported having an LTS-C, the majority (81% to 88%) reported having contact with an LTS-C in the past 12 months. There were no significant changes over time.
 - There was an increase in members who met with an LTS coordinator in 2020 and 2021, a period that coincided with the COVID-19 PHE period; however, this improvement was not reflected in 2022. This change was not statistically significant.



LTS-C for One Care Member

Satisfaction with LTS-C

- The majority of One Care members who met with their LTS-C were either extremely satisfied (75% 5-year average) or somewhat satisfied (21% 5-year average) with their LTS coordinator.
- The results were consistent between 2018 and 2022, and there was no significant change in satisfaction level during the study period.



Question:
Have you had a phone, video or in-person meeting with your LTS Coordinator in the past 12 months?

Individualized Care Plan

- Between 2018 and 2022, nearly half of One Care members (54%) reported having an ICP; however, 25% did not know or were not sure if they had one.
- Among the 54% of members who reported having an ICP, the majority (80%) had their ICP updated within the last 12 months, received a written copy of their ICP (63%), and agreed with what is in their ICP (91%).
- However, only 61% reported their care team discussed ways to change their ICP, and 17% did not know or were not sure if the care team discussed this option.
- In general, those who have an ICP completely agreed (78%) or agreed somewhat (18%) that their ICP includes services they need.
- Positive but marginal and statistically insignificant changes were observed across the study period.

Questions:

Do you have an Individualized Care Plan that tells you the services you will get under One Care?

When was your Individualized Care Plan last updated?

Do you agree with what is in your Individualized Care Plan?

Did you receive a written copy of your Individualized Care Plan?

Did your Care Team discuss ways to change your Individualized Care Plan, if needed?

Overall, my Individualized Care Plan includes the services I need.

Q2: How well does One Care meet members' needs for medical and BH services and LTSS?

Use and Need for Medical and BH Services

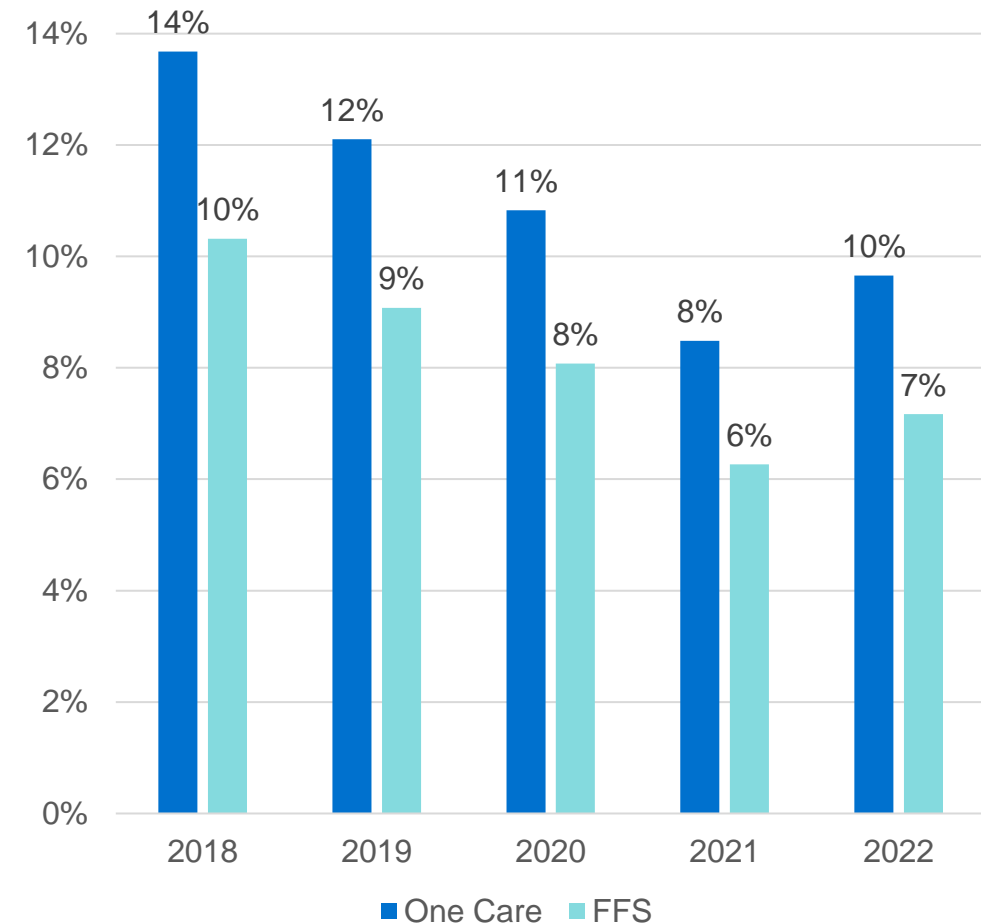
- **Between 2018-2022, One Care members were, on average, significantly more likely than FFS members to use or need:**
 - Prescription medication – 95% vs. 93%
 - Oral health/dental care – 78% vs. 71%
 - Physical, occupational or speech therapy – 24% vs. 20%
 - Mental health services – 53% vs. 48%
- **Between 2018-2022, there was no significant difference, on average, between One Care and FFS members use or need of:**
 - Specialist services – 76% for both One Care and FFS
 - Substance use services – 5% for One Care and 6% for FFS members
- **No significant changes over the 5 survey years in either One Care or FFS programs.**

Use of and Need for LTSS

- **Between 2018-2022, One Care members were, on average, significantly more likely than FFS members to use or need:**
 - Medical equipment or supplies – 43% vs. 31%
 - Help with personal care or to do everyday tasks – 37% vs. 26%
 - Help doing things in the community – 31% vs. 28%
 - Day programs services – 11% vs. 8%
 - Assistive technology – 8% vs. 7%
 - Transportation to medical services – 47% vs. 37%
 - Transportation to community activities – 35% vs. 29%
- **No significant changes over the five survey years in either One Care or FFS programs.**

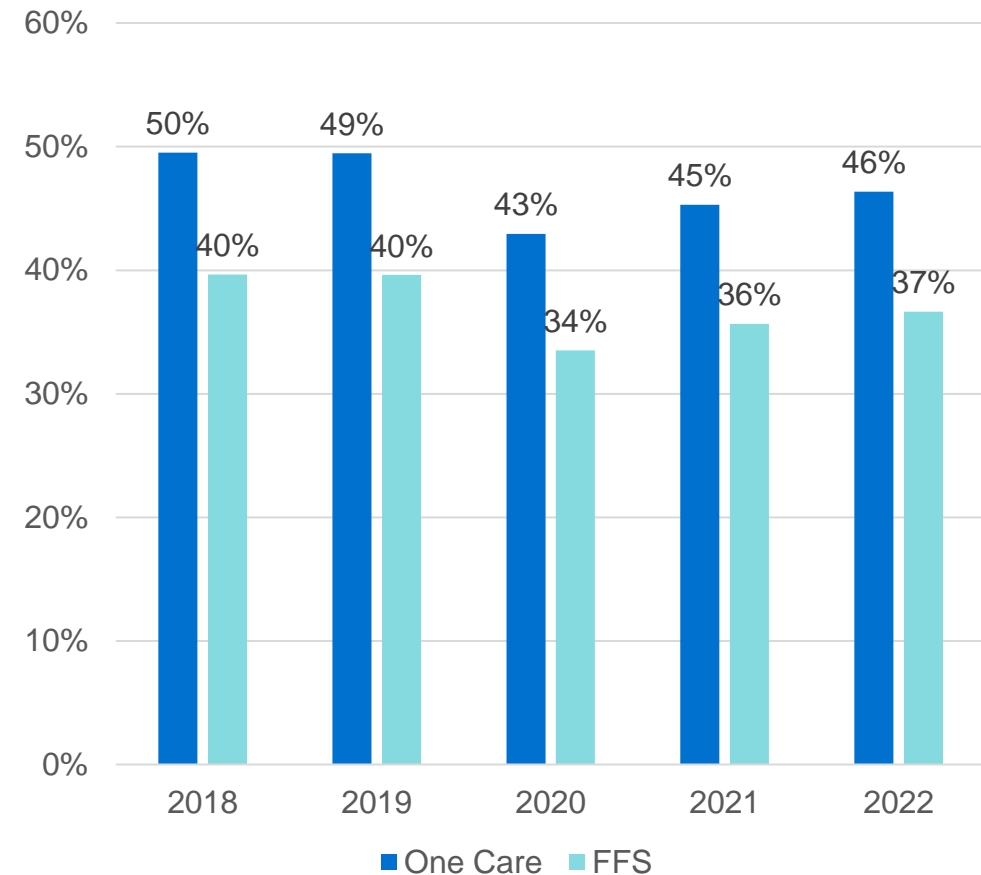
Use of or Need for Day Programs

- There was a statistically significant difference in the use of and need for day programs over the survey years
 - The need for and use of day programs started to decrease in 2019 and dropped sharply in 2021
 - However, the use of or need for this service started to increase in 2022



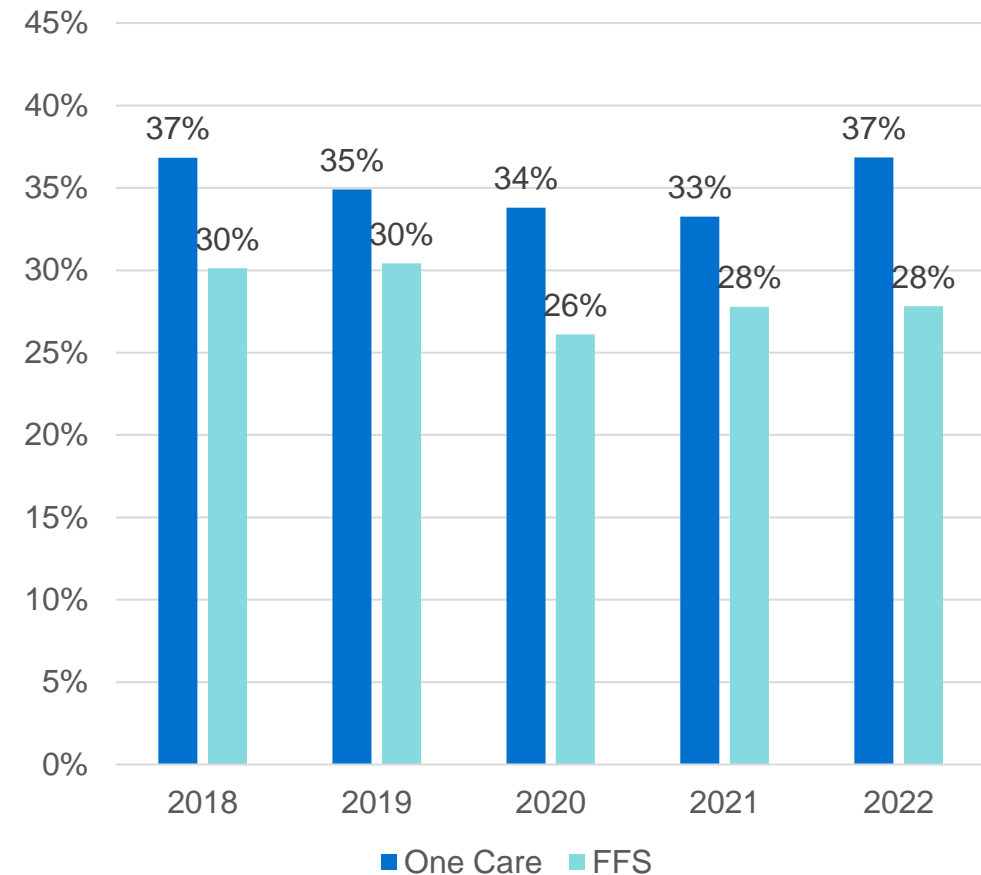
Use of or Need for Transportation to Medical Appointments

- There was a statistically significant difference between One Care and the FFS program in members' use of and needs for transportation to medical appointments
- There was also a statistically significant difference across the survey years for use of or need for transportation to medical services
- The need for medical transportation decreased in 2020, the year when COVID-19 PHE was declared, but started to increase in 2021 and 2022



Use of or Need for Transportation to Community Activities

- There was a statistically significant difference between One Care and the FFS program in members' use of and needs for transportation to community activities
- While there was no statistically significant difference across the survey years for use of or need for transportation to community activities, it is worth noting that the need for and use of those services slightly decreased during the COVID-19 PHE but by 2022 had returned to its 2018 level

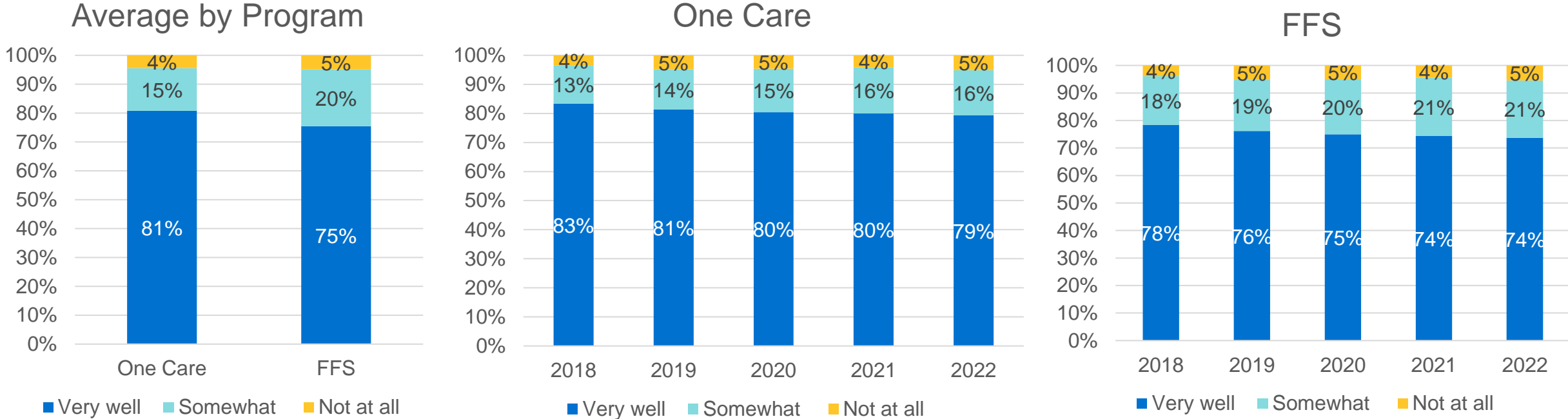


Q2b: Needs Met for Medical, BH, and LTSS

How Well Needs Were Met for: Specialty Care***

There was a statistically significant difference in how well needs for specialty care were met by the program and across years:

- On average, 81% of One Care members reported their need was very well met compared to 75% of members in the FFS program.
- There was a 4% decline in the percentage of members who reported their need was well met, from 83% in 2018 to 79% in 2022 for One Care members and from 78% in 2018 to 74% in 2022 for FFS members.

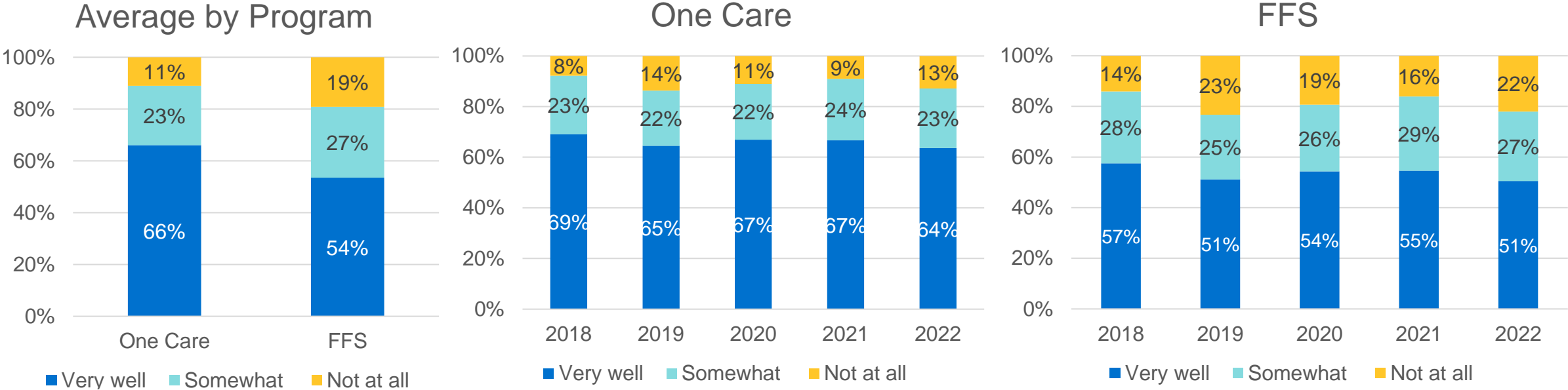


* Denotes significance level of <0.05, ** significance level of <0.001, *** significance level of <0.0001, and NS denotes not statistically significant

How Well Needs Were Met for: Physical, Occupational, or Speech Therapy***

There were statistically significant differences in how well needs for physical, occupational, or speech therapy services were met by the program and across years:

- On average, 66% of One Care members reported their need was very well met compared to 54% of members in the FFS program.
- There was a 5% decline in the percentage of One Care members who reported their need was well met, from 69% in 2018 to 67% in 2022, and a 6% decline for FFS members from 57% in 2018 to 51% in 2022.

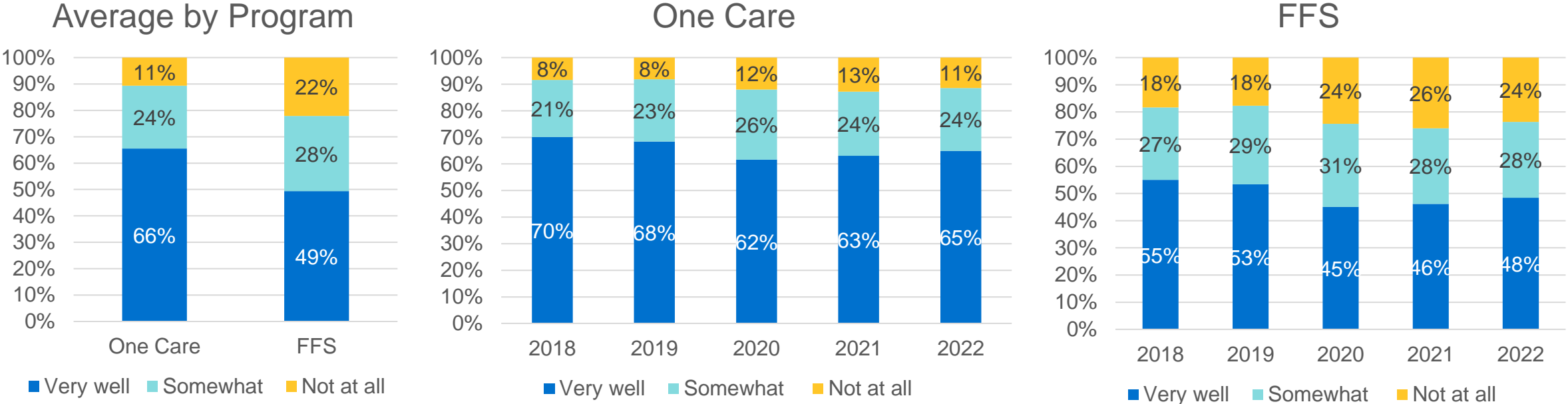


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How Well Needs Were Met for: Oral Health or Dental Care***

There were statistically significant differences in how well needs for oral health or dental care were met by program and across years:

- On average, 66% of One Care members reported their need was very well met compared to 49% of members in the FFS program.
- There was a 5% decline in the percentage of One Care members who reported their need was well met, from 70% in 2018 to 65% in 2022, and a 7% decline for FFS members from 55% in 2018 to 48% in 2022.



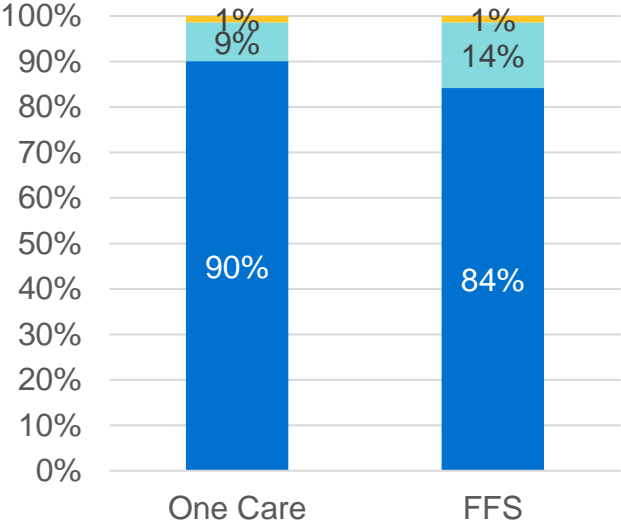
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How Well Needs Were Met for: Prescription Medications***

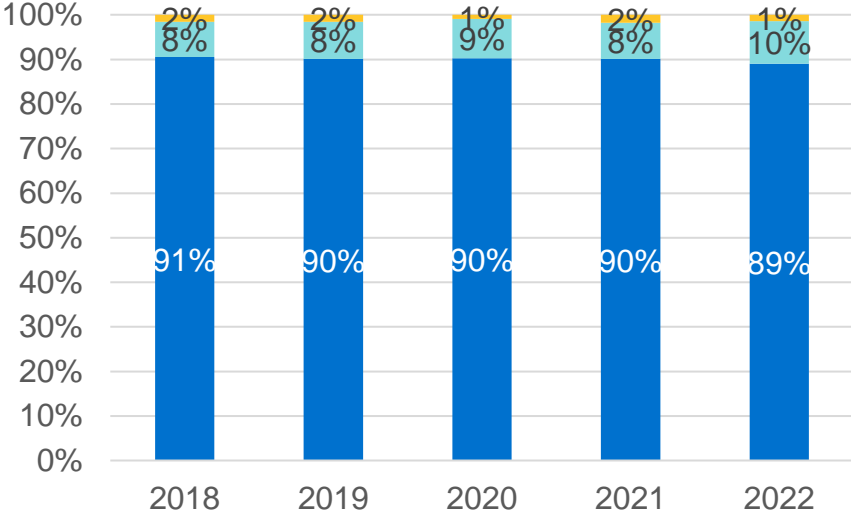
There was a statistically significant difference in how well needs for prescription medications were met by the program but not across years:

- On average, 90% of One Care members reported their need was very well met compared to 84% of members in the FFS program.
- There was a 2% decline in the percentage of One Care members who reported their need was well met, from 91% in 2018 to 89% in 2022, and from 85% in 2018 to 83% in 2022 for FFS members.

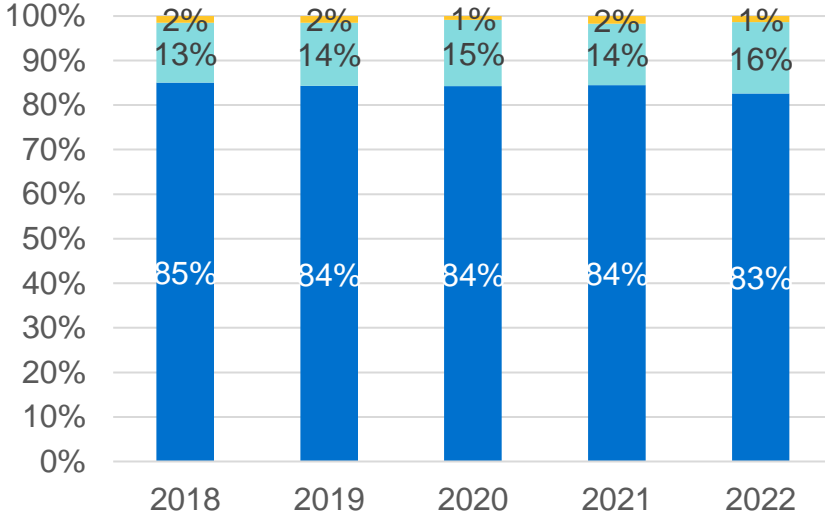
Average by Program



One Care



FFS



■ Very well ■ Somewhat ■ Not at all

■ Very well ■ Somewhat ■ Not at all

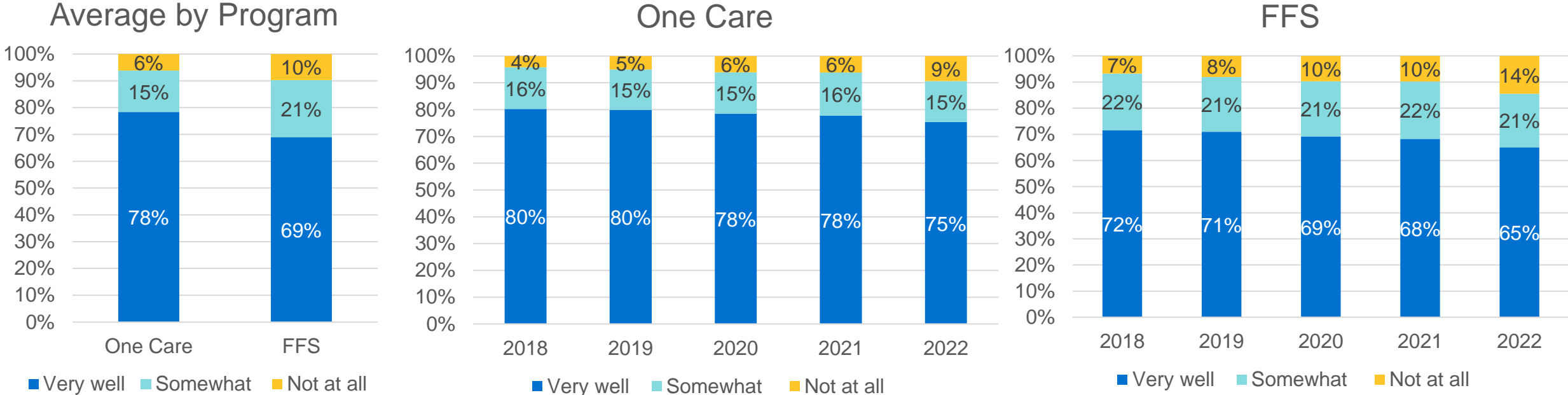
■ Very well ■ Somewhat ■ Not at all

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How Well Needs Were Met for: Mental Health Services***

There were statistically significant differences in how well needs for mental health services were met by the program and across years:

- On average, 78% of One Care members reported their need was very well met compared to 69% of members in the FFS program.
- There was a 5% decline in the percentage of One Care members who reported their need was well met, from 80% in 2018 to 75% in 2022, and a 7% decline for FFS members from 72% in 2018 to 65% in 2022.

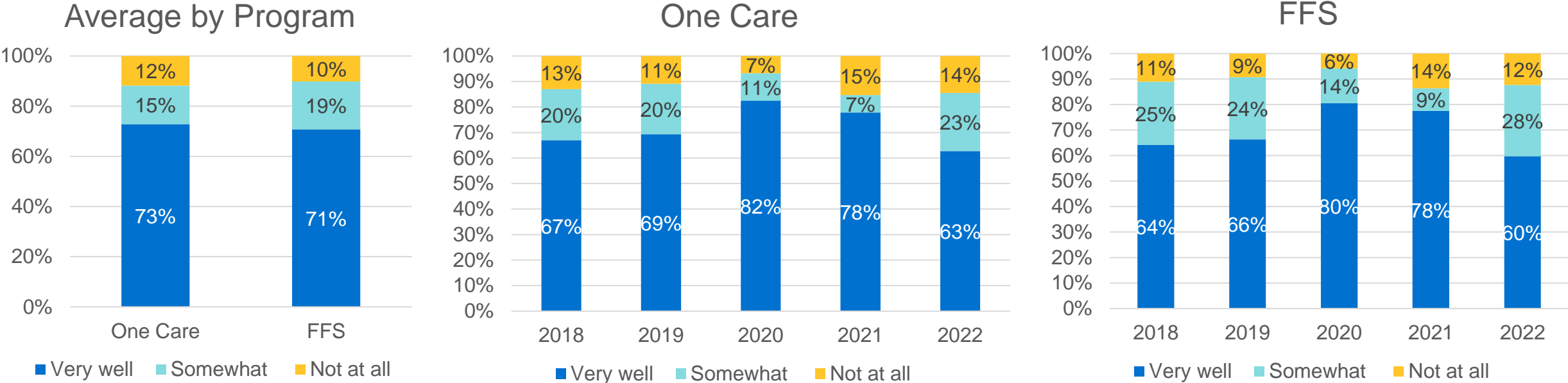


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How Well Needs Were Met for: Substance Use Treatment*

There was no statistically significant difference in how well needs for substance use treatment were met by the program but there was a statistically significant difference in how well those needs were met across years:

- On average, 73% of One Care members reported their need was very well met compared to 71% of members in the FFS program.
- There was an increase in the percentage of One Care members who reported their need was well met in 2020 and 2021, which declined in 2022 to a level lower than the 2018 percentage, a similar pattern was seen for the FFS program, suggesting external factors impacted access to this service.



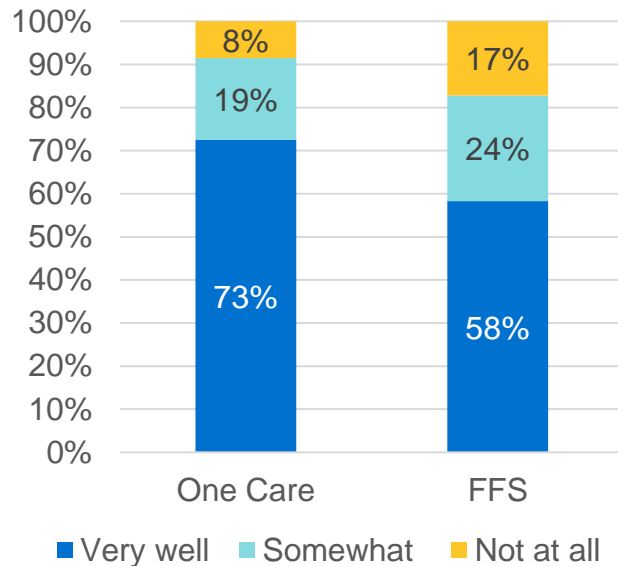
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How Well Needs Were Met for: Transportation to Medical Appointments***

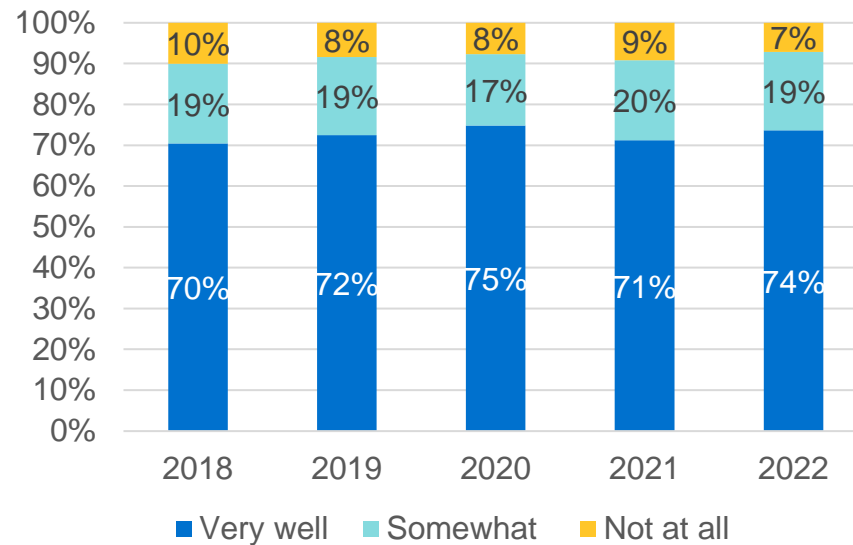
There was a statistically significant difference in how well needs for transportation to medical appointments were met by the program and across years:

- On average, 73% of One Care members reported their need was very well met compared to 58% of members in the FFS program.
- There was a 4% increase in the percentage of One Care members who reported their need was well met, from 70% in 2018 to 74% in 2022, and a 5% increase for FFS members from 55% in 2018 to 60% in 2022.

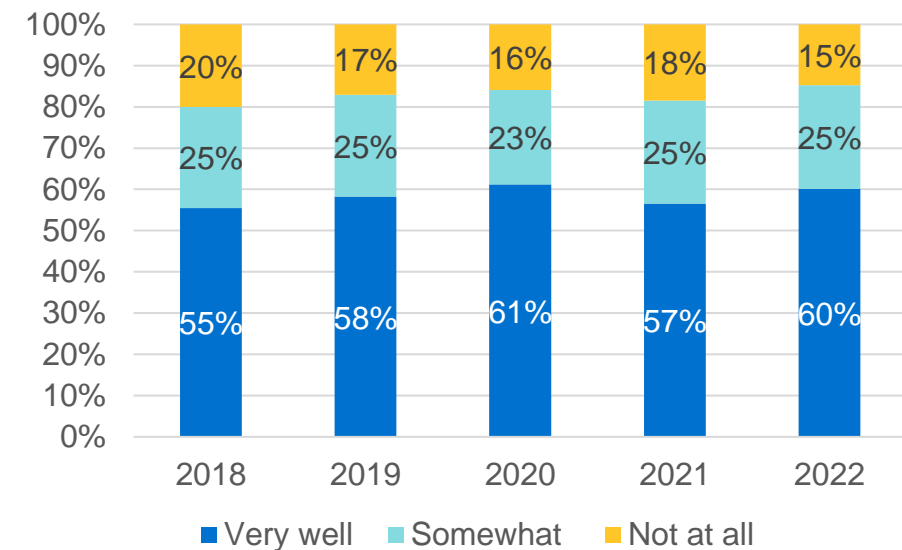
Average by Program



One Care



FFS

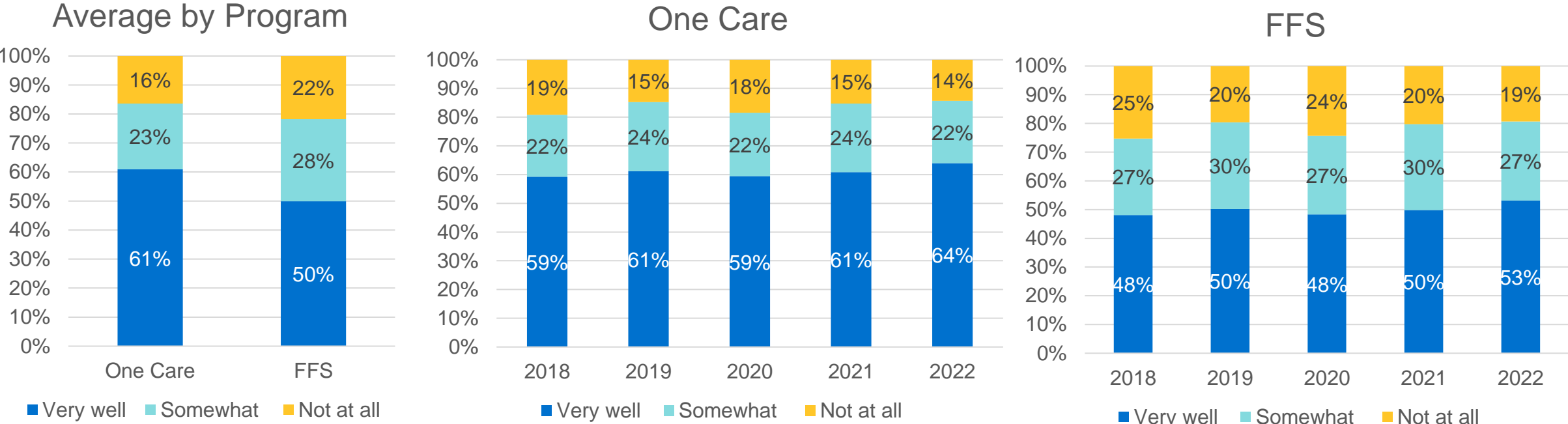


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How Well Needs Were Met for: Transportation to Community Activities***

There was a statistically significant difference in how well needs for transportation to community activities was met by the program and across years:

- On average, 61% of One Care members reported their need was very well met compared to 50% of members in the FFS program.
- There was a 5% increase in the percentage of One Care members who reported their need was well met, from 59% in 2018 to 64% in 2022, and a similar increase for FFS members: from 48% in 2018 to 63% in 2022.

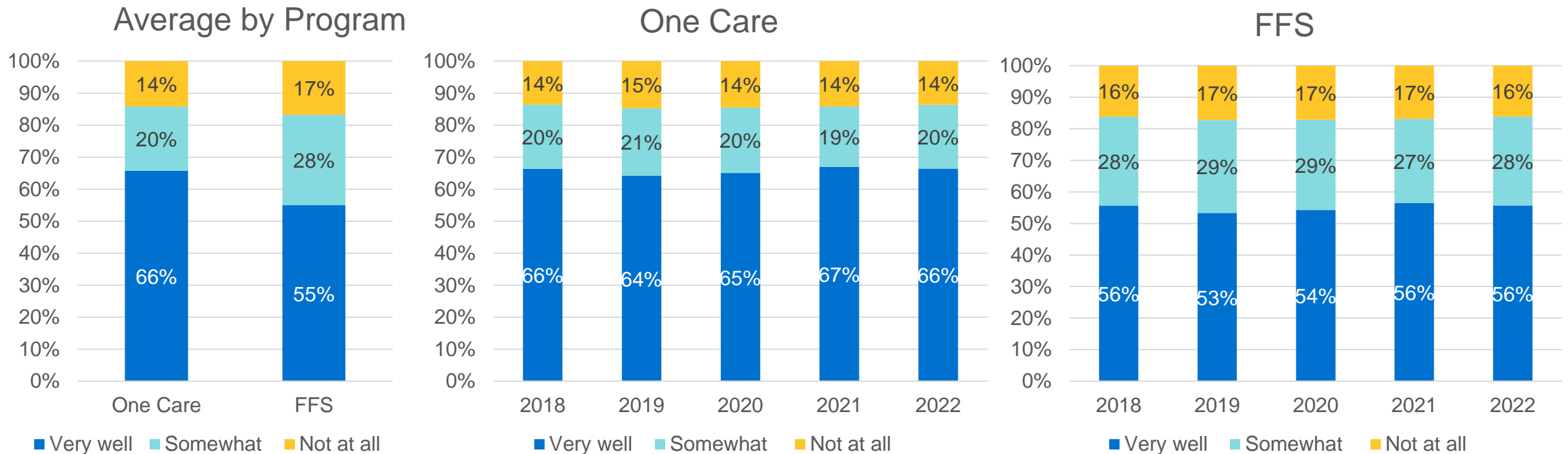


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How Well Needs Were Met for: Help with Personal Care and Everyday Tasks**

There was a statistically significant difference in how well needs for help with personal care and everyday tasks was met by the program but not across years:

- On average, 66% of One Care members reported their need was very well met compared to 55% of members in the FFS program.

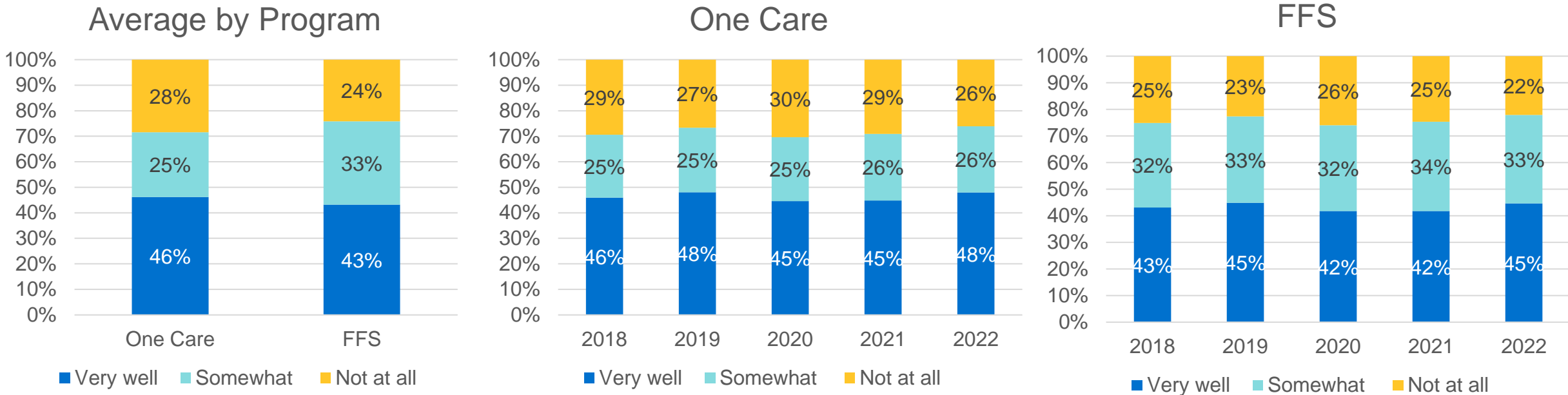


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How Well Needs Were Met for: Help Doing Things in The Community**

There was a statistically significant difference in how well the needs for help doing things in the community was met by the program but not across years:

- On average, 46% of One Care members reported their need was very well met compared to 43% of members in the FFS program.
- There was a 2% increase in the percentage of One Care members who reported their need was well met, from 46% in 2018 to 48% in 2022, and a similar increase for FFS members from 43% in 2018 to 45% in 2022.

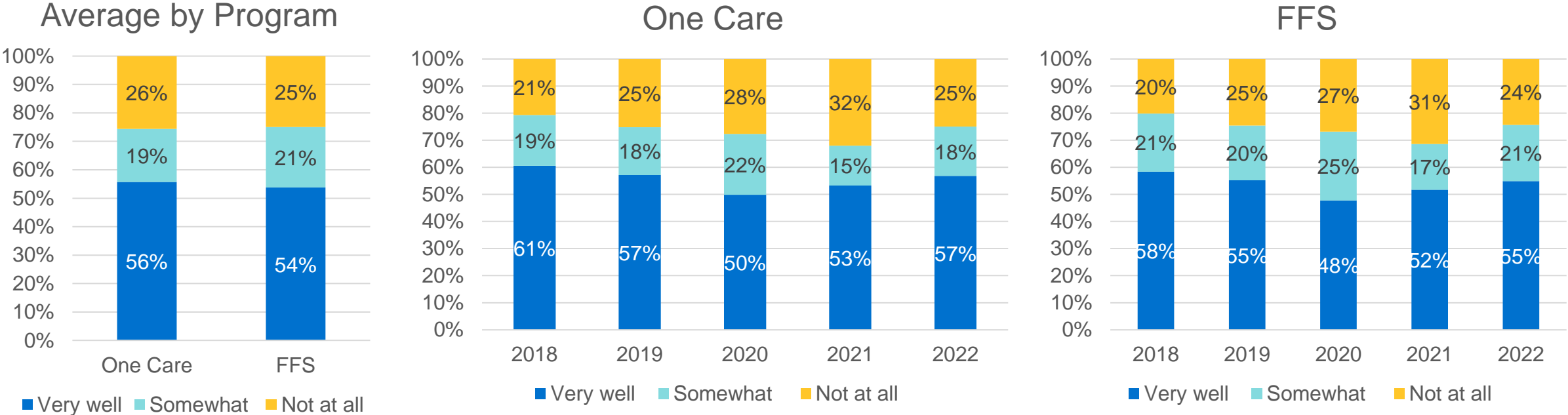


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How Well Needs Were Met for: Day Program Services^{NS}

There were no statistical differences in how well needs for day program services were met by the program or across years:

- On average, 56% of One Care members reported their need was very well met compared to 54% of members in the FFS program.
- There was a 4% decline in the percentage of One Care members who reported their need was well met, from 61% in 2018 to 57% in 2022, and by 3% for FFS members from 58% in 2018 to 55% in 2022.



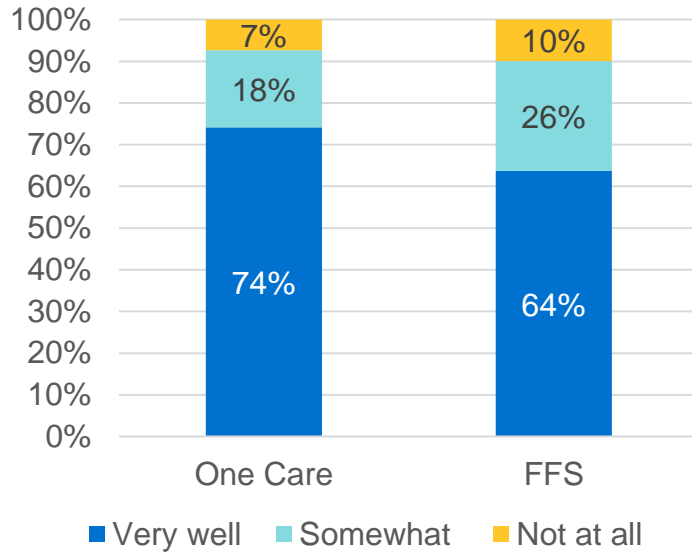
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How Well Needs Were Met for: Medical Equipment and Supplies***

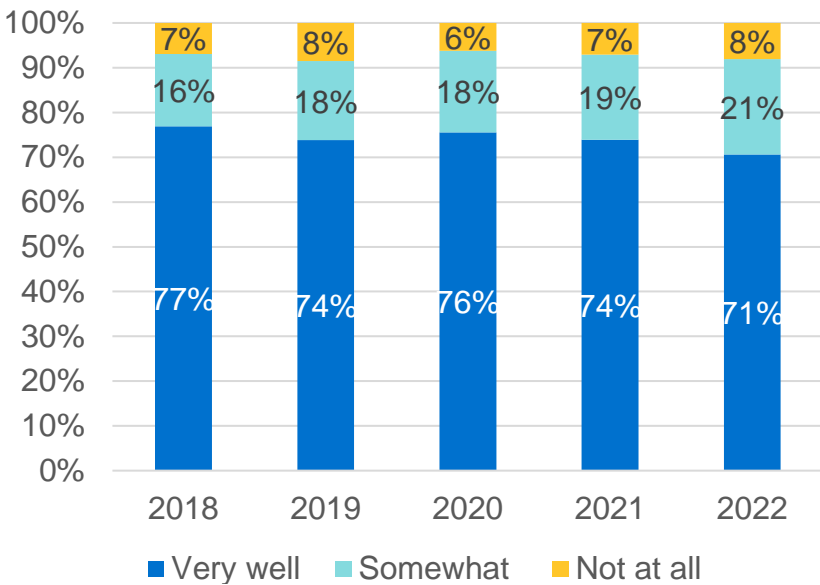
There were statistically significant differences in how well needs for medical equipment and supplies were met by the program and across years:

- On average, 74% of One Care members reported their need was very well met compared to 64% of members in the FFS program.
- There was a 6% decline in the percentage of One Care members who reported their need was well met, from 77% in 2018 to 71% in 2022, and an 8% decrease for FFS members: from 67% in 2018 to 59% in 2022.

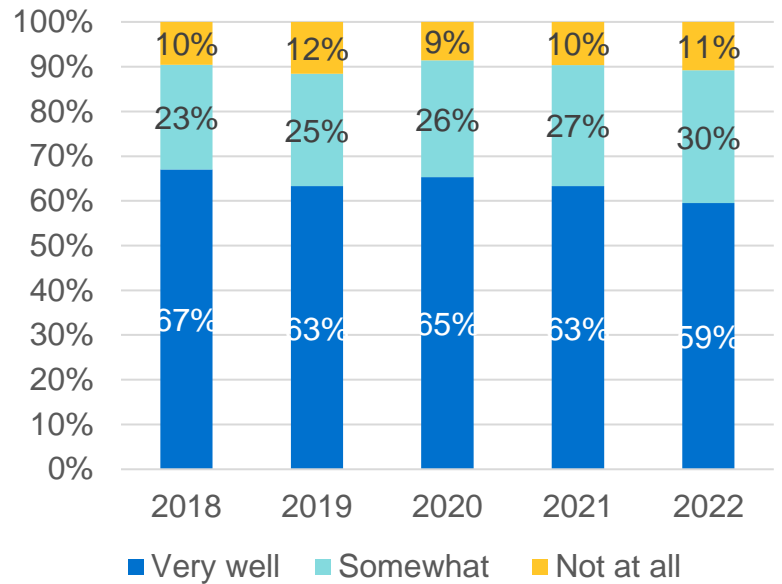
Average by Program



One Care



FFS



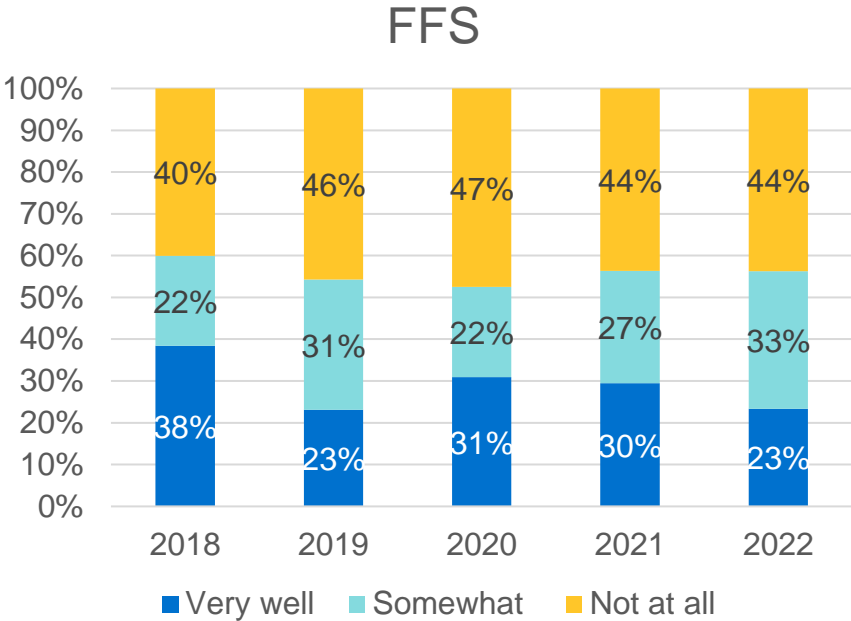
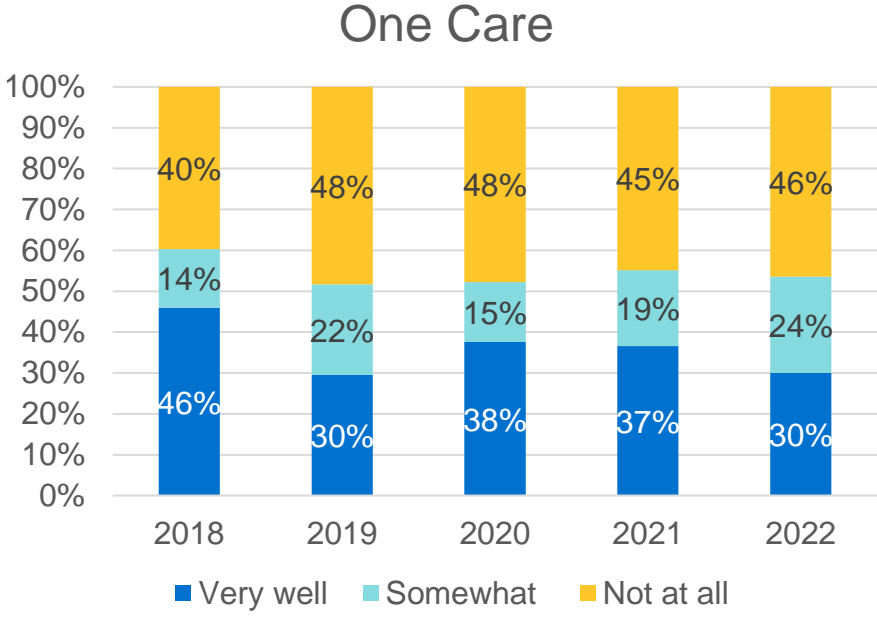
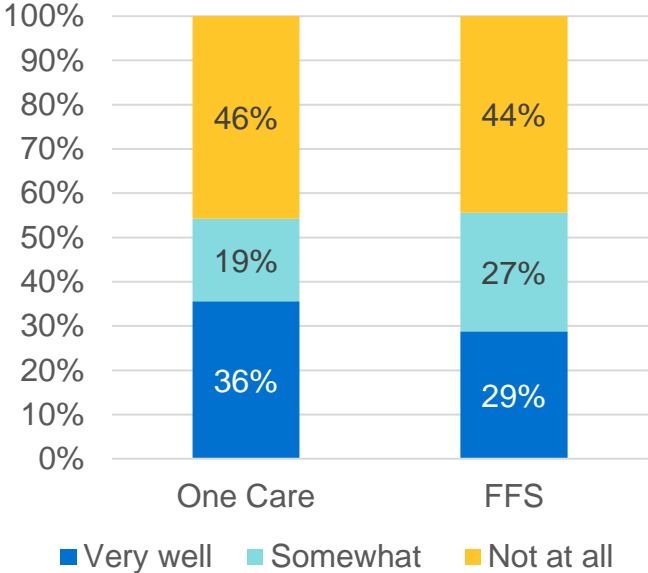
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How Well Needs Were Met for: Assistive Technology*

There was a statistically significant difference in how well needs for assistive technology was met by the program but not across years:

- On average, 36% of One Care members reported their need was very well met compared to 29% of members in the FFS program.
- There was a 16% decline in the percentage of One Care members who reported their need was well met, from 46% in 2018 to 30% in 2022, and by 15% for FFS members from 38% in 2018 to 23% in 2022.

Average by Program

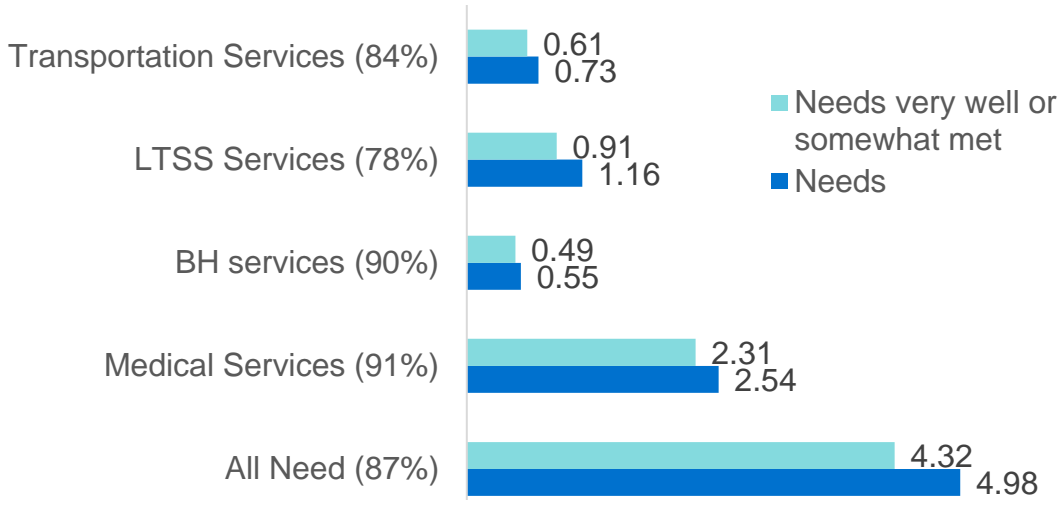


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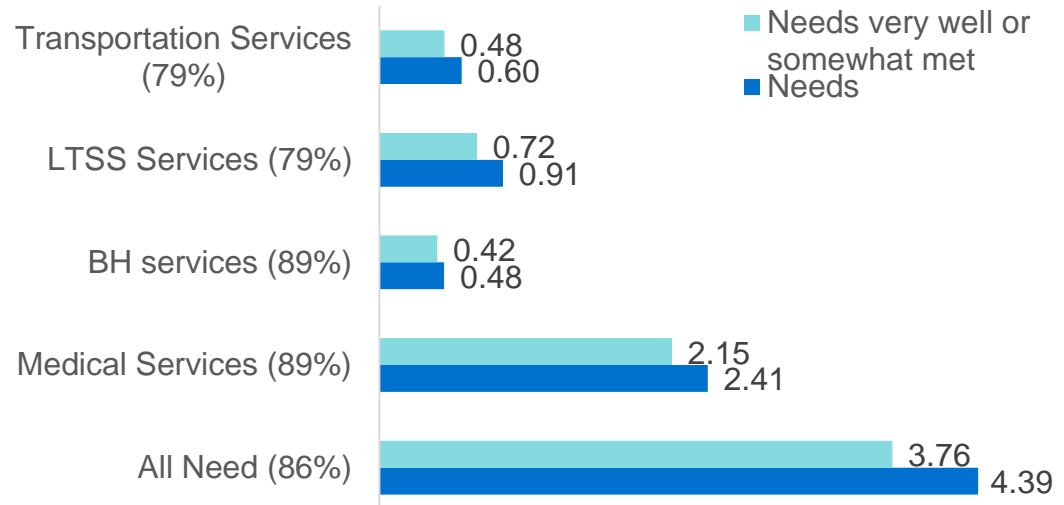
Percentage of Members Needs Well Met: Medical, BH, LTSS and Transportation Needs

- Between 2018 and 2022, an average One Care member had 4.98 medical, BH, LTSS, and transportation needs compared to 4.39 needs for an average member enrolled in the FFS program.
- On average, 87% of these needs were well or somewhat met for One Care compared to 86% for FFS members, the difference was statistically significant.

The number of needs for medical, BH, LTSS, and transportation services for an average One Care member and the number of those needs met



The number of needs for medical, BH, LTSS, and transportation services for an average FFS member and the number of those needs met



Note: **Medical services** include Specialty care, physical occupational or speech therapy, oral health or dental care, and prescription medications, **BH services** included mental health services, substance use treatment, **LTS services** include help with personal care or everyday task, medical equipment and supplies, assistive technology, doing things in the community, and day program services. **Transportation services** include transportation to medical appointments and transportation to community activities.

Q3: What impact does experience with care coordination have on the number of self-reported needs met for medical, BH, LTSS, and Transportation services for members enrolled in One Care?

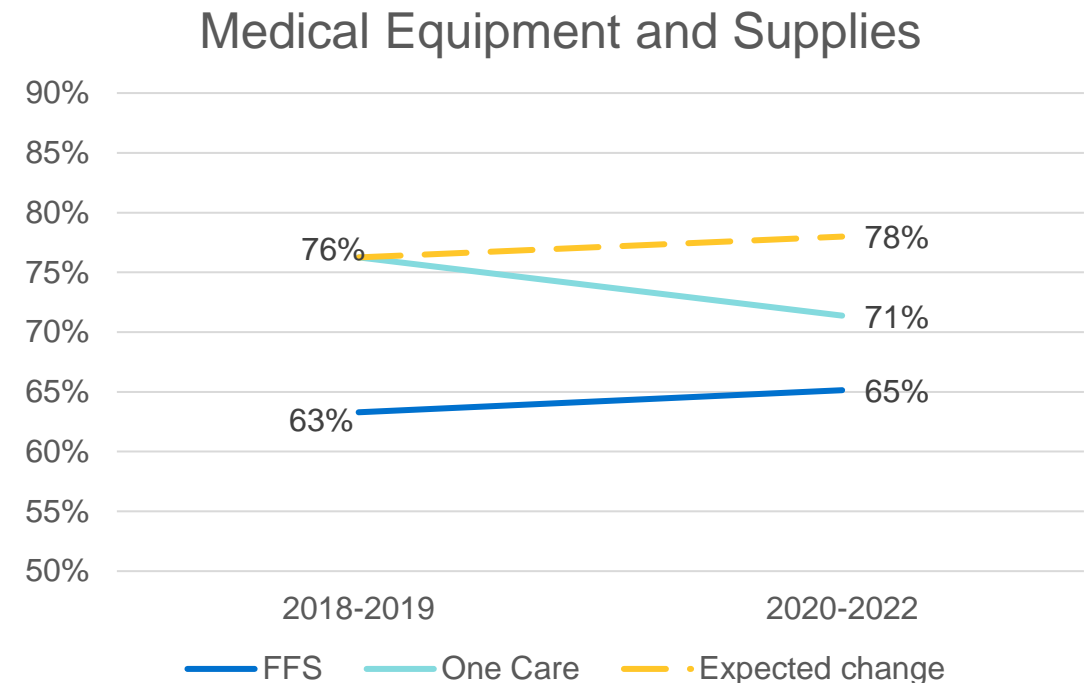
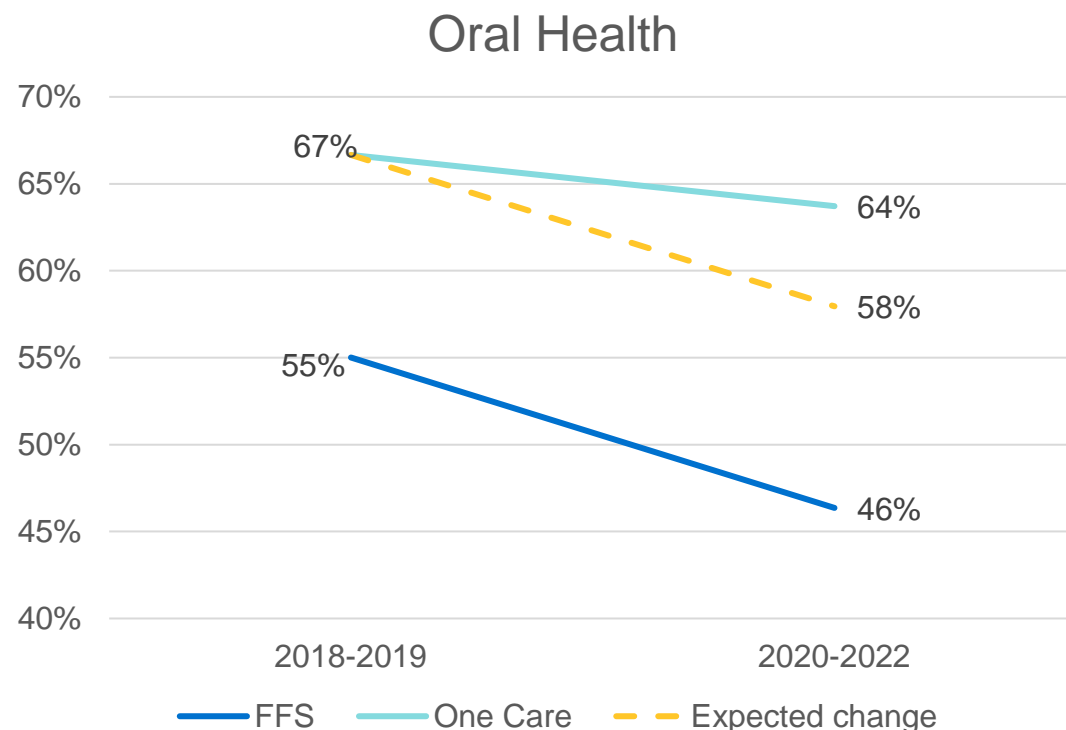
Impact of Care Coordination

- For this analysis, we focused on members who reported they had a care coordinator whom they had met within the last 12 months and members who reported they don't have a care coordinator.
- Members who met with their Care Coordinator in the last 12 months had **12% more** of their **medical, BH, LTSS, and transportation needs met** (88%) compared to One Care members who reported they don't have a care coordinator (76%).
 - Members who met with their Care Coordinator in the last 12 months had **11% more** of their **medical needs met** (93%) compared to One Care members who reported not having a care coordinator (82%).
 - Members who met with their Care Coordinator in the last 12 months had **11% more** of their **BH needs met** (92%) compared to One Care members who reported not having a care coordinator (81%).
 - Members who met with their Care Coordinator in the last 12 months had **20% more** of their **LTSS needs met** (83%) compared to One Care members who reported not having a care coordinator (63%).
 - Members who met with their Care Coordinator in the last 12 months had **15% more** of their **transportation needs met** (87%) compared to One Care members who reported not having a care coordinator (72%).
- The impact of the care coordinator was significant in assisting members get their needs met, especially for LTSS and transportation.
- All of these differences were statistically significant at $p < 0.001$.

Q4: Impact of One Care Program's Actions during the COVID-19 PHE on One Care Members Reporting their Needs were Well Met

COVID-19 Impact on Services

- There was a positive and statistically significant effect associated with One Care program action during the COVID-19 PHE, where more One Care members (6%) reported their needs for oral health and dental care were well met (64%) compared to what would have been expected (58%).
- There was a negative and statistically significant effect associated with One Care program action during the COVID-19 PHE, where fewer One Care members (-7%) reported their needs for medical equipment and supplies were well met (71%) compared to what would have been expected (78%).



Conclusions, and Policy Recommendations

Policy Recommendations

- To improve communication with members regarding the role of care coordinator and LTS-C, use multiple modalities (e.g., telephone, text, and email).
- To ensure improved access to care coordinators and providers, continue policies expanding—but not requiring—access to virtual options.
- To address low uptake of LTS-C services, ensure that these services are offered to members with significant BH needs.
- To improve access to substance use services, continue or reinstate pandemic-era policies supporting flexible access.
- To improve members' understanding of the importance of the ICP in getting their personal health care goals met, use multiple modalities (e.g., telephone, text, and email) to communicate regarding the original content of the plan and any changes needed to the ICP.
- To increase the One Care program's ability to meet members' needs for durable medical equipment and supplies, implement policies to address the shortage of durable medical equipment vendors.
- To increase the One Care program's ability to meet members' needs for assistive technology (AT) and dual-use AT, increase care coordinator and provider training on the uses and benefits of AT.

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Methodology

Survey Implementation

- Survey administered annually between January and May
- Survey administered in English and Spanish
- Implementation:
 - Two-wave mail survey
 - Five telephone follow-ups

MES survey (Reference Year)	Data collection (Year)
2018	2019
2019	2020
2020	2021
2021	2022
2022	2023

Methods: Sampling

Sample Frame

- Received MassHealth enrollment files
- Identified members enrolled as of December of the survey measurement year for 90+ days
- Selected four random samples based on members' enrollment in One Care plans (Tufts, CCA, UnitedHealth) and FFS
- Each sample was given a weight value representing the number of enrollees in each health plan

Exclusion criteria (sampling)

- Members selected for the Quality of Life Survey in the survey measurement year
- Members enrolled for less than 90 days
- Invalid contact information (e.g., phone number)
- Reside outside MA
- Reported primary language other than English or Spanish*

** Due to restrictions in survey administration. However, most of the members have English as their primary language by default, regardless of the actual primary language spoken at home*

Ineligibility criteria (survey implementation)

- Unable to complete the survey due to:
 - Physical and mental incapacity
 - Communication barriers
 - Deceased

Methods: Respondents' Characteristics

- One Care and FFS data from 2018 through 2022 were combined.
- To generalize the findings, the results were adjusted using two weights: (1) non-response, and (2) the study sample to population weight.
- Respondents' characteristics were different over the five survey years. To be able to compare the results over time, we controlled for these characteristics using ordered or multinomial regression analyses.
- The predicted values from those regressions were used to answer the four research questions.

Methods: Analyses

Q1: Experience with Care Team

- Used multinomial/logistic regressions to control for changes in members' characteristics, reported disabilities, and residence
- Compared members' healthcare experience among those enrolled in One Care to those enrolled in the FFS program using multinomial/ordered logistic regression models controlling for members' characteristics, reported disabilities, and residence
- Findings were reported as statistically significant, i.e., not explained simply by chance based on a p-value of $\leq .05$

Methods: Analyses

Q2: Medical, BH, LTSS, and Transportation Needs

- Descriptive analysis of the use/needs of medical, BH, and LTSS services, and how well those needs were met
 - Tested for change in members' needs and their perception of how well their needs were met between 2018 and 2022 using logistic and multinomial logistic regressions to control for the change in members' characteristics over time
 - Estimated the percentage of reported needs for medical, BH, and LTSS services and the percentage of medical, BH, and LTSS needs that were well met or somewhat met by One Care and FFS plans
- Since a member might have more than one need, we estimated the average numbers of medical and BH services and LTSS the member used/needed and constructed a “needs met” index to compute the percentage of all reported medical, BH, and LTSS needs that were well or somewhat met

Methods: Analyses

Q3: Impact of Care Coordination

- Generated a dummy variable to identify:
 - One Care members who reported they have a care coordinator whom they met in the last 12 months
 - One Care members who reported not having a care coordinator
- Used Ordinary Least Squares (OLS) regressions to estimate the impact of meeting with a care coordinator in the last 12 months by estimating the number of needs and the number and percentage of needs well or somewhat met for:
 - Any medical, BH, LTSS, or transportation services
 - Any medical services
 - Any BH services
 - Any LTSS services
 - Any transportation services

Methods: Analyses

Q4: Impact of One Care Program Actions during the COVID-19 PHE

- Used ordered logistic regression to derive the difference-in-differences estimates associated with how well One Care met members' needs for medical and BH services and LTSS, controlling for members' characteristics:
 - Responses to surveys conducted in 2018-2019 (n=5,494) were designated as pre-COVID, and responses to surveys conducted in 2020-2022 (n=6,899), were designated as having occurred during the COVID-19 PHE

Demographics

- Between 2018 and 2022, the One Care survey respondents had different demographics and residency except for:
 - Gender
- Between 2018 and 2022, the FFS respondents had different demographics and residency except for:
 - Race/Ethnicity
- One Care and FFS respondents were significantly different when it comes to their demographics and residency

	One Care					FFS					Difference between One Care and FFS	
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022	FFS	One Care
# Respondents	1,498	1,641	1,403	1,255	1,232	1,145	1,210	1,078	975	956	5,364	7,029
# of weighted respondents/population	5,368	6,219	6,009	5,845	6,971	14,638	13,934	18,454	16,830	16,078		
Age group												
21 TO 34	4%	3%	3%	3%	3%	4%	4%	5%	4%	3%	4%	3%
35 TO 44	10%	6%	9%	8%	9%	8%	9%	7%	8%	6%	7%	8%
45 TO 54	22%	24%	21%	21%	18%	25%	20%	18%	16%	14%	18%	21%
55 TO 64	57%	61%	59%	56%	55%	63%	66%	56%	51%	42%	55%	58%
65 +	7%	6%	9%	11%	16%	1%	0%	15%	22%	34%	15%	10%
Gender												
Male	43%	43%	38%	41%	38%	44%	41%	43%	42%	46%	44%	41%
Female	57%	57%	61%	58%	61%	55%	58%	56%	57%	53%	56%	59%
Others	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Education												
Some high school or less	18%	20%	19%	17%	18%	19%	14%	14%	13%	14%	15%	18%
High school graduate or GED	62%	60%	61%	61%	60%	64%	66%	67%	67%	64%	66%	61%
4-year college or more	12%	11%	9%	12%	10%	10%	12%	13%	14%	13%	12%	11%
Missing	8%	9%	11%	10%	12%	7%	8%	6%	6%	10%	7%	10%
Primary Language												
English	76%	72%	72%	77%	76%	84%	82%	83%	86%	81%	83%	75%
Spanish	13%	17%	15%	12%	10%	6%	7%	6%	6%	5%	6%	14%
Others	2%	2%	3%	2%	2%	2%	3%	2%	2%	3%	2%	2%
Missing	9%	9%	10%	9%	11%	7%	8%	8%	7%	11%	8%	10%
Race/Ethnicity												
White (non-Hispanic)	56%	54%	55%	58%	57%	74%	73%	75%	75%	72%	74%	56%
Hispanic or Latino	23%	25%	25%	20%	21%	11%	11%	11%	10%	10%	11%	23%
Black (non-Hispanic)	12%	12%	12%	12%	11%	5%	5%	4%	7%	6%	6%	12%
Others	6%	6%	5%	6%	7%	7%	8%	6%	6%	7%	7%	6%
Missing	2%	3%	3%	4%	4%	2%	3%	3%	3%	4%	3%	3%
Region of residency												
Western Region	26%	27%	30%	29%	24%	25%	29%	40%	41%	26%	33%	27%
Central Region	17%	15%	16%	15%	15%	9%	9%	9%	8%	12%	9%	16%
Northeast Region	20%	21%	19%	18%	19%	15%	13%	13%	12%	16%	14%	19%
Metro West Region	14%	14%	13%	12%	15%	9%	9%	10%	10%	12%	10%	14%
Southeast Region	6%	6%	8%	11%	15%	36%	32%	23%	24%	26%	28%	9%
Boston Region	17%	17%	14%	14%	13%	6%	7%	6%	5%	8%	7%	15%

Notes:
 Results presented at the population level.
 NS denotes not statistically significant
 * P-value < 0.05
 ** P value < 0.01
 *** P-value < 0.001

Respondents' Reported Disabilities or Health Conditions

- Between 2018 and 2022, similar percentages of One Care respondents reported specific disabilities and health conditions except for the following conditions:
 - A problem with alcohol or drug use
 - Long-term illness
- Between 2018 and 2022, similar percentages of FFS respondents reported similar disabilities and health conditions, except for the following conditions:
 - Physical disabilities
 - Mental or psychiatric problems
 - Problem with alcohol or drug use
 - Learning disability
 - Reported two or more disabilities
- Between 2018 and 2022, similar percentages of FFS and One Care respondents reported similar disabilities and health conditions, except for the following conditions:
 - Mental or psychiatric problems
 - Learning disability
 - Visual impairment or blindness
 - Hearing loss or deafness (higher among FFS members)
 - Reported two or more disabilities

Reported Disabilities and Health Conditions [§]	One Care						FFS						Difference between One Care and FFS		
	2018	2019	2020	2021	2022		2018	2019	2020	2021	2022		FFS	One Care	
Physical disabilities	59%	60%	60%	60%	60%	NS	62%	62%	59%	58%	54%	**	59%	60%	NS
Mental or psychiatric problems	64%	65%	65%	64%	63%	NS	60%	62%	58%	60%	53%	**	58%	64%	**
Problems with alcohol or drug use	9%	6%	8%	6%	6%	**	8%	8%	6%	6%	4%	**	6%	7%	NS
Long-term illness	53%	56%	55%	61%	53%	**	53%	54%	57%	55%	53%	NS	54%	56%	NS
Developmental disability	9%	10%	11%	12%	11%	NS	11%	12%	12%	9%	11%	NS	11%	10%	NS
Learning disability	24%	24%	23%	25%	24%	NS	24%	24%	23%	19%	19%	**	22%	24%	**
Visual impairment or blindness	29%	29%	28%	28%	31%	NS	24%	28%	24%	25%	22%	NS	25%	29%	**
Hearing loss or deafness	15%	16%	14%	15%	15%	NS	16%	19%	17%	17%	17%	NS	17%	15%	**
Two or more reported disabilities	89%	90%	88%	89%	86%	NS	92%	92%	92%	91%	85%	***	90%	88%	**

Notes: NS denotes not statistically significant; ** P-value <0.01

[§]The percentage includes those in the stated disability category only