Findings from the One Care Member Experience Surveys 2019-2022

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at UMass Chan Medical School

Presented to:

One Care Implementation Council Meeting

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Report Background

- 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 offers additional services compared to the fee-for-service (FFS) program:

  - Individualized Care Plan (ICP)

  - Care Coordinator

  - Long Term Supports Coordinator (LTS-C)

Report Background – 2

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

- For a sample of One Care members since 2017
- For a sample of working-age dual eligible members enrolled in FFS since 2019

Questions Covered in Member Experience Surveys

Questions Covered in One Care Survey	Questions Covered in Both One Care and FFS Surveys

• Reason for and ease of enrollment in One Care
 	
• Members' care team and satisfaction with their care team
    ▪ Care Coordinator
    ▪ LTS-C
 	
• Utilization of ICP
 	
• Assessment and care planning process
	• Members' care team (primary care provider/personal doctor) and satisfaction with their care team
	
	• Assessment of medical and long-term services and supports (LTSS) needs and how well those needs were met
	
	• Overall satisfaction with healthcare experience

COVID-19 Public Health Emergency

- In March 2020, COVID-19 was declared a Public Health Emergency (PHE)
- 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

Research Questions

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Q1: How well did One Care members rate their experience with their primary care provider compared to FFS members?

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

Q3: What was the impact of the One Care program's actions during the COVID-19 Public Health Emergency (PHE) on members' reports of how well One Care medical and behavioral health services and LTSS met their needs?

Note: All results were weighted and reported at the population level

Survey Implementation

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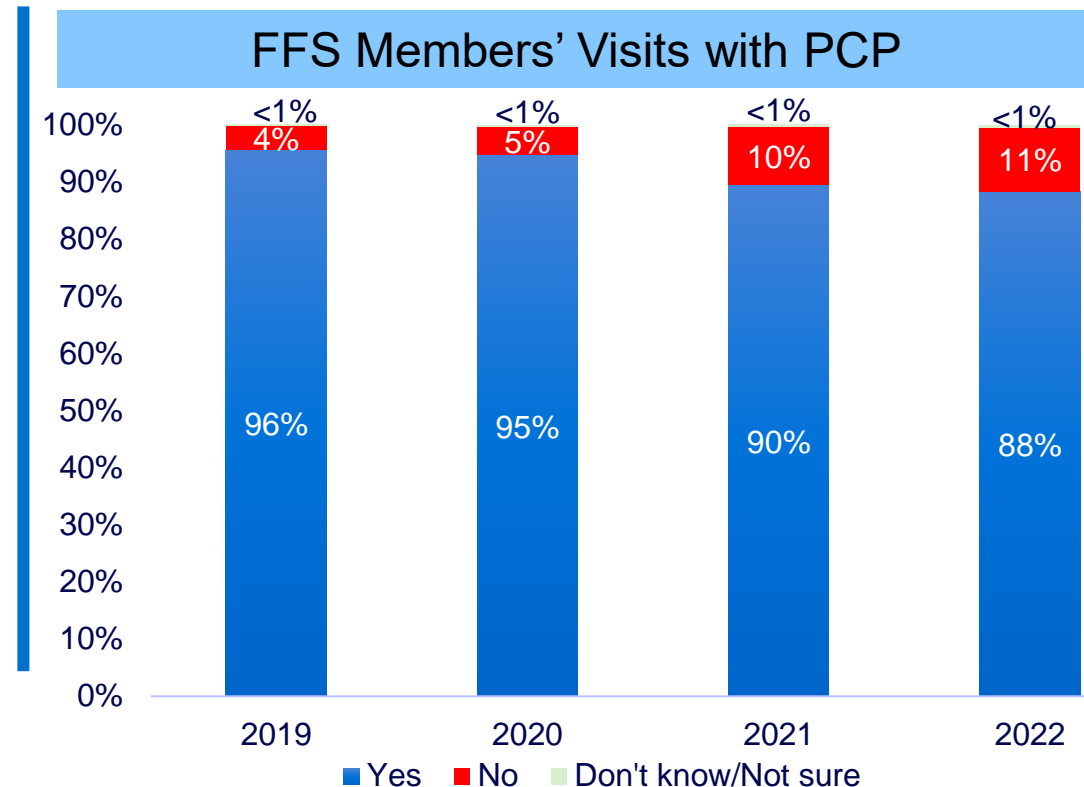 - Five telephone follow-ups

Results

Response Rate

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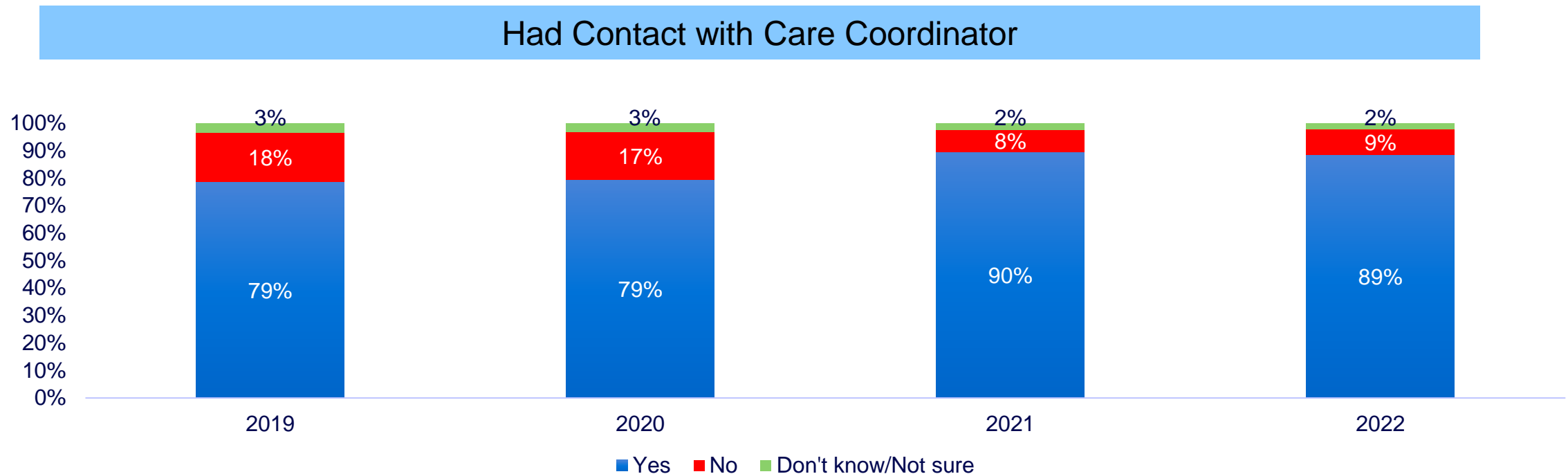| Survey implementation year | Number of respondents | Response rate | Response rate by program | |
		Overall	One Care	FFS
2019	2,646	38.4%	38.0%	38.8%
2020	2,853	41.4%	41.7%	41.0%
2021	2,485	36.1%	35.7%	36.5%
2022	2,234	32.4%	32.0%	33.0%

Q1: Experience with Care Team

Experience with Primary Care Provider or Personal Doctor

- **Between, 2019 and 2022, on average, 96% of One Care and FFS members had a primary care provider (PCP) or personal doctor and the majority reported visiting their PCPs in the last 12 months**

  - There was a slight, but significant, decline in members' visits to their PCP in 2021 and 2022 – a period that overlaps with the COVID-19 Public Health Emergency period. A similar pattern was seen among FFS members

One Care Members' Visits with PCP

	2019	2020	2021	2022
Don't know/Not sure	<1%	<1%	<1%	<1%
No	4%	5%	10%	9%
Yes	95%	94%	89%	90%

FFS Members' Visits with PCP

	2019	2020	2021	2022
Don't know/Not sure	<1%	<1%	<1%	<1%
No	4%	5%	10%	11%
Yes	96%	95%	90%	88%

Legend: ■ Yes ■ No ■ Don't know/Not sure

Questions
Do you have a doctor or nurse you see as your Primary Care Provider (PCP)?
Have you had a phone, video or in-person visit with your Primary Care Provider in the past 12 months?

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Care Coordination

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- **Between 2019 and 2022, an average of 77% of One Care members reported having a Care Coordinator (data not shown)**
  - On average, 10% of members reported not having a Care Coordinator while 13% of members did not know whether they had a Care Coordinator
- **The majority of those who reported having a Care Coordinator said they had met with their Care Coordinator in the last 12 months**
  - There was a **significant increase** in the percentage of members who had contact with their Care Coordinator during 2021 and 2022, the period of the COVID-19 PHE, as shown in the chart below.

Had Contact with Care Coordinator

Year	Yes	No	Don't know/Not sure
2019	79%	18%	3%
2020	79%	17%	3%
2021	90%	8%	2%
2022	89%	9%	2%

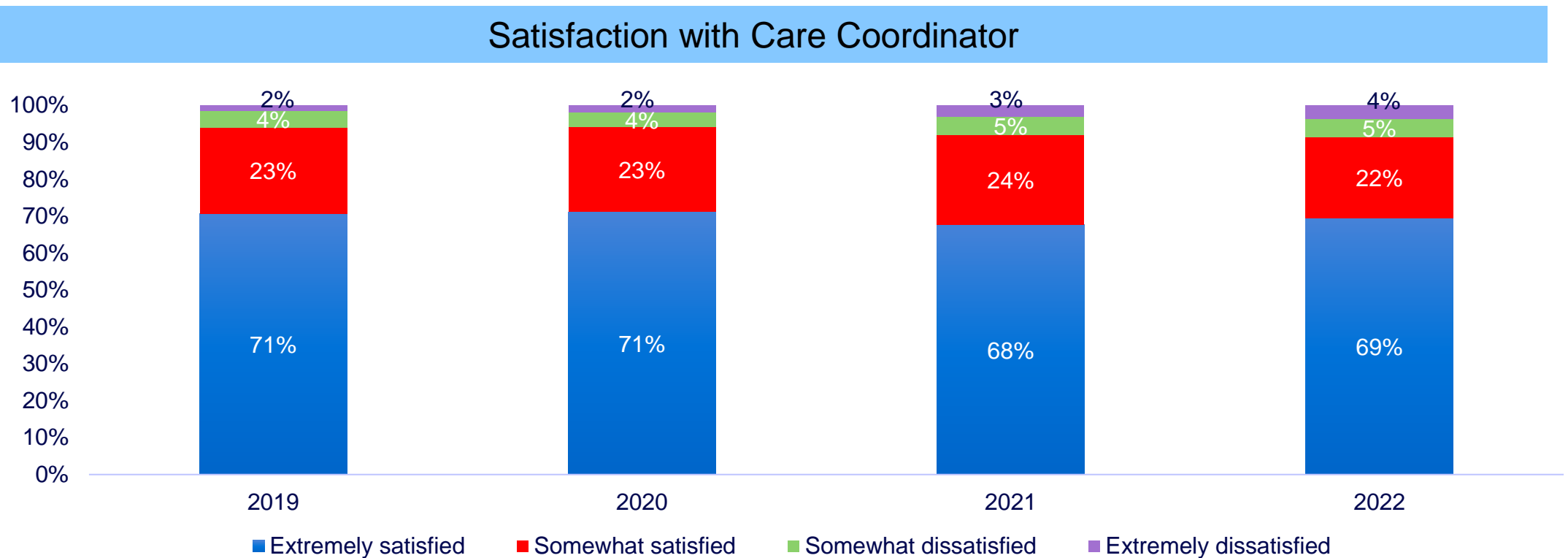■ Yes ■ No ■ Don't know/Not sure

Questions:
Do you have a Care Coordinator/Manager under your One Care plan?
Have you had a phone, video or in-person meeting with your Care Coordinator/Manager in the past 12 months?
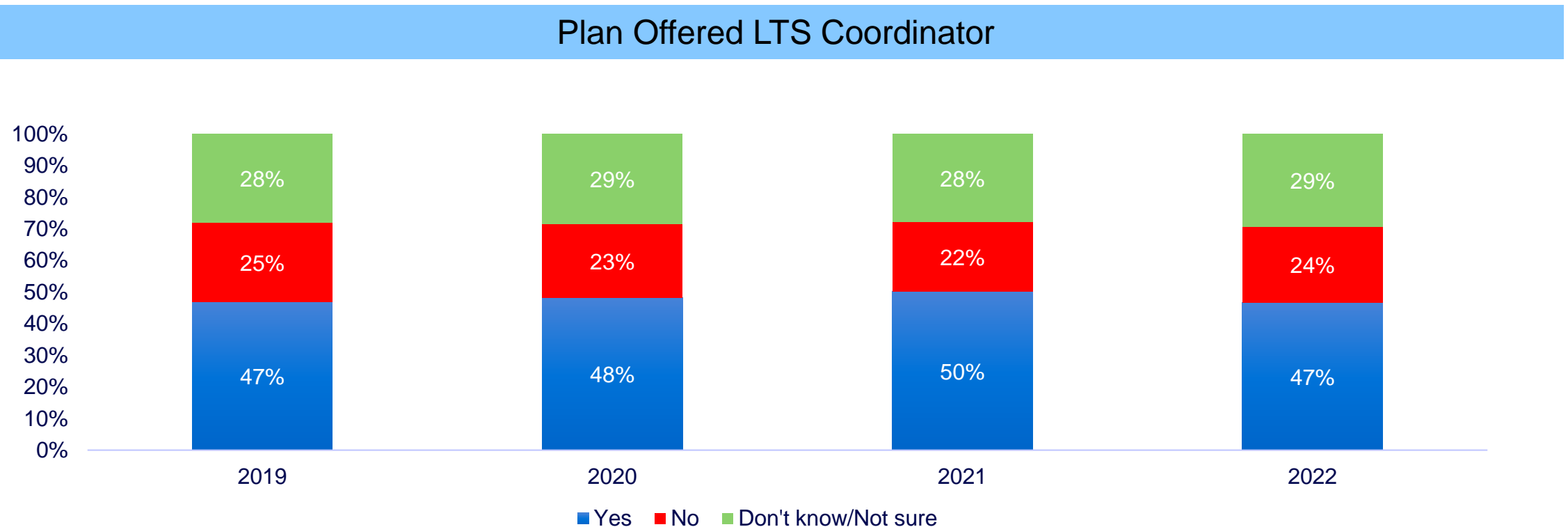
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Care Coordination-2

- **On average, the majority of One Care members who had a visit with their Care Coordinator were either extremely satisfied (70%) or somewhat satisfied (23%) with their Care Coordinator**
  - The results were consistent between 2019 and 2022

Satisfaction with Care Coordinator

	2019	2020	2021	2022
Extremely dissatisfied	2%	2%	3%	4%
Somewhat dissatisfied	4%	4%	5%	5%
Somewhat satisfied	23%	23%	24%	22%
Extremely satisfied	71%	71%	68%	69%

■ Extremely satisfied ■ Somewhat satisfied ■ Somewhat dissatisfied ■ Extremely dissatisfied

Question:
How satisfied are you with your Care Coordinator?

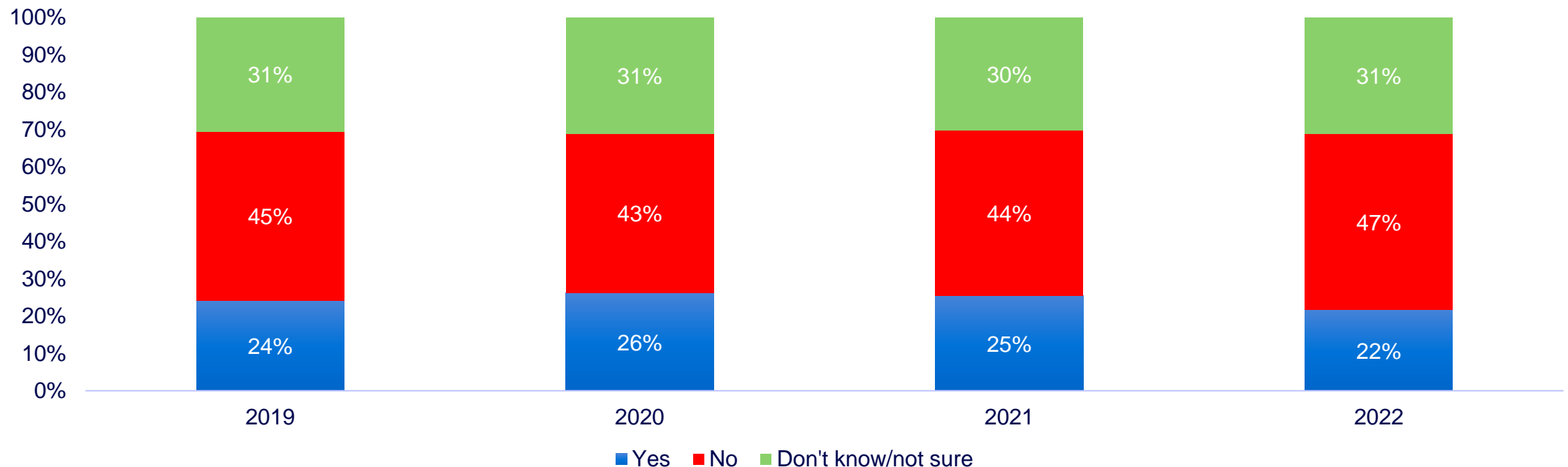# Long Term Supports Coordinator (LTS-C)

- **Between 2019 and 2022, on average, 48% of One Care members reported their One Care Plan offered an LTS-C in addition to a Care Coordinator**
    - On average, 28% of One Care members did not know or were not sure if their plan offered a LTS-C in addition to a Care Coordinator

Plan Offered LTS Coordinator

	2019	2020	2021	2022
Don't know/Not sure	28%	29%	28%	29%
No	25%	23%	22%	24%
Yes	47%	48%	50%	47%

■ Yes ■ No ■ Don't know/Not sure

Question:
Did your One Care plan offer you an **LTS Coordinator** in addition to a Care Coordinator/Manager?

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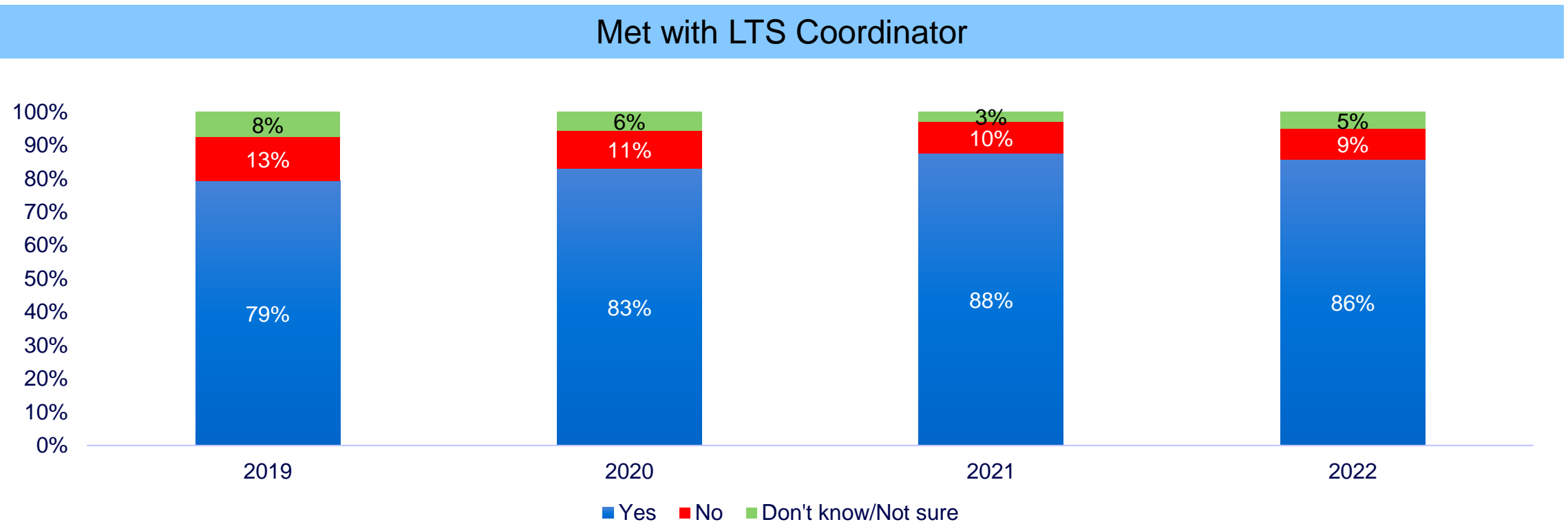# Long Term Supports Coordinator (LTS-C)-2

- **Between 2019 and 2022, an average of 24% of One Care members reported having an LTS-C in addition to a Care Coordinator**
  - On average, 31% of One Care members did not know or were not sure if they have an LTS-C in addition to a Care Coordinator

Had LTS Coordinator

	2019	2020	2021	2022
Don't know/not sure	31%	31%	30%	31%
No	45%	43%	44%	47%
Yes	24%	26%	25%	22%

■ Yes ■ No ■ Don't know/not sure

Question:
Do you have an **LTS Coordinator** in addition to a Care Manager?

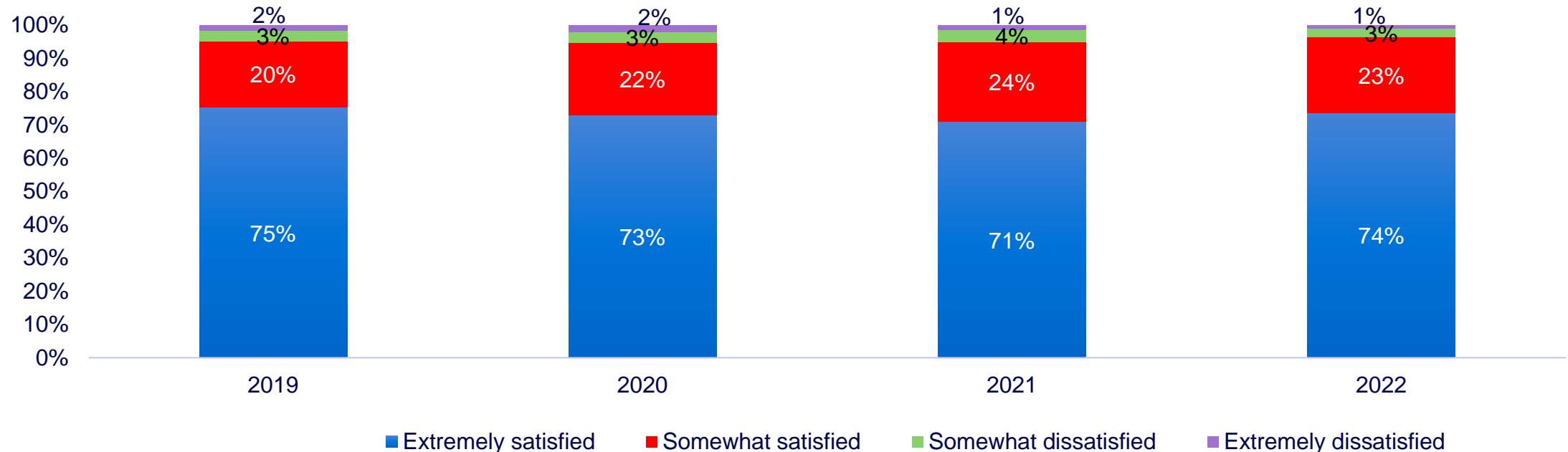# Long Term Supports Coordinator (LTS-C)- 3

- **Among members who reported having an LTS-C, an average of 84% reported having contact with their LTS-C during the past 12 months**
  - There was a slight increase in members who met with their LTS-C in 2021 and 2022, a period that coincided with the COVID-19 PHE period. This increase was not significant.

Met with LTS Coordinator

	2019	2020	2021	2022
Don't know/Not sure	8%	6%	3%	5%
No	13%	11%	10%	9%
Yes	79%	83%	88%	86%

■ Yes ■ No ■ Don't know/Not sure

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

Long Term Supports Coordinator (LTS-C)- 4

- **On average, the majority of One Care members who had a visit with their LTS-C were either extremely satisfied (73%) or somewhat satisfied (22%) with their LTS-C.**
    - The results were consistent between 2019 and 2022 and there was no significant change in satisfaction level during the study period.

Satisfaction with LTS Coordinator

Year	Extremely satisfied	Somewhat satisfied	Somewhat dissatisfied	Extremely dissatisfied
2019	75%	20%	3%	2%
2020	73%	22%	3%	2%
2021	71%	24%	4%	1%
2022	74%	23%	3%	1%

Legend: ■ Extremely satisfied ■ Somewhat satisfied ■ Somewhat dissatisfied ■ Extremely dissatisfied

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

Individualized Care Plan

- Between 2019 and 2022, nearly half of One Care members (53%) reported having an ICP, however, 26% did not know or were not sure if they have one

- For those who reported having an ICP, the majority (80%) reported having their ICP updated within the last 12 months and agreed with what is in their ICP (92%)

    - However, only 62% reported their Care team discussed ways to change a member's ICP if needed, and 15% did not know or were not sure if the care team discussed this option

- In general, those who have an ICP completely agreed (77%) or agreed somewhat (19%) their ICP includes services they need

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 your Care Team discuss ways to change your Individualized Care Plan, if needed?
Overall, my Individualized Care Plan includes the services I need.

Q2: Medical and LTSS Needs

Use and Need for Medical Services

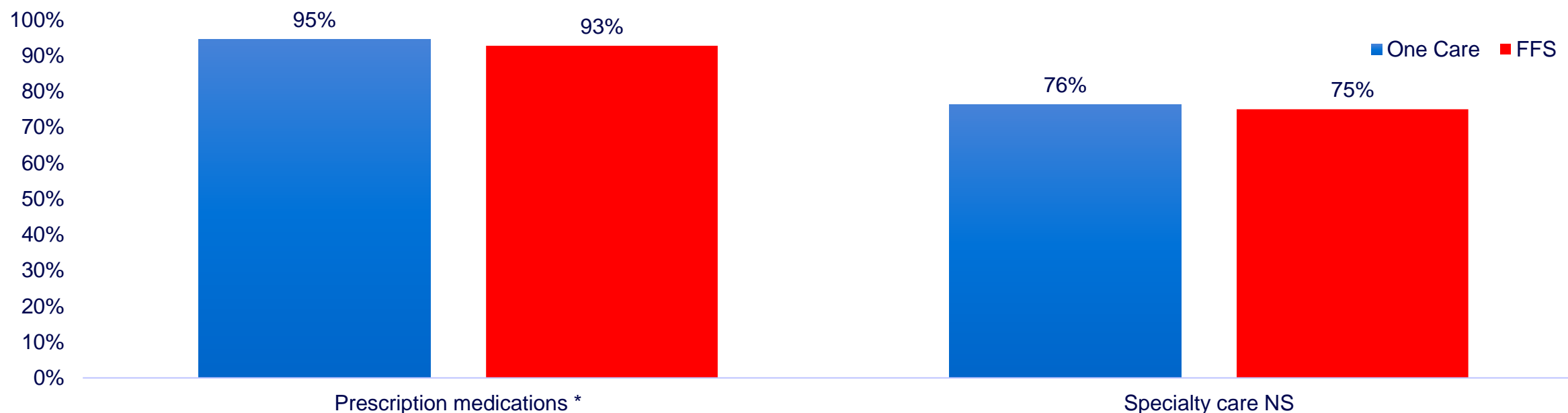*forHealth* ™ **CONSULTING** at UMass Chan Medical School

Between 2019 and 2022, One Care members' needs for medical services were consistent. On average:

- 95% used or needed prescription medication

- 76% used or needed specialty care

Between 2019 and 2022, FFS members' needs for medical services were consistent. On average:

- 93% used or needed prescription medication

- 75% used or needed specialty care

We found statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for medical services except for specialty care

Legend: ■ One Care ■ FFS

Prescription medications *: One Care 95%, FFS 93%

Specialty care NS: One Care 76%, FFS 75%

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

Use and Need for Medical Services-2

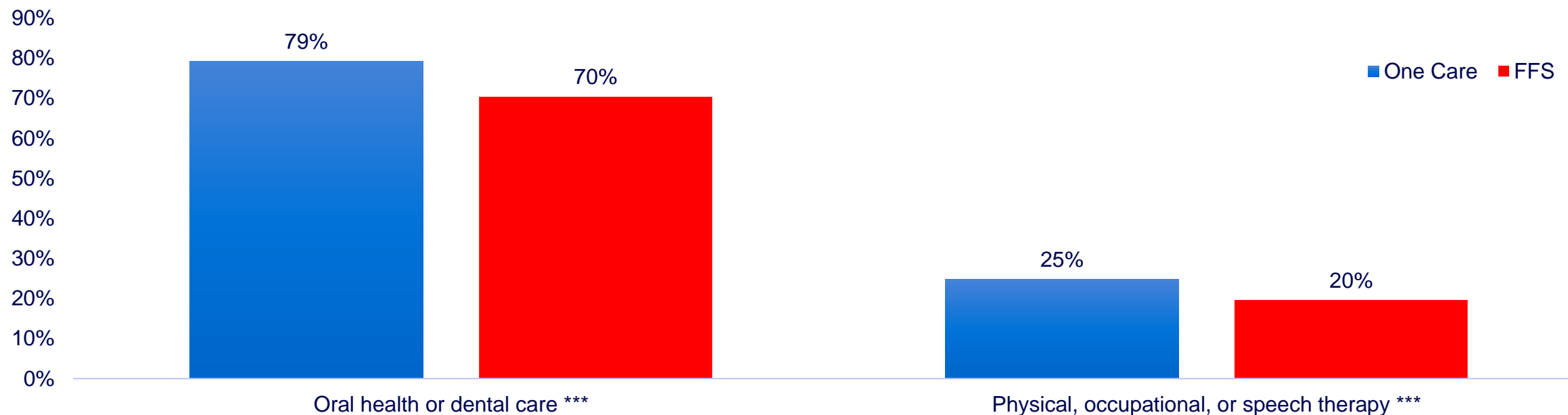forHealth™ at UMass Chan Medical School
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Between 2019 and 2022, One Care members' needs for medical services were consistent. On average:

- 79% used or needed oral health/dental care
- 25% used or needed physical, occupational or speech therapy

Between 2019 and 2022, FFS members' needs for medical services were consistent. On average:

- 70% used or needed oral health/dental care
- 20% used or needed physical, occupational or speech therapy

We found statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for medical services except for specialty care

Legend: ■ One Care ■ FFS

Oral health or dental care ***: One Care 79%, FFS 70%
Physical, occupational, or speech therapy ***: One Care 25%, FFS 20%

* Denotes significance level of <0.05,*** significance level of <0.0001, and NS denotes not statistically significant
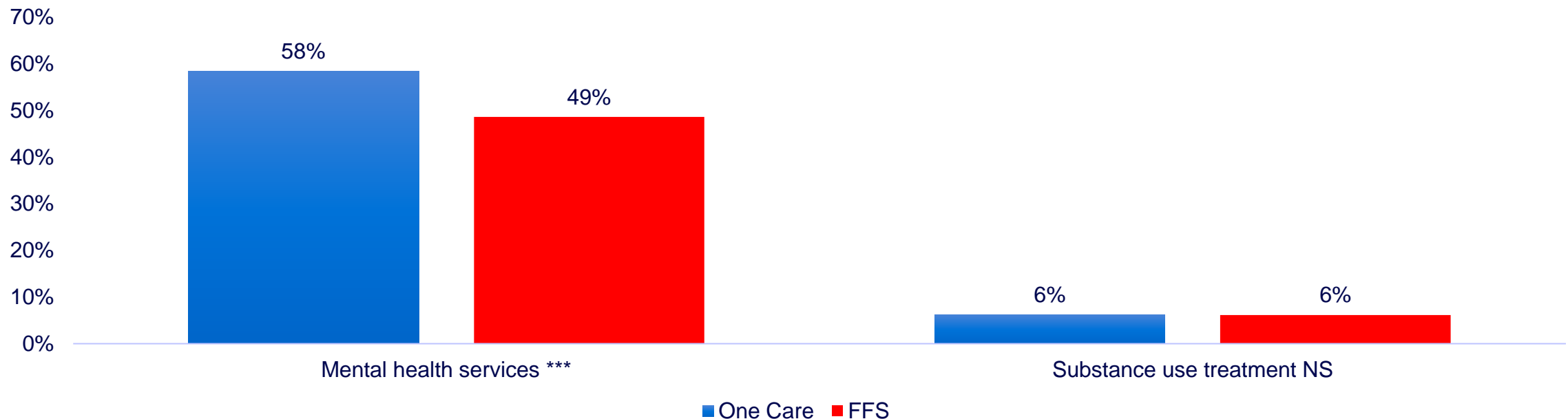
Use and Need for Mental Health and Substance Use Services

Between 2019 and 2022, the needs for mental health and substance use treatment were consistent. On average:

- 58% of One Care members used or needed mental health services

- 49% of FFS members used or needed mental health services

We found no statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for substance use treatment

- 6% of dual eligible members needed substance use treatment

Bar chart showing: Mental health services *** — One Care 58%, FFS 49%; Substance use treatment NS — One Care 6%, FFS 6%.

Legend: One Care (blue), FFS (red)

*** Denotes a significance level of <0.0001 and NS denotes not statistically significant

Use and Need for LTSS

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Between 2019 and 2022, One Care members needs for long-term services and supports were consistent.
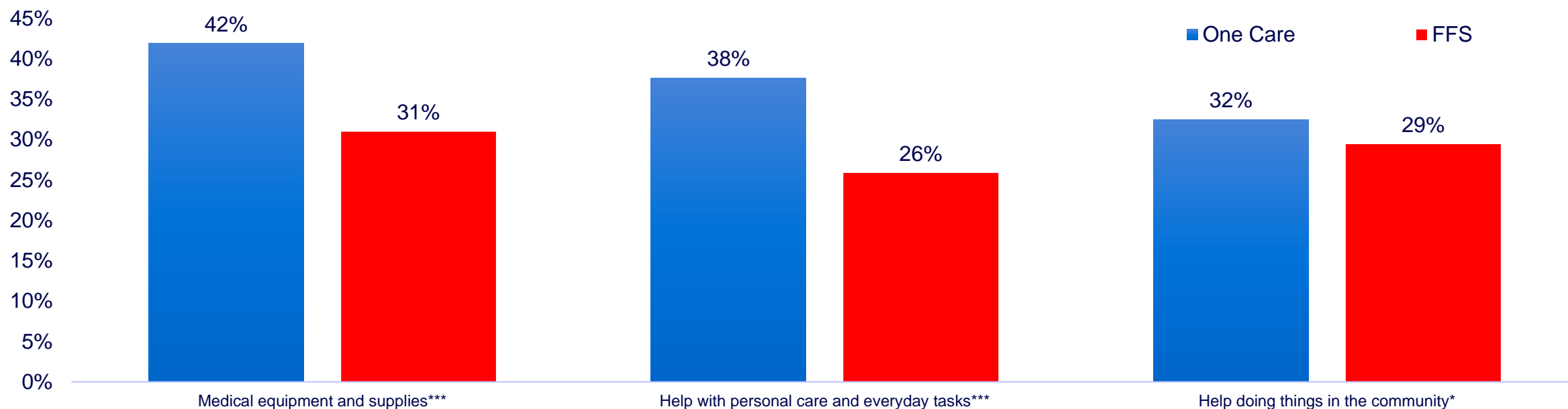
On average:

- 42% used or needed medical equipment and supplies

- 38% needed help with personal care and everyday tasks

- 32% needed help doing things in the community

Between 2019 and 2022, FFS members' needs for long-term services and supports were consistent.

On average:

- 31% used or needed medical equipment and supplies

- 26% needed help with personal care and everyday tasks

- 29% needed help doing things in the community

We found statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for LTSS

Legend: One Care (blue), FFS (red)

	One Care	FFS
Medical equipment and supplies***	42%	31%
Help with personal care and everyday tasks***	38%	26%
Help doing things in the community*	32%	29%

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* denotes significance level of <0.05, ** significance level of <0.001, *** significance level of <0.0001

Use and Need for LTSS-2

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Between 2019 and 2022, One Care members' needs for long-term services and supports were consistent.
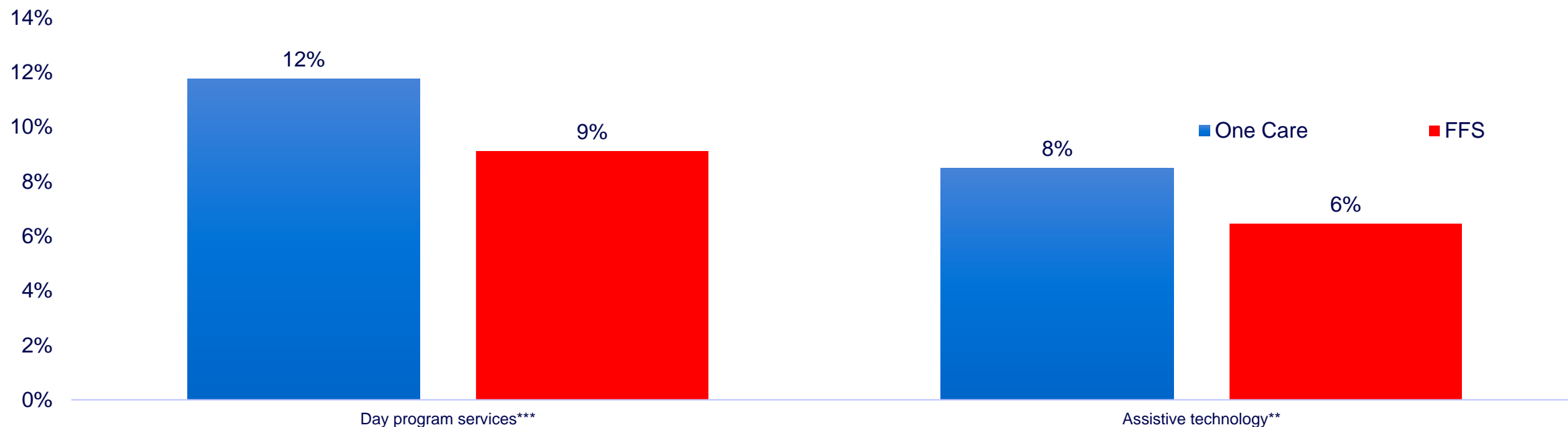
On average:

- 12% needed help with day program services

- 8% needed help with assistive technology

Between 2019 and 2022, FFS members' needs for long-term services and supports were consistent.

On average:

- 9% needed help with day program services

- 6% needed help with assistive technology

We found statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for LTSS

■ One Care   ■ FFS

Day program services***

Assistive technology**

* denotes significance level of <0.05, ** significance level of <0.001, *** significance level of <0.0001

Use and Need Transportation

Between 2019 and 2022, One Care members' needs for long-term services and supports were consistent.

On average:

- 36% needed help with transportation to community activities

- 47% used or needed transportation to medical services. We found a significant difference in the use of these services in 2021 and 2020, most likely due to the COVID-19 PHE

Between 2019 and 2022, FFS members' needs for long-term services and supports were consistent.
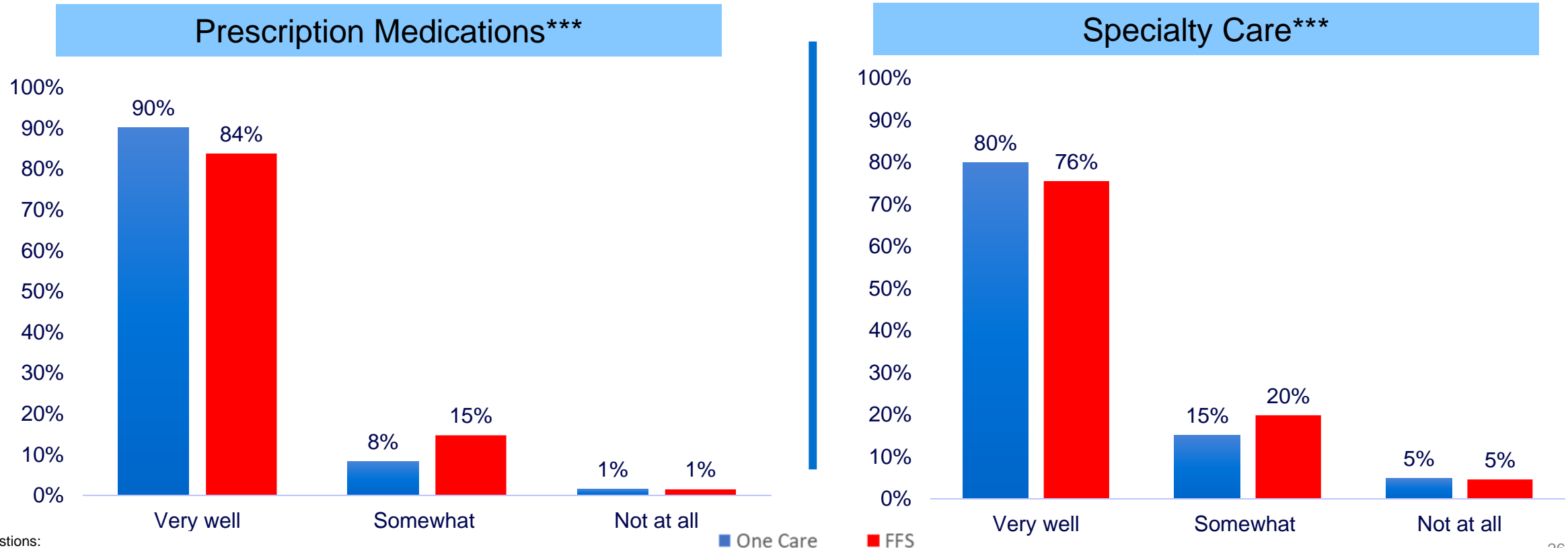
On average:

- 30% needed help with transportation to community activities

- 38% used or needed transportation to medical services. We found a significant difference in the use of these services in 2021 and 2020, most likely due to the COVID-19 PHE

We found statistically significant differences between One Care and the FFS program when it comes to members' use of and needs for transportation services

Help with transportation to community activities***

Help with transportation to medical services***

25

*** denotes a significance level of <0.0001
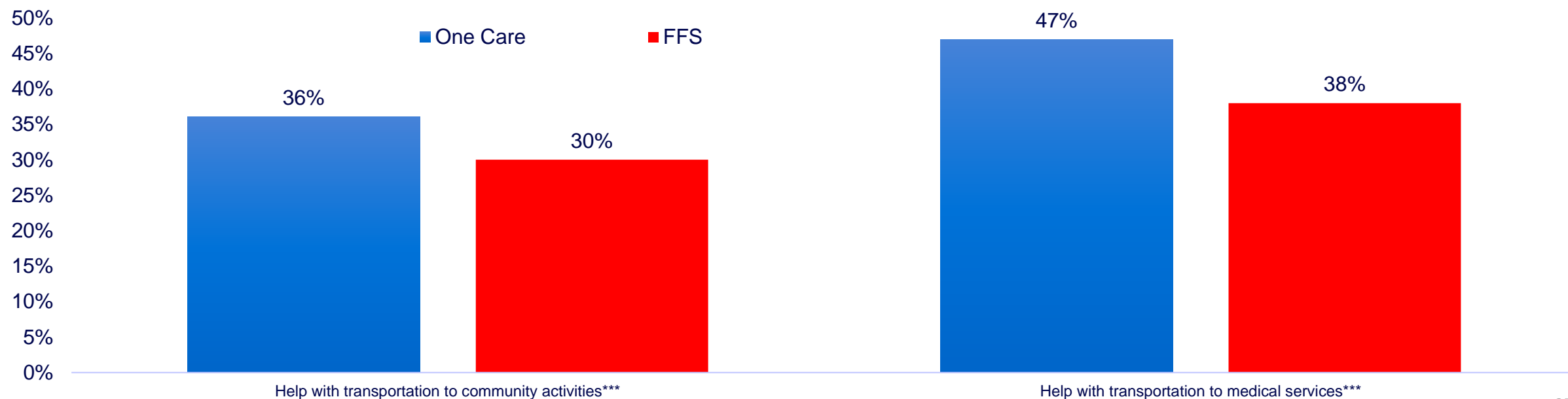
Meeting Needs for Medical Services

- **Between 2019 and 2022, we found significant differences in how well medical needs were met among One Care members versus FFS members for the following services:**

  - Prescription medication: 90% of needs for prescription medication were very well met among those enrolled in One Care compared to 84% in the FFS program

  - Specialty care: 80% of needs for specialty care were very well met among those enrolled in One Care compared to 76% in the FFS program

Prescription Medications***

Response	One Care	FFS
Very well	90%	84%
Somewhat	8%	15%
Not at all	1%	1%

Specialty Care***

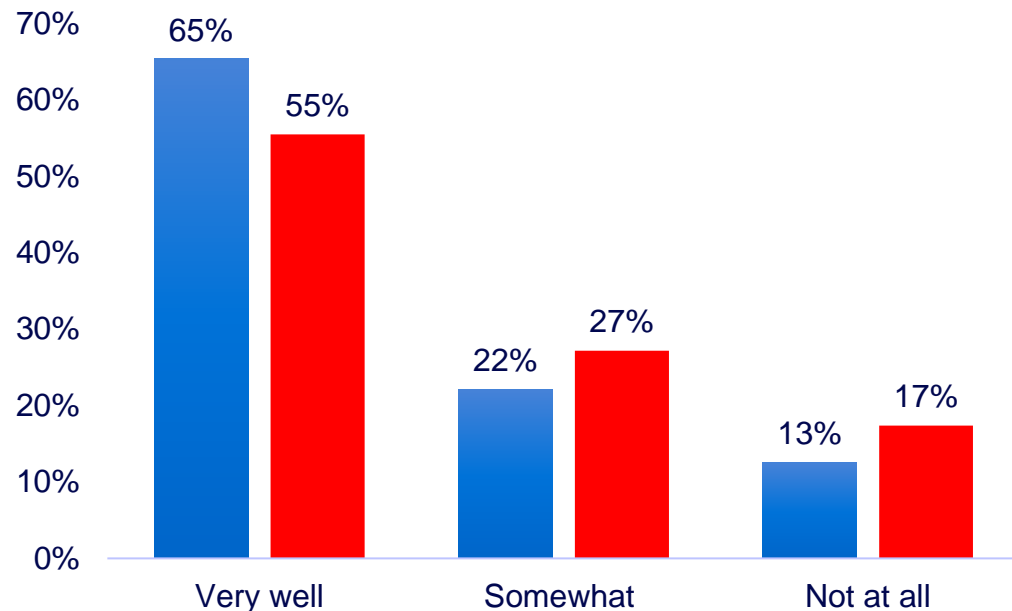| Response	One Care	FFS
Very well	80%	76%
Somewhat	15%	20%
Not at all	5%	5%

■ One Care ■ FFS

Questions:
How well does your One Care plan meet your needs for prescription medications?
How well does your One Care plan meet your needs for a specialist?

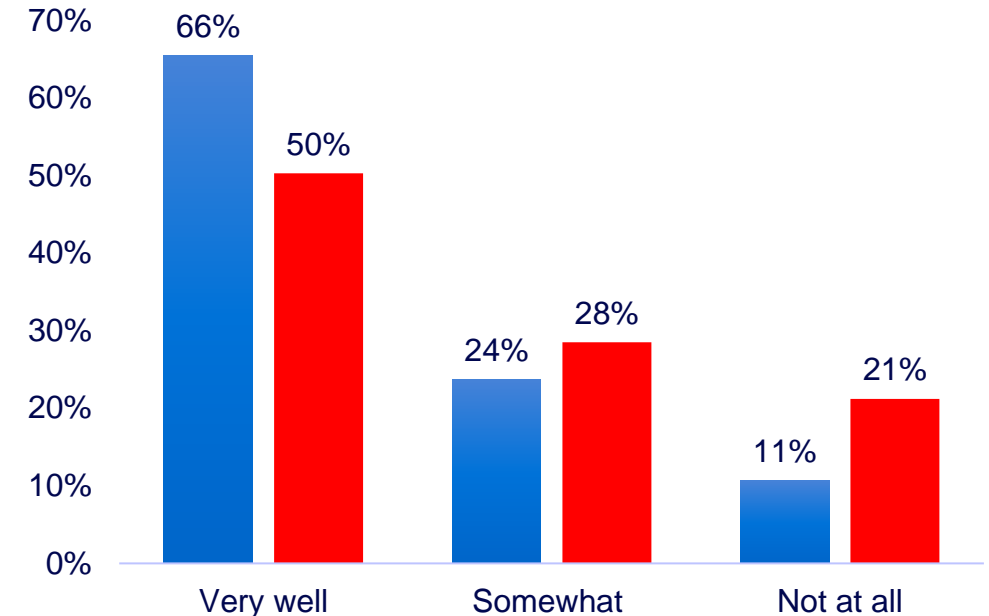*** denotes a significance level of <0.0001

Meeting Needs Medical Services-2

- **Between 2019 and 2022, we found significant differences in how well medical needs were met among One Care members versus FFS members for the following services:**

  - On average, 65% of needs for physical therapy (PT), occupational therapy (OT) or speech therapy services were very well met among those enrolled in One Care compared to 55% in the FFS program

  - On average, 66% of needs for oral health/dental care services were very well met among those enrolled in One Care compared to 50% in the FFS program

PT, OT or Speech Therapy***

	Very well	Somewhat	Not at all
One Care	65%	22%	13%
FFS	55%	27%	17%

Oral Health/Dental Care***

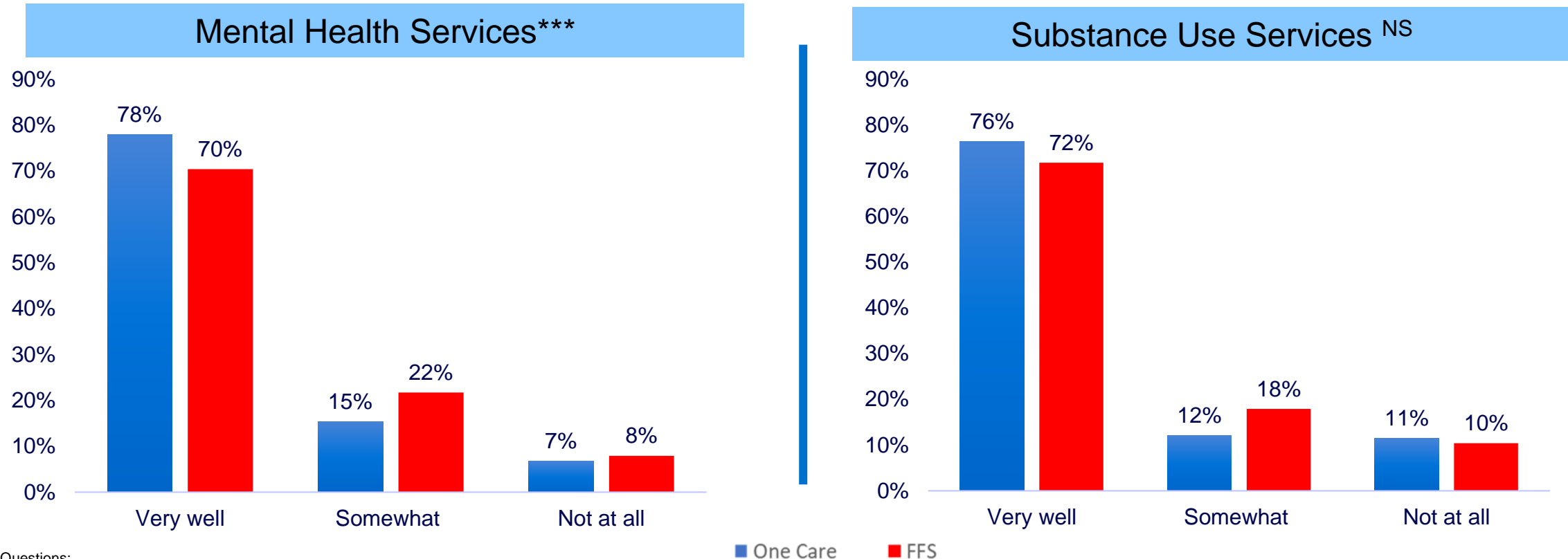|	Very well	Somewhat	Not at all
One Care	66%	24%	11%
FFS	50%	28%	21%

■ One Care ■ FFS

Questions:
How well does your One Care plan meet your needs for physical, occupational, or speech therapy?
How well does your One Care plan meet your needs for oral health or dental care?

*** denotes a significance level of <0.0001

Meeting Needs for Behavioral Health Services

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- **Between 2019 and 2022, we found significant differences in how well behavioral health needs were met among One Care members versus FFS members:**

  - On average, 78% of needs for mental health services were very well met among those enrolled in One Care compared to 70% in the FFS program

  - On average, 76% of needs for substance use services were very well met among those enrolled in One Care compared to 72% in the FFS program, this difference was not significant

Mental Health Services***

	Very well	Somewhat	Not at all
One Care	78%	15%	7%
FFS	70%	22%	8%

Substance Use Services NS

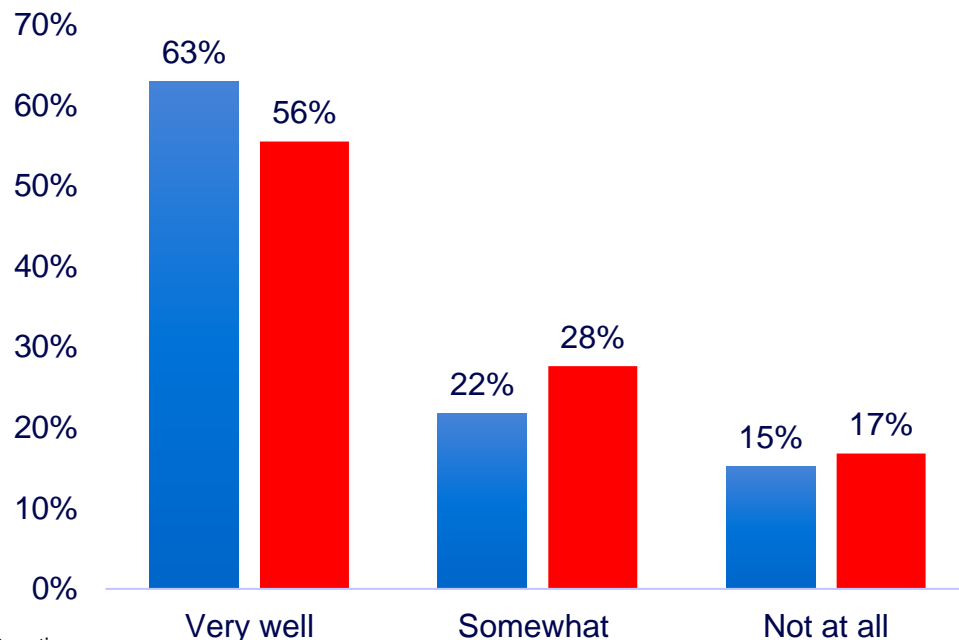|	Very well	Somewhat	Not at all
One Care	76%	12%	11%
FFS	72%	18%	10%

■ One Care   ■ FFS

Questions:
How well does your One Care plan meet your needs for mental health services?
How well does your One Care plan meet your needs for substance use services?

*** denotes a significance level of <0.0001, and NS denotes not statistically significant
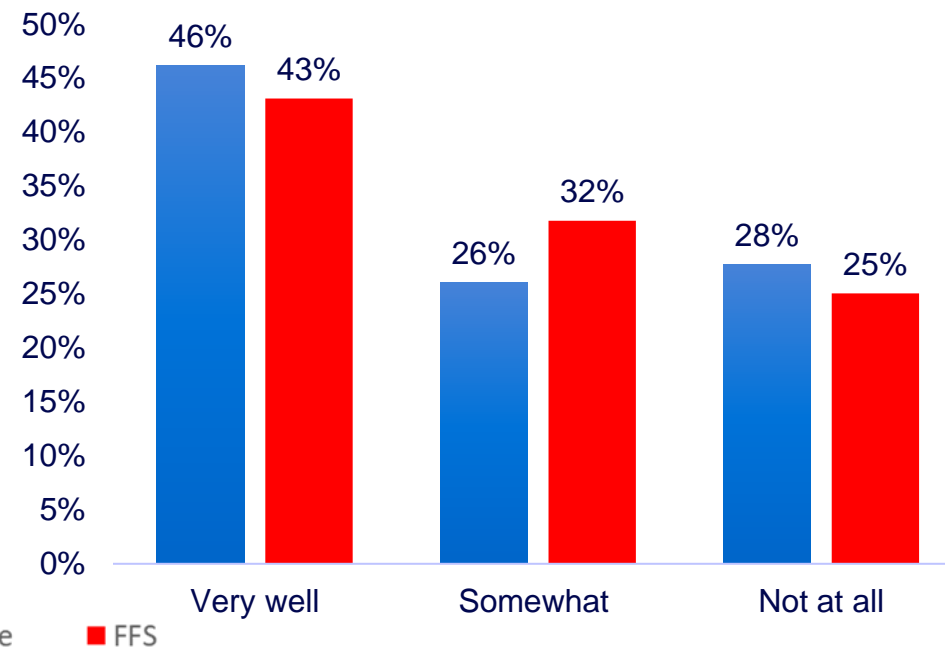
Meeting Needs for LTSS

- **Between 2019 and 2022, we found significant differences in how well needs for LTSS services were met among One Care members versus FFS members for personal care and everyday tasks:**
    - On average, 63% of needs for help with personal care and everyday tasks were very well met among those enrolled in One Care compared to 56% in the FFS program, this difference was statistically significant
- **Between 2019 and 2022, we found no significant differences in how well needs for LTSS services were met among One Care members versus FFS members for help doing things in the community:**
    - On average, 46% of needs for help doing things in the community were very well met among those enrolled in One Care compared to 43% in the FFS program, this difference was not significant

Help with Personal Care & Everyday Tasks***

	Very well	Somewhat	Not at all
One Care	63%	22%	15%
FFS	56%	28%	17%

Help with Doing Things in the Community NS

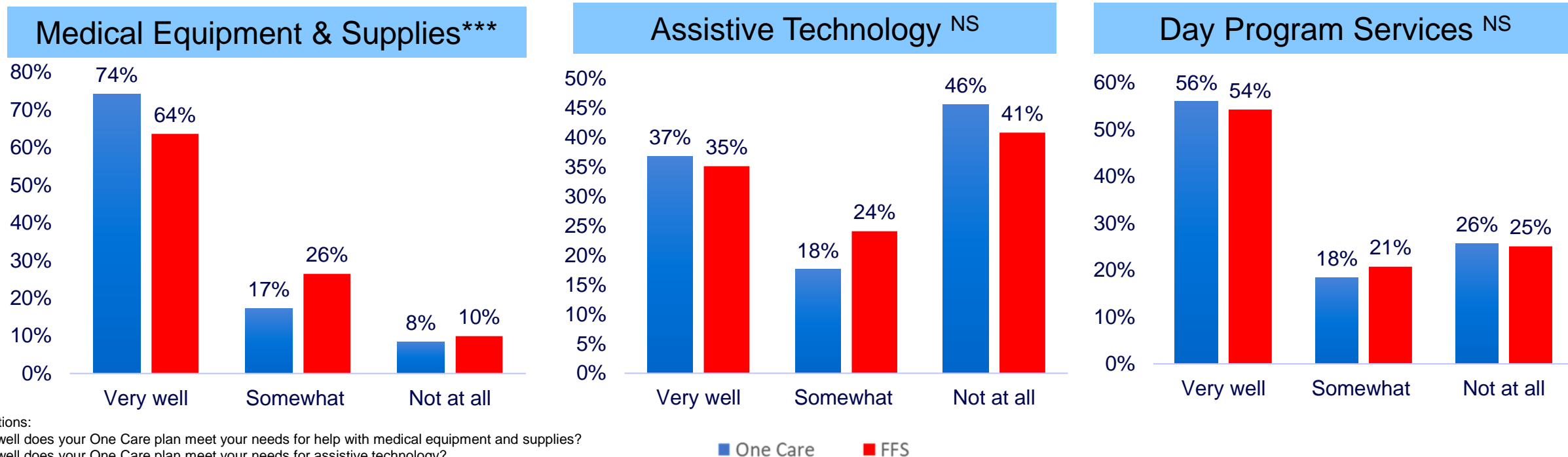|	Very well	Somewhat	Not at all
One Care	46%	26%	28%
FFS	43%	32%	25%

Legend: ■ One Care ■ FFS

Questions:
How well does your One Care plan meet your needs for help with personal care and everyday tasks?
How well does your One Care plan meet your needs for help with doing things in the community?

*** denotes a significance level of <0.0001, and NS denotes not statistically significant

Meeting Needs for LTSS-2

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- **Between 2019 and 2022, we found significant differences in how well needs for LTSS services were met among One Care members versus FFS members for:**
  - Medical equipment and supplies: on average, 74% of needs for medical equipment and supplies were very well met among those enrolled in One Care compared to 64% in the FFS program

- **Between 2019 and 2022, we found no significant differences in how well needs for LTSS services were met among One Care members versus FFS members for:**
  - Assistive technology: on average, 37% of needs for help with assistive technology were very well met among those enrolled in One Care compared to 35% in the FFS program
  - Day program services: on average, 56% of needs for help with day program services were very well met among those enrolled in One Care compared to 54% in the FFS program

Medical Equipment & Supplies***

	Very well	Somewhat	Not at all
One Care	74%	17%	8%
FFS	64%	26%	10%

Assistive Technology NS

	Very well	Somewhat	Not at all
One Care	37%	18%	46%
FFS	35%	24%	41%

Day Program Services NS

	Very well	Somewhat	Not at all
One Care	56%	18%	26%
FFS	54%	21%	25%

■ One Care ■ FFS

Questions:
How well does your One Care plan meet your needs for help with medical equipment and supplies?
How well does your One Care plan meet your needs for assistive technology?
How well does your One Care plan meet your needs for day program services?

*** denotes a significance level of <0.0001, and NS denotes not statistically significant

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Meeting Needs for Transportation

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- **Between 2019 and 2022, we found significant differences in how well transportation needs were met among One Care members versus FFS members:**

  - Transportation to medical appointments: on average, 71% of needs for transportation to medical appointments were very well met among those enrolled in One Care compared to 58% in the FFS program

  - Transportation to community activities: on average, 58% of needs for help with transportation to community activities were very well met among those enrolled in One Care compared to 50% in the FFS program

Medical Transportation***

	Very well	Somewhat	Not at all
One Care	71%	20%	10%
FFS	59%	24%	17%

Community Transportation***

	Very well	Somewhat	Not at all
One Care	58%	23%	18%
FFS	50%	28%	22%

■ One Care ■ FFS

Questions:
How well does your One Care plan meet your needs for transportation to medical appointments?
How well does your One Care plan meet your needs for transportation to the community?

*** denotes a significance level of <0.0001
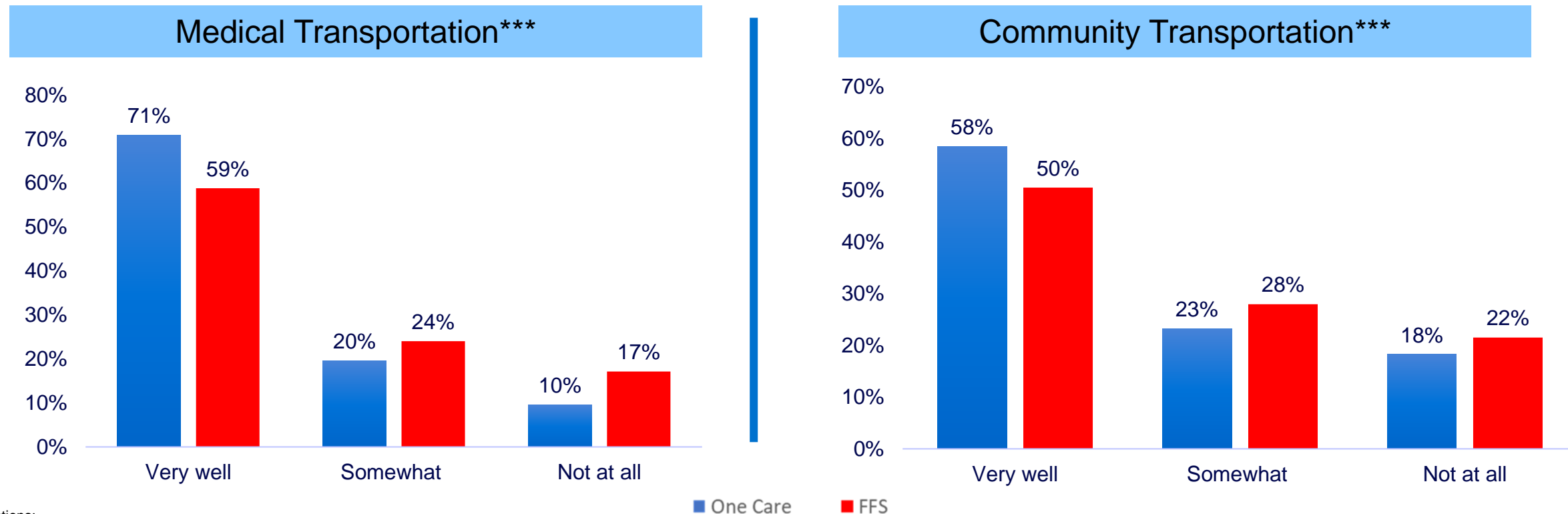
Use or Need of Medical and Behavioral Health and LTSS Services – Comparison to FFS
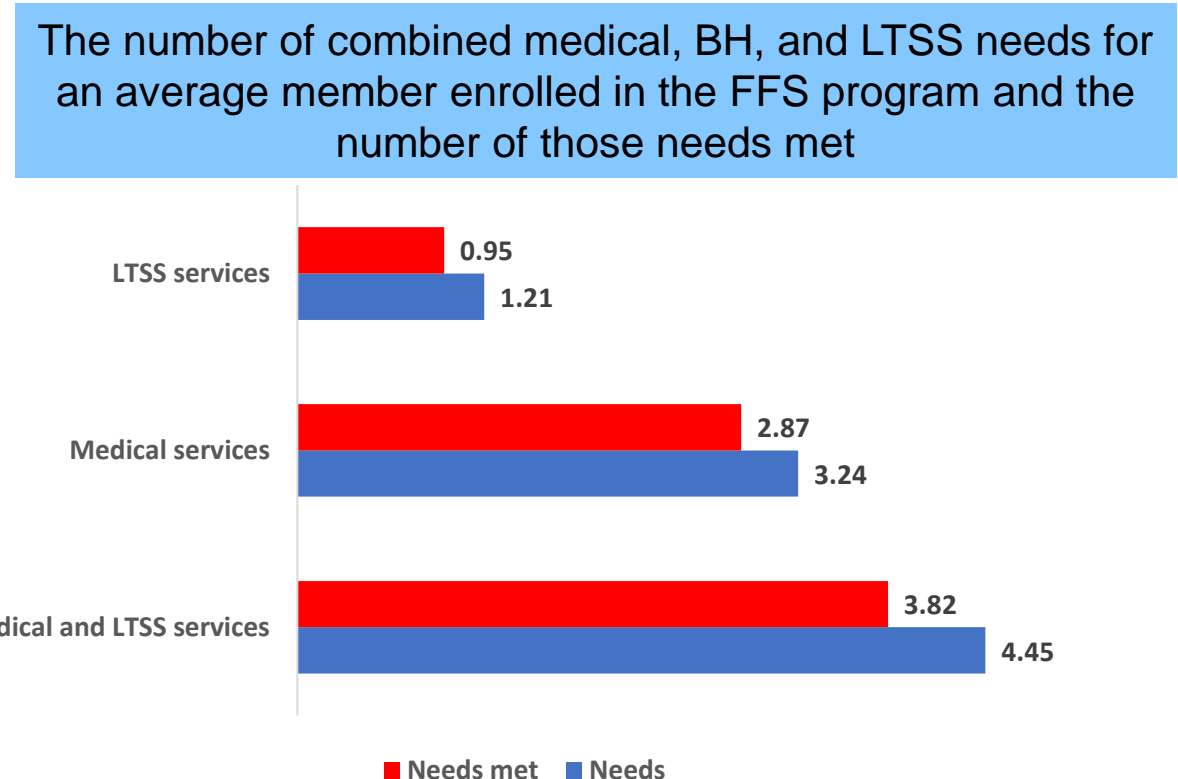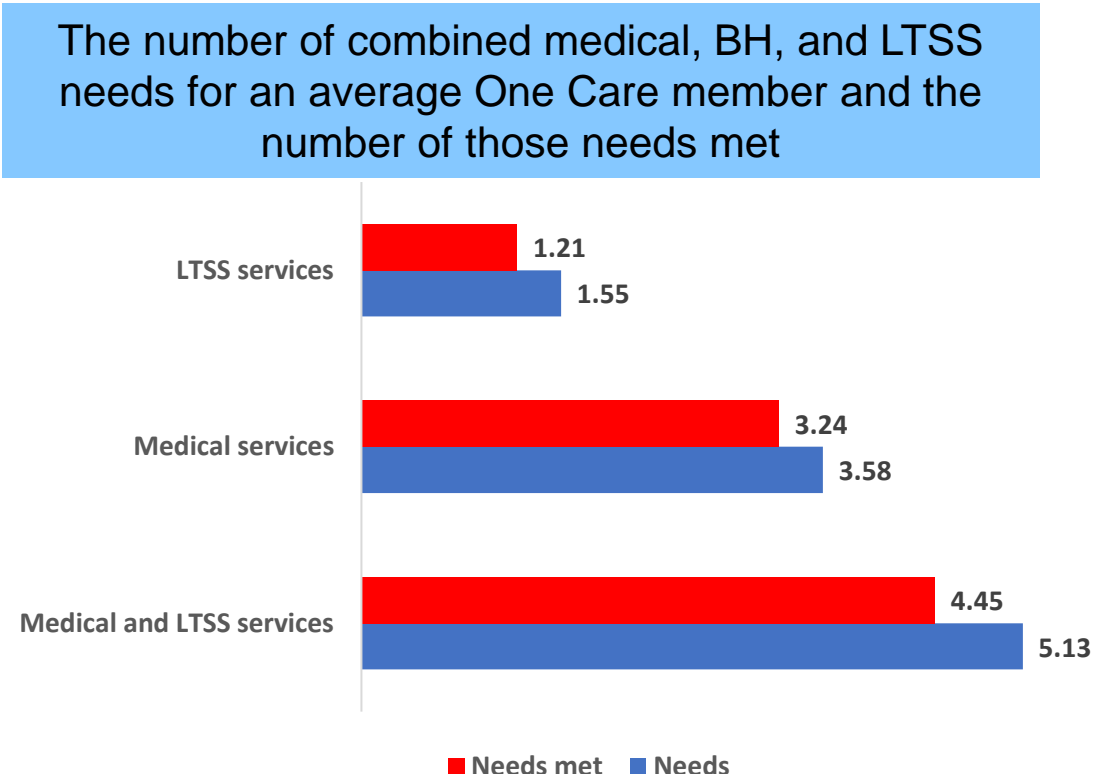
- **Compared to FFS members**
  - Significantly more One Care members reported that they used or needed medical services, except for specialty care and substance use treatment.
  - Significantly more One Care members reported that they used or needed all types of LTSS.

Results: Q2
Meeting Medical and LTSS Needs

- **Between 2019 and 2022, an average One Care member had 5.13 medical and LTSS needs compared to 4.45 needs for an average member enrolled in the FFS program.**
  - On average, 87% of the medical and LTSS needs were met for both One Care and FFS members.

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

	Needs met	Needs
LTSS services	1.21	1.55
Medical services	3.24	3.58
Medical and LTSS services	4.45	5.13

The number of combined medical, BH, and LTSS needs for an average member enrolled in the FFS program and the number of those needs met

	Needs met	Needs
LTSS services	0.95	1.21
Medical services	2.87	3.24
Medical and LTSS services	3.82	4.45

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

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

COVID-19 Impact on Medical Services

- **The difference-in-differences (DID) analyses showed a positive but marginal impact of One Care program actions during the COVID-19 PHE on members reporting their medical needs were well met.**

- The marginal effect was positive and significant for 2 out of the 7 medical and behavioral health needs

  - 11.3% of One Care members reported having their needs for physical, occupational, or speech therapy very well met during PHE (67.2%) compared to the expected 55.9%

  - 7.3% of One Care members reported having their needs for oral health and dental care very well met during PHE (65.2%) compared to the expected 57.9%

	PT,OT or Speech Therapy		Oral Health or Dental Care	
	FFS	One Care	FFS	One Care
Reported before COVID-19 PHE (Before March 1, 2020)				
Very well met	60.2%	62.3%	55.5%	65.7%
Difference between One Care and FFS		2.1%		10.2%
Reported during COVID-19 PHE (on or after March 1, 2020)				
Very well met	53.7%	67.2%	47.7%	65.2%
Difference between One Care and FFS		13.5%		17.5%
DiD estimate (during PHE-before PHE)		11.3%		7.3%
		*		*

* denotes a significance level of <0.05

COVID-19 Impact on Medical Services-2

- The marginal effect was positive but not significant for 4 out of the 7 medical and behavioral health needs
  - Specialist services
  - Mental health care services
  - Substance use treatment
  - Transportation for medical appointments

- The marginal effect was negative but not significant for 1 of the 7 medical and behavioral health needs (i.e., prescription drugs)

	Specialist		Mental Health services		Substance Use Treatment		Prescription Medications		Transportation to Medical Appointments	
	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care
Reported before COVID-19 PHE (Before March 1, 2020)										
Very well met	79.2%	81.5%	74.6%	77.5%	70.3%	61.4%	85.2%	91.1%	57.7%	68.0%
Difference between One Care and FFS		2.3%		2.9%		-8.9%		5.9%		10.3%
Reported during COVID-19 PHE (on or after March 1, 2020)										
Very well met	75.0%	81.0%	69.7%	77.9%	75.7%	73.7%	84.7%	89.9%	58.5%	73.9%
Difference between One Care and FFS		6.0%		8.2%		-2.0%		5.2%		15.4%
DiD estimate (during PHE-before PHE)		3.8%		5.2%		6.9%		-0.7%		5.4%
		NS		NS		NS		NS		NS

NS denotes not statistically significant

COVID-19 Impact on LTSS Services

We found no significant impact of One Care actions during COVID-19 PHE on members reporting their LTSS needs were well met, where access to needed LTSS in general declined during the COVID-19 PHE.

	Personal care and everyday tasks		Medical equipment and supplies		Assistive Technology		Doing things in the community		Transportation to community services		Day program services	
	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care
Reported before COVID-19 PHE (Before March 1, 2020)												
Very well met	56.4%	63.1%	66.5%	74.9%	41.6%	39.5%	43.8%	42.7%	47.7%	56.9%	55.3%	57.2%
Difference between One Care and FFS		6.7%		8.5%		-2.2%		-1.1%		9.3%		2.0%
Reported during COVID-19 PHE (on or after March 1, 2020)												
Very well met	56.6%	62.7%	65.0%	73.3%	33.9%	28.2%	44.4%	42.2%	50.1%	59.3%	54.1%	51.7%
Difference between One Care and FFS		6.1%		8.3%		-5.7%		-2.2%		9.2%		-2.4%
DiD estimate		-0.6%		0.0%		-3.6%		-1.1%		-0.1%		-4.3%
		NS		NS		NS		NS		NS		NS

NS denotes not statistically significant

Conclusions and Policy Recommendations

Summary and Conclusions - The Care Team and Care Planning

- 96% of One Care members had a PCP, and the majority reported visiting their PCPs in the last 12 months
  - Compared to the survey years 2019 and 2020, around 9% of members reported not visiting their PCP or personal doctor in 2021 and 2022 – a period that overlapped with the COVID-19 PHE period
- There was a significant increase in the percentage of members who had contact with their care coordinator in the last 12 months in 2021 and 2022, a period that coincided with COVID-19 PHE (10 percentage points increase from 79% in 2019-2020 to 89% in 2021-2022)
- During the study period, 2019-2022, 23% of One Care members reported having an LTS-C in addition to a care coordinator. However, 31% of One Care members did not know or were not sure if they had an LTS-C in addition to a care coordinator.
- 53% of One Care members reported having an ICP, however, 26% did not know or were not sure if they have an ICP.
- For those who reported having an ICP, 80% reported having their ICP updated within the last 12 months and 92% agreed with what is in their ICP.

Summary and Conclusions – Members' Needs for Medical and LTSS Services

- One Care members had higher medical and LTSS needs compared to members enrolled in the FFS program
- A higher percentage of One Care members reported having their medical and LTSS needs very well met compared to FFS members
- In general, medical needs were better met than LTSS needs

Summary and Conclusions -The Covid PHE

- There was a significant <u>increase</u> in the percentage of members who contacted their care coordinator during the Covid PHE in 2021 and 2022.

- A significantly <u>lower</u> percentage of members who reported contacting their PCP during the Covid PHE.

- One Care benefits had a positive but marginal impact during the COVID-19 PHE on the percentage of members reporting their medical needs were well met but did not have a significant impact on the percentage on LTSS.

Policy Recommendations

- Continue efforts to enhance members' access to Care Coordinators and LTS-Cs.
    - Engage community health workers in outreach activities
    - Build capacity so that, by default, all members can be assigned an LTS-C
    - Require plans to actively reach out to members to inform them of benefits associated with having an LTS-C
- Enhance LTSS and address the gap in LTSS needs.
- Enhance access to oral health and dental care services, physical, occupational, or speech therapy, and medical transportation
- Conduct further research to understand the barriers to utilizing LTS-Cs and services
- Conduct further research to understand how members can be more engaged in the care planning process and how the ICP impacts their access to healthcare.

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Thank You

Additional Slides

Methods: Sampling

Sample Frame

- Received MH enrollment files

- Identified members enrolled as of December of the survey measurement year for 90+ days

- Selected three random samples based on members' enrollment in One Care plans (Tufts and CCA) and FFS

- Each sample was given a weight value representing the enrollee in each health plan

Exclusion criteria (sampling)

- Members selected for the QoL 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*

Ineligibility criteria (survey implementation)

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

* 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

Methods: Sample Weights

- Compared observed characteristics of respondents and non-respondents to explore the potential for non-response bias
- Used inverse probability weighting to address bias due to non-response
- A binary variable was created to differentiate respondents from non-respondents in the sample file
- Logistic model estimated the probability of response based on the individual-level and MH regions covariates
- Non-response weights were generated as the inverse of the response probability (1/p)
- To mitigate extreme weights, these weights were stabilized by dividing the mean weight in the sample by each observation weight value
- The final weight was the product of the population weight and the non-respondent weight

All results were weighted and reported at the population level

Methods: Analyses
Q1: Experience with Care Team

- Used multinomial/logistic regressions to control for changes in members' characteristics:
  - Changes among One Care members' during the study period includes changes in age, language spoken at home, MH regions, and reported long-term illness and a problem with alcohol or drug use
  - Changes among FFS members' during the study period includes changes in age, education, MH regions, and reported problem with alcohol or drug use or learning disability
- 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 age, gender, race/ethnicity, language spoken at home, education, MH regions, reported physical disability, mental or psychiatric condition, long-term illness, learning disability, and visual impairment
- Findings were reported as statistically significant (significant), i.e., not explained simply by chance based on a p-value of ≤.05

Methods: Analyses
Q2: Medical and LTSS Needs

- Descriptive analysis of use/needs of medical services and LTSS, and how well those needs were met.
    - Tested for change in members' needs and their perception of how well their needs were met between 2019 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 services and LTSS and percentage of medical 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 numbers of medical services and LTSS an average member used/needed and construct a "needs met" index to compute the percentage of all reported medial and LTSS needs that were well or somewhat met.

Methods: Analyses
Q3: 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 services and LTSS controlling for members' characteristics:

  - Responses prior to March 1, 2020 (n=2,746) were designated as pre-COVID, and responses on or after March 1, 2020 (n=7,459), were designated as having occurred during the COVID pandemic.

- Conducted a deterministic sensitivity analysis assigning the pre-COVID-19 PHE period to the surveys conducted in 2019 and 2020 (asking about services in last 12 months) and the PHE to the surveys conducted in 2021 and 2022

  - Responses to surveys conducted in 2019-2020 (n=5,499) were designated as pre-COVID, and responses to surveys conducted in 2021-2022 (n=4,719), were designated as having occurred during the COVID pandemic.

Demographics

- Between 2019 and 2022, the One Care survey members had similar characteristics except for:

  - Age (increased among members 55+ years of age)

  - Language is spoken at home (increased among those speaking English as the primary language at home)

  - Residency based on MH regions (increased among members in Southeast and Western regions)

- Between 2019 and 2022, the FFS members had similar characteristics except for:

  - Age (percentage of age 55+ increased)

  - Education level (decreased among those with less than a high school degree, and increased among High school graduates or GED)

  - Residency based on MH regions (increased among members in the Western region and decreased among members in the Southeast region)

- One Care and FFS members were significantly different in:

  - Age (More 45–54-year-olds in One Care)

  - Gender (Proportion of Males higher in FFS)

  - Race/ethnicity (More Whites in FFS)

  - Language spoken at home (More English speakers in FFS)

  - Level of education (More HS Grad or above in FFS)

  - Region of residence (More FFS members resided in the Western region)

	One Care					FFS				
	2019	2020	2021	2022		2019	2020	2021	2022	
# Respondents	1,498	1,641	1,403	1,255		1,145	1,210	1,078	975	
$ of weighted respondents/population	5,367	6,218	6,011	5,845		14,640	13,935	18,456	16,829	
	One Care (%)					FFS (%)				
What is your age now?										
21 to 34	3.4	3.3	2.8	3.1	**	3.2	4.1	4.2	3.4	***
35 to 44	9.3	6.2	8.6	7.5		7.4	8.2	7.1	7.2	
45 to 54	20.5	24.5	19.3	19.8		24.6	19.3	17.1	15.3	
55+	62.1	62.3	63.9	63.7		61.4	64.8	67.9	70.9	
Missing	4.7	3.8	5.3	5.8		3.4	3.6	3.8	3.3	
What is your gender										
Male	40.5	41.1	36.3	38.3	NS	42.8	39.0	40.7	41.2	NS
Female	54.4	54.9	58.3	55.7		53.8	56.9	54.8	55.3	
Others	.3	.2	.1	.1		.1	.5	.7	.2	
Missing	4.8	3.8	5.3	5.8		3.4	3.6	3.8	3.3	
What is your race/ethnicity										
White (non-Hispanic)	54.2	52.8	52.9	56.9	NS	72.5	72.2	74.6	75.0	NS
Hispanic or Latino	22.7	25.1	24.8	20.0		11.7	11.2	11.2	10.1	
Black (non-Hispanic)	11.7	12.0	11.8	11.6		5.1	4.9	3.9	5.9	
Asian (non-Hispanic)	1.0	.7	.9	1.1		1.1	1.3	.5	.4	
Others/Missing	10.4	9.5	9.6	10.4		9.7	10.4	9.7	8.6	
What language do you mainly speak at home										
English	79.0	75.9	75.5	79.5	*	87.2	86.5	87.2	88.8	NS
Spanish	13.8	17.7	16.3	12.7		6.8	7.1	6.6	6.0	
Others/Missing	7.1	6.4	8.2	7.8		6.0	6.4	6.2	5.3	
What is the highest grade or level of school you have completed?										
Less than HS graduate	18.4	21.1	20.2	17.5	NS	19.8	14.8	14.3	13.5	*
HS grad or GED	35.4	33.0	32.7	34.3		35.2	37.3	39.3	39.1	
Some college or more	41.3	42.0	41.6	42.2		41.5	44.1	42.6	44.1	
Missing	4.9	3.9	5.5	6.0		3.4	3.8	3.8	3.3	
Region										
Western Region	26.1	27.4	29.8	29.1	**	24.6	29.1	40.1	40.6	***
Central Region	16.8	15.4	16.4	15.1		9.0	8.8	8.7	8.3	
Northeast Region	20.3	20.5	18.7	18.4		15.4	12.9	12.6	11.7	
Metro West Region	13.9	13.6	13.1	12.2		9.0	9.2	9.7	10.3	
Southeast Region	5.6	5.9	8.0	10.8		35.9	32.5	22.9	23.5	
Boston Region	17.2	17.2	14.1	14.3		6.0	7.5	6.0	5.5	

*Notes: Results presented at the population level. NS denotes not statistically significant; * P-value<0.05, 88 P value <0.01. *** P-value <0.001, $ The R/E of respondents to the FFS survey were missing for some categories which did not allow us to estimate the significant change over time*

Members' Reported Disabilities or Health Conditions

- Between 2019 and 2022, One Care members reported similar percentages of specific disabilities and health conditions except for the following conditions:
  - Problem with alcohol or drug use (lower over time)
  - Long-term Illness (higher over time)
- Between 2019 and 2022, the FFS members reported similar disabilities and health conditions, except for the following conditions:
  - Problem with alcohol or drug use (lower over time)
  - Learning disability (lower over time)
- Dual eligible members were more likely to have:
  - Mental or psychiatric problems (higher among One Care members)
  - Visual impairment or blindness (higher among One Care members)
  - Hearing loss or deafness (higher among FFS members)

Reported Disabilities and Health Conditions$	One Care (%)					FFS (%)				
	2019	2020	2021	2022		2019	2020	2021	2022	
Physical disabilities that make it difficult to walk, move or get around	59.13	59.79	59.90	59.90	NS	61.88	61.53	58.51	57.76	NS
Mental or psychiatric problems (depression, anxiety, etc.)	64.43	64.96	64.90	64.19	NS	59.67	62.04	57.98	59.68	NS
Problems with alcohol or drug use	8.93	5.66	8.44	6.23	**	8.26	7.99	5.63	5.84	*
Long-term illness (diabetes, heart disease, etc.)	53.00	56.39	54.59	60.85	**	52.97	53.68	57.25	54.80	NS
Developmental disability including intellectual disability or autism	8.99	9.59	10.58	11.79	NS	11.27	11.67	12.21	9.12	NS
Learning disability	23.82	23.94	23.28	25.47	NS	24.41	23.54	23.34	19.49	*
Visual impairment or blindness	28.62	29.21	27.61	28.20	NS	24.49	27.82	24.20	24.87	NS
Hearing loss or deafness	14.90	16.25	14.35	15.11	NS	15.66	19.23	17.35	17.39	NS
Reported two or more disabilities	74.34	76.63	74.80	75.52	NS	75.31	78.25	75.80	74.86	NS

Notes: NS denotes not statistically significant; * P-value<0.05, ** P-value <0.01

$The percentage includes those in the stated disability category only

Sensitivity Analysis: Medical Services

The sensitivity analysis showed a mainly positive but insignificant impact of One Care actions during COVID-19 PHE on members reporting their medical needs were well met except for:

- We found a significant improvement of 7.3% in One Care members who reported having their needs for oral health and dental care very well met during the PHE (64.2%) compared to the expected 56.9%.

	Specialist		Mental Health services		Substance Use Treatment		Physical, Occupational or Speech Therapy		Oral Health or Dental Care		Prescription Medications		Transportation to Medical Appointments	
	FFS	**One Care**	**FFS**	**One Care**	**FFS**	**One Care**	**FFS**	**One Care**	**FFS**	**One Care**	**FFS**	**One Care**	**FFS**	**One Care**
Before COVID-19 PHE (2019-2020)														
Very well met	77.0%	81.5%	72.7%	78.7%	67.0%	66.2%	54.9%	65.0%	54.6%	66.3%	84.6%	90.5%	58.0%	70.3%
Difference between One Care and FFS		4.5%		6.0%		-0.7%		10.2%		11.7%		5.9%		12.2%
During COVID-19 PHE (2021-2022)														
Very well met	75.2%	80.8%	69.4%	76.9%	80.8%	75.2%	55.9%	67.0%	45.3%	64.2%	85.0%	89.8%	58.1%	74.6%
Difference between One Care and FFS		5.6%		7.5%		-5.6%		11.2%		18.9%		4.8%		16.5%
DID estimate (during PHE-before PHE)		1.2%		1.5%		-5.0%		1.0%		7.3%		-1.2%		4.2%
		NS		NS		NS		NS		*		NS		NS

* denotes significance level of <0.05 and NS denotes not statistically significant

Sensitivity Analysis: LTSS Services

We found no significant impact of One Care program actions on members reporting their LTSS needs were well met the during COVID-19 PHE, where access to needed LTSS in general declined except for medical equipment and supplies.

- We found a significant decline of 7.3% in One Care members who reported having their needs for medical equipment and supplies very well met during PHE (71.4%) compared to the expected 78.9%.

	Personal care and everyday tasks		Medical equipment and supplies		Assistive Technology		Doing things in the community		Transportation to community services		Day program services	
	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care	FFS	One Care
Before COVID-19 PHE (2019-2020)												
Very well met	55.8%	62.6%	63.7%	76.1%	36.5%	34.6%	45.5%	43.2%	49.0%	59.9%	56.8%	57.4%
Difference between One Care and FFS		6.8%		12.4%		-1.9%		-2.4%		10.8%		0.6%
During COVID-19 PHE (2021-2022)												
Very well met	57.3%	63.0%	66.7%	71.4%	32.2%	29.4%	43.1%	41.3%	49.9%	57.5%	51.9%	47.7%
Difference between One Care and FFS		5.7%		4.7%		-2.8%		-1.8%		7.6%		-4.1%
DID estimate		-1.2%		-7.5%		-0.9%		0.6%		-3.3%		-4.7%
		NS		*		NS		NS		NS		NS

* denotes significance level of <0.05 and NS denotes not statistically significant