Slide 1

**One Care: MassHealth plus Medicare**

MassHealth Demonstration   
to Integrate Care for Dual Eligibles

Open Meeting

December 7, 2015, 3:30 PM – 5:00 PM

Transportation Building, Rooms 2 & 3

10 Park Plaza

Boston, MA

Slide 2

**Agenda for Today**

* One Care Growth Strategies
* Long-Term Supports Coordinator Updates
* Early Successes from One Care Plans

Slide 3

**One Care Growth Strategies**

Slide 4

**Sustainability and Planning for the Future**

* MassHealth is focused on ensuring One Care is on a sustainable path:
  + Building on a more stable financial structure
  + Planning for smart, measured, strategic growth in the near-term
  + Planning for expansion of the model in the extension period
* In 2016:
  + Targeted enrollment in key areas, including through an enhanced auto-assignment process
  + Tufts expanding footprint in Suffolk and Norfolk counties
  + CCA is stabilizing and is committed to One Care expansion over time.
* In 2017 & 2018:
  + Demonstration extension
  + Build capacity to scale program

Slide 5

**Enrollment and Outreach Strategies for 2016**

* 2016 growth will involve enhanced auto-assignment supported by outreach, including targeted events in local communities in Suffolk, Worcester, and Norfolk counties
  + Outreach in Worcester County will include strategies to re-engage former FTC members
* MassHealth has also redesigned the auto-assignment packages to be more informational
  + Updated cover letters to focus on how One Care can provide a better way of getting services than Fee for Service
  + Included Outreach Flyer, “Facts and Features” brochure
  + Simplified enrollment choice form to make it easier to understand and use
* MassHealth invites ongoing discussion and input from stakeholders on outreach strategies to expand enrollment along with capacity

Slide 6

**January 2016 Auto-Assignment Progress**

* MassHealth mailed 60-day notices to members on October 27, 2015 for coverage in Tufts Health Plan beginning January 1, 2016
  + Materials included in the mailing:
    - Member Letter (60-day notice)
    - “One Care and Part D” information sheet
    - “One Care Facts and Features” brochure
    - Language Insert
    - One Care Choice Form
    - Stamped Return Envelope
* On November 24th, MassHealth mailed a flyer with information about upcoming One Care Information Sessions being held in the first two weeks of December, 2015
* MassHealth also mailed 30-day reminder notices on November 27, 2015, which included another copy of the outreach flyer, an updated notice, and the same informational materials as the 60 day notice.
* Individuals could choose to enroll in Tufts for an earlier date or opt out. CCA has opened enrollment for up to 100 individuals in Suffolk County for January 2016 enrollment only.

Slide 7

**December Targeted Outreach Events**

* MassHealth and Tufts Health Plan are hosting four One Care information sessions in Suffolk County in early December
* Events were planned in areas where large numbers of auto-assigned members live and for different times of day
* Two events were held in Roxbury and Downtown Boston last week; two additional events this week in Chelsea and Dorchester:
  + Thursday, December 3rd 12:30 p.m. to 2:30 p.m. Bruce Bolling Municipal Center Roxbury
  + Friday, December 4th 5:00 p.m. to 7:00 p.m. Boston Public Market Downtown Boston
  + Tuesday, December 8th 1:30 p.m. to 3:30 p.m. Bunker Hill Community College (BHCC), Chelsea Campus- joint Health Fair Event
  + Wednesday, December 9th 1:00 p.m. to 3:00 p.m. Kroc Corps Community Center, Dorchester
* Attendees have the opportunity to talk with MassHealth, Tufts Health Plan, SHINE, the One Care Ombudsman, and current One Care members
* Each event starts with a presentation by Tufts Health Plan, followed by time for questions and answers
* Refreshments are provided
* Members of the Implementation Council were also invited to attend these events

Slide 8

**Discussion**

Slide 9

**Ongoing One Care Activities**

* **Amendments to the Existing Contract Through 2016:** 
  + In process now; expected completion by end of December 2015
  + Incorporates September 2015 rate methodology changes
  + Other technical fixes
* **One Care Demonstration Contract Extension:** 
  + During 2016
  + Will extend the Demonstration through 2018
  + Financial adjustments will need to be refined for the extension period
* **One Care Plan Procurement (TBD):** 
  + MassHealth is determining whether to re-procure plans for the extension period
  + Key dates TBD to be aligned with new delivery system and payment redesign initiatives

Slide 10

**MassHealth’s Delivery System and Payment Redesign**

* MassHealth continues to work towards development of new health care delivery and payment reform models that seek to improve care coordination and better manage health care costs.
* Beginning in August, MassHealth invited individuals to participate via a competitive application in a series of eight work groups to inform the restructuring of the MassHealth Program, with the goal of submitting a proposal in the Spring of 2016
  + Each of the work groups focuses on a specific aspect of payment and care delivery transformation with consideration for the unique needs of the MassHealth population, including behavioral health and long-term supports and services
* Part of this work involves looking closely at existing models, including One Care, SCO, and PACE, for lessons learned and thinking about how to responsibly grow these models in conjunction with the overall restructuring initiative
* One Care provides key lessons about designing care for individuals with disabilities and for dual eligibles in these discussions. MassHealth has committed to developing strategies for sustainability and getting the model to scale.

Slide 11

**Long-Term Supports Coordinator Updates**

**Slide 12**

**Long-Term Supports (LTS) Coordinator Discussions**

**Success:**

* MassHealth has been working with Tufts Health Plan and their contracted Community Based Organizations to address issues related to:
  + Billing/payment issues
  + Service authorizations
  + Communication
* These issues have been resolved, and Tufts is working with the CBOs to amend their contracts.
  + In a joint discussion MassHealth hosted with Tufts and its CBOs in November, all parties confirmed the Tufts/CBO relationships are much improved.
* The mutual commitment of One Care plans and CBOs provides a foundation for future delivery models in MassHealth

Slide 13

**Early Successes from One Care Plans**

Slide 14

**One Care’s Expected Outcomes**

Massachusetts’ Demonstration proposal to CMS projected several outcomes resulting from integrated care. We are seeing early examples of how One Care is achieving these outcomes.

1. Improve quality:

* **Reduce over-utilization of high-cost hospital and long-term institutional care**;
* **Reduce under-utilization of community-based services and supports** and outpatient care;
* Improve chronic disease management;
* Reduce health disparities;
* **Improve patient satisfaction**;
* Increase the use of evidence-based practices; and
* Improve provider ADA accessibility

1. Improve outcomes:

* Gains in health status and functional status
* Reduce the length and number of long-term care facility stays

3) Reduce costs compared to the historical FFS experience for this population

4) Improve provider coordination, reduce preventable and avoidable hospitalizations, and reduce the incidence of “never” events.

Slide 15

**One Care is Showing Early Signs of Success**

Two bar graphs depict decreases in utilizations as described below:

Graph 1: CCA Inpatient utilization after 12 months1

* 12 months pre-enrollments = 280 admits/1,000 member months
* 12 months post-enrollment = 259 admits/1,000 member months

The graph shows a decrease in CCA inpatient utilization by 7.5%.

Graph 2: CCA ED utilization after 12 months1

* 12 months pre-enrollment = 1,250 visits/1,000 member months
* 12 months post-enrollment = 1,170 visits/1,000 member months

The graph shows a decrease in CCA ED visits by 6.4%.

*Note: plans make significant upfront investments in care coordination and other services but observe impact over 12-18 month period. Given rolling enrollment, many One Care members have been in the program < 12 months*

Other measures of impact:

* 82% of enrollees satisfied with One Care, only 6% dissatisfied2
* CCA’s One Care Spring 2015 CAHPS (member experience survey) scores used for Medicare Advantage Star Ratings beat those of their mature integrated elder D-SNP3
* Nurse/care coordinators finding significant levels of “under-care”
* Significant advocate and enrollee buy-in; many anecdotes of lives improved

Slide 16

**One Care Is Increasing Access to Community-based LTSS; FFS Underestimates Needs**

Graph labeled “One Care enrollees get more LTSS than in FFS1,5” shows percentage of enrollees who receive LTSS and how LTSS use compares to use in the Fee-for-service system (FFS). Among CCA members, 14% had received LTSS in FFS. Of these 14%, 8% received the same amount of LTSS and 6% received increased LTSS. 34% of CCA members hadn’t previously received LTSS in FFS and received new LTSS through CCA. Among Tufts members, 15% had received LTSS in FFS. Of these 15%, 6% received the same amount of LTSS and 8% received increased LTSS. 22% of Tufts members hadn’t previously received LTSS in FFS and received new LTSS through Tufts.

Historical FFS utilization underestimates needs:

* CCA’s PMPM costs increased by 1.3% for members already receiving LTSS; for members without LTSS in FFS, PMPMs increased by 23.6%1
* 25.5% of CCA’s enrollees had their MassHealth rating category increased post-assessment4
* Tufts connected 68% of enrollees to resources such as fuel assistance, financial assistance, or improved housing5

***\*****Differences between plans’ LTSS increases are not adjusted for enrollment mix or member care planning preferences*

***\*\*****FFS percentages may vary due to rounding*

Slide 17

**One Care Has Had Significant Impact On Highest Utilizers**

CCA’s cost (12 mos. pre- and post-enrollment) for 10 highest spend members1

A bar graph shows the changes in service spending for 10 highest spend members compared between pre enrollment and post enrollment. The spending is categorized by: inpatient/acute, outpatient/physician, facility LTSS, and community LTSS.

* Member 1 – Pre-enrollment: $446,002, Post-enrollment: $215,641 (decrease of 52%)
* Member 2 – Pre-enrollment: $273,383, Post-enrollment: $66,827 (decrease of 76%)
* Member 3 – Pre-enrollment: $257,868, Post-enrollment: $197,836 (decrease of 23%)
* Member 4 – Pre-enrollment: $235,829 Post-enrollment: $38,025 (decrease of 84%)
* Member 5 – Pre-enrollment: $225,324, Post-enrollment: $93,872 (decrease of 58%)
* Member 6 – Pre-enrollment: $219,621, Post-enrollment: $191,603 (decrease of 13%)
* Member 7 – Pre-enrollment: $219,525, Post-enrollment: $53,562 (decrease of 76%)
* Member 8 – Pre-enrollment: $213,285, Post-enrollment: $149,041 (decrease of 30%)
* Member 9 – Pre-enrollment: $212,338, Post-enrollment: $231,284 (increase of 9%)
* Member 10 – Pre-enrollment: $211,979, Post-enrollment: $260,742 (increase of 23%)
* Cost reductions due to decreased inpatient/acute and skilled nursing facility utilization
* Investments in care management, primary care, and community-based LTSS to achieve reductions
* 8 of 10 highest cost members had reduced cost
* For all 10, average cost reduction of -38%

Slide 18

**Insights From Experience To Date …**

* + Significant pent-up demand and unmet needs for new members
  + Upfront investments (care coordination, increased medical, BH and LTSS care) required, but savings take 12-18 months to realize
  + Claims history is significantly underestimating the population’s functional limitations, behavioral health conditions, and other needs
  + Investments in care management are critical to success of the model – key to making person-level connections
  + Expanded services are diverting enrollees from more acute and expensive care
    - * CCA building own Crisis Stabilization Units – up-front cost with long-term savings

Slide 19

**Early Successes from One Care Plans-Endnotes**

*1 Charts based on data from “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015. Data based on analysis of 4,559 individuals continuously enrolled for 12+ months through December 2014 preceded by 12+ months continuously eligible for MassHealth and Medicare. Part D claims excluded from analysis due to limitations on data availability. Medicare claims may be incomplete.*

*2 The One Care Early Indicators Project, “Findings from the One Care Member Experience Survey (2014),” May 2015. Available at* [*http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-survey-2-report.pdf*](http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-survey-2-report.pdf)

*3 Medicare Advantage and Prescription Drug Plan CAHPS for 2015 conducted in Spring 2015, as reported in “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015.*

*4 “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015.*

*5 Information provided by Tufts Health Plan – Network Health, August 24, 2015.*

Slide 20

**Sharing Quality and Financial Data**

* MassHealth commits to spending a future Open Meeting on quality and financial data and analysis
* MassHealth will also continue to share:
* Monthly enrollment reports
* Quarterly reports on plan assessment completion and referrals to LTS Coordinators
* The CMS/RTI Evaluation Report on the first year of the Demonstration is expected to be released during 2016

Slide 21

**Questions/Discussion**

Slide 22

**Visit us at** [**www.mass.gov/masshealth/onecare**](http://www.mass.gov/masshealth/onecare)

**Email us at** [**OneCare@state.ma.us**](mailto:OneCare@state.ma.us)