# Slide 1: One Care: MassHealth plus Medicare

MassHealth Demonstration to Integrate Care for Dual Eligibles

Open Meeting

February 21, 2014, 1:00 PM – 3:00 PM

State Transportation Building

Boston, MA

**Slide 2: Agenda for Today**

# February Enrollment Report

# Round Two Auto-Assignment Update

# Outreach Mailing to Additional Members

# Implementation Council Update

# Early Indicators Project

# Focus Groups 1 and 2 Preliminary Findings

# Survey #1 Preliminary Findings

# Next Steps

# One Care Ombudsman Update

# Slide 3: Monthly Enrollment Report

* MassHealth is issuing monthly reports on One Care enrollment activity
* Reports will be issued mid-month
* Reports are intended to provide general information to stakeholders

**Slide 4: Total Enrollment**

Effective **February 1**, total number of enrollees: **9,541**

Table: Total Enrollment by Plan

* Commonwealth Care Alliance (CCA) = 6, 238
* Fallon Total Care (FTC) = 2, 503
* Network Health = 800
* Total = 9,541

**Slide 5: Total Enrollment by County**

Table: Total Enrollment by County

* Essex = 589
* Franklin = 56
* Hampden\* = 2,307
* Hampshire\* = 321
* Middlesex = 835
* Norfolk = 373
* Plymouth = 263
* Suffolk\* = 2,101
* Worcester\* = 2,694
* Total = 9,541

\* Auto assignment county

Chart: Total Enrollment by County (%)

* Essex = 6%
* Franklin = 1%
* Hampden = 24%
* Hampshire = 3%
* Middlesex = 9%
* Norfolk = 4%
* Plymouth = 3%
* Suffolk = 22%
* Worcester = 28%

**Slide 6: Enrollment Penetration by County**

Table: County; Eligible; Enrolled; % Eligible Enrolled

* Essex
	+ Eligible = 13,979
	+ Enrolled = 589
	+ % Eligible Enrolled = 4%
* Franklin
	+ Eligible = 2060
	+ Enrolled = 56
	+ % Eligible Enrolled = 3%
* Hampden\*
	+ Eligible = 14,402
	+ Enrolled = 2,307
	+ % Eligible Enrolled = 16%
* Hampshire\*
	+ Eligible = 2,587
	+ Enrolled = 321
	+ % Eligible Enrolled = 13%
* Middlesex
	+ Eligible = 17,393
	+ Enrolled = 835
	+ % Eligible Enrolled = 5%
* Norfolk
	+ Eligible = 7,062
	+ Enrolled = 373
	+ % Eligible Enrolled = 5%
* Plymouth
	+ Eligible = 6,593
	+ Enrolled = 263
	+ % Eligible Enrolled = 4%
* Suffolk\*
	+ Eligible = 15,099
	+ Enrolled = 2,101
	+ % Eligible Enrolled = 14%
* Worcester\*
	+ Eligible = 14,597
	+ Enrolled = 2,696
	+ % Eligible Enrolled = 19%
* Total
	+ Eligible = 93,759
	+ Enrolled = 9,541
	+ % Eligible Enrolled = 10%

\* Auto assignment county

**Slide 7: One Care Rating Category Definitions**

* F1 – Facility-based Care. Individuals identified as having a long-term facility stay of more than 90 days
* C3 – Community Tier 3 – High Community Need. Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; and individuals with 4 or more ADL limitations
	+ In CY2014, C3 split into two subsets:
		- C3B: for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3
		- C3A: for remaining C3 individuals
* C2 – Community Tier 2 – Community High Behavioral Health. Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need
	+ In CY2014, C2 split into two subsets
		- C2B: for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness
		- C2A: for remaining C2 individuals
* C1 – Community Tier 1 Community Other. Individuals in the community who do not meet F1, C2 or C3 criteria

**Slide 8: Total Enrollment by Rating Category**

Table: Total Enrollment by Rating Category

* F1 = 18
* C3B = 103
* C3A = 866
* C2B = 212
* C2A = 1,151
* C1 = 7,186
* Unavailable\* = 5
* Total = 9,541

\*Rating categories for two enrollments were unavailable at the time of this report.

## Chart: Total Enrollment by Rating Category (%)

* F1 = < 1%
* C3B = 1%
* C3A = 9%
* C2B = 2%
* C2A = 12%
* C1 = 76%

**Slide 9: Enrollment Penetration by Rating Category**

Table: Rating Category; Eligible; Enrolled; % Eligible Enrolled

* F1
	+ Eligible = 1,287
	+ Enrolled = 18
	+ % Eligible Enrolled = 1%
* C3B
	+ Eligible = 868
	+ Enrolled = 103
	+ % Eligible Enrolled = 12%
* C3A
	+ Eligible = 10,459
	+ Enrolled = 866
	+ % Eligible Enrolled = 8%
* C2B
	+ Eligible = 2,765
	+ Enrolled = 212
	+ % Eligible Enrolled = 8%
* C2A
	+ Eligible = 13,604
	+ Enrolled = 1,151
	+ % Eligible Enrolled = 9%
* C1
	+ Eligible = 64,776
	+ Enrolled = 7,186
	+ % Eligible Enrolled = 11%
* Unavailable\*
	+ Eligible = N/A
	+ Enrolled = 5
	+ % Eligible Enrolled = N/A
* Total
	+ Eligible = 93,759
	+ Enrolled = 9,541
	+ % Eligible Enrolled = 10%

**Slide 10: Rating Category Enrollment by Plan**

Chart:

* Commonwealth Care Alliance (CCA)
	+ C3 A & B = 13%
	+ C2 A & B = 16%
	+ C1 = 71%
* Fallon Total Care (FTC)
	+ C3 A & B = 6%
	+ C2 A & B = 8%
	+ C1 = 86%
* Network Health (NH)
	+ C3 A & B = 5%
	+ C2 A & B = 23%
	+ C1 = 72%

F1 represents < 1% of enrollments in each plan

**Slide 11: Enrollment Over Time**

Chart: Monthly One Care Enrollments

* October 2013
	+ New One Care Enrollments = 1,777
	+ Total Enrolled = 1,777
* November 2013
	+ New One Care Enrollments = 2,188
	+ Total Enrolled = 3,790
* December 2013
	+ New One Care Enrollments = 1,1667
	+ Total Enrolled = 4,716
* January 2014\*
	+ New One Care Enrollments = 5,014
	+ Total Enrolled = 9,490
* February 2014
	+ New One Care Enrollments = 542
	+ Total Enrolled = 9,541

## \*Auto-assignment round one effective date, January 1, 2014

## Note: Data in the graph reflect current month information about enrollments. Monthly data may vary slightly from the previous reports due to enrollment status changes that have occurred since previous reports were issued.

## Slide 12: Opt-Outs

## Total number of opt-outs as of February 1: 16,642

### Will be excluded from any future auto-enrollment

### If eligible, can choose to enroll by self-selection at any time

## Total opt-out number includes individuals who may be ineligible

## Of the individuals who received a One Care enrollment package, ~20% have chosen to opt out

# Table: Total Opt-Outs by County

* Essex: 2,010
* Franklin: 324
* Hampden: 2,770
* Hampshire: 672
* Middlesex: 2,949
* Norfolk: 1,232
* Plymouth: 912
* Suffolk: 2,209
* Worcester: 3,490
* Non-Demo Counties: 74
* Total: 16,642

**Slide 13: Auto-Assignment Update**

**Slide 14: Auto-Assignment Overview**

* Auto-assignment (passive enrollment) is the term MassHealth is using to describe the process of assigning, notifying, and automatically enrolling someone in a One Care plan.
* Who may be auto-assigned? Only Individuals who:
	+ Live in Hampden, Hampshire, Suffolk, or Worcester County (counties with at least two One Care plans)
	+ Received enrollment packet mailing and did not enroll or opt out
	+ Are not enrolled in Medicare Advantage or PACE plan
* MassHealth sends two notices to individuals who have been auto-assigned:
	+ 60-day notice – Informs the member of the plan assignment and coverage effective date.
	+ 30-day notice – Reminder that changes will take effect in 30 days
	+ Both notices tell people how to opt out or change plans
* Three planned rounds of auto-assignment, for coverage effective January 1 (complete), April 1 (round two), and July 1, 2014 (round three).

**Slide 15: Round Two Auto-Assignment**

* Round two auto-assignments will take effect April 1, 2014
* Approximately 6,400 people are being automatically enrolled in a One Care plan for an April 1 start date
* Round two includes individuals from across the target population, including those with higher levels of LTSS and behavioral health need (i.e., C1, C2 and C3 rating categories)
* In addition to primary care, MassHealth used data on where individuals accessed LTSS and behavioral health services to match individuals to a One Care plan
* MassHealth worked closely with the One Care plans throughout the assignment process to understand their capacity to accept additional auto-assignment enrollments, and to maximize matches with their provider networks

**Slide 16: Auto-Assignment (cont’d)**

## Members who are being automatically enrolled received a 60-day notice by January 30

## 30-day reminder notices are being mailed early next week

## Individuals can always self-select or opt out

## MassHealth continues to encourage all individuals to carefully consider their enrollment options and make their own choice, using resources such as:

## Enrollment packet materials (also available on One Care website, www.mass.gov/masshealth/onecare)

## One Care plans (call or visit plan websites for more information and to search their provider directories. See One Care website for plan contact information

## SHINE (Serving the Health Insurance Needs of Everyone) counselors (for an appointment, call 1-800-243-4636)

## MassHealth Customer Service (call 1-800-841-2900, TTY: 1-800-497-4648)

## Slide 17: Auto-Assignment and Medicare Part D

* Like the 60-day notice mailing, the 30-day notice mailing will include an insert on “One Care and Part D” to help members understand what auto-assignment in One Care means for their Part D coverage, including:
	+ You will continue to receive your prescription drug benefits from your current plan through March 31, 2014
	+ Your new prescription coverage from the One Care plan will start on April 1
* This is to address concerns that members are receiving notices from their Part D plans about being disenrolled
* To provide additional information to members, MassHealth is working with CMS to develop more comprehensive information about Part D coverage and One Care
	+ Will address enrollment, continuity of care, covered drugs, and other key topics
	+ MassHealth will also work with SHINE, which has expertise in helping individuals understand Medicare Part D and their options

**Slide 18: Outreach to Additional Members**

**Slide 19: Mailing to Additional Members**

* In September 2013, MassHealth sent a One Care Enrollment Package to approximately 82,000 members and their guardians
	+ Introduced One Care and let members know about the opportunity to self-select into a One Care plan in their area
	+ Included a One Care Enrollment Guide, a cover letter with a purple stripe, a List of Covered Services, and an Enrollment Decision Form
* MassHealth is now planning to send a similar mailing, in late March, to:
	+ Individuals who have become eligible for One Care since September mail file was created
	+ Others who appear eligible in MassHealth data, but were not mailed to in September
* Expected to include approximately 10,000-15,000 members in total
* MassHealth will look at feedback and experience with September mailing to make improvements for March mailing

**Slide 20: Implementation Council Update**

**Slide 21: Early Indicators Project (EIP) Update**

**Slide 22: Early Indicators Project (EIP) Overview**

* Overall goal
	+ Assess early perceptions and experiences of MassHealth members eligible for One Care using multiple methods
	+ Distinct from One Care programmatic evaluation or quality measures
* Qualitative data sources
	+ Five focus groups (two completed)
	+ Two surveys (one completed)
* Quantitative data sources:
	+ Enrollments, MassHealth Customer Service, SHINE, the One Care Ombudsman
* Today – initial findings from
	+ First two focus groups
	+ One Care Survey #1

**Slide 23: Focus Groups Update**

Table: Five Focus Groups of Eligible Members

* Early opt-ins – completed
	+ Date: December 16, 2013
	+ Location: Boston
* Early opt-outs – completed
	+ Date: December 19, 2013
	+ Location: Worcester
* Spanish language
	+ Date: Late March 2014
	+ Location: Springfield
* Auto-enrollees
	+ Date: Early April 2014
	+ Location: Worcester
* Enrollees with intellectual disabilities and their caregivers
	+ Date: April 2014
	+ Location: Boston
* 2013 focus groups sought feedback on MassHealth’s initial One Care materials/outreach, reasons for decision, and early experiences
* 2014 focus groups will explore early experiences and population-specific concerns/experiences

**Slide 24: Overview of Focus Groups 1 and 2**

* Goal - understand perceptions and experiences of members enrolling in or opting out of One Care
* Focus group questions explored
	+ Knowledge of One Care/information received about One Care
	+ Making the decision to enroll in or opt out of One Care
	+ Hopes for or concerns about One Care
* Focus Group #1: Opt-ins (Boston)
	+ December 16, 2013; 7 participants (13 registered)
* Focus Group #2: Opt-outs (Worcester)
	+ December 19, 2013; 5 participants (9 registered)

**Slide 25: Focus Group #1: Opt-ins (Boston) Preliminary Findings**

* Knowledge of and information received about One Care:
	+ All seven participants felt they understood One Care
	+ All seven recalled receiving One Care Enrollment Packet
	+ All seven found information clear and easy to understand
* Three of the seven participants had contacted MassHealth Customer Service and found CST to be helpful; none had contacted SHINE
* Making the decision to enroll in One Care:
	+ Most participants made efforts to confirm that providers, pharmacies and medications would be covered
	+ Most discussed the decision with a primary care provider, family member or CST

**Slide 26: Focus Group #1 (cont’d)**

* Reasons for enrolling:
	+ Less expensive co-payments for prescriptions
	+ Having a care coordinator
	+ Better dental coverage
	+ One insurance/one insurance card

**Slide 27: Focus Group #2: Opt-outs (Worcester) Preliminary Findings**

* Knowledge of and information received about One Care:
	+ All five participants were familiar with One Care and had basic awareness of what One Care offers
	+ Three out of five participants recalled receiving Enrollment Packet; two only recall receiving a letter
	+ Two of five participants had contacted CST
	+ None had contacted SHINE
* Concerns about One Care information
	+ Enrollment guide was “too generic…not specific enough”
	+ “The letter … basically said that One Care will replace your existing Medicare and MassHealth. I don’t want to replace it … if you want to add stuff to it, that’s fine.”
	+ One Care website needs more information:
		- List of providers that are part of One Care
		- List of medications covered under One Care

**Slide 28: Focus Group #2 (cont’d)**

* Deciding not to enroll in One Care
	+ General consensus -- “If it’s not broke, don’t fix it”
	+ Participants felt more secure having Medicare and Medicaid
	+ Two of five participants use PCA services; LTS Coordinator role is appealing, but not enough for them to enroll in One Care
	+ One Care is new and unknown
* Some participants thought they might…
	+ Lose current doctors and medications
	+ Not get care when needed for their complicated medical conditions
	+ Have to wait for approvals for treatment
	+ Have to wait to get appointments with One Care providers
	+ Not be able to reach their Care Coordinator when needed

**Slide 29: Survey #1 Overview**

* Examined members’ perceptions and experiences of One Care during initial enrollment period
* Covered 5 major areas:
	+ MassHealth’s One Care enrollment information and the enrollment process
	+ Members’ decision-making regarding One Care enrollment
	+ Limited inquiry about early experiences in One Care (for those enrolled)
	+ Getting answers to questions about One Care
	+ Demographic, background and disability information

**Slide 30: Survey #1 (cont’d)**

* Telephone interview of 300 members eligible for One Care
* Three groups of eligible MassHealth members were surveyed:
	+ Self-selected into One Care (Opt-in group)
	+ Opted-out of One Care (Opt-out group)
	+ Neither opted-in nor opted-out (Waiting group)
* Interviews conducted by UMMS Office of Survey Research from December 16 – January 20
	+ 109 members who opted-in
	+ 125 members who opted-out
	+ 51 members who are “waiting”
	+ 15 members who were not sure which group they were in

**Slide 31: Survey #1 Preliminary Findings**

(This slide was presented in a table format)

Perceptions of and Experiences with Information about One Care:

Enrollment Packet Materials

 Opt-In Opt-Out Waiting

 (N=109) (N=125) (N=51)

\*Ease of understanding Enrollment Guide

* Very easy/somewhat easy………………………................ 83.3% 72.9% 58.3%
* Somewhat difficult/very difficult…………………........... 12.2% 21.9% 37.5%

Ease of understanding Enrollment Decision Form

* Very easy/somewhat easy………………………................ 81.1% 72.9% 58.3%
* Somewhat difficult/very difficult…………………........... 6.7% 15.6% 29.2%

Importance of info in deciding about One Care

* Very easy/somewhat easy………………………................ 88.9% 84.4% 91.7%
* Somewhat difficult/very difficult…………………........... 8.9% 14.6% 0.0%

\*Respondents could identify more than one source, so totals exceed 100%.

**Slide 32: Survey #1 Preliminary Findings (Cont’d)**

(This slide was presented in a table format)

Perceptions of and Experiences with Information about One Care:

Other Sources or Methods

 Opt-In Opt-Out Waiting

 (N=109) (N=125) (N=51)

Called MassHealth Customer Service…………………................. 33.9% 34.4% 7.8%

Called or met with SHINE counselor……………………................ 19.3% 6.4% 0.0%

Attended community info session/health fair……….............. 6.4% 7.2% 3.9%

Spoke to rep from One Care plan.......................................... 56.9% 16.0% 3.9%

Spoke to doctor or other provider........................................ 41.3% 34.4% 21.6%

Got info from someone else.................................................. 12.8% 14.4% 5.9%

None of the above................................................................. 12.8% 36.8% 62.8%

\*Respondents could identify more than one source, so totals exceed 100%.

**Slide 33: Survey #1 Preliminary Findings (Cont’d)**

(This slide was presented in a table format)

Reasons for Decisions about One Care: Opt-Ins

 Opt-In (N=109)

\*Reasons for Enrolling (Opting-in)

* To get better services.................................................................. 80.7%
* To get additional services............................................................ 76.2%
* To get less complicated health care............................................ 71.6%
* To lower my health care costs.................................................... 71.6%
* To have a care coordinator......................................................... 52.3%
* Someone recommended it.......................................................... 41.3%
* Other reasons.............................................................................. 31.2%

\*Respondents could identify more than one reason, so totals exceed 100%

**Slide 34: Survey #1 Preliminary Findings (Cont’d)**

(This slide was presented in a table format)

Reasons for Decisions about One Care: Opt-Outs

 Opt-Out (N=125)

\*Reasons for Opting-out

* Happy with health care/One Care wouldn’t be as good............. 76.0%
* Would lose an important provider.............................................. 68.8%
* Would lose an important service................................................ 56.0%
* Care would be more complicated............................................... 51.2%
* Didn’t find answers to my questions about One Care................ 24.8%
* Would have to pay more for health care.................................... 23.2%
* Someone recommended it.......................................................... 16.0%
* Other reasons.............................................................................. 33.6%

\*Respondents could identify more than one reason, so totals exceed 100%

**Slide 35**

**Survey #1 Preliminary Findings**

(This slide was presented in a table format)

Reasons for Decisions about One Care: Waiting

 Waiting (N=51)

\*Reasons for Waiting to Decide (Waiting)

* Need more time to decide.......................................................... 84.3%
* Not sure what to do next............................................................ 70.6%
* Want to discuss with someone first............................................ 68.6%
* Need more information.............................................................. 68.6%
* Other reasons.............................................................................. 29.4%

\*Respondents could identify more than one reason, so totals exceed 100%

**Slide 36: Next Steps in EIP**

* Three additional focus groups will be conducted March-April 2014
	+ Spanish speaking enrollees, auto-assigned enrollees, enrollees with intellectual disabilities and their caregivers
	+ Final report on all focus groups expected July 2014
* Survey #2: May-December 2014
	+ 3,000 self-selected and auto-assigned enrollees
	+ More comprehensive survey on continuity of care; assessments and care plans; Care Coordinator/LTS Coordinator experience; successes/problems
	+ Telephone and mail, English and Spanish
	+ Fielded approx. 120 days after each wave of auto-assignment
	+ Final report in March 2015
* Ongoing/additional indicator reports; eventual quarterly “dashboard” with findings published on One Care website
* MassHealth will work with the EIP Workgroup and the entire Implementation Council to interpret the data and determine any future strategic or corrective actions that may be called for

**Slide 37: One Care Ombudsman**

**Slide 38: One Care Ombudsman Update**

## The One Care Ombudsman (OCO) launch expected March 3

## The OCO is a partnership between the Disability Policy Consortium, Health Care for All, and Consumer Quality Initiatives (CQI), contracted by MassHealth

## Contact information as of March 3:

## 855-781-9898 (MassRelay – dial 711)

## 11 Dartmouth St., Suite 301

## Malden, MA 02148

## This information will be posted on the One Care website and emailed to stakeholders

## In addition, MassHealth and OCO are working on a broader communication plan and materials for notifying members about the OCO

**Slide 39:**

## Visit us at www.mass.gov/masshealth/onecare

## Email us at onecare@state.ma.us