

One Care: MassHealth plus Medicare

MassHealth Demonstration
to Integrate Care for Dual Eligibles

Open Meeting

January 27, 2014, 2:00 PM – 4:00 PM

State Transportation Building

Boston, MA



Agenda for Today

- January Enrollment Report
- Implementation Council Update
- Auto-Assignment Round Two
- Early Indicators Project Update
- LTS Coordinator
- Outreach and Engagement Activities

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

Total Enrollment

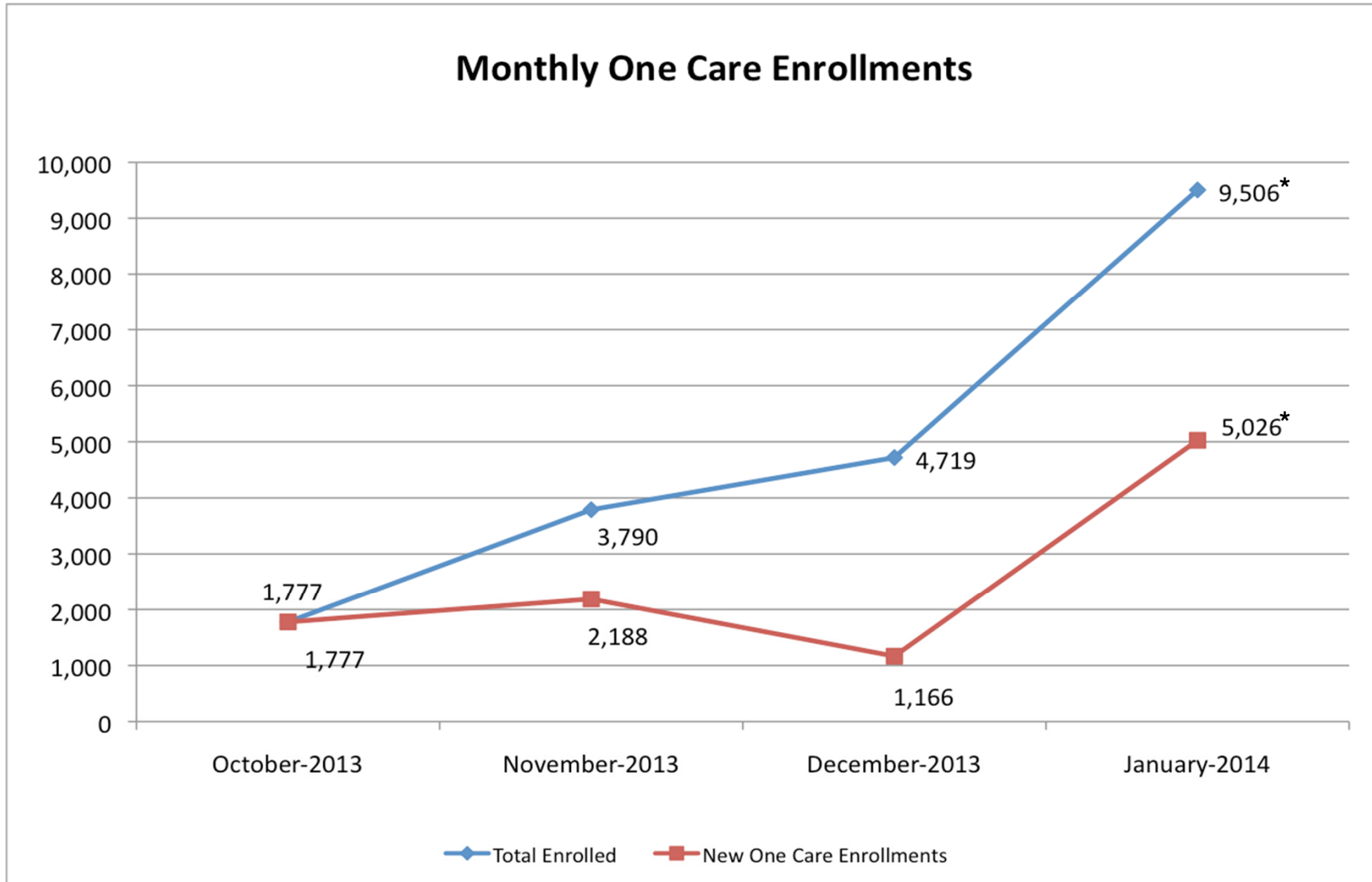
- Effective **January 1**, total number of enrollees: **9,506**
 - 5,319 self-selection enrollments
 - 4,187 round one auto-assignment enrollments

| Total Enrollment by Plan | |
|----------------------------------|-------|
| Commonwealth Care Alliance (CCA) | 6,120 |
| Fallon Total Care (FTC) | 2,570 |
| Network Health | 816 |
| Total | 9,506 |

Enrollments via Auto-Assignment Round 1

- Round one of auto-assignment was completed as planned for January 1, 2014
 - Included 6,886 individuals, who appeared in MassHealth data to have less acute needs than others in the eligible population (C1 rating category)
 - 60-day notice and 30-day notices sent in October and November
 - MassHealth used data on where members accessed primary care services to match enrollees to plans
- Of those individuals:
 - 61% stayed with their assigned plan for Jan. 1
 - 6% decided to enroll in assigned plan for an earlier effective date
 - 2% switched plans
 - 25% opted out of One Care
 - 7% were cancelled for various reasons (e.g. no longer eligible, or notices came back undeliverable)

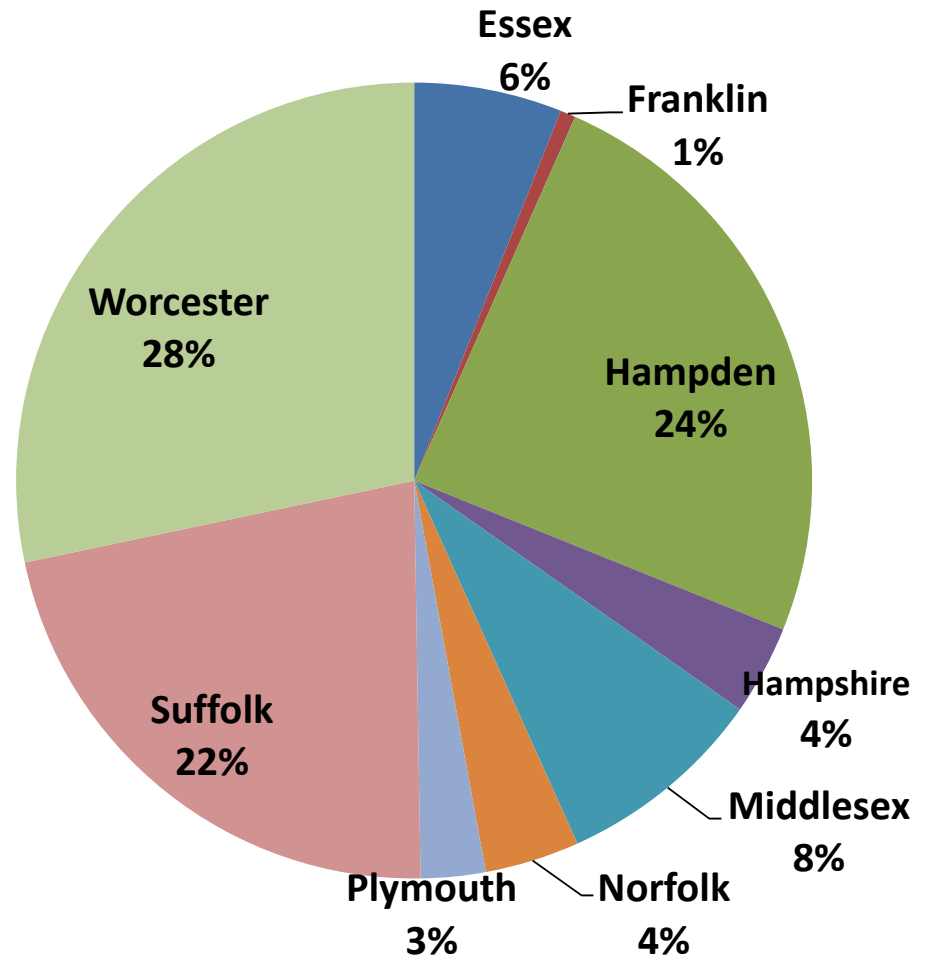
Enrollment Over Time



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

Total Enrollment by County

| Total Enrollment by County | |
|----------------------------|--------------|
| Essex | 571 |
| Franklin | 59 |
| Hampden | 2,326 |
| Hampshire | 347 |
| Middlesex | 810 |
| Norfolk | 366 |
| Plymouth | 250 |
| Suffolk | 2,087 |
| Worcester | 2,690 |
| Total | 9,506 |

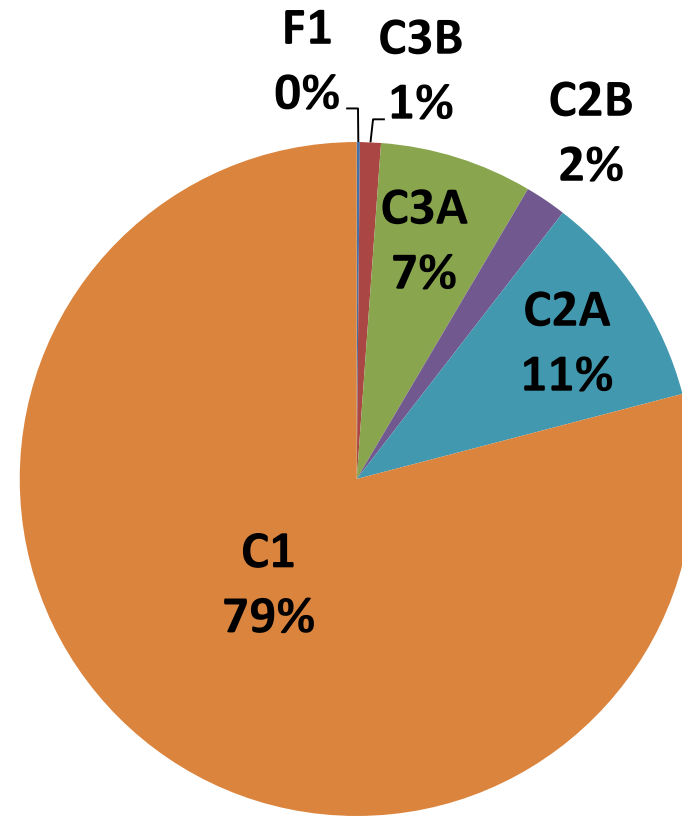


One Care Rating Category Definitions **MassHealth**

- **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

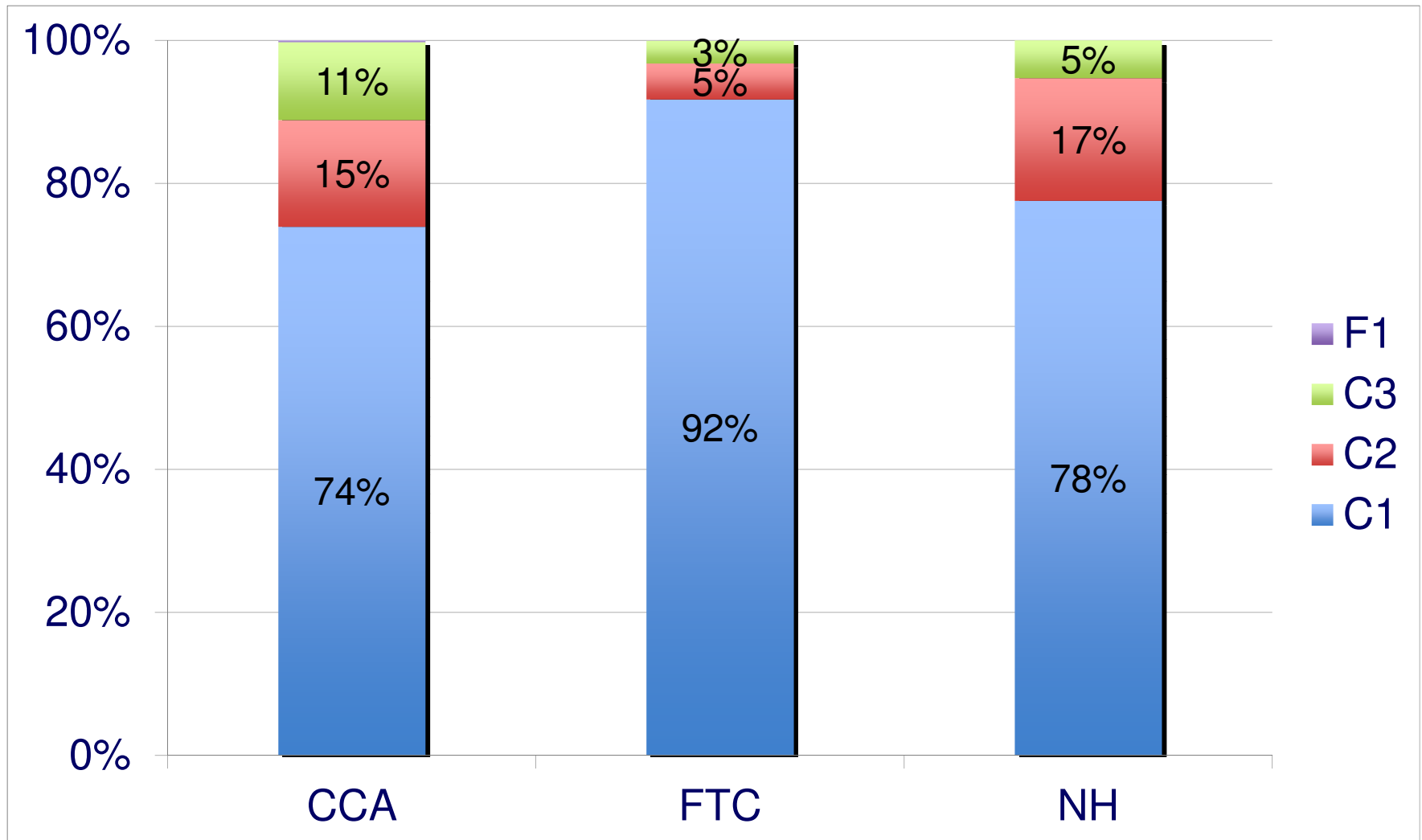
Total Enrollment by Rating Category

| Total Enrollment by Rating Category | |
|-------------------------------------|--------------|
| F1 | 15 |
| C3B | 95 |
| C3A | 697 |
| C2B | 190 |
| C2A | 992 |
| C1 | 7,515 |
| Unavailable* | 2 |
| Total | 9,506 |



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

Rating Category Enrollment by Plan



F1 represents <1% of enrollments in each plan

Opt-Outs

- Total number of opt-outs as of January 1: 15,567
 - 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, ~19% have chosen to opt out

| Total Opt-Outs by County | |
|---------------------------------|---------------|
| Essex | 1,950 |
| Franklin | 316 |
| Hampden | 2,484 |
| Hampshire | 597 |
| Middlesex | 2,856 |
| Norfolk | 1,205 |
| Plymouth | 903 |
| Suffolk | 2,057 |
| Worcester | 3,127 |
| Non-Demo Counties | 72 |
| Total | 15,567 |

Implementation Council Update

Auto-Assignment Round Two

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).

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

Auto-Assignment (cont'd)

- Members who are being automatically enrolled will receive a 60-day notice by January 30
- 30-day reminder notice will follow at the end of February
- 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)

Auto-Assignment and Medicare Part D **MassHealth**

- In addition to receiving auto-assignment notices, the 60-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
- This is to address concerns that members are receiving notices from their Part D plans about being disenrolled
- Key messages from the insert include:
 - You may receive a notice from your Part D plan that it will no longer cover your drugs as of April 1
 - 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
 - There will be no gap in your prescription drug coverage.
 - If you do not want to be in One Care, you may stay in your current prescription drug plan. You just need to call MassHealth before April 1

Early Indicators Project (EIP)

Early Indicators Project (EIP) Overview

- Analyzing early quantitative and qualitative indicator data to assess the perceptions and experiences of enrollees and those who have chosen to opt out
- Distinct from One Care programmatic evaluation or quality measures
- EIP Workgroup began work in October - members:
 - 4 representatives from the Implementation Council
 - 3 MassHealth staff
 - 2 UMass staff
- Key data sources for the EIP:
 - Focus groups (5)
 - Surveys (2)
 - Monthly data reports from sources such as:
 - MassHealth enrollment data
 - MassHealth Customer Service
 - SHINE (Serving the Health Insurance Needs of Everyone)
 - One Care Ombudsman
 - One Care plans

Focus Groups Update

| Five Focus Groups of Eligible Members | | |
|---|-------------------|-----------|
| Early opt-ins – completed | December 16, 2013 | Boston |
| Early opt-outs – completed | December 19, 2013 | Worcester |
| Auto-enrollees | Late March 2014 | TBD |
| Spanish language | March/April 2014 | TBD |
| Enrollees with intellectual disabilities and their caregivers | March/April 2014 | TBD |

- 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

Surveys Update

- Survey 1 was completed in December 2013
 - Population: Initial One Care mailing recipients, including opt-outs, self-selects, and no-action members
 - Final sample size = 300
 - Telephone only
 - Reactions to materials and reasons for enrollment decision
 - Expectations for One Care and early experience
- Survey 2 will be launched in Spring 2014
 - Population: Self-selected and auto-assigned enrollees
 - Target sample size = 3,000
 - More comprehensive
 - Telephone and mail
 - Three deployments, approximately 120 days after each auto-assignment wave
 - Early experience – continuity of care, assessments, successes/problems

Public Reporting on EIP Findings

- Preliminary findings will be reported to the Implementation Council on Friday, January 31, including:
 - Focus Groups 1 and 2
 - Survey 1
 - Data reports from MassHealth enrollment systems and MassHealth Customer Service

- Findings will be published subsequently on the One Care website

- Next steps for the EIP workgroup:
 - Develop a “dashboard” of illustrative data and trends, pulling elements from monthly data reports
 - Produce quarterly, starting April 2014
 - Field Survey 2 beginning Spring of 2014

LTS Coordinator

LTS Coordinator

- MassHealth is continuing efforts to ensure that we have an effective Independent Living – Long Term Services and Support (LTS) Coordinator role in One Care

- MassHealth is working with stakeholders, the Implementation Council, and the One Care plans to
 - Develop a common understanding of, and vision for, the role of the LTS Coordinator
 - Achieve balance in implementation such that the LTS Coordinator resources meet the actual needs of One Care members (numbers and skill sets); adds value; and is fiscally responsible
 - Determine approaches for communicating the value, role and availability of an LTS Coordinator to enrollees and members

LTS Coordinator (cont'd)

- MassHealth will continue to explore perspectives on the role, including
 - Expectations
 - Implementation experience
 - What is working well
 - What is not working well

- Out of these dialogues, specific action steps are being identified; so far, these include:
 - Developing standard language/materials for members that explains the LTS Coordinator and the option for members to have one on their Care Team
 - Designing training protocols for providers and plans on how the LTS Coordinator role will be implemented in One Care

Outreach and Engagement Activities

Recent and Upcoming Activities

- Presenting One Care updates at key MassHealth provider meetings:
 - Massachusetts Training Forum, multiple dates in January
 - Provider Association Forum, February 12
- Participated in panel discussion of One Care at State Mental Health Planning Council meeting, January 9
 - Included consumers/peers and providers with particular interest in behavioral health aspects of One Care
- Next steps will focus on working to increase public awareness of One Care with efforts at the community level, including
 - Scheduling sessions/events with community organizations that work with One Care target populations (e.g. ILCs, RLCs, organizations focused on homelessness)
 - Briefing legislators on One Care and identifying opportunities and/or venues in their districts for targeted outreach
- Targeting 3-6 community sessions over the next 6 months
- These efforts will be informed by outreach Implementation Council members and others have been doing with their community contacts

Behavioral Health, Recovery and Peer Support Webinar

January 30, 2014 | 12 – 1 p.m.

- Over two-thirds of individuals in One Care have a behavioral health diagnosis.
- This webinar will
 - Provide an overview of the behavioral health services that are now available in One Care
 - Describe how behavioral health services based upon a person-centered recovery orientation are key to the care planning process
 - Explain the role of peer specialists as care team members
 - Describe how Department of Mental Health services can be utilized by individuals enrolled in One Care.
- Speakers
 - Chris Counihan, Director, MassHealth Office of Behavioral Health
 - Deborah Delman, Executive Director of The Transformation Center.
 - Ellie Shea-Delaney, Assistant Commissioner of Program Development and Interagency Planning, Massachusetts Department of Mental Health

Training (cont'd)

- To register for the Jan. 30 webinar, go to:
<http://www.mass.gov/masshealth/onecare/learning>

- At that site, you can also find announcements of other upcoming webinars, and archives of the past One Care webinars for review at your convenience:

| | |
|--------------------|-------------------------------------|
| May 23, 2013 | ■ Intro to One Care |
| June 13, 2013 | ■ Contemporary Models of Disability |
| September 26, 2013 | ■ Enrollee Rights |
| October 17, 2013 | ■ ADA Compliance |
| November 14, 2013 | ■ Cultural Competence |

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

Email us at OneCare@state.ma.us

