# Slide 1: 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

**Slide 2: Agenda for Today**

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

# 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 **January 1**, total number of enrollees: **9,506**

* 5,319 self-selection enrollments
* 4,187 round 1 auto-assignment enrollments

Table: Total Enrollment by Plan

* Commonwealth Care Alliance (CCA) = 6, 120
* Fallon Total Care (FTC) = 2, 570
* Network Health = 816
* Total = 9,506

**Slide 5: 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)

**Slide 6: 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 = 1,166
  + Total Enrolled = 4,719
* January 2014\*
  + New One Care Enrollments = 5,026
  + Total Enrolled = 9,506

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

**Slide 7: Total Enrollment by County**

Table: 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

Chart: Total Enrollment by County (%)

* Essex = 6%
* Franklin = 1%
* Hampden = 24%
* Hampshire = 4%
* Middlesex = 8%
* Norfolk = 4%
* Plymouth = 3%
* Suffolk = 22%
* Worcester = 28%

**Slide 8: 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 9: Total Enrollment by Rating Category**

Table: 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.

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

* F1 = < 1%
* C3B = 1%
* C3A = 7%
* C2B = 2%
* C2A = 11%
* C1 = 79%

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

Chart:

* Commonwealth Care Alliance (CCA)
  + F1 = <1%
  + C3 = 11%
  + C2 = 15%
  + C1 = 74%
* Fallon Total Care (FTC)
  + F1 = <1%
  + C3 = 3%
  + C2 = 5%
  + C1 = 92%
* Network Health (NH)
  + F1 = <1%
  + C3 = 5%
  + C2 = 17%
  + C1 = 78%

## Slide 11: 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

# Table: 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

**Slide 12: Implementation Council Update**

**Slide 13: Auto-Assignment Round Two**

**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 15: 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)

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

* 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

**Slide 18: Early Indicators Project (EIP)**

**Slide 19: 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

**Slide 20: Focus Group Update**

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
* Auto-enrollees
  + Date: Late March 2014
  + Location: TBD
* Spanish language
  + Date: March/April 2014
  + Location: TBD
* Enrollees with intellectual disabilities and their caregivers
  + Date: March/April 2014
  + Location: 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

**Slide 21: 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

**Slide 22: 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

**Slide 23: LTS Coordinator**

**Slide 24: 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

**Slide 25: 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

**Slide 26: Outreach and Engagement Activities**

**Slide 27: 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

**Slide 28: Training for Plan Staff and Providers**

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

**Slide 29: 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

**Slide 30:**

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

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