# Slide 1:

# One Care: MassHealth plus Medicare

# MassHealth Demonstration to Integrate Care for Dual Eligibles

# Implementation Council Meeting

# January 9, 2015 1:00 PM – 3:00 PM

# State Transportation Building

# Boston, MA

# Slide 2:

# Agenda for Today

## One Care Reporting

## Total Enrollment by Rating Category

## One Care Spending

## Encounter Data

## Updates to Financial Methodology

## Implementation Council Vacancies

## Slide 3:

# Total Enrollment by Rating Category

|  |  |
| --- | --- |
| **Total Enrolled** | **Rating Category** |
| **Month** | **C1 - Community Other** | **C2A - Community High BH** | **C2B - Community Very High BH** | **C3A - High Community Need** | **C3B - Very High Community Need** | **F1 - Facility-based Care** | **Grand Total** |
| October-2013 | 1,012 | 382 |   | 381 |   | 2 | 1,777 |
| November-2013 | 2,166 | 873 |  | 742 |  | 6 | 3,787 |
| December-2013 | 2,635 | 1,142 |  | 929 |  | 8 | 4,714 |
| January-2014 | 6,556 | 1,394 | 245 | 1,162 | 111 | 14 | 9,482 |
| February-2014 | 6,126 | 1,638 | 267 | 1,361 | 112 | 16 | 9,520 |
| March-2014 | 5,794 | 1,848 | 295 | 1,636 | 113 | 15 | 9,701 |
| April-2014 | 6,805 | 3,172 | 640 | 2,384 | 143 | 22 | 13,166 |
| May-2014 | 6,806 | 3,161 | 635 | 2,493 | 133 | 25 | 13,253 |
| June-2014 | 6,820 | 3,198 | 643 | 2,584 | 135 | 20 | 13,400 |
| July-2014 | 10,982 | 3,875 | 767 | 3,031 | 140 | 22 | 18,817 |
| August-2014 | 10,315 | 3,825 | 761 | 2,996 | 141 | 22 | 18,060 |
| September-2014 | 10,039 | 3,776 | 776 | 2,969 | 143 | 27 | 17,730 |
| October-2014 | 9,619 | 3,830 | 781 | 3,064 | 148 | 24 | 17,466 |
| November-2014 | 9,475 | 4,131 | 940 | 3,374 | 151 | 28 | 18,099 |
| Grand Total | 95,150 | 36,245 | 6,750 | 29,106 | 1,470 | 251 | 168,972 |

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# Enrollment by Rating Category - Impact on Spending

## The distribution of members across the rating categories has been uneven from month to month.

## Impacts the aggregate spending category distribution, especially for HCBS/Home Health service spending.

## We expect to see the majority of HCBS/Home Health spending for One Care enrollees in C3A and C3B.

## October 2013: 69% of One Care enrollees were in C1; 16% were in C3A.

## January 2014: 79% of One Care enrollees were in C1; 8% were in C3A or C3B.

## June 2014: 56% of One Care enrollees were in C1; 17% were in C3A or C3B.

## Enrollment by rating category and plan in June 2014:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **One Care Plan Enrollment (Enrollees)** | **C1** | **C2A** | **C2B** | **C3A** | **C3B** | **F1** | **Total by Plan** |
| Commonwealth Care Alliance | 4,580 | 1,375 | 266 | 1,491 | 118 | 16 | 7,846 |
| Fallon Total Care | 2,504  | 1,253 | 282 | 596 | 22 | 2 | 4,659 |
| Tufts Health Plan – Network Health | 388 | 373 | 75 | 63 | 3 | 0 | 902 |
| **Total by Rating Category\*** | 7,472 | 3,001 | 623 | 2,105 | 143 | 18 | 13,407 |
| *Rating Category % of Total Enrollment* | *56%* | *22%* | *5%* | *16%* | *1%* | *0%* | *100%* |

## *\*The RC status was unavailable for 2 enrollments in this month; the reported total enrollment for 6/1/14 was 13,409.*

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# Length of Enrollment Impact on Spending

## From date of enrollment, 90 days for assessment and care planning process

### Members’ prior services, provider relationships, and service authorizations are protected through this Continuity of Care period.

### One Care plans continue to pay these claims until member’s new care plan in place

### Continuity of Care period spending likely reflects FFS trends more than impact of One Care’s care model

## For the first 3 quarters of spending (Oct. 2013 – June 2014), much of the One Care plans’ spending reflects enrollees’ Continuity of Care periods.

### December 2013: 100% of enrollees in One Care 3 months or less (1st quarter spending)

### March 2014: 58% of enrollees in One Care 3 months or less(2nd quarter spending)

### June 2014: 35% of enrollees in One Care 3 months or less(3rd quarter spending)

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**One Care: Aggregate Medical and LTSS Spending through June 30, 2014 ($ Millions)**

Aggregate One Care Plan medical and LTSS spending from October 1, 2013 – June 30, 2014 as reported by One Care plans, subject to verification by MassHealth and CMS.

* Inpatient $21.86 (16%)
* LTC Facility $1.84 (1%)
* Outpatient/Professional $34.17 (24%)
* Pharmacy $34.36 (25%)
* Transportation $3.55 (3%)
* HCBS/Home Health $19.40 (14%)
* Other $12.70 (9%)
* IBNR $11.40 (8%)

IBNR: Incurred but not reported spending is an estimate of costs that have been incurred for services provided during the reporting period, but that have not yet been billed or adjudicated.

Other: Includes dental and vision services.

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# Encounter Data

## MassHealth will collect encounter data going back to the beginning of the implementation of One Care (October 2013)

## Timeline

### Testing

#### Phase 1: end of December 2014 – on target

#### Phase 2: end of January 2015

### Encounter data submissions expected (“go live”): end of March 2015

### Data validation and analysis will begin following submissions

## Encounter Data workgroup

### Representatives from the Implementation Council, MassHealth and UMMS will participate on the workgroup and define the group’s overall objective(s)

### Provide recommendations on the specific services to explore and analyze in detail, e.g., PCA utilization, hospital admissions, behavioral health diversionary service utilization vs. inpatient psych

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# Updates to Financial Methodology

## In January 2015, EOHHS, MassHealth, and the three One Care plans amended the One Care three-way contract through a second addendum:

### Savings Percentages

### High Cost Risk Pools

### Risk Corridors

## Savings Percentages: The three-way contract includes savings percentages that are applied to the MassHealth and Medicare Parts A & B rate components.

### This addendum reduced the savings percentages for Demonstration Years 2 and 3

#### Year 2: Reduced by 1% (from 1.5% to 0.5%)

#### Year 3: Reduced by 2% (from >4% to 2%)

### This means the One Care plans will receive higher payments from MassHealth and from Medicare

## High Cost Risk Pools (HCRPs): The three-way contract established HCRPs funded by a percentage of the MassHealth capitation. HCRPs are designed to redistribute funding between the One Care plans in the event of disproportionate enrollment of high-cost individuals.

### This addendum eliminated the HCRPs for 2013 and 2014 (Demonstration Year 1)

#### One Care plans expected this change to be budget neutral

#### HCRP withholdings will be refunded to each plan

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# Updates to Financial Methodology, *cont’d*

## Risk Corridors: Risk-sharing mechanism intended to mitigate the financial risk One Care plans assume as they begin to implement the integrated care model and provide coordinated services to One Care enrollees

### The three-way contract established risk corridors for the first year of the demonstration

### MassHealth and CMS amended the three-way contract in September 2014 to extend risk corridors for the second and third years

## This addendum increased risk sharing for Demonstration Year 1:

#### For plan gains/losses up to 1%, no sharing (no change)

#### For plan gains/losses 1.1% - 10%, 10% plan share, 90% CMS/MassHealth share

#### For plan gains/losses 10.1% - 20%, 50%-50% sharing between plan and CMS/MassHealth

#### For plan gains/losses >20%, no sharing (no change)

#### Additional participation from Medicare at higher levels of risk sharing

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# Implementation Council Vacancies

## MassHealth intends to reprocure to address vacancies on the Council

### MassHealth is aware of 3 vacancies at this time

## Similar process as the Fall 2012 Implementation Council procurement

### At least half of Council from MassHealth members with disabilities, or family members or guardians of MassHealth members with disabilities

### Others to represent community-based organizations, advocacy organizations, unions, and providers

## UMMS will be reaching out to all Council members to:

### Discuss their engagement on the Council and any barriers they may be experiencing

### Share a recommitment form and request that each Council member indicate their intention to continue to participate on the Council

#### Requesting responses by February 2015

## Slide 11:

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

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