

One Care: MassHealth plus Medicare

MassHealth Demonstration
to Integrate Care for Dual Eligibles

Open Meeting

June 8, 2015 10:00 AM – 12:00 PM

1 Ashburton Place, 21st Floor

Boston, MA



Agenda for Today

- MassHealth Renewals
- Early Indicators Project (EIP) Survey 2 Report
- One Care Spending and Finance
- New Quarterly Reports
- Auto-Assignment
- Implementation Council Member Procurement
- Implementation Council Update

MassHealth Renewals

- Federal Renewal Requirements

- Overview of MassHealth Renewal Strategies
 - Round 1 (January – June 2015)
 - Round 2 (July - December 2015)

- Renewals for HIX Disabled Members
 - Who Does NOT Need to Take Action
 - Who Needs to Take Action
 - Outreach Strategies and Assistance

Federal Renewal Requirements

- Federal law requires MassHealth to renew member eligibility every 12 months. Through this process MassHealth ensures eligible members receive benefits.
 - Due to system issues, MassHealth suspended renewals in fall of 2013
- Under the ACA, MassHealth is required to use Modified Adjusted Gross Income (MAGI) methodologies to review and re-determine benefits for members under age 65
 - This accounts for roughly 1.2M MassHealth members (approximately 735K households)
 - These members will need to complete a new application through the new HIX system at MAhealthconnector.org
- Traditional populations including elders and members in the Home and Community Based Waiver (HCBW) are not subject to MAGI and will continue to be renewed on their due dates

MassHealth Renewal Strategies – Round 1

- In January 2015, MassHealth began renewals for members subject to MAGI

- MassHealth conducted three rounds of renewals for families where at least one member was enrolled in MassHealth Standard, CarePlus or Family Assistance.
 - Accounted for ~500K members/~320K households
 - Did not include households with disabled members or those on premium assistance

MassHealth Renewal Strategies- Round 2

- This summer MassHealth will begin renewals on the remaining under-65 MAGI population
- Starting in **July**, MassHealth will automatically renew benefits for some disabled members through various processes, including SSI data matching, Administrative Review and Express Lane renewal process.
 - Over 70,000 members will not need to complete a new application and will have their benefits automatically renewed for one year.
- Starting in **August**, MassHealth will begin to outreach to the remaining MAGI members who need to proactively submit an application to renew their benefits including:
 - disabled,
 - remaining members in MassHealth Standard, Family Assistance and CarePlus,
 - members with closed SSI or TAFDC benefits, and
 - Premium Assistance households.

Members Who Do NOT Need to Take Action in 2015

- The following disabled individuals are automatically eligible for MassHealth based on data sources and do NOT need to renew their benefits:
 - Individuals who receive SSI benefits
 - Those who meet the following criteria to be eligible for Administrative Review:
 - Have Social Security as their sole source of income (this includes SSDI and RSDI)
 - Members in certain income levels who are receiving SNAP benefits (food stamps) will be automatically renewed
- In July 2015 MassHealth will send a letter to households meeting criteria for Administrative Review or Express Lane Renewal telling them they have been reviewed automatically and that they do not need to respond to MassHealth unless they have changes to report
- Households where all members have already received an eligibility determination from the new HIX system will be excluded from the renewal process
- Approximately 30% of all MassHealth members with disabilities will need to actively renew
 - Approximately 15% of One Care enrollees will need to actively renew. Specific numbers by health plan will be available in July.
- MassHealth will not select current CommonHealth members for redetermination this calendar year (2015)

Renewals for MassHealth HIX Disabled Members

- In July, the HIX will release critical functionality that will allow MassHealth to conduct renewals for disabled children (all incomes) and most adults (incomes $\leq 133\%$ FPL).
 - This will allow MassHealth to more seamlessly renew benefits for these populations
- The first week in August, MassHealth will start sending renewal notices with applications to impacted disabled households. They will be given 45 days to reapply.
 - Members will strongly be encouraged to reapply online, with an Enrollment Assister or over the phone.
- If they fail to reapply they will be sent a termination notice and their benefits will end within 14 days.
- MassHealth will constantly work with community and health plan partners, monitor response, and make adjustments to ensure that members successfully complete the process.

- MassHealth is working with our partners and stakeholders to develop outreach strategies for the remaining renewal populations.
- MassHealth will continue to employ similar outreach resources available to individuals during the first round of renewals, including:
 - Use of enrollment assisters
 - Providing lists to One Care plans and MCOs
 - Continue outreach, provide education, and engaging our community partners
 - Massachusetts Health Care Training Forums (MTF): Quarterly Trainings, Webinars, FAQs
 - Work with other state agencies (i.e., DDS, DMH)

MassHealth Outreach Strategies – Enrollment Assistors

- MassHealth and the Health Connector train enrollment assistors throughout the Commonwealth to provide free in-person assistance to anyone needing to submit an application. Our assistor community includes:
 - 1,200 trained Certified Application Counselors (CACs) from 170 organizations, including nearly all hospital and Community Health Centers
 - 87 trained Navigators from 15 organizations
- Each renewal letter will encourage members, if assistance is needed, to locate and schedule appointments with an Enrollment Assister in their area
- To locate available assistors visit <http://betterhealthconnector.com/enrollment-assisters>
 - Use this website to input an address or zip code to locate assistors in the area

MassHealth Outreach Strategies – Community Partnerships

- We have also partnered with Health Care for All (HCFA) through an ACA Consumer Assistance Program to implement robust consumer assistance and outreach projects for targeted populations related to renewals
 - HCFA will work on conducting additional educational trainings to community partners related to renewals specifically for disabled members.
 - This campaign will specifically target hard-to-reach consumers with low to moderate incomes, homeless individuals, and those with limited and non-English-speaking households.
- Additional outreach materials will be developed and deployed in partnership with HCFA and the Blue Cross Blue Shield Foundation
- MassHealth will continue to partner with local Community Health Centers (CHCs) and other community groups to host renewal walk-in events

Early Indicators Project (EIP) Survey 2 Report

One Care Member Experience Survey Overview

- One Care Member Experience Survey (OC-MES)
 - A comprehensive survey designed to capture members' experiences and perceptions during the first few months they were enrolled in One Care, providing point-in-time information
- 6,000 randomly-selected members in 3 cohorts of 2,000
 - Including members from all One Care plans, and both voluntarily and passively enrolled members
- 1,933 responded (32% response rate)
 - 54% mail; 42% phone; 4% online

Survey Topics

1. Enrolling into One Care
2. Your Care Team
3. Assessment and Care Planning Process
 - Assessing needs for Medical Services and Long-Term Services and Supports (LTSS)
4. Your Individual Care Plan
5. Your Care – Services You Need and Receive
 - Medical Services and Long-Term Services and Supports (LTSS)
6. Moving Into One Care
7. Overall Perceptions of One Care
8. Member Demographic and Disability Information

Demographic Characteristics of Responding Members

■ Age

- 8% 21-34
- 17% 35-44
- 34% 45-54
- 42% 55-64

■ Gender

- 48% Male
- 52% Female
- .3% Transgender/other

■ Sexual Orientation

- 92% Heterosexual
- 5% Gay/Lesbian
- 2% Bisexual
- 1% Asexual

■ Homelessness

- 7% Homeless in the past year

■ Ethnicity

- 21% Hispanic/Latino

■ Race

- 65% White
- 13% Black/African American
- 1% Asian
- 4% Native American
- 15% Other

■ Primary Language

- 79% English
- 12 % Spanish
- 8% Other

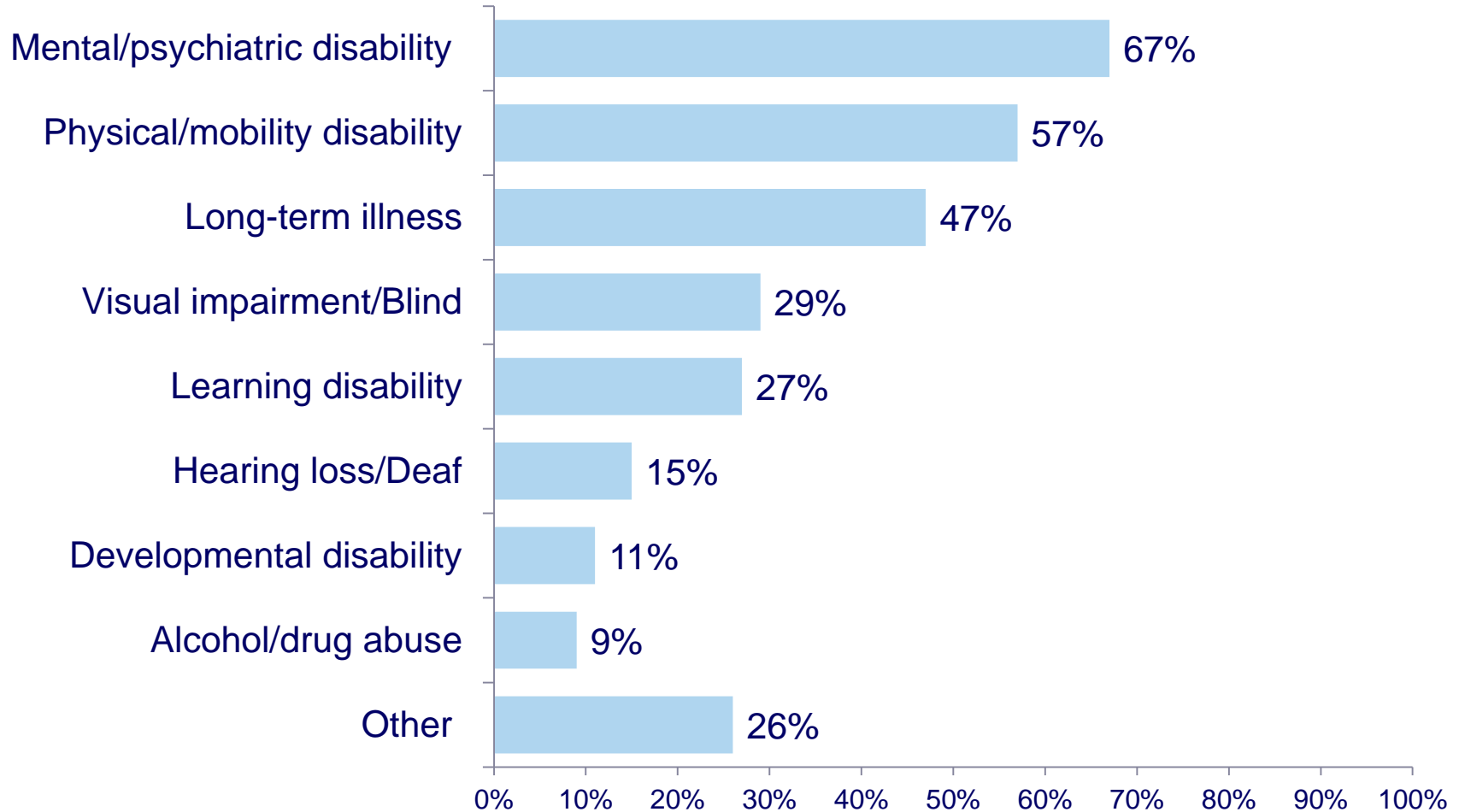
■ Education

- 24% Less than HS
- 38% HS grad/GED
- 39% Some college or more

■ Employment

- 16% Worked for pay in last 12 mo

Member Disability/Health Conditions



➤ **80% of members reported more than one condition**

Key Findings

Summary Findings

- Overall satisfaction with One Care is high
- Most members intend to stay in One Care
- Members who met with their PCP, Care Coordinator and/or LTS Coordinator expressed high levels of satisfaction with these Care Team members
- Findings suggest that members' needs for medical services, including mental health, are more consistently assessed and addressed compared to LTSS needs
- Findings show that many members are unsure whether they had an individual care plan and suggest the need for greater attention to person-centered and member driven care planning
- Many members are unsure whether they want and/or have been offered a LTS Coordinator and whether they want/need LTSS services
- Overall, there were few differences in members' experiences in One Care associated with demographic or disability characteristics, but the findings do suggest some differences and highlight the ongoing need to ensure cultural competence

Recommendations

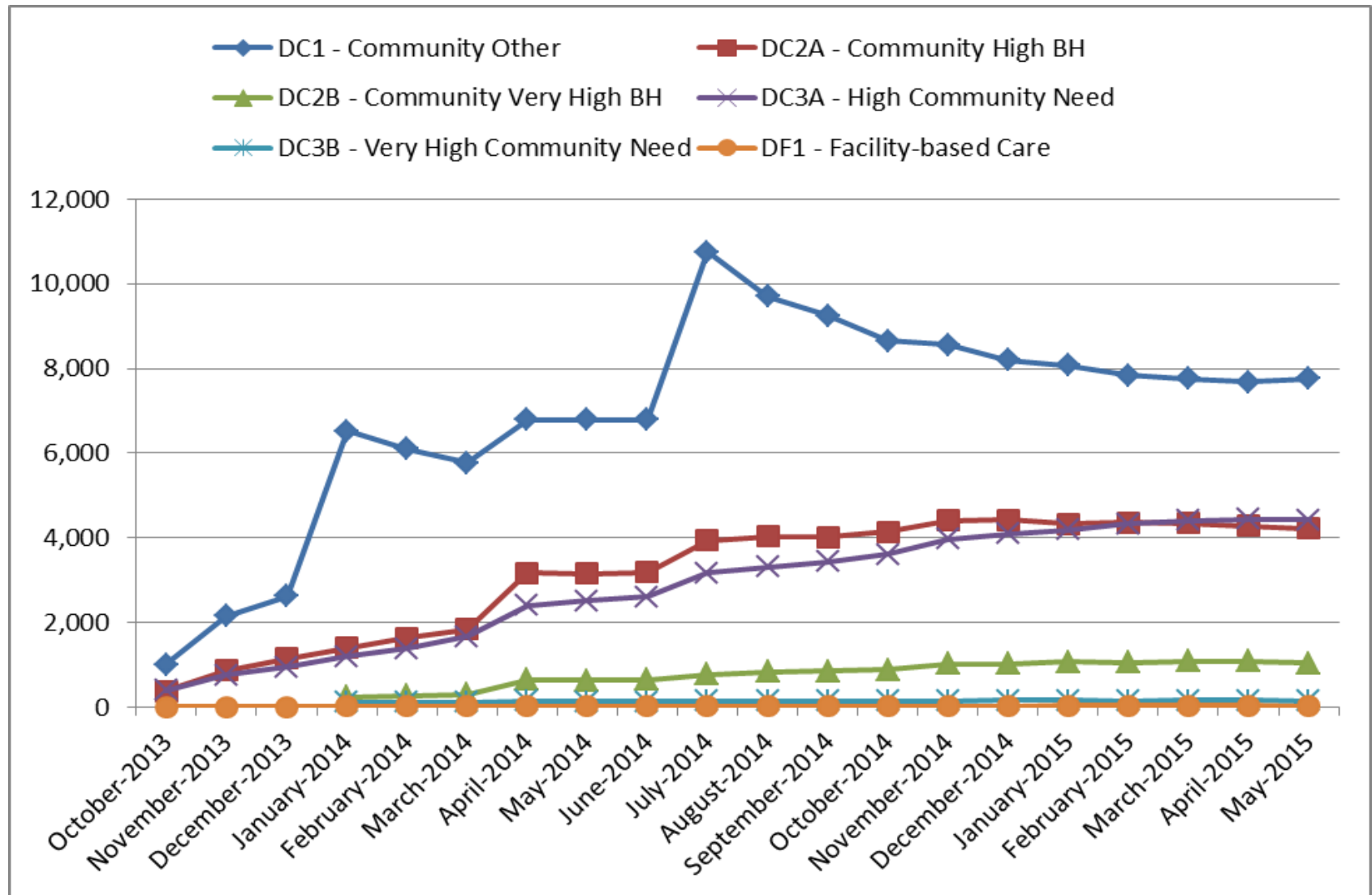
- The One Care program could benefit from continued efforts to:
 - Promote the person-centered model, moving members, PCPs, and Care Coordinators to understand why enrollees should be invested in and “drive” development of their individual care plan. MassHealth, the Implementation Council and One Care plans share in the responsibility to promote the model.
 - Educate members, effectively and in an on-going manner, about availability of LTSS and role of LTS Coordinator. Care Coordinators and PCPs are essential to these efforts, and therefore must be fully knowledgeable of and invested in the integrated care model. The Implementation Council, MassHealth and One Care plans can support broad member education in this area.
 - Enhance capacity within Community-Based Organizations to ensure availability of LTS Coordinators. Implementation Council members and CBOs must lead the way in this effort.

Recommendations (con't.)

- Ensure that LTSS needs are assessed and addressed. One Care plans and MassHealth must reinforce and continually manage toward this goal.
- Ensure that needs for substance abuse services are assessed and addressed. Members of the Care Team share this responsibility.
- Enhance access to and member understanding of coverage for dental services. Members of the Care Team share this responsibility.
- Ensure cultural competence across the One Care program to effectively serve all members.

One Care Spending and Finance

Total Enrollment by Rating Category MassHealth



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: **16%** were in C3A
 - January 2014: **8%** were in C3A or C3B
 - June 2014: **17%** were in C3A or C3B
 - September 2014: **17%** were in C3A or C3B

- Enrollment by rating category and plan in September 2014:

One Care Plan Enrollment (Enrollees)	C1	C2A	C2B	C3A	C3B	F1	Total by Plan
Commonwealth Care Alliance	5,346	1,996	379	1,992	125	20	9,858
Fallon Total Care	4,153	1,214	283	743	14	7	6,414
Tufts Health Plan - Network Health	724	514	102	117	3	0	1,460
Total by Rating Category*	10,223	3,724	764	2,852	142	27	17,732
<i>Percentage by Rating Category</i>	<i>58%</i>	<i>21%</i>	<i>4%</i>	<i>16%</i>	<i>1%</i>	<i>0%</i>	<i>100%</i>

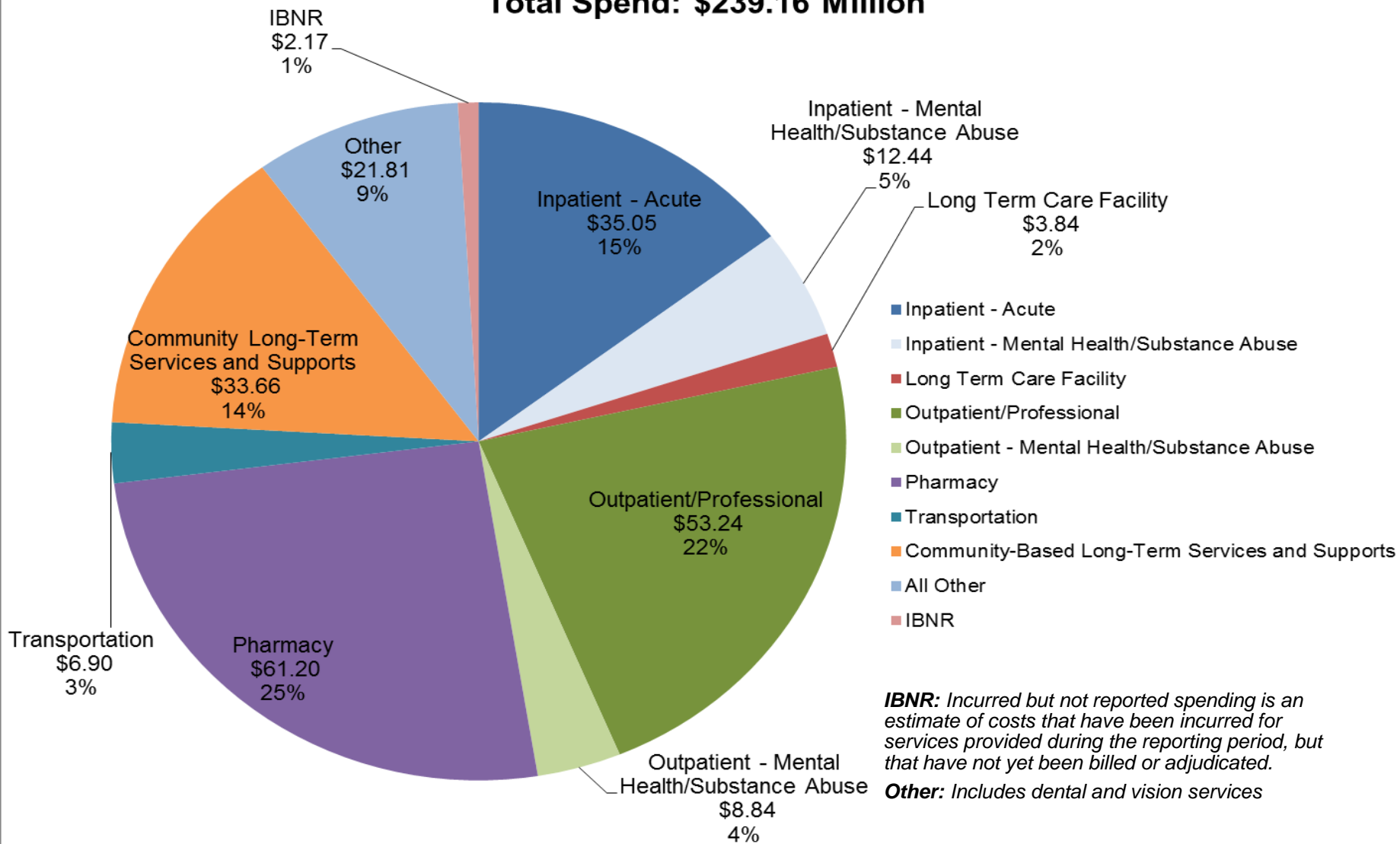
* There were 7 enrollments for which RC status was unavailable in this month; the reported total enrollment for 9/1/14 was 17,739. Enrollment as of May 1, 2015 is 17,637 members across all rating categories.

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 4 quarters of spending (Oct. 2013 – Sept. 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)
 - Sept. 2014: 31% of enrollees in One Care 3 months or less (4th quarter spending)

One Care: Aggregate Medical Spending through September 30, 2014 (\$ Millions)

Total Spend: \$239.16 Million



New Quarterly Reports

New One Care Enrollee Assessment and LTS-C Referral Quarterly Reports

- MassHealth has created new quarterly reports to share assessment completion and Long Term Supports Coordinator (LTS-C) referral information for One Care enrollees
- Development considered similar dashboards from California's and Virginia's Financial Alignment Demonstrations
- Reports will each include three months (one quarter) of data. MassHealth is releasing reports for the three most recent quarters for which data are available:
 - April – June 2014
 - July – September 2014
 - October – December 2014
- Reports will be posted on the One Care website:
<http://www.mass.gov/masshealth/onecare/> under “News and Community”
- Going forward, we expect to publish these reports quarterly

Policy Guidance for One Care Plans

- MassHealth and CMS have worked together to develop additional guidance for One Care plans around assessment implementation.
- Guidance addresses common issues identified by Plans and the Contract Management Team

Continuity of Care for Members who do not Participate in Assessment

- Provide notice and opportunity to member to participate
- Create proxy assessment plan
- Notify member that continuity of care period will be ending
- Opportunity for member to participate in assessment at any time

Assessment Frequency for Members who Disenroll and Re-enroll in Same Plan

- Complete new assessment if changes in status
- Assessment due date based on original assessment date

Paying Appropriate Rates for Members Plans are Unable to Locate

- Can use claims data and diagnosis information from services plan has paid to create an estimated MDS
- Does not substitute for comprehensive assessment
- Continuity of care stays in place

Repeating Assessments for Members in C1 at Low-Risk

- For members whose last comprehensive assessment was in person
- If no changes in member status, and if member agrees, may complete assessment over the phone
- If assessment indicates no longer C1, complete in person

Auto-Assignment

- We believe it's important to continue to grow One Care responsibly and carefully.
- MassHealth and Tufts Health Plan – Network Health are discussing another round of One Care auto-assignment for an effective enrollment date of September 1, 2015.
- In watching program dynamics, we have seen that Tufts has grown slowly, and assessment and other contract management indicators show that they are well positioned to successfully take on additional enrollees.
 - We expect that approximately 1,200 individuals will be enrolled.
- MassHealth has shared information about how we determine Plan readiness and capacity for accepting auto-assignments with the Implementation Council.
 - (See October 17, 2014 MassHealth Update presentation at www.mass.gov/masshealth/duals under “Implementation Council.”)
 - Assessment completion rates now also available

Changes Based on Stakeholder Feedback

- **Limit large volume auto-assignments**
 - Last large auto-assignment was July 2014
 - Small volume, ~1,200 enrollments expected
- **Ensure plans completing assessments timely**
 - Tufts met contract requirements at 90 days for 92% and 85% of members in last two quarters with auto-assignments (July – Sept 2014 and Oct – Dec 2014);
 - Tufts met contract requirements at 90 days for 90% in quarter with no auto-assignments (April – June 2014)
- **Ensure plans have capacity for new members**
 - All plans' capacity was assessed initially during Readiness Review (2013), and is updated annually each year through MassHealth and CMS network reviews
 - Tufts' enrollment is lower than other plans; 1,832 versus 5,500 (FTC) and 10,305 (CCA); plan has had a more gradual approach to enrollment
 - Ongoing contract management monitoring indicates readiness and capacity
- **Make Mailings Easy to Understand**
 - EIP Survey 2 report: majority of respondents (78%) who were enrolled through auto-assignment reported that information they received from MassHealth about the plan that had been chosen for them was easy to understand
 - Notices developed through a collaborative stakeholder process; include information about how to get help or more information

Implementation Council Member Procurement

Implementation Council Member Selection Process

- MassHealth has posted a Notice of Opportunity to Participate in the One Care Implementation Council
 - MassHealth is seeking up to six new Implementation Council members to fill vacancies
 - MassHealth hopes to select at least four individuals who are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities

- Opportunity to bring expertise and diversity to the Council; address gaps
 - Implementation Council representatives will review submitted applications and provide subject matter expertise to MassHealth on submitted applications

- Applicants will submit a completed nomination form with information such as:
 - Interest in participating
 - Relevant knowledge, skill sets, and experience
 - Relationship to selection criteria
 - Letter of support

Implementation Council Nomination Process (cont.)

- Procurement materials, including an updated FAQ and nomination form, are available from:
 - Duals Demonstration website: <http://www.mass.gov/masshealth/duals> under “Related Information”
 - One Care website: <http://www.mass.gov/masshealth/onecare> under “One Care News and Community”
 - COMMBUYS: <https://www.commbuys.com>
 - MassHealth will also share information via stakeholder email

- We appreciate your help sharing this information with your networks, including through any newsletters or email lists.

- **Completed nomination forms and a letter of reference are due by Friday, June 19th, 2015 at 5:00pm**

Implementation Council Update

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Discussion/Questions?

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

Email us at OneCare@state.ma.us

