# Slide 1

# One Care: MassHealth plus Medicare

# MassHealth Demonstration to Integrate Care for Dual Eligibles

Open Meeting

March 20, 2015 2:00PM-4:00PM

State Transportation Building

Boston, MA

# Slide 2

# Agenda for Today

## Remarks from Assistant Secretary Daniel Tsai

## One Care Enrollment

## Public Awareness and Outreach

## One Care Spending and Finance

## Early Indicators Project (EIP) Update

## Addressing Implementation Council Vacancies

## Implementation Council Update

## Slide 3

## One Care Enrollment

**Slide 4**

**One Care Enrollment Reporting**

## MassHealth publishes monthly enrollment reports that include:

### Total enrollment by plan

### Total enrollment by rating category

### Enrollment penetration by county

### Opt-outs by county and overall opt-out percentage

## MassHealth has added certain data and charts based on stakeholder feedback, such as:

### Enrollment by rating category in each plan

### Monthly enrollment over time

### Enrollment activity compared to eligible population

## What additional enrollment detail would you like to see? For example:

### Age or gender

### Target population (e.g., behavioral health diagnosis, ID/DD)

### Length of enrollment

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**Considerations for Future Outreach and Enrollment**

## Seeking input on best ways to get to scale, including self-selection, auto-assignment, and other strategies

## MassHealth is considering several mailing outreach strategies:

### Targeting members who:

#### Have not taken any action (no opt out, no enrollment)

#### Have opted out (One Care is still an option)

#### Will see a change to their Part D prescription drug plan under Medicare rules (typically at end of calendar year)

#### Become newly eligible on an ongoing basis

### Alternative approaches for auto-assignment?

#### Smaller, more regular outreach?

#### Target members as they become newly eligible?

#### Different approaches to provider matching?

## Additional One Care health or enrollment fairs

### Continued provider network development

## Slide 6

**Enrollment Approach Discussion**

## What has worked well and what could we improve from previous enrollment approaches?

## How should we reach out to people who have taken no action, or opted out?

## What else should we consider to increase enrollment?

## Do you have specific ideas for how to improve the auto-assignment process?

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## Public Awareness and Outreach

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# Community Outreach

## MassHealth will be participating in a number of conferences and meetings across the state to reach key One Care audiences, including (but not limited to):

Table: Date, Conference/Event, Location

3/26/15, Brain Injury Association of Massachusetts (BIA-MA) Annual Conference, Marlborough

3/27/15, Association of Developmental Disabilities Providers (ADDP), Worcester

4/16/15, Massachusetts Health Council Conference (The 5th Women’s Health Forum: Getting Healthy, Staying Health: Knowledge is Everything), Boston

April/May, Deaf Inc. Annual Deaf Community Health Fair, Framingham

5/19/15, Changing Outcomes: 6th Annual Patient Navigator/Community Health Workers Conference, Norwood

## If you are interested in MassHealth coming to one of your events or have additional event suggestions, please email us at OneCare@state.ma.us

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**Provider Training Opportunities: Online Modules**

## MassHealth is developing a series of online modules for providers and plan staff

### Quick reference guides about One Care

### Short, self-paced trainings (usually 5-15 minutes) available to plan staff and providers at their convenience

### Another tool for providers to learn about the key features of One Care

### A certificate of completion will be sent to attendees after viewing the modules

## MassHealth has posted a new module on the One Care Provider Training website: “How to talk about One Care with the individuals you serve”, [www.mass.gov/masshealth/onecare/learning](http://www.mass.gov/masshealth/onecare/learning)

### Provides an overview of One Care in Massachusetts and aims to help providers answer questions their patients/clients may have about One Care

###

## MassHealth is currently finalizing another module on Enrollee Rights and will publish it on the Provider Training website in Spring 2015

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**Provider Training Opportunities: Upcoming Webinar**

## MassHealth and UMMS are developing the next One Care training webinar: Enhancing Care to Homeless Individuals through One Care

## Experts working with, and providing health care and supports to individuals experiencing homelessness will share their insights

## Attendees will:

### Learn strategies for identifying individuals experiencing or at risk of homelessness

### Gain insight into issues around providing care to individuals experiencing homelessness

### Understand how to communicate the benefits of One Care to individuals who are homeless and their caregivers

## When: Thursday, April 2, 2015, 12-1pm

### Registration is open on the One Care Provider Training website, [www.mass.gov/masshealth/onecare/learning](http://www.mass.gov/masshealth/onecare/learning)

###  The recorded webinar will be posted to the One Care learning website

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# One Care Paid Media Campaign

## MassHealth has contracted with MORE advertising to develop and implement a paid media campaign to continue to raise awareness of One Care

## Launching March 31, 2015

## We are targeting the campaign to areas where many eligible members have not made an enrollment decision, and in markets where there are at least two plans.

## Goals:

### Educate members, their families, and their providers about the benefits of One Care

### Encourage potential enrollees to visit the website or call MassHealth

### Feature familiar One Care members sharing their personal experiences with One Care

# Slide 12

# Media Plan

## Staggered launch:

### Transit: exterior buses, interior Car Cards, station posters

### Billboards in the community

### Launch dates:

#### March 30th: begins in Boston and Worcester

#### May 18th: begins in Springfield

## May 18th: TV ad begins in Boston, Worcester and Springfield

### Features Nancy from Worcester

### Runs for 10 weeks

## Slides 13 through 18

(These slides presented example images of the paid media advertisements for One Care that will appear on billboards, buses, and subways.)

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## Discussion/Questions?

## Slide 20One Care Spending and Finance

## Slide 21

# 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 | 1,009 | 378 |   | 388 |   | 2 | 1,777 |
| November-2013 | 2,156 | 871 |  | 755 |  | 6 | 3,788 |
| December-2013 | 2,621 | 1,140 |  | 946 |  | 8 | 4,715 |
| January-2014 | 6,528 | 1,392 | 245 | 1,193 | 111 | 14 | 9,483 |
| February-2014 | 6,102 | 1,635 | 267 | 1,388 | 112 | 17 | 9,521 |
| March-2014 | 5,772 | 1,845 | 295 | 1,661 | 113 | 16 | 9,702 |
| April-2014 | 6,784 | 3,168 | 640 | 2,408 | 143 | 23 | 13,166 |
| May-2014 | 6,785 | 3,156 | 635 | 2,516 | 132 | 26 | 13,250 |
| June-2014 | 6,798 | 3,194 | 643 | 2,606 | 134 | 21 | 13,396 |
| July-2014 | 10,762 | 3,940 | 778 | 3,166 | 139 | 24 | 18,809 |
| August-2014 | 9,702 | 4,039 | 837 | 3,306 | 144 | 23 | 18,051 |
| September-2014 | 9,256 | 4,015 | 848 | 3,433 | 144 | 26 | 17,722 |
| October-2014 | 8,658 | 4,140 | 876 | 3,614 | 148 | 22 | 17,458 |
| November-2014 | 8,556 | 4,407 | 1,027 | 3,969 | 150 | 26 | 18,135 |
| December-2014 | 8,196 | 4,423 | 1,029 | 4,092 | 153 | 24 | 17,917 |
| January- 2015 | 8,226 | 4,282 | 1,059 | 4,095 | 154 | 28 | 17,844 |
| February- 2015 | 8,170 | 4,245 | 1,044 | 4,117 | 153 | 28 | 17,757 |
| March- 2015 | 8,143 | 4,222 | 1,070 | 4,172 | 156 | 29 | 17,792 |
| Grand Total | 124,224 | 54,492 | 11,293 | 47,825 | 2,086 | 363 | 240,283 |

# Slide 22:

# 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.*

# Slide 23:

# 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)

# Slide 24:

**One Care Spending**

**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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# One Care Finance

## Our goal is to work with stakeholders, the plans, and CMS to ensure a sustainable financing system

## In response to requests from the One Care plans, and based on ongoing enrollment activity through the first Demonstration Year, MassHealth and CMS enhanced the financial methodology to provide additional financial protections and stability for the plans

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

## The addendum modified the following:

### Savings Percentages

### High Cost Risk Pools

### Risk Corridors

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# One Care Finance *(cont’d)*

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

### Jan 2015 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 (HCRP) – The three-way contract established HCRPs funded by a percentage of the MassHealth capitation

### HCRPs are designed to redistribute funding if a plan saw outlier enrollment of very high cost members

### The plans did not expect value from this for Demonstration Year 1, so MassHealth will refund the plans’ contributions

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# One Care Finance *(cont’d)*

## Risk Corridors – Risk-sharing mechanism applied 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

## Jan 2015 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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# One Care 2015 Rates

## MassHealth and CMS shared a draft calendar year (CY) 2015 rate report for the Medicare portion (Parts A/B and D) of the One Care capitation rate with the One Care plans in mid-October 2014

## Final CY2015 rate reports were released to the plans on February 27, 2015

## CMS recently released the draft CY2016 Medicare Call Letter for public comment

## 2016 One Care MassHealth rate development will begin late Summer/Fall 2015

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## Early Indicators Project (EIP) Update

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# EIP Update

## EIP Survey 2 asked questions about the experiences of enrollees in One Care

## We have collected responses from three groups of enrolled individuals to finish the survey process (1,933 total responses)

## Each group was surveyed approximately 120 days after enrollment

## We have begun to analyze the survey responses and are working with Implementation Council members to develop our approach to this analysis

## We will look at the responses to this survey through different lenses, such as race, gender, disability and sexual orientation to look at how various characteristics affected responses

# Slide 31

# Preliminary Results from EIP Survey

## Enrolling

### Most understood auto-assignment and found it easy to enroll

## Experiences with Care Team

### Over 80% had met with their PCP; most are satisfied with the PCP

### Over 70% had met with their Care Coordinator; 90% are satisfied

### There was confusion about the role of the LTS Coordinator

#### When asked if they needed/wanted LTS Coordinator, many said no, or not sure;

#### Only 39% said they needed/wanted an LTS Coordinator;

#### Less than 45% had met with an LTS Coordinator

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# Preliminary Results from EIP Survey *(cont’d)*

## Experiences with the Assessment Process

### Over 90% reported that the Care Team cared about their preferences and treated them with respect.

|  |  |
| --- | --- |
| During the Assessment Process, were you asked about your need for: |  |
| Medical Services | Yes: |  | LTSS | Yes: |
| Specialty Medical Care | 74% |  | Help with ADLs/IADLs | 73% |
| Mental Health Care | 82% |  | Medical Equipment/Supplies | 64% |
| Substance Abuse Services | 60% |  | Assistive Technology | 33% |
| Oral/Dental | 75% |  | Community Activities | 54% |
| Prescription Medications | 90% |  | Community Transportation | 75% |
| Medical Transportation | 83% |  | Day Programs | 49% |

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# Preliminary Results from EIP Survey *(cont’d)*

## The Care Plan and Services

### 90% of enrollees agree with services in their care plans

### There is general satisfaction with services

## Overall Perceptions of One Care

### Overall perceptions of One Care are positive

### 83% plan to stay in One Care

### Most are satisfied with their One Care plan and the services they get through One Care

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**Addressing Implementation Council Vacancies**

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# Process to Address Implementation Council Vacancies

## MassHealth expects to use procurement process similar to process used in 2012: Notice of opportunity to participate in the Implementation Council

## Opportunity to bring expertise and diversity to the Council in areas where resignations have left gaps, such as understanding ID/DD community concerns and perspectives

## Continued commitment to consumer-majority representation on the Council

## Procurement materials will be available on the Duals Demonstration and One Care websites: <http://www.mass.gov/masshealth/duals>; <http://www.mass.gov/masshealth/onecare>

### We will also share the materials through stakeholder email list, State agency partners, One Care plans, Implementation Council, etc.

### We would appreciate the help of stakeholders in spreading the word

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## Implementation Council Update

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## Discussion/Questions?

## Slide 38

## Visit us at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare)

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