

One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

October 14, 2016, 1:00 PM – 3:00 PM
Health Policy Commission, 8th Floor
50 Milk St.
Boston, MA

One Care – First Annual Evaluation Report (Demonstration Year 1)



- Evaluates One Care’s performance during Demonstration Year 1, from October 1, 2013 through December 31, 2014.
- Identifies preliminary successes and challenges:
 - found that more than 80% of One Care enrollees were satisfied with the care and services they received
 - cited care coordination as one of the Demonstration’s greatest successes
 - emphasized that MassHealth officials, One Care plans, and other stakeholders had voiced strong support for One Care and its integrated approach to service delivery
 - in many cases, the challenges identified, such as concerns about the financial structure and confusion about the role of LTS Coordinators, are ones we have all worked together to improve and address in later years
 - for example, it does not reflect subsequent changes to the One Care financial structure made in the fall of 2015
- Provides some utilization and quality data:
 - difficult to draw definitive conclusions about much of the data as the report only includes Medicare service utilization data, and not MassHealth utilization data
 - ultimately, the report concludes that more time is needed in order to fully evaluate the impact of the One Care model on cost, service utilization, and quality
- The report may be accessed at:
 - <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Evaluations.html>;
 - on the One Care website at: www.mass.gov/masshealth/onecare under “News and Community;”
 - on the Duals website at: <http://www.mass.gov/masshealth/duals> under “Related Information.”

Enrollments via Auto-Assignment: Round 7 - CCA



Who was Included	Assignment Approach	Key Dates
1,040 individuals from across the target populations in Suffolk and Worcester Counties	In addition to primary care, MassHealth used data on where individuals accessed LTSS and behavioral health services to match individuals to CCA	<ul style="list-style-type: none"> • July 28, 2016: 60-day notices mailed • Aug. 16, 2016: Targeted outreach flyers mailed • Aug. 29, 2016: 30-day notices mailed; included outreach flyer again • Oct. 1, 2016: Coverage effective date

- Of those 1,040 individuals who were included in auto-assignment
 - 59.5% stayed with CCA for the October 1, 2016 enrollment date
 - 0.5% decided to enroll in CCA for an earlier effective date
 - 5.0% switched plans
 - 13.5% opted out of One Care
 - 21.5% were cancelled for various reasons (e.g. no longer eligible, or notices came back undeliverable)



January 2017 Passive Enrollment

- MassHealth is planning another round of passive enrollment for an effective enrollment date of January 1, 2017
- This round will include two groups of MassHealth members:
 - members who are currently eligible for One Care, and
 - members who will gain Medicare eligibility as of January 1, 2017 (“new dual eligibles”)
- We expect approximately 1,580 new enrollments:
 - 780 members (total) across all covered counties* who will be enrolled in Commonwealth Care Alliance (CCA); and
 - 800 members who will be enrolled in Tufts Health Plan (Suffolk County only)
- MassHealth will select currently eligible members with existing provider relationships with the One Care Plans into which they’re being enrolled:
 - For C1 members, preferred matches will be those who have a relationship with a primary care provider who is also in the One Care plan into which they are being enrolled
 - For C2 and C3 members, preferred members will be those who have a primary care match (similar to C1s) AND who also have 3 or more visits to a behavioral health or LTSS provider in the One Care plan

*CCA covered counties include Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth (partial), Suffolk, and Worcester

Enrollment and Matching for MassHealth Members Gaining Medicare



- Whenever possible, MassHealth will also enroll MassHealth members gaining Medicare (new dual eligibles) into One Care plans based on members' existing provider relationships from MassHealth managed care, prioritized as follows:
 1. Primary Care Provider (PCP) is available through a One Care plan (e.g., *members with a Commonwealth Community Care PCP would be enrolled into CCA*)
 2. Tufts' Managed Care Organization (MCO) members would be matched to Tufts Health Unify (as available in their service area)
 3. Other providers (e.g., physicians, clinics, hospitals, behavioral health, or long-term services and support providers)

- To better understand how often the providers that transitioning members see today through their MassHealth MCO or the PCC Plan may also be available in the One Care plans' networks, we looked at matching rates for members who will gain Medicare as of December 1, 2016 as a test. (These members will not be passively enrolled.)
 - Test Run: Of the 396 individuals becoming eligible for Medicare and One Care in December, 93% had an existing relationship with a provider in a One Care plan:
 - For 57% of members, their primary care provider is available in either CCA's or Tufts' One Care plan
 - another 9% were previously enrolled in a Tufts MCO
 - another 27% matched to either CCA or Tufts based on claims from other types of providers
 - We expect to see a similar level of existing relationships among the new dual eligibles who will be passively enrolled in January

- We are testing passive enrollment at the point MassHealth members gain Medicare with the goal of improving transitions for these members. We are also using this process to improve our operational capacity for passive enrollment.
 - We currently have two committed, experienced One Care plans who will be working to ensure a smooth transition for these members
 - We will be monitoring the experience of these members and evaluating their experience and whether they choose to stay in One Care after being passively enrolled
 - We will make adjustments to the process as needed

Providing Continuity and Supported Transition for Members Gaining Medicare




- Passively enrolling new dual eligible members would allow them to move from one managed care delivery system (MCO/PCC Plan) into another (One Care), rather than into fee-for-service (FFS).
 - Without passive enrollment, when MassHealth members get Medicare, they are:
 - Disenrolled from their MassHealth MCO or the PCC Plan
 - Enrolled in MassHealth FFS, Original Medicare (FFS), and a Medicare Part D Plan

- One Care enrollment triggers outreach efforts from the plan, and an assessment and care planning process. This framework can support members as they move out of MassHealth managed care and into Medicare. These kinds of supports are not available in FFS.
 - Members enrolling in One Care may continue to see their prior providers during the **Continuity of Care (CoC) period**, which is at least 90 days, and until an assessment and care plan are complete
 - Members have access to **care coordination**, including:
 - a care coordinator to help coordinate their benefits and services
 - and, if the member chooses, a long-term supports coordinator to help them with access to long-term services and supports
 - One Care plan staff actively outreach to new enrollees:
 - Welcome to One Care; provide information about their coverage and supports
 - Build a **care team** that preserves existing provider relationships wherever possible
 - Engage the member in a **comprehensive assessment**
 - Work with the member and care team to create a **person-centered care plan** based on the member's goals and needs

Benefits as MassHealth Members Gain Medicare



Service	Enrolled in: MCO/PCC Plan		Enrolled in: MassHealth and Medicare Fee-for-Service	Enrolled in: One Care
Acute/Primary Medical Care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drug Coverage	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Health (Inpatient/Outpatient)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Long-Term Services and Supports	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medically-Necessary Transportation	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-payments	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	None
Diversionsary Behavioral Health Services (e.g. Community Crisis Support (CSS) or peer supports)	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Non-Medical Transportation				<input checked="" type="checkbox"/>
Community Support Services				<input checked="" type="checkbox"/>
Enhanced Vision Services				<input checked="" type="checkbox"/>
Enhanced Dental Services (including but not limited to): • Crowns (including repairs); • Periodontic services (root canals) • Endodontic services (gum treatment)				<input checked="" type="checkbox"/>
Care Coordinator				<input checked="" type="checkbox"/>
Comprehensive Assessment				<input checked="" type="checkbox"/>
Long-Term Supports Coordinator				<input checked="" type="checkbox"/>
Person-Centered Care Plan				<input checked="" type="checkbox"/>
Continuity of Care				<input checked="" type="checkbox"/>
Ombudsman				<input checked="" type="checkbox"/>



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