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**One Care: MassHealth plus Medicare**

MassHealth Demonstration   
to Integrate Care for Dual Eligibles

Implementation Council Meeting

October 16, 2015 1:30 PM – 3:30 PM

250 Washington St.

Public Health Conference Room, 2nd Floor

Boston, MA

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**Agenda for Today**

* Fallon Total Care (FTC) Closure Wrap-Up
* LTS Coordinator Discussions with Tufts and CBOs
* Moving Forward - Enhanced Outreach
* Early Successes from One Care Plans
* One Care Enrollee Assessment and LTS Coordinator Referral Quarterly Reports

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**FTC Closure Wrap-Up**

* FTC member transition breakdown (note that exact numbers may change):
  + - ~ 610 members transitioned from FTC into another One Care plan for effective enrollment dates between August 1 and November 1.
    - ~ 4,700 members transitioned back into Fee For Service.
* We have shared the direct contact information for our One Care contract management team with the customer service center, Implementation Council, SHINE, the OCO, and other stakeholders to escalate any access to care issues that may arise for former FTC members
* On October 1, we sent another targeted mailing to identified high-risk individuals with behavioral health needs to let them know about the availability of DMH services as a resource through this process.
* MassHealth is working with UMMS to consider how to track and evaluate the experiences of FTC members as they transition to different coverage, and post-transition perspectives on One Care.
* MassHealth has also asked CMS’ evaluator to consider how to capture the experience of FTC members in the One Care evaluation

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**LTS Coordinator Discussions with Tufts and CBOs**

* MassHealth continues discussions with Tufts Health Plan and their contracted Community-Based Organizations (CBOs) about the provision of the Long-Term Supports (LTS) Coordinators in Tufts Health Plan
  + Tufts and the CBOs have been working to strengthen their relationships and to improve communications
* By the end of October, Tufts has committed to:
  + Resolving any outstanding billing and payment issues with the CBOs
  + Working with the CBOs to finalize contract amendments
* MassHealth will reconvene a joint meeting in mid-November with Tufts and the CBOs to discuss progress

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**Moving Forward – Enhanced Outreach**

* We need to maintain integrated care options in light of losses felt from FTC’s withdrawal from One Care
  + Includes up to 500 additional enrollments with Tufts in Worcester County
* Tufts wants to expand its footprint in Suffolk County
  + Will help to offset the market challenges of adding up to 500 Worcester County new enrollees so quickly
  + Enhanced outreach approach, including passive enrollment of 750 members into Tufts in Suffolk County for January 2016
* MassHealth will be partnering with Tufts on a new enhanced outreach strategy:
  + Targeting local communities with large numbers of members selected for passive enrollment
  + Goal is to reduce the percent of members who opt out

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**Community-Based Outreach Events**

* MassHealth will be working with Tufts Health Plan to host at least three community-based events in targeted communities between November 9th and December 19th, 2015
* Using members’ zip codes, MassHealth has identified four target communities in Suffolk county with a significant number of members selected for passive enrollment:
  + Chelsea/Revere
  + Dorchester
  + Roxbury
  + Downtown Boston
* These events will give members the opportunity to learn more about One Care and Tufts Health Plan and the ability to ask questions face-to-face prior to enrollment
  + The events will include a presentation by Tufts Health Plan, and incentives for member attendance, such as door prizes or a raffle
* We are also reaching out to consumers, such as Tufts’ Consumer Advisory Board, to help plan the events and to ensure that peers (currently enrolled One Care members) can be present to answer members’ questions
  + We welcome assistance and attendance from Implementation Council members with this new enhanced outreach approach

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**Additional Enhanced Outreach Efforts**

MassHealth’s outreach efforts will also involve the following:

1. Considering targeted outreach to providers that serve large numbers of selected members
2. Finding existing community events (for both consumers and providers) happening in Suffolk county over the next two months where we can bring information about One Care to members
3. Identifying additional community spaces (e.g., libraries and pharmacies) for One Care posters or other materials about One Care

We would like input and assistance from the Implementation Council on these strategies:

* + Staffing and publicizing events
  + Suggestions for additional community events (for both consumers and providers) in Suffolk county in November and December
  + Identifying spaces in communities where we could place One Care materials and information
  + Additional ideas you have about outreach

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**One Care is Showing Early Signs of Success**

Two bar graphs depict decreases in utilizations as described below:

Graph 1: CCA Inpatient utilization after 12 months1

* 12 months pre-enrollments = 280 admits/1,000 member months
* 12 months post-enrollment = 259 admits/1,000 member months

The graph shows a decrease in CCA inpatient utilization by 7.5%.

Graph 2: CCA ED utilization after 12 months1

* 12 months pre-enrollment = 1,250 visits/1,000 member months
* 12 months post-enrollment = 1,170 visits/1,000 member months

The graph shows a decrease in CCA ED visits by 6.4%.

*Note: plans make significant upfront investments in care coordination and other services but observe impact over 12-18 month period. Given rolling enrollment, many One Care members have been in the program < 12 months*

Other measures of impact:

* 82% of enrollees satisfied with One Care, only 6% dissatisfied2
* CCA’s One Care Spring 2015 CAHPS (member experience survey) scores used for Medicare Advantage Star Ratings beat those of their mature integrated elder D-SNP3
* Nurse/care coordinators finding significant levels of “under-care”
* Significant advocate and enrollee buy-in; many anecdotes of lives improved

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**One Care Is Increasing Access to Community-based LTSS; FFS Underestimates Needs**

One Care enrollees get more LTSS\* than in FFS1,5

Graph shows percentage of enrollees who receive LTSS and how LTSS use compares to use in the Fee-for-service system (FFS). Among CCA members, 14% had received LTSS in FFS. Of these 14%, 8% received the same amount of LTSS and 6% received increased LTSS. 34% of CCA members hadn’t previously received LTSS in FFS and received new LTSS through CCA. Among Tufts members, 15% had received LTSS in FFS. Of these 15%, 6% received the same amount of LTSS and 8% received increased LTSS. 22% of Tufts members hadn’t previously received LTSS in FFS and received new LTSS through Tufts.

Historical FFS utilization underestimates needs:

* CCA’s PMPM costs increased by 1.3% for members already receiving LTSS; for members without LTSS in FFS, PMPMs increased by 23.6%1
* 25.5% of CCA’s enrollees had their MassHealth rating category increased post-assessment4
* Tufts connected 68% of enrollees to resources such as fuel assistance, financial assistance, or improved housing5

***\*****Differences between plans’ LTSS increases are not adjusted for enrollment mix or member care planning preferences*

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**One Care Has Had Significant Impact On Highest Utilizers**

CCA’s cost (12 mos. pre- and post-enrollment) for 10 highest spend members1

A bar graph shows the changes in service spending for 10 highest spend members compared between pre enrollment and post enrollment. The spending is categorized by: inpatient/acute, outpatient/physician, facility LTSS, and community LTSS.

* Member 1 – Pre-enrollment: $446,002, Post-enrollment: $215,641 (decrease of 52%)
* Member 2 – Pre-enrollment: $273,383, Post-enrollment: $66,827 (decrease of 76%)
* Member 3 – Pre-enrollment: $257,868, Post-enrollment: $197,836 (decrease of 23%)
* Member 4 – Pre-enrollment: $235,829 Post-enrollment: $38,025 (decrease of 84%)
* Member 5 – Pre-enrollment: $225,324, Post-enrollment: $93,872 (decrease of 58%)
* Member 6 – Pre-enrollment: $219,621, Post-enrollment: $191,603 (decrease of 13%)
* Member 7 – Pre-enrollment: $219,525, Post-enrollment: $53,562 (decrease of 76%)
* Member 8 – Pre-enrollment: $213,285, Post-enrollment: $149,041 (decrease of 30%)
* Member 9 – Pre-enrollment: $212,338, Post-enrollment: $231,284 (increase of 9%)
* Member 10 – Pre-enrollment: $211,979, Post-enrollment: $260,742 (increase of 23%)
* Cost reductions due to decreased inpatient/acute and skilled nursing facility utilization
* Investments in care management, primary care, and community-based LTSS to achieve reductions
* 8 of 10 highest cost members had reduced cost
* For all 10, average cost reduction of -38%

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**Insights From Experience To Date …**

* + Significant pent-up demand and unmet needs for new members
  + Upfront investments (care coordination, increased medical, BH and LTSS care) required, but savings take 12-18 months to realize
  + Claims history is significantly underestimating the population’s functional limitations, behavioral health conditions, and other needs
  + Investments in care management are critical to success of model – key to making person-level connections
  + Expanded services are diverting enrollees from more acute and expensive care (ex. Crisis Stabilization Units)
  + CCA building own Crisis Stabilization Units – up-front cost with long-term savings

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**Early Successes from One Care Plans-Endnotes**

*1 Charts based on data from “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015. Data based on analysis of 4,559 individuals continuously enrolled for 12+ months through December 2014 preceded by 12+ months continuously eligible for MassHealth and Medicare. Part D claims excluded from analysis due to limitations on data availability. Medicare claims may be incomplete.*

*2 The One Care Early Indicators Project, “Findings from the One Care Member Experience Survey (2014),” May 2015. Available at* [*http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-survey-2-report.pdf*](http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-survey-2-report.pdf)

*3 Medicare Advantage and Prescription Drug Plan CAHPS for 2015 conducted in Spring 2015, as reported in “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015.*

*4 “Early Review of One Care Performance.” Commonwealth Care Alliance. August 14, 2015.*

*5 Information provided by Tufts Health Plan – Network Health, August 24, 2015.*

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**Enrollee Assessment and LTS Coordinator Referral Quarterly Report: January - March 2015**

* The One Care enrollee assessment and LTS Coordinator (LTS-C) referral report for individuals who enrolled in One Care on January 1, February 1, and March 1, of 2015 is now available.
* MassHealth will post the report on the One Care website at: [**www.mass.gov/masshealth/onecare**](http://www.mass.gov/masshealth/onecare)**,** in the “One Care News and Community” section.
* This quarter included the highest assessment completion rates by the plans to date, and an increase both in the number of members with an identified need for LTSS, and the number of members being offered an LTS-C.

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

**Email us at** [**OneCare@state.ma.us**](mailto:OneCare@state.ma.us)