



Evaluation Update: One Care Demonstration under the Financial Alignment Initiative



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Evaluating the Impact of the Demonstrations under the Financial Alignment Initiative

- Section 3021 of the Affordable Care Act requires an evaluation of CMS demonstrations using Innovation Center authority that includes:
 - “(i) the quality of care furnished under the model, including the measurement of patient-level outcomes and patient centeredness criteria determined appropriate by the Secretary; and
 - (ii) the changes in spending under the applicable titles by reason of the model.”
- In 2011, the CMS Innovation Center selected RTI International as the evaluation contractor for the Financial Alignment Initiative (FAI)

Evaluation Includes Qualitative & Quantitative Components

Qualitative analyses:

- Use data from interviews, focus groups, and surveys
- Answer questions such as:
 - Do beneficiaries perceive improvements in access to care, care delivery, personal health outcomes, and quality of life?
 - How was the implementation experience?

Quantitative analyses:

- Use an “intent to treat” methodology analyzing the experience of the demonstration *eligible* population, not just the enrolled population
- Use a demonstration-specific comparison group comprised of similar beneficiaries from select states
- Answer questions such as:
 - What is the impact of the demonstration on utilization of inpatient services? Medicare Parts A & B costs?

Data Sources

- **Implementation status:**
 - Stakeholder interviews
 - Data provided by MassHealth
 - Demonstration policies, contracts, and other materials
- **Beneficiary experience:**
 - Enrollee focus groups
 - Grievance and appeals data provided by the plans, MassHealth, CMS, and My Ombudsman
 - Beneficiary surveys, including:
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
 - The Quality of Life survey administered in 2015 and 2016 by MassHealth with the Implementation Council and UMass Medical School
- **Medicare service utilization:**
 - Encounter data submitted by plans, Medicare claims
- **Medicare Parts A & B cost results:**
 - Capitation payments to participating plans
 - Medicare claims

FAI Evaluation: Demonstration Results to Date

- So far, CMS has posted 11 evaluation reports covering 7 demos:
 - 4 demos have regression-based utilization results using a comparison group
 - 6 demos have regression-based Medicare Parts A & B cost savings results using a comparison group

**Cumulative results for the 4 reports with regression-based utilization results
(Statistically significant at $p\text{-value} \leq 0.05$)**

	Statistically significant reductions (desired effect)	Results not statistically significant (suggesting no effect)	Statistically significant increases (undesired effect)
Inpatient	3	0	1
SNF	3	1	0
Long-stay NF	3	0	1

One Care Highlights: Beneficiary Experience

Focus Group Results

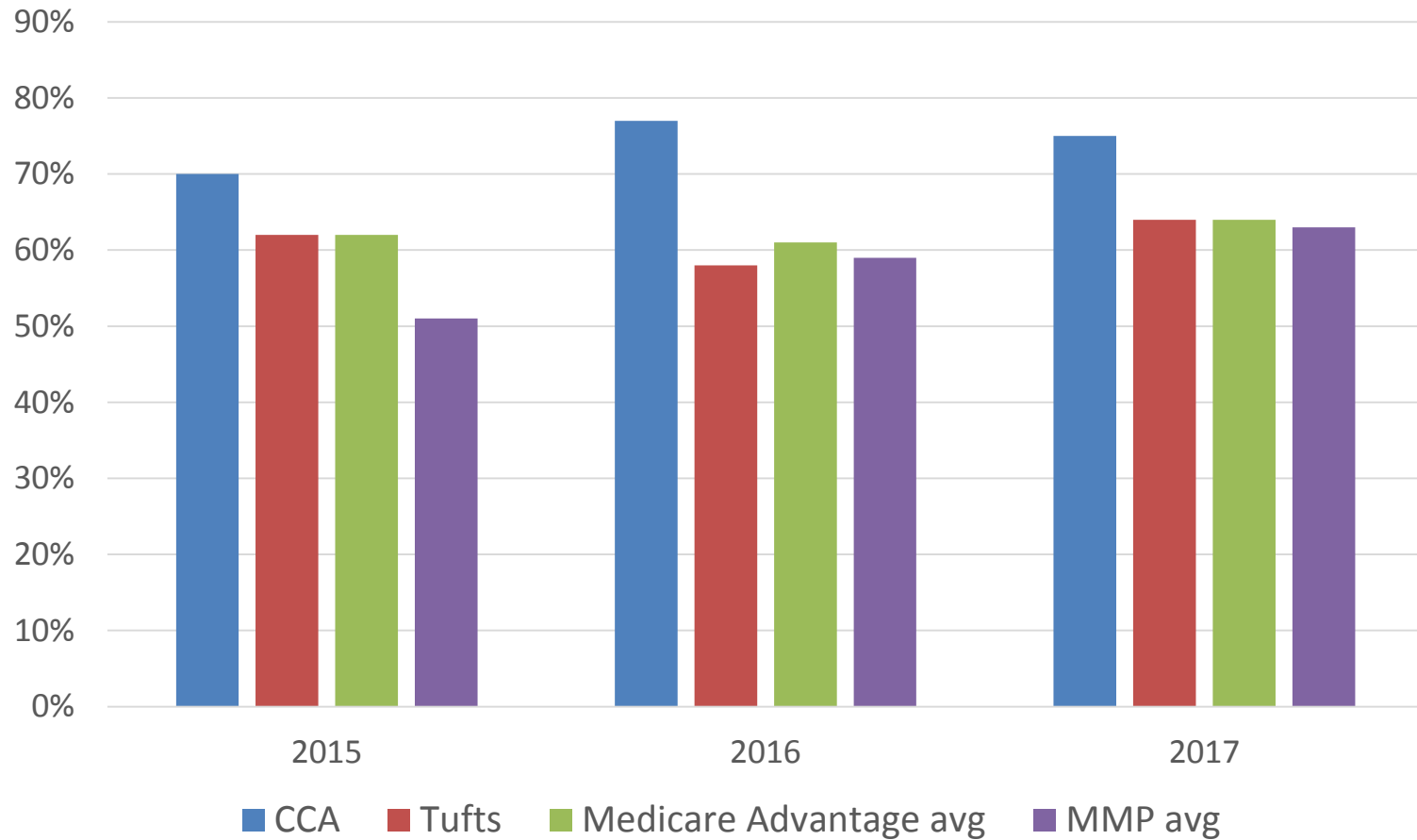
- In 2016, RTI conducted 3 focus groups (FGs) in Holyoke and Springfield with 12 participants. 2 FGs were conducted in Spanish and 1 in English. The English group focused on the experiences of black enrollees
 - Many expressed satisfaction with the demo, especially with the availability of new benefits/ provided through care coordination, such as:
 - Dental, optical, smoking cessation, nutrition, weight loss coaching, in-home behavioral health services and the elimination of pharmacy co-pays
 - Most expressed satisfaction with their primary care providers, though feedback was mixed on access to services, the degree of provider choice and whether various providers worked as a team
- In 2017, RTI conducted 8 FGs in Springfield and Boston with 44 participants. 2 FGs were in Spanish and 6 in English. 2 FGs each focused on the experiences of: enrollees with behavioral health needs, enrollees using long-term services and supports, black enrollees, and Hispanic enrollees
 - Participants generally expressed satisfaction with One Care, often referencing the receipt of new or expanded services
 - Most participants were able to identify a person responsible for coordinating their care; many participants also reported care coordinator turnover

One Care Highlights: Beneficiary Experience

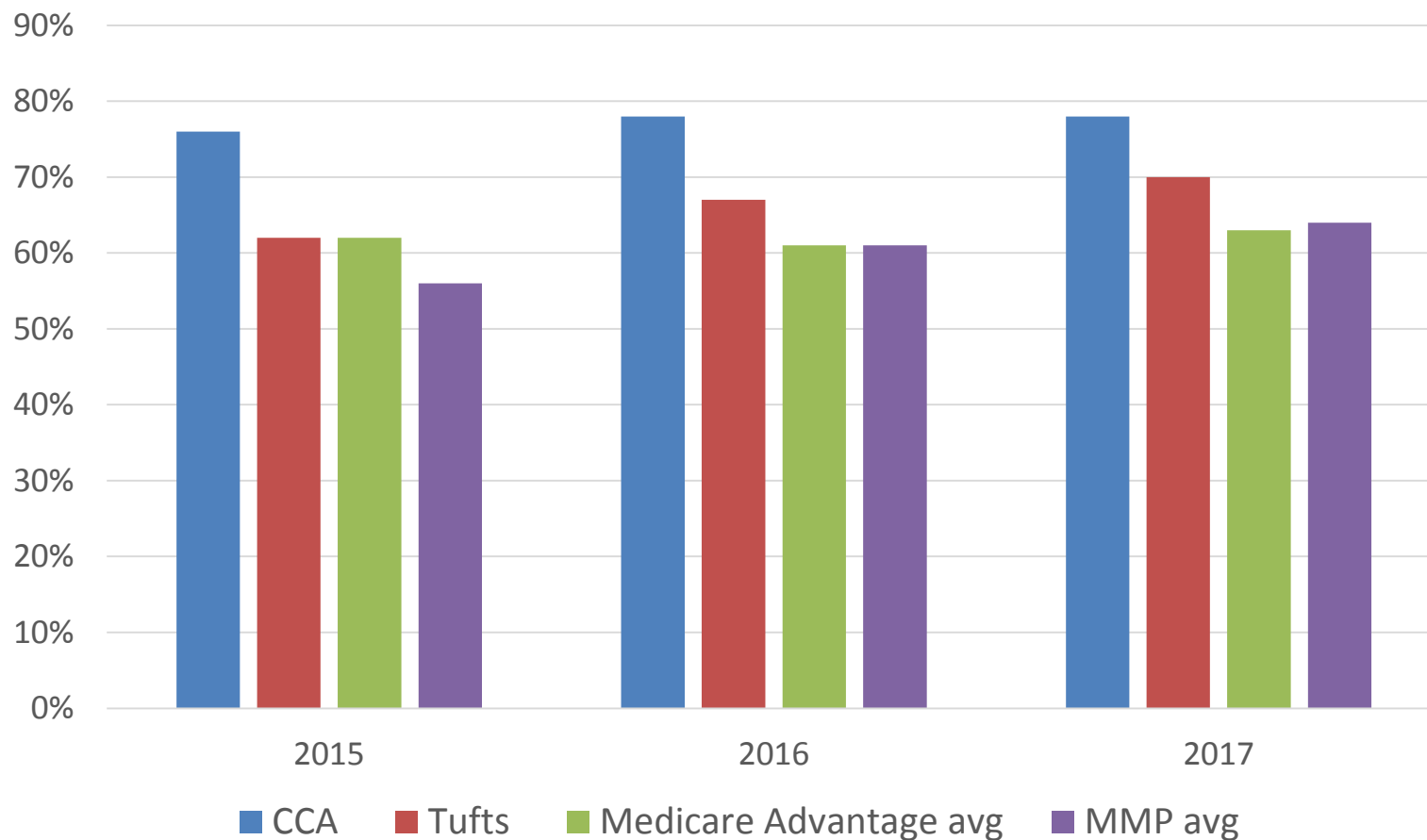
CAHPS Results

- Participating plans are required to conduct the CAHPS beneficiary survey annually and include supplemental questions from RTI and from MassHealth and the Implementation Council
 - To report CAHPS in a given year, the plans must have a minimum of 600 enrollees as of July 1st of the preceding calendar year
 - In 2016, 68 - 87% of respondents for each plan rated their health plan at the highest levels, a 9 or 10
 - In 2017, 70 - 78% of respondents for each plan rated their health plan at the highest levels, a 9 or 10
 - Overall performance on key composite measures generally improved from 2015 (the first year of CAHPS data for One Care) to 2017

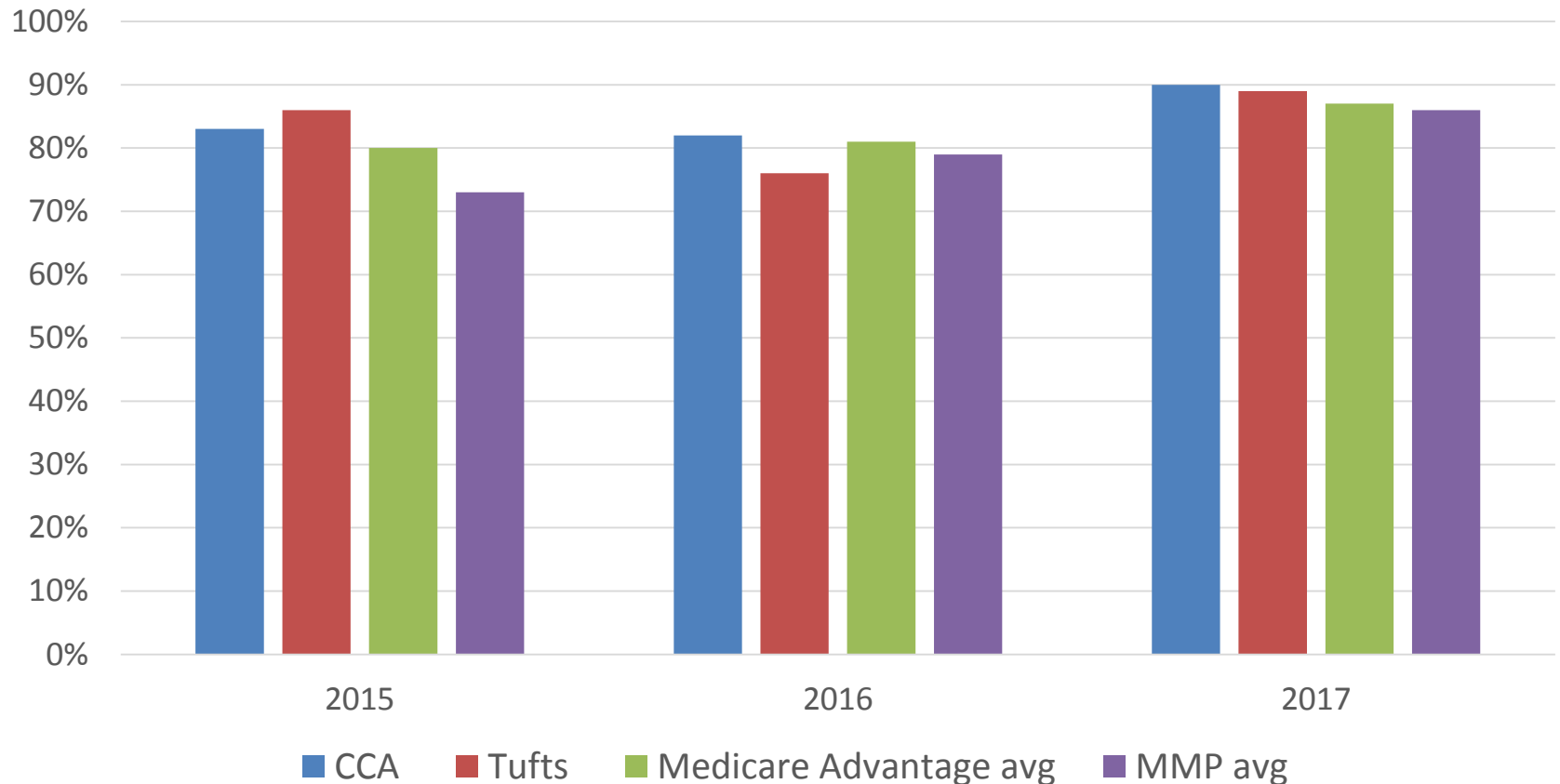
CAHPS: Percent rating health plan a 9 or 10



CAHPS: Percent rating drug plan a 9 or 10



CAHPS: Percent reporting health plan “usually” or always gave them information they needed



One Care Highlights: Service Utilization Comparison Group

- Regression analyses compare demonstration and comparison group experiences, controlling for beneficiary and area-level characteristics
- RTI selected comparable metropolitan statistical areas (MSAs) from states in/outside Massachusetts, to closely match the demonstration MSAs
 - Comparison group states include:
 - Alabama, Kentucky, Maryland, Massachusetts, Mississippi, North Carolina, Pennsylvania, Virginia, West Virginia, and Wisconsin

One Care Highlights: Service Utilization Results

- Cumulative One Care results through 2016 show:
 - Decrease in the probability of long-stay nursing facility use
 - No change in ER visits or SNF admissions
 - Increases in inpatient admissions, ACSC admissions, and all-cause readmissions through 2016
 - Improvements from 2015 to 2016

	2013-2015	2013-2016
Probability of long-stay nursing facility use	-10.6%	-12.2%
Inpatient admissions	+3.9%	+3.8%
Inpatient admissions for ambulatory care sensitive conditions (ACSC)	+15.8%	+10.8%
30-day all-cause readmissions	+12.7%	+7.3%
ER visits	No change	No change
Skilled Nursing Facility (SNF) admissions	+4.9%	No change

One Care Highlights: Medicare A/B Cost Results

- Regression analyses compare demonstration and comparison group experiences, controlling for beneficiary and area-level characteristics
- **Medicare Parts A & B cost results to date indicate neither gross Medicare savings nor losses due to One Care through 2016**
- Analyses do not yet include Medicaid data. They will be incorporated into future calculations as Medicaid data become available

Demonstration effects on Medicare savings for eligible beneficiaries

Time Period	PMPM cost impact	95% confidence interval (none of the results are statistically significant)
Demo Year 1 (Oct 2013 – Dec 2014)	–\$10.42	(–41.36, 20.52)
Demo Year 2 (Jan 2015 – Dec 2015)	\$9.82	(–20.53, 40.18)
Demo Year 3 (Jan 2016 – Dec 2016)	\$20.09	(–26.44, 66.62)
Cumulative results (Oct 2013 – Dec 2016)	\$5.26	(–23.65, 34.17)

Evaluation Reports

- The fourth evaluation report for One Care expected in 2020
- The One Care evaluation reports, and reports for other demonstrations under the FAI, are posted on the MMCO website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Evaluations.html>

Additional Data on One Care and FAI

- CMS also posts online performance data for One Care and other capitated model demonstrations under FAI, including:
 - CAHPS results
 - Enrollment, enrollee age, and assessment completion rates
 - Care coordination

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsInCareCoordination.html>