

## **One Care: MassHealth plus Medicare Demonstration to Integrate Care for Dual Eligibles**

### **Open Meeting**

November 14, 2017 2:00 - 4:00pm  
1 Ashburton Place, 21<sup>st</sup> Floor  
Boston, MA

# Agenda for Today



- **One Care Updates**
- **Quality Data Performance Overview**
- **Financial Data**
- **Discussion**



# General One Care Updates

## Online enrollment

- Members can now enroll in One Care online
- To enroll, visit the One Care website at [www.mass.gov/one-care](http://www.mass.gov/one-care) and click on “I’m ready to enroll in One Care!”

## MassHealth Health Plan Ombudsman

- The MassHealth Health Plan Ombudsman Request for Responses (RFR) is available on the state procurement website COMMBUYS (<https://www.commbuys.com>) as Document Number 18LCEHSOMBUDSMANRFR
- The deadline for responses to the RFR has been extended to 4:00pm on December 11, 2017

## Upcoming Targeted Outreach Events

Hampden County	Middlesex County
Wednesday, December 13 <sup>th</sup> 8:00 a.m. - 12:00 p.m. Friends of the Homeless Resource Center/Shelter 755 Worthington St. Springfield, MA	Thursday, December 14 <sup>th</sup> 8:30 a.m. - 12:30 p.m. Harvard Vanguard Medical Associates – Atrius 40 Holland St. in Davis Square Somerville, MA



# Quality Data Performance

# Data Sources, Measurement Periods, and Benchmarks



## Data Source

## Measurement Periods

## Benchmarks

### CAHPS Survey

**2015 CAHPS Survey**  
(Covers July 2014 – December 2014)  
(DY1)

**2016 CAHPS Survey**  
(Covers July 2015 – December 2015)  
(DY2)

- National Medicare Advantage Plan Average
- National Medicare-Medicaid Plan (MMP) Average
- Massachusetts Medicare Advantage Plan Average (includes SCO plans)

### HEDIS

**HEDIS 2015**  
January 2014 – December 2014 (DY1)

**HEDIS 2016**  
January 2015 – December 2015 (DY2)

**HEDIS 2017**  
January 2016 – December 2016 (DY3)

- Medicaid Managed Care Plan Performance at the 75<sup>th</sup> percentile
- Medicaid Managed Care Plan Performance at the 90<sup>th</sup> percentile



# **Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)**

# CAHPS Summary



- The CAHPS surveys are designed to capture accurate and reliable information from consumers about their experiences with healthcare
- The Medicare CAHPS Survey, which has been conducted annually since 1998, is part of a set of surveys developed under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service. Survey Developers included representatives from:
  - American Institutes for Research
  - Harvard Medical School
  - RAND Corporation
  - RTI International
- The following data shows results from the 2015 (data collected July – December 2014) and 2016 (data collected July – December 2015) CAHPS Survey of Medicare Advantage Prescription Drug plans (which includes demonstration programs)
- The surveys include a core set of questions, with some questions grouped to form composites, or summary results, of key areas of care and service
- Scores in the presentation were converted from the CMS case-mix adjusted mean, to illustrate a 0-100 score. The case-mix adjusted mean is intended to illustrate overall performance on a scale of 1-4 (1 being the worse and 4 being the best)

## **Benchmarks:**

As the One Care plans have reported only two years worth of CAHPS data, it is difficult to assess performance trends. Included in the graphs are a variety of benchmarks used to help evaluate how the plans performed:

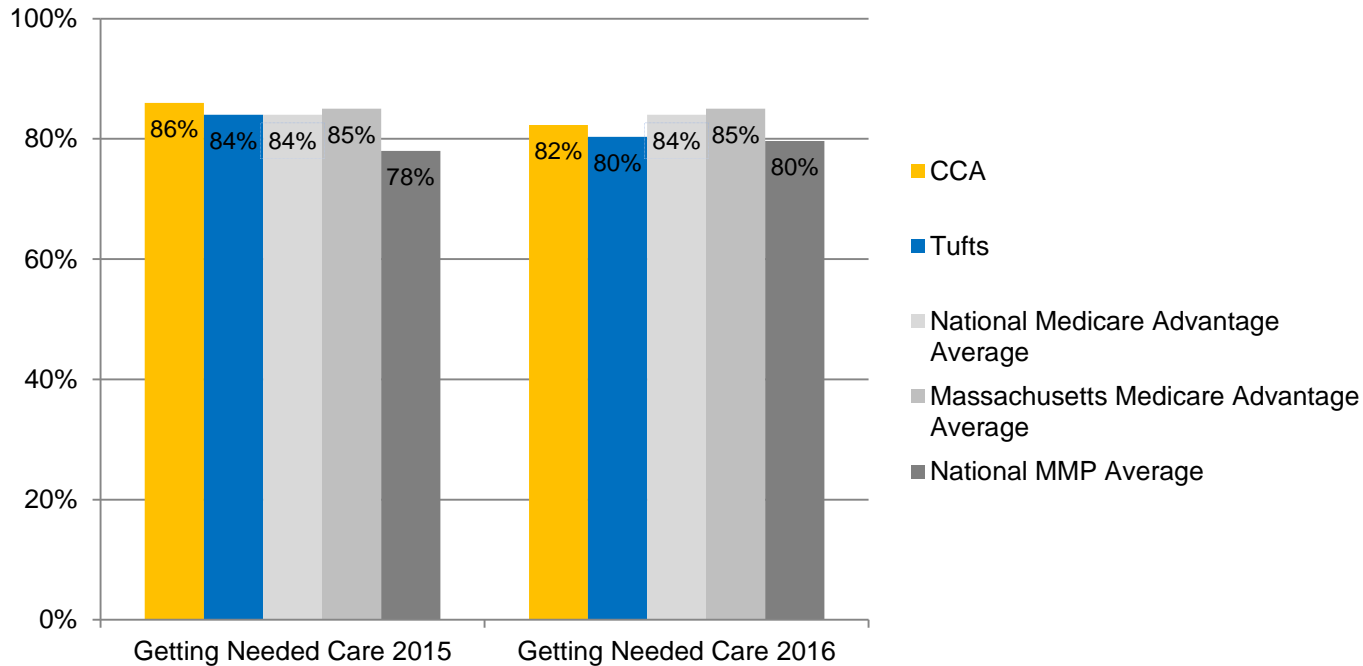
- National Medicare Advantage Average
- Massachusetts Medicare Advantage Average
- National Medicare-Medicaid Plan Average (other capitated Duals Demonstrations)

## **Survey Specifics:**

- The surveys are sent out in the first half of the year, which measure members' experiences with their plan over the previous six months
- From each contract, 800 eligible enrollees were drawn by simple random sampling
- Plans use CMS certified vendors to field the CAHPS survey
- In order to be eligible to participate in the Medicare CAHPS survey, members must be at least 18 years of age and currently enrolled in an MA or PDP for six months



# Getting Needed Care Composite



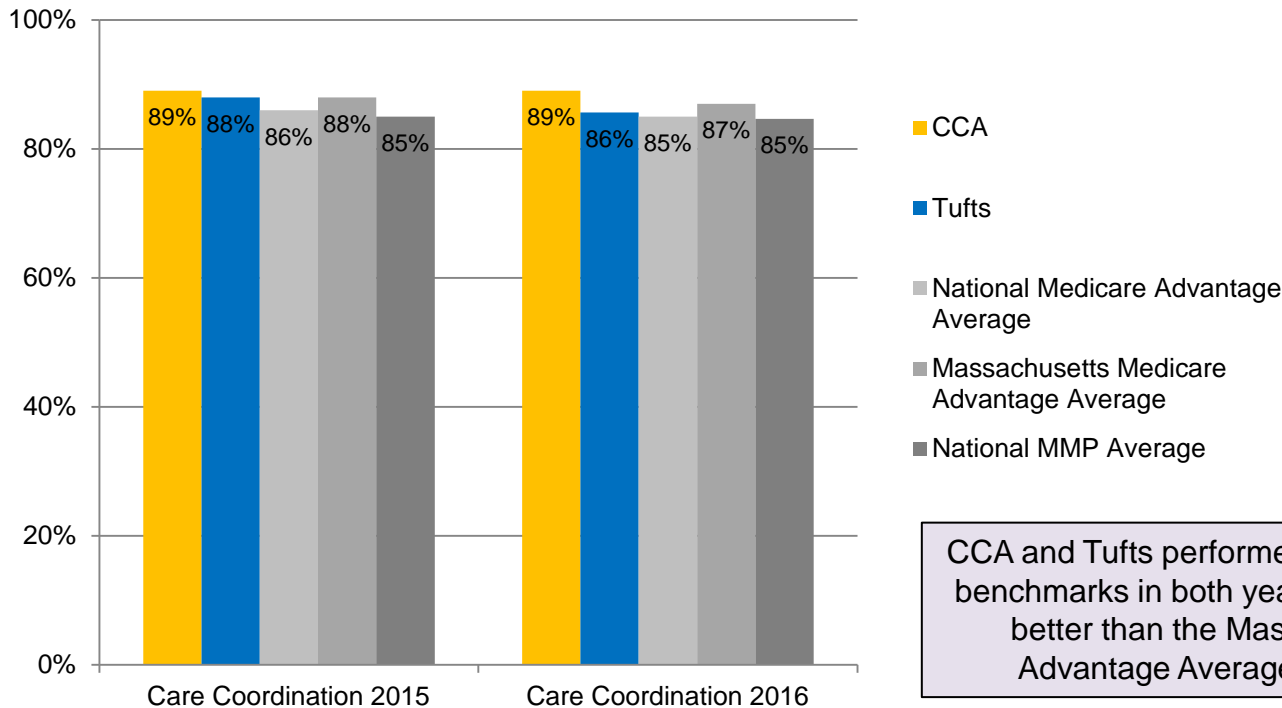
## The Getting Needed Care Composite asks the following questions:

- In the last six months, how often was it easy to get appointments with specialists?
- In the last six months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

Both CCA and Tufts performed at or above the National MMP Average in 2015 and 2016.



# Care Coordination Composite



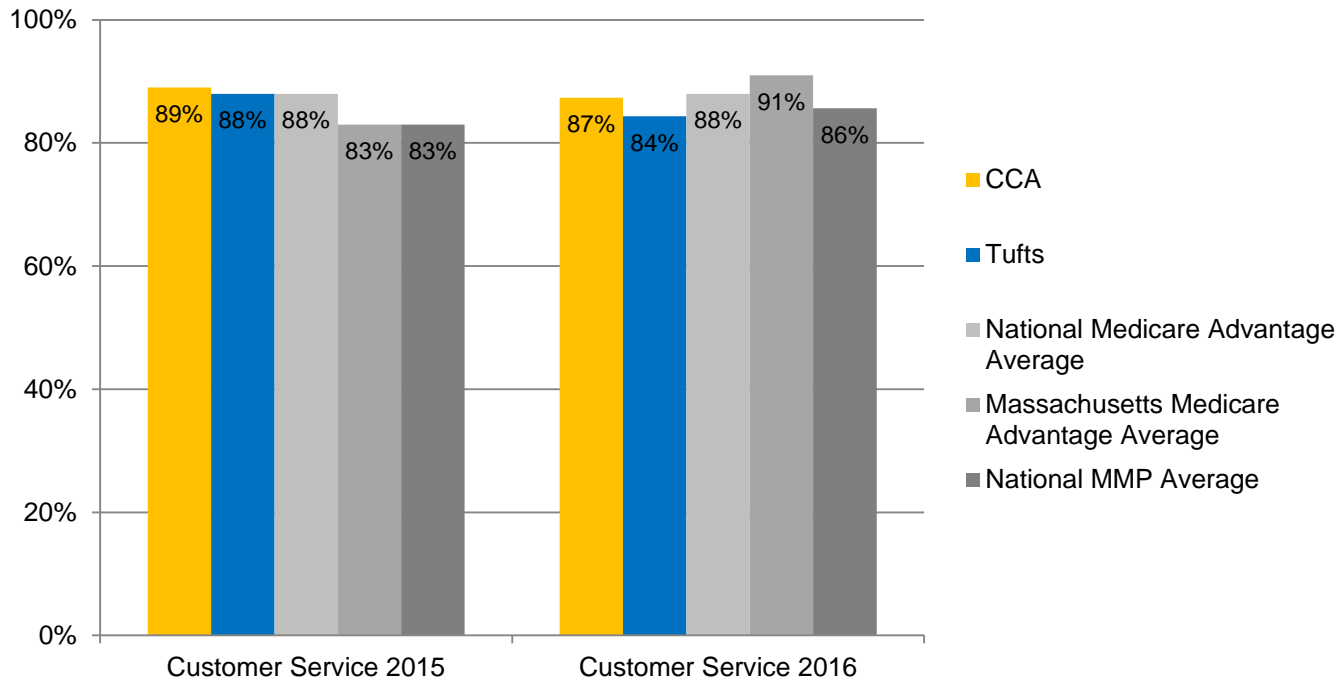
CCA and Tufts performed better than the national benchmarks in both years. CCA also performed better than the Massachusetts Medicare Advantage Average for 2015 and 2016.

## The Care Coordination Composite consists of the following six questions:

- In the last six months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
- In the last six months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last six months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?



# Customer Service Composite



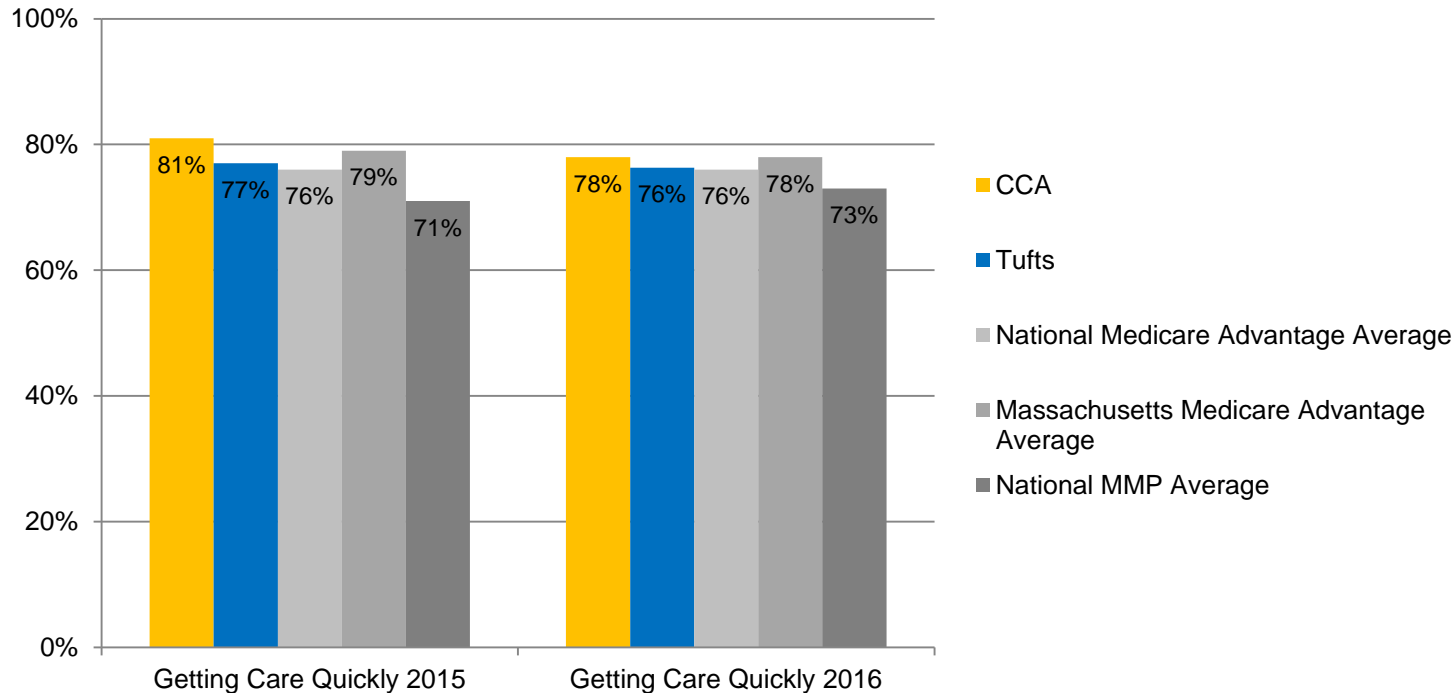
## The Customer Service Composite consists of the following questions:

- In the last six months, how often did your health plan's customer service give you the information or help you needed?
- In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
- In the last six months, how often were the forms for your health plan easy to fill out?

CCA and Tufts performed better than all benchmarks in 2015. Only one plan, CCA, exceeded any benchmark (National MMP Average) in 2016.



# Getting Appointments and Care Quickly Composite

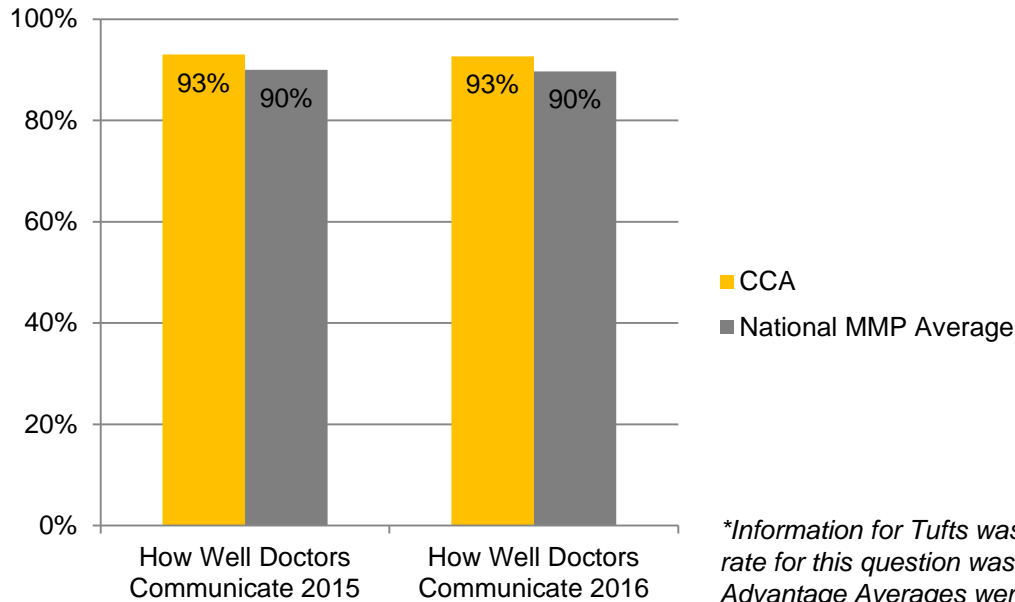


## The Getting Appointments and Care Quickly Composite consists of the following questions:

- In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed it?
- In the last six months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time (with wait time including time spent in the waiting room and exam room)?

CCA and Tufts performed at or above both national benchmarks for 2015 and 2016.

# Doctors Who Communicate Well Composite\*



*\*Information for Tufts was not included in this graphic as their response rate for this question was too small. No national or state Medicare Advantage Averages were available for this composite for 2016.*

## The Doctors Who Communicate Well Composite consists of the following questions:

- In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last six months, how often did your personal doctor listen carefully to you?
- In the last six months, how often did your personal doctor show respect for what you had to say?
- In the last six months, how often did your personal doctor spend enough time with you?

CCA performed above the National MMP Average for 2015 and 2016.

# CCA's Response to CAHPS Performance



- CCA is extremely pleased with and proud of the results of the CAHPS survey
- The results are even more remarkable when considered in light of the high needs of the members that CCA serves
- CCA remains very focused on meeting or exceeding our members needs and expectations. To that end CCA has:
  - Completed a comprehensive Member Journey Mapping exercise to better understand what matters most to our members and further illuminate key opportunities for improvement
  - Launched a major strategic initiative known as our Member Voices program to greatly expand the role that our members play in defining quality (what matters to them), developing measures, and in designing improved care and services

# Summary of CAHPS Survey Performance



- Overall the One Care CAHPS survey results in both years indicate high customer satisfaction with outpatient care
- For the CAHPS composites shown:
  - **CCA and Tufts** performed above the National MMP average for every composite in each year with the exception of the Tufts' 2016 Customer Service results
  - **CCA and Tufts** performed above the National Medicare Advantage Average both years for the Care Coordination composite and the Getting Appointments and Care Quickly composite
  - **CCA** performed above the Massachusetts Medicare Advantage Average in both years for the Care Coordination composite. **Both plans** performed above this average in 2015 for the Customer Service Composite



## **Healthcare Effectiveness Data and Information Set (HEDIS)**



## What is HEDIS

- HEDIS is a set of standardized quality measures maintained by the National Committee for Quality Assurance (NCQA) and developed by a committee of employers, consumers, health plans and others
- More than 90% of America's health plans (Medicaid, Medicare, and Commercial) use HEDIS to measure performance on important dimensions of care and service and to better understand frequency and patterns of service utilization
- Because HEDIS uses standardized specifications and requires that HEDIS results be reviewed by a certified auditor, it makes it possible to compare performance across health plans

## What are HEDIS Benchmarks

- NCQA reviews data submitted by health plans and assesses the range of performance across the nation for Commercial, Medicare, and Medicaid plans
- NCQA calculates percentiles (25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, and 95<sup>th</sup>) for each product line and publishes them on Quality Compass
- In this presentation the NCQA Medicaid 75<sup>th</sup> and 90<sup>th</sup> are included in each graph

For more information on HEDIS visit:

<http://www.ncqa.org/HEDISQualityMeasurement/WhatIsHEDIS.aspx>



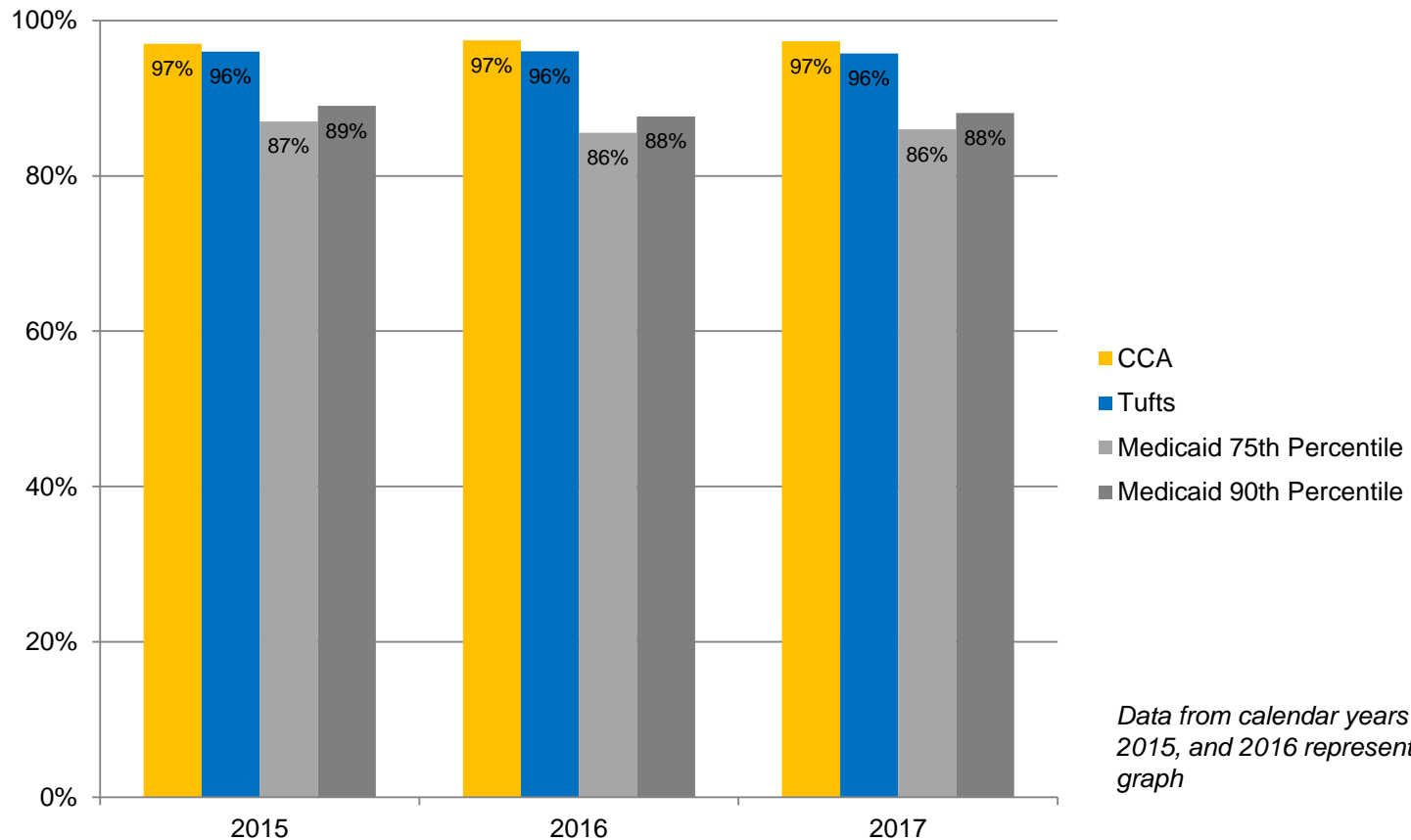
# Different Types of HEDIS Measures



- NCQA classifies HEDIS measures into four major domains
  - Three of these domains (Effectiveness of Care, Access and Availability of Care, and Experience of Care) can be grouped into the category of quality measures
    - This means that for these measures, a plan's performance may be compared with other plans and national benchmarks
  - The fourth category of measures, Utilization and Relative Resource Use, are used to demonstrate the frequency of certain services provided by an organization
    - There are no standard benchmark comparisons and values/rates are not associated with the quality of care
- In this presentation, we share a total of five HEDIS measures, two quality measures and three utilization/relative resource use measures



# Adults' Access to Preventative/Ambulatory Health Services (Quality)



- The Adults' Access to Preventative Ambulatory Health Services measure is intended to show access/availability of care
- This measure illustrates the percentage of members 20 years and older who had an ambulatory or preventative care visit

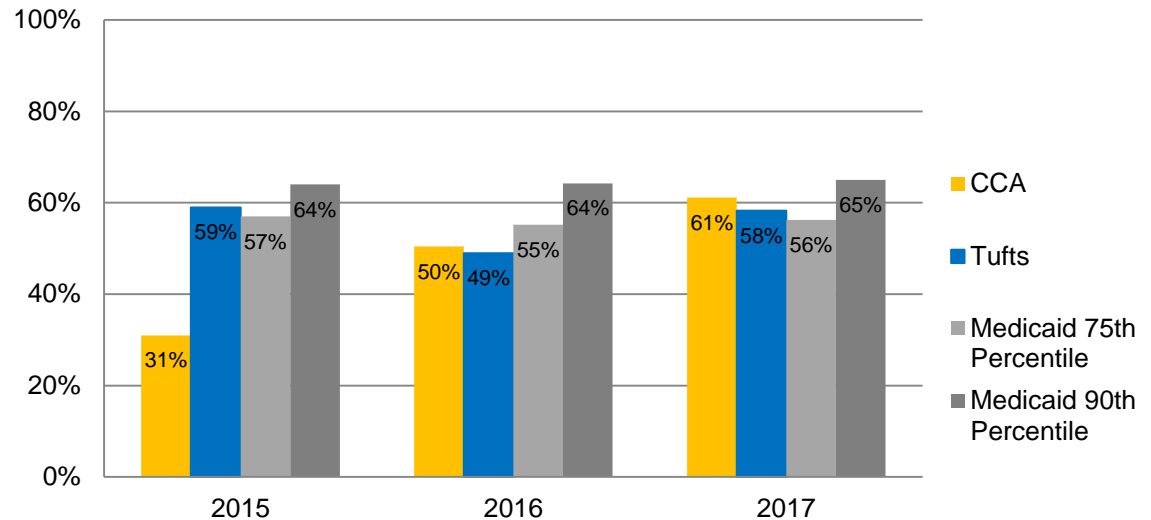
Each plan consistently performed better than the Medicaid 90th percentile across all three years, indicating Massachusetts One Care members are accessing preventative services at a much higher rate than the average Medicaid enrollee.



# Follow-Up Hospitalization (FUH) for Mental Illness (Quality)

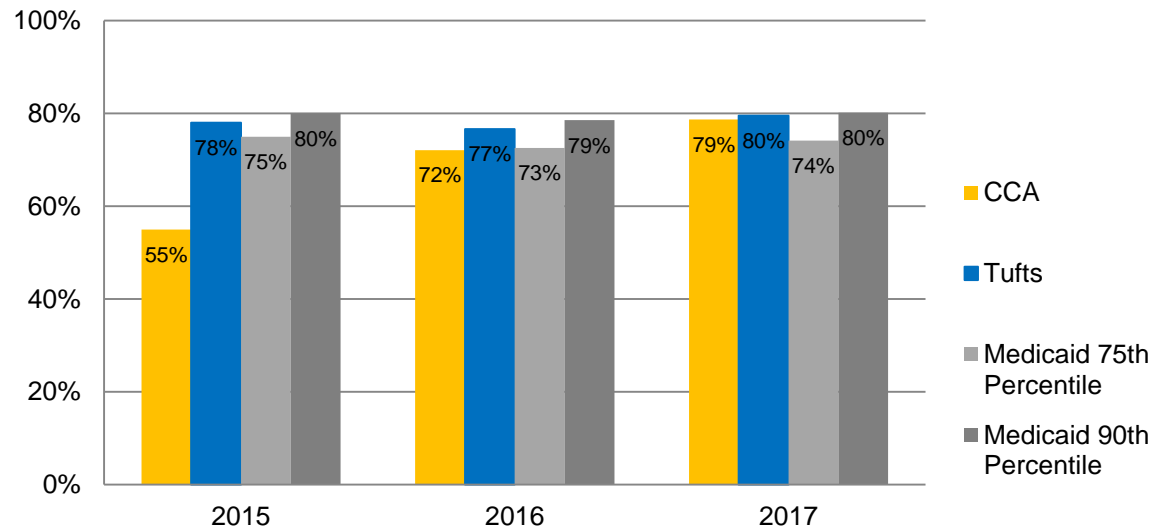
## 7-DAY

- This measure is intended to illustrate the percentage of hospital discharges for mental illness that were followed up by an appropriate mental health outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner:
  - 7-day chart shows percentage of discharges for which the member received follow-up within 7 days
  - 30-day chart shows percentage of discharges for which the member received follow-up within 30 days



## 30-DAY

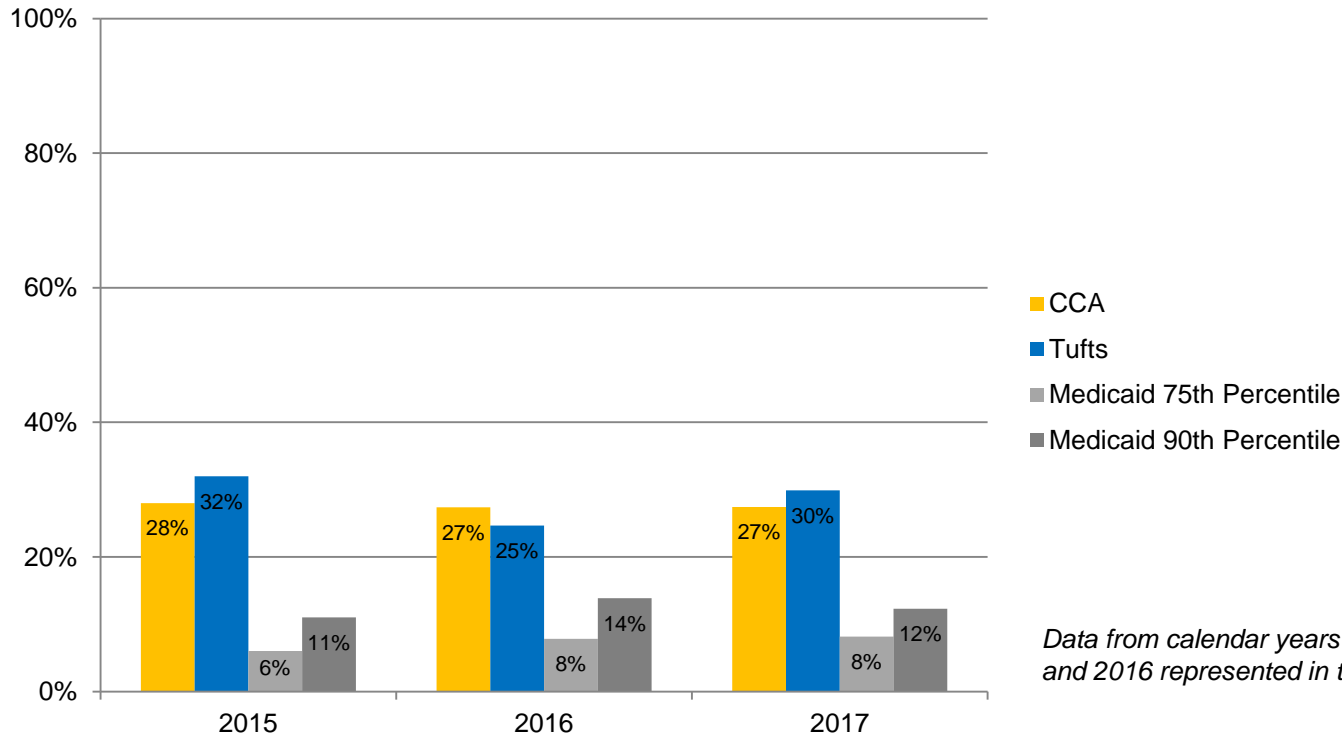
Tufts has performed continuously above the Medicaid 75th percentile for both sub measures with the exception of the 2016 7-day rate. CCA's rates have continuously improved in the last two reporting periods, with CCA performing above the Medicaid 75th percentile in 2017 for both sub measures.



Data from calendar years 2014, 2015, and 2016 represented in these graphs



# Identification of Alcohol and Other Drug Services (Utilization)



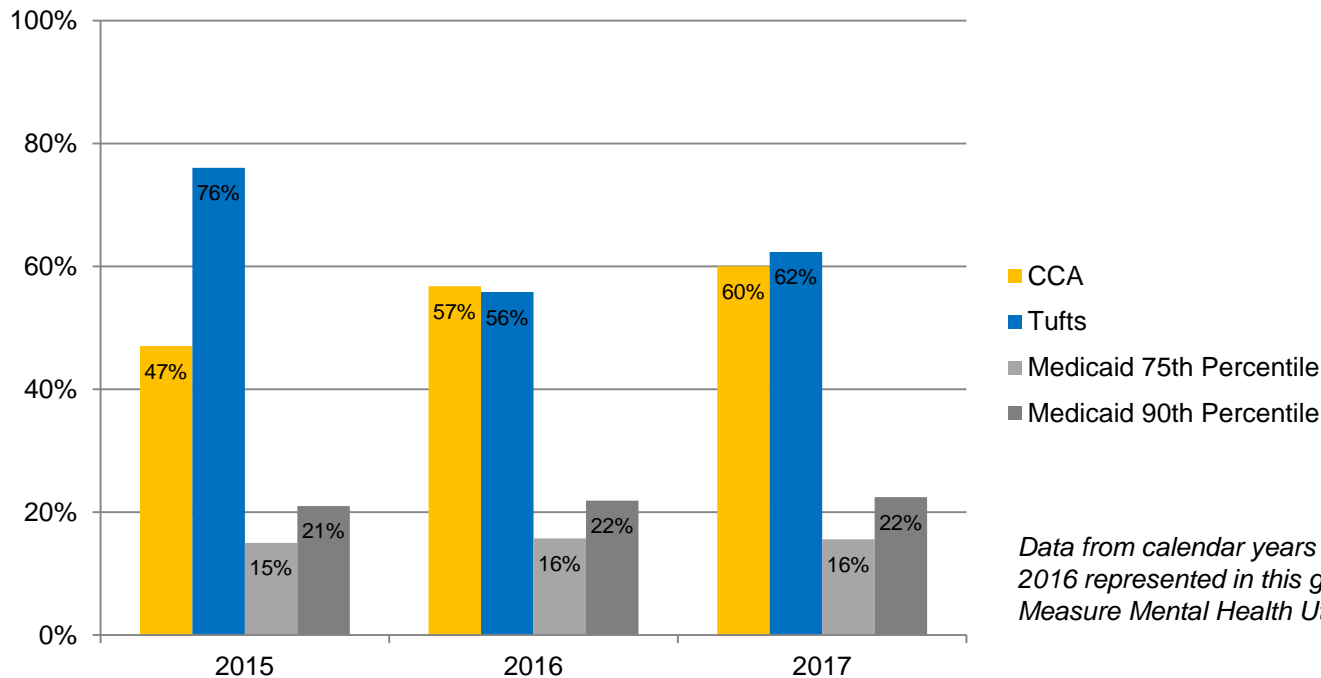
*Data from calendar years 2014, 2015, and 2016 represented in this graph*

- This measure summarizes the number and percentage of members with an alcohol and other drug claim who received the following chemical dependency services during the measurement year:
  - Any service
  - Inpatient
  - Intensive outpatient or partial hospitalization
  - Outpatient or emergency department

Members of both One Care Plans receive more chemical dependency services compared to the general Medicaid population.



# Behavioral Health Service Utilization (Utilization)

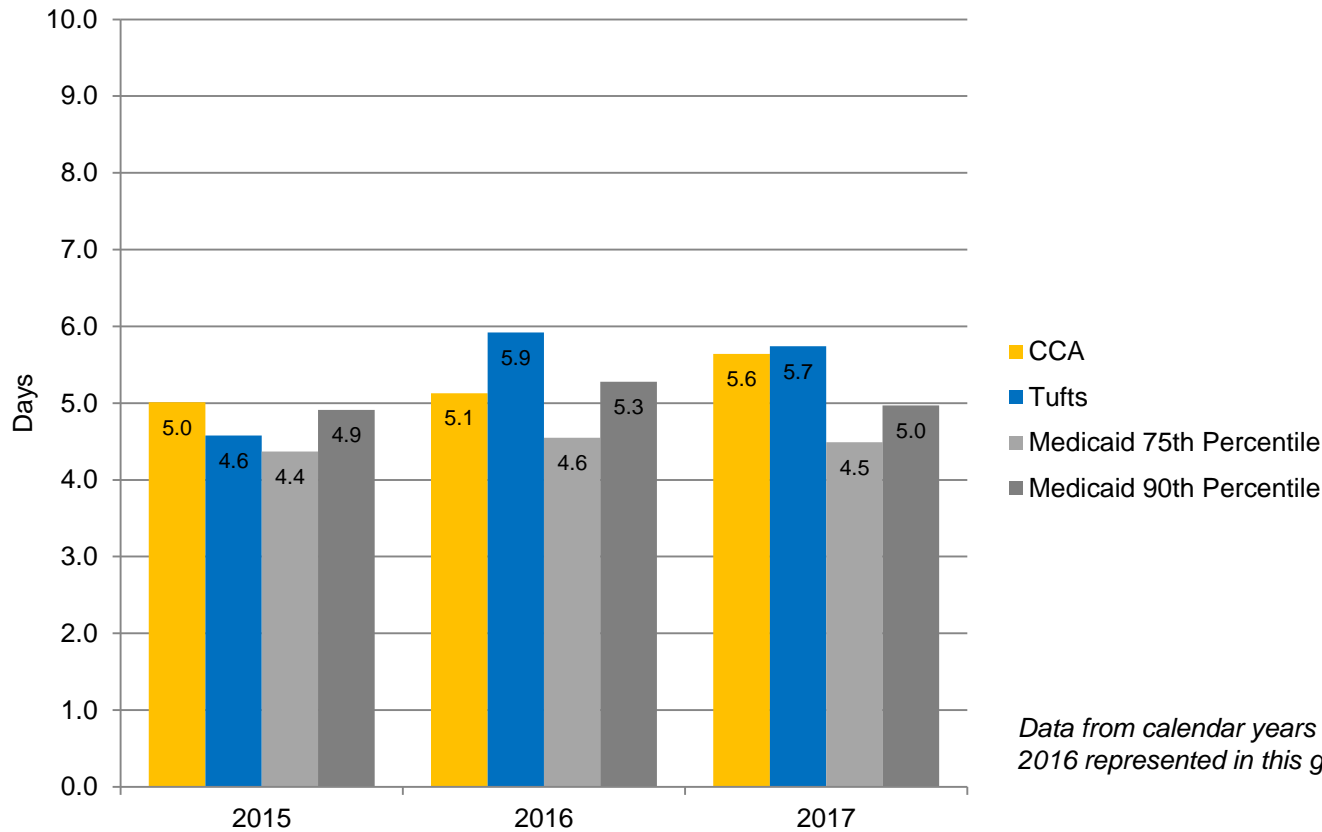


*Data from calendar years 2014, 2015, and 2016 represented in this graph (HEDIS Measure Mental Health Utilization: MPT)*

- The measure illustrates the percentage of membership who received the following behavioral health services: inpatient, intensive outpatient or partial hospitalization, outpatient or emergency department

This data shows that both Tufts and CCA members utilize behavioral health services more frequently than the 90<sup>th</sup> Medicaid Percentile.

# Average Length of Stay General Hospital/ Acute Care (Utilization)



*Data from calendar years 2014, 2015, and 2016 represented in this graph*

- This measure illustrates the average acute inpatient length of stay (LOS) for the following categories:
  - Total inpatient
  - Maternity
  - Surgery
  - Medicine

The data shows that the LOS for both Tufts and CCA tends to be greater than the Medicaid 90th percentile.

# CCA's Response to HEDIS Data



Measure	CCA Response
Access to Preventative / Ambulatory Services	CCA is pleased with the continued high level of performance and is working to maintain the high level of access reflected in this measure
Follow-up Hospitalization for Mental Illness	CCA has engaged heavily in building clinical programs to ensure that we provide support to our members who have been hospitalized for mental illness and who often have unstable living arrangements. The steady improvement in our performance on these measures towards Medicaid 90 <sup>th</sup> percentile demonstrates the success of the program we have put in place
Identification of Alcohol and Other Drug Services	CCA recognizes that identification, referral to treatment, and support in recovery for members with alcohol and/or substance use disorder is an important and often under-resourced component of most care delivery models. As many of our members have faced stigma and discrimination in the past, they have been challenged in disclosing alcohol or substance use disorders. CCA has worked to develop a substance abuse program that has: (1) prioritized identification and management of members with chronic pain and indications of misuse and abuse of opioids by implementing a quality improvement initiative focused on this cohort of members; (2) enhanced CCA's capacity for medication assisted treatment and non-pharmacological management by establishing substance abuse groups; and (3) implemented a practice of co-prescribing Narcan with opioids
Behavioral Health Service Utilization	CCA is encouraged to report that our overall utilization of outpatient and community behavioral health services has significantly increased relative to acute and inpatient utilization. We believe that this reflects improvements in access to appropriate outpatient behavioral health resources and improvement of identification of members with behavioral health needs. For the past two years, CCA has been operating two community-based crisis respite units for our members that have increased access to intensive short-term stabilization services for members that would otherwise be hospitalized
Average LOS General Hospital / Acute Care	Average LOS for inpatient care is dependent on a multitude of factors, including medical complexity of the member, as well as their post-discharge care needs. CCA continues to partner with hospitals, post-acute care settings and our members and caregivers to support effective, timely hospitalizations and appropriate care transitions. Our transitions of care team enhances our ability to do this in a timely, way emphasizing member safety



## **One Care Finance Slides**





# Plan Financials

- CCA and Tufts saw significant improvements in their financials for DY2 (2015) compared to DY1 (2013/2014) due to rate enhancements and program efficiencies implemented by MassHealth and CMS to stabilize the One Care program
- CCA has continued to experience improved financial performance through DY3 (2016)
- Financial performance for Tufts declined in DY3

<b>Demo Year 1 Q1-Q5 (10/1/13-12/31/14)</b>				
	CCA	Tufts	FTC	All Plans
Total Spending	\$ 291,101,881	\$ 31,100,813	\$ 108,103,203	\$ 430,305,897
Total Revenue	\$ 254,330,116	\$ 30,178,892	\$ 96,393,826	\$ 380,902,834
Risk Corridor Amount	\$ 20,116,608	\$ 106,017	\$ 7,898,066	\$ 28,120,691
Net Income	\$ (16,655,157)	\$ (815,905)	\$ (3,811,310)	\$ (21,282,372)
Net Gain/Loss	-7%	-3%	-4%	-6%
Average Members	7,239	1,261	4,135	12,634
<b>Demo Year 2 Q1-Q4 (1/1/15-12/31/15)</b>				
	CCA	Tufts		All Plans
Total Spending	\$ 375,809,100	\$ 51,590,243		\$ 427,399,343
Total Revenue	\$ 388,129,294	\$ 53,496,338		\$ 441,625,632
Risk Corridor Amount	\$ (3,072,397)	\$ (202,636)		\$ (3,275,033)
Net Income	\$ 9,247,797	\$ 1,703,459		\$ 10,951,256
Net Gain/Loss	2%	3%		2%
Average Members	10,399	1,909		12,308
<b>Demo Year 3 Q1-Q4 (1/1/16-12/31/16)</b>				
	CCA	Tufts		All Plans
Total Spending	\$ 408,492,208	\$ 80,056,801		\$ 488,549,010
Total Revenue	\$ 429,892,092	\$ 72,317,561		\$ 502,209,653
Risk Corridor Amount	TBD	TBD		TBD
Net Income	\$ 21,399,884	\$ (7,739,240)		\$ 13,660,644
Net Gain/Loss	5%	-11%		3%
Average Members	10,434	2,704		13,138

**DY1 Notes:** Data is based on financial reports submitted to MassHealth by the plans for October 2013 – December 2014, updated in October 2016 for CCA and Tufts and updated in September 2015 for FTC. Total revenue excludes investment income

**DY2 Notes:** FTC financials are not included due to plan exiting the program on 9/30/15. DY2 data is based on financial reports submitted to MassHealth by the plans for 2015 (updated in April 2017). Total revenue excludes investment income

**DY3 Notes:** Data is based on financial reports submitted to MassHealth by the plans for 2016 (updated in July 2017). Revenue excludes investment income and any potential risk corridor payments or recoupments for qualifying plans



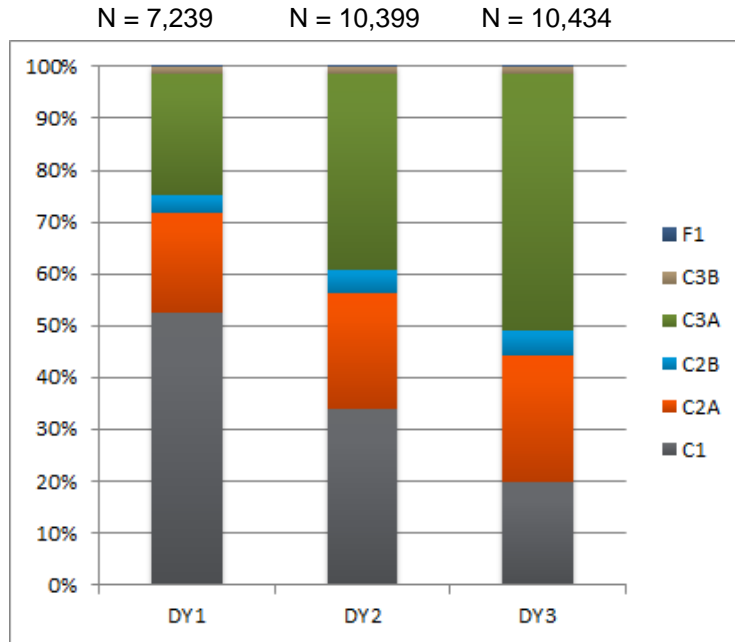
# One Care Rating Category Descriptions

- **F1 – Facility-based Care.** Individuals identified as having a long-term facility stay of more than 90 days
- **C3 – Community Tier 3 – High Community Need.** Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; and individuals with 4 or more ADL limitations (and do not meet F1 criteria)
  - In CY2014, C3 split into two subsets:
    - **C3B:** for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3
    - **C3A:** for remaining C3 individuals
- **C2 – Community Tier 2 – Community High Behavioral Health.** Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need (and do not meet F1 or C3 criteria)
  - In CY2014, C2 split into two subsets
    - C2B: for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness
    - C2A: for remaining C2 individuals
- **C1 – Community Tier 1 Community Other.** Individuals in the community who do not meet F1, C2 or C3 criteria

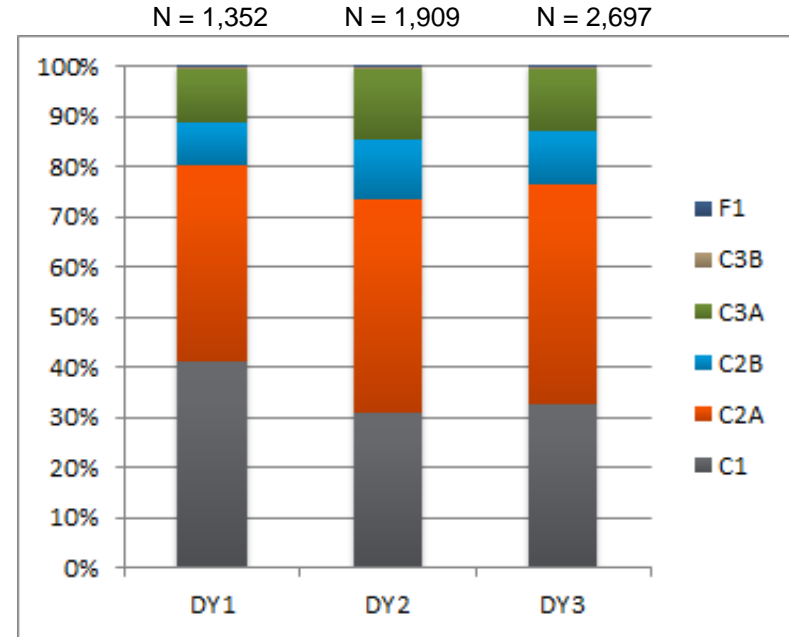
# Membership Notes



## CCA



## Tufts



**CCA has a large proportion of C3 members, whereas Tufts membership is more concentrated in the C2 Rating Categories (RCs)**

**CCA's proportion of C1 membership continues to decline, while their C3A membership continues to grow**

- C2A membership has also increased slightly over the three years (2-3% each year)

**Tufts membership distribution across RCs is relatively consistent between DY2 and DY3**

# PMPM Service Spending by Plan and RC



	C1: Community Other			C2A: Community High Behavioral			C2B: Community Very High		
	DY2	DY3	% Change	DY2	DY3	% Change	DY2	DY3	% Change
CCA	\$1,292	\$1,091	-16%	\$1,773	\$1,574	-11%	\$2,676	\$2,612	-2%
Tufts	\$1,484	\$1,550	4%	\$1,280	\$1,624	27%	\$2,539	\$2,494	-2%
Average	\$1,319	\$1,228	-7%	\$1,645	\$1,590	-3%	\$2,629	\$2,569	-2%
	C3A: High Community Needs			C3B: Very High Community Needs			F1: Facility Based Care		
	DY2	DY3	% Change	DY2	DY3	% Change	DY2	DY3	% Change
CCA	\$3,908	\$3,855	-1%	\$8,140	\$8,689	7%	\$10,925	\$11,612	6%
Tufts	\$4,409	\$5,185	18%	\$5,265	\$8,633	64%	\$5,152	\$6,885	34%
Average	\$3,940	\$3,937	0%	\$8,073	\$8,687	8%	\$10,228	\$10,509	3%

- In aggregate, PMPM spending for C2A, C2B, C3A, and F1 members changed +/- 3% or less between DY2 and DY3, while average PMPMs for C1 and C3B changed by -7% and 8%, respectively
- CCA: PMPM spend **decreased** across all three DYs for C1, C2A, C2B, and C3A. PMPM spend for C3B and F1 members **increased** over the three demonstration years
- Tufts: PMPM spend **increased** across all three DYs for C1, C2A, and C3A. C2B spend increased in DY2 but **decreased** slightly in DY3. Spend for C3B and F1 members increased in DY3 following decreases in the previous year

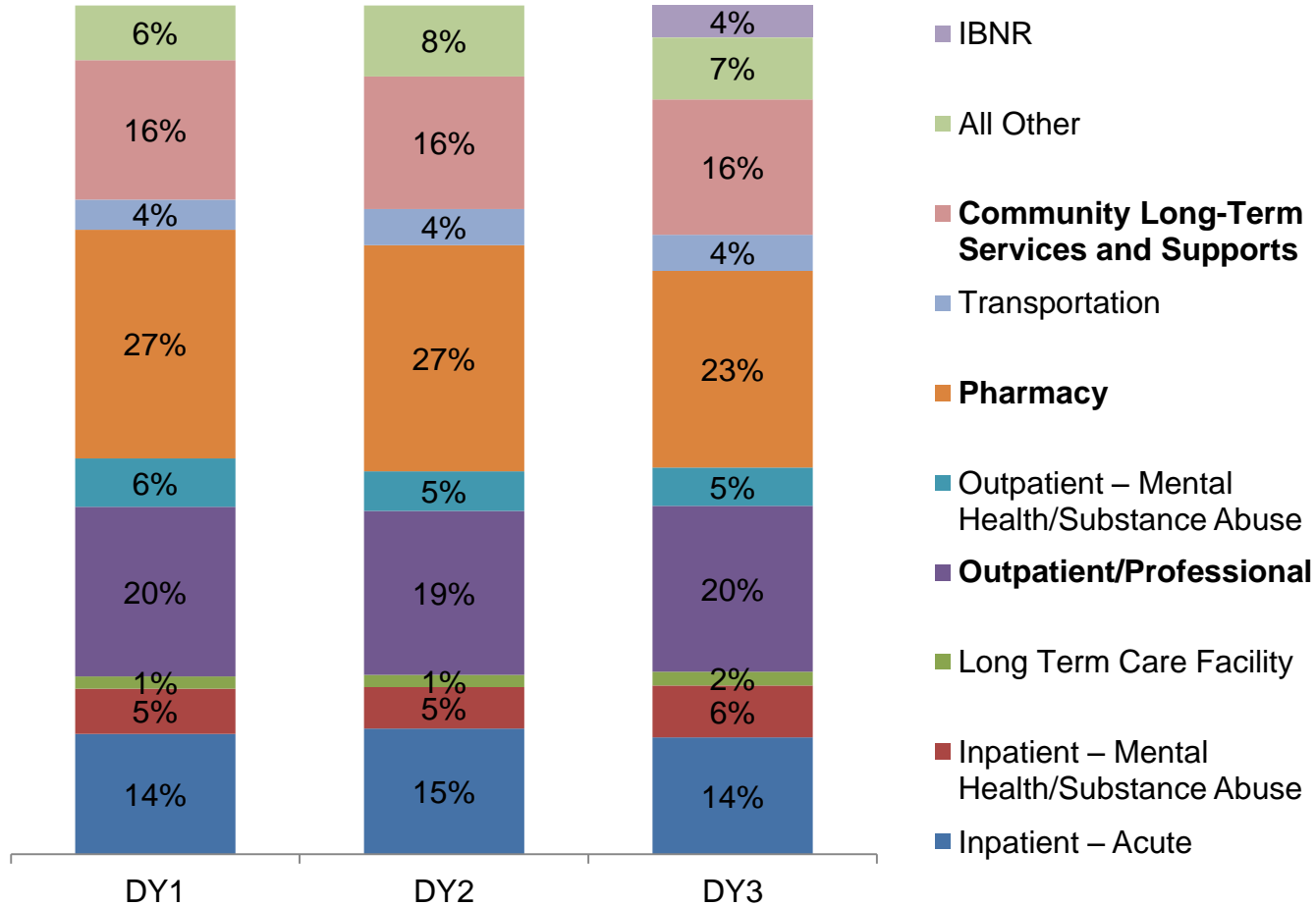
Notes:

- PMPMs reflect claims as reported by the plans as of a certain date; incorporating additional claims will change these numbers.

# CCA – PMPM Service Spend



DY1 Avg. PMPM = \$2,199    DY2 Avg. PMPM = \$2,560    DY3 Avg. PMPM = \$2,783



Member RC Distribution	DY1	DY2	DY3
C1	53%	34%	20%
C2	22%	27%	29%
C3	25%	39%	51%
F1	0%	0%	0%

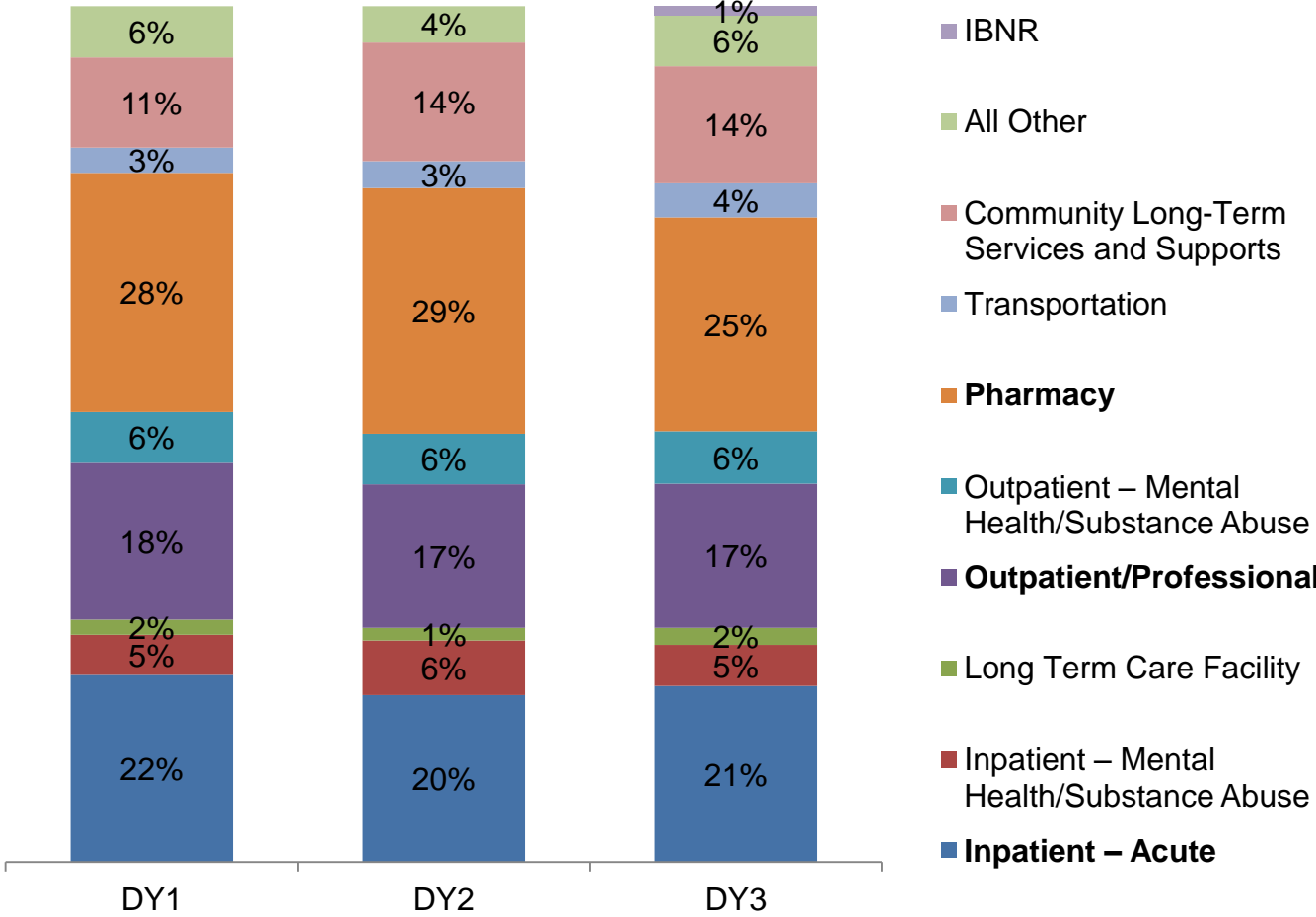
Notes:

- One Care Plan medical and LTSS PMPM spending from October 1, 2013– Dec. 31, 2016 as reported by CCA, subject to verification by MassHealth and CMS  
 - IBNR 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  
 - Data reflect spending on claims as of a certain date (through 10/31/2016 for DY1, 4/30/2017 for DY2, and 7/31/2017 for DY3), as reported by the plan; incorporating additional claims will change these numbers. Administrative spending is not included



# Tufts – PMPM Service Spend

DY1 Avg. PMPM = \$1,518    DY2 Avg. PMPM = \$1,952    DY3 Avg. PMPM = \$2,173



Member RC Distribution	DY1	DY2	DY3
C1	41%	31%	32%
C2	47%	55%	55%
C3	11%	14%	13%
F1	0%	0%	0%

**Notes:**  
 - One Care Plan medical and LTSS PMPM spending from October 1, 2013– Dec. 31, 2016 as reported by Tufts, subject to verification by MassHealth and CMS.  
 - IBNR 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.  
 - Data reflect spending on claims as of a certain date (through –10/31/2016 for DY1, 4/30/2017 for DY2, and 7/31/2017 for DY3), as reported by the plan; incorporating additional claims will change these numbers. Administrative spending is not included.



## **The members enrolled in One Care continue to increase in complexity**

- The proportion of members in higher rating categories has grown over all three DYs. In DY1 only 20% of One Care members were in the C3 and F1 RCs. This grew to 31% in DY2 and 43% in DY3

## **The One Care enrolled population is more complex than the eligible population as a whole**

- A higher percentage of enrolled members fall into the C3 and F1 RCs than are available in the current eligible population, despite a continued decline in the proportion of C1 eligibles over the three DYs

## **Consistent with increasing case mix complexity, average PMPMs continued to increase between DY2 and DY3 for CCA and Tufts**

### Notes:

- IBNR 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
- Data reflect spending on claims as of a certain date (through 10/31/2016 for DY1, 4/30/2017 for DY2, and 7/31/2017 for DY3), as reported by the plan; incorporating additional claims will change these numbers



# Notable Trends for CCA and Tufts by RC: DY2 vs. DY3

- **Pharmacy PMPM** spending on average across all RCs decreased
  - Tufts pharmacy spend decreased by 3% PMPM for all RCs
  - CCA pharmacy spend decreased by 5% PMPM for all RCs. Despite a larger percentage reduction in pharmacy spend, CCA average pharmacy spend remains \$102 PMPM higher than Tufts. CCA experienced a one time shift in expenses in 2016 associated with improved PBM contracting. From 2015 to 2016, CCA experienced a decrease in high cost Hepatitis C drug treatments. From 2016 to 2017, the proportion of members receiving high cost drug therapies including those for Hepatitis C has remained relatively flat.
- **Inpatient Acute Hospital PMPM** spending
  - Tufts spending increased by 17% for all RCs (+\$66 PMPM), resulting in average PMPMs for all RCs to be \$64 higher than CCA
  - CCA spend fluctuated by RC, but overall spend for all RCs remained relatively flat (2% trend)
- **Mental Health/Substance Abuse PMPM** spending
  - Tufts inpatient spending decreased by 16% for all RCs, a trend driven primarily by a 60% reduction in spend for C1 members. However, their outpatient spend increased by 16% for all RCs, driven by additional spend for C2A members
  - CCA inpatient spending increased by 35% for all RCs (\$44 PMPM), driven by increases in PMPMs for C3 and F1 members. Spend for C1 members actually decreased by 68%, similar to Tufts' experience. Outpatient spend also increased slightly by 10% for all RCs, driven by an uptick in spend for C3 members, despite decreased spending for all other individual RCs
- **Outpatient Professional PMPM** spending
  - Spend for both plans across all RCs increased by 10-12%. Tufts increased spend for members in each individual RC, most notably in C2A (29% increase). CCA's overall increase was driven by an increase in C3B PMPMs. CCA spends an average of \$178 PMPM more across all RCs than Tufts
- **Community Long-Term Services and Supports (LTSS) PMPM** spending
  - Both plans increased LTSS spend by 10-11% across all RCs, but CCA spends an average of \$146 PMPM more than Tufts in this category overall

## Notes:

- PMPMs reflect claims as reported by the plans as of a certain date; incorporating additional claims will change these numbers.
- Proportionate spending and comparisons between years in all service areas could change as IBNR for DY3 comes down over time





## Discussion



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