

**ONE CARE: MASSHEALTH PLUS MEDICARE
EARLY INDICATORS PROJECT
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Preliminary Findings from a Focus Group with Members Opting-out of One Care

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One approach used in the Early Indicators Project (EIP) was to conduct focus groups with MassHealth members who are eligible for One Care, to obtain their opinions and perspectives on the program. Focus groups are typically conducted with a small number of participants (8 – 10) and findings are not expected to be representative of the experiences of an entire population. However, focus group findings can help identify emerging trends, issues and concerns and can be very illuminating in the early implementation of a new program or service. The One Care focus group methods, including guiding questions and all related materials for the groups, were developed by members of the EIP Workgroup (identified at the end of this document).

Below is a brief summary of the preliminary findings from the second focus group, which included individuals who chose to not enroll (i.e. chose to opt-out) in One Care early in the program's implementation. The focus group was held in **Worcester on December 19, 2013**.

Methods

English-speaking MassHealth members, aged 21 to 64 years, who were eligible for and **chose to opt-out** of One Care, were recruited to participate in the focus group. Using data provided by MassHealth, we recruited 9 members who agreed to participate; **5 actually participated** in this group. Characteristics of focus group participants are shown in Table 1 on page 3.

The focus group was facilitated by research staff from UMass Medical School. The group was audio-recorded, and detailed notes were taken (audio recordings and notes were transcribed for analysis purposes). At the end of the group discussion, participants were asked to complete an anonymous questionnaire that asked participants for feedback on the focus group and for demographic information (see Table 1 below).

Preliminary Findings

I. Basic Knowledge of One Care/Information about One Care

- Participants were aware that One Care included:
 - A care coordinator,
 - Less expensive co-payments on prescriptions,
 - Better dental insurance,
 - Having one insurance,
- 4 out of 5 participants had not heard anything about One Care prior to receiving the Enrollment packet.
 - 1 participant heard about One Care through his job at a human service agency.
- 3 focus group participants received a One Care information packet through the mail.
 - 2 participants only recalled receiving a letter about One Care and not the enrollment packet.
- Concerns about the information included:
 - Not enough information available about One Care in order to make a decision to change insurance. The booklet was “too generic and isn’t specific enough”.

- A participant who received the letter said that the wording raised concerns:
 - “The letter just scared me. It basically said that this One Care will replace your existing Medicare/MassHealth. I don’t want to replace it, if you want to add stuff to it, that’s fine but I don’t want to replace it.”
- The letter made One Care sound like a “middle man” and that MassHealth and Medicare are funneled through One Care to cut costs and centralize things. Participants felt that One Care might be fine for the majority of people, but that their medical conditions made it not the best choice for them.
- 1 participant was contacted by his social worker who told him about One Care.
- 2 participants talked with their doctors and the doctors didn’t know if they were participating in One Care.
- None of the participants indicated that they contacted SHINE (Serving the Health Insurance Needs of Everyone) for any assistance; 2 contacted MassHealth Customer Service (CST).
- Participants felt the website did not have enough information.
 - Needs a list of providers that work with one or more One Care plans instead of getting this information from each plan.
 - Need a list of medications that are covered under One Care.

II. Making the Decision Not To Enroll In One Care

- 1 participant’s providers are not participating in One Care.
- 4 participants did not call their providers or attempt to find out if their medications were covered under One Care.
- The general consensus was *“If it’s not broken, don’t fix it”*
- Participants felt that having two insurance plans is important because it allows for back-up regarding coverage for medications.
 - For example, if Medicare will not pay for a medication then MassHealth will.
- 3 participants expressed that having both MassHealth and Medicare (separately) allow them flexibility to explore treatments.
- 2 participants use LTSS, specifically PCA services.
 - They felt the Long-Term Services and Supports Coordinator (LTS Coordinator) role is appealing but not enough to make the decision to enroll in One Care.

III. Concerns About One Care

- Concerns about enrolling in One Care included:
 - Keeping current doctors and prescriptions.
 - Concerns about medical conditions and potential for complications.
 - Participants have worked hard to find doctors they trust, to feel their health is “stable”, and do they not want to risk losing that as a result of changing insurance.

- 2 of the participants have multiple health issues and felt that due to complications associated with their conditions they do not want to be in a situation where they have to wait for approvals or be limited in their options for treatment.
- Concerns that One Care will be too restrictive.
- Concerns that the assigned Care Coordinator will not be available when needed.
- Several of the participants expressed concern that One Care is new and it is unknown what will happen with it.
 - *“.....it doesn’t have any history behind it so you really don’t know what is going to happen in a year to two.”*
- Concerns about having to wait for long periods of time to get appointments with the providers that are working with One Care.

Table 1. Characteristics of Focus Group Participants: Members Opting-out of One Care (N=5)

Characteristics	N	
<u>Gender</u>	Male	5
	Female	0
<u>Race</u>	White	4
	Black	0
	Biracial/Multiracial	1
<u>Ethnicity</u>	Latino	1
<u>Sexual Orientation</u>	Straight	3
	Gay	1
<u>Education</u>	Some high school completed	0
	High school grad only	1
	Some college completed	2
	4-year College degree	2
<u>Employment status</u>	Employed in past 12 months	1
<u>Primary disability</u>	Physical/mobility	2
	Psychiatric disability	1
	Medical condition	2
<u>Service use</u>	Saw provider in past 4 months	4
	Uses medical equipment	1
	Needs personal Care/ADL help	2
	Uses LTSS	2
	Hospital/ER visit in past year	4
<u>Homelessness</u>	Homeless in past year	0

Participant feedback on the group was positive. All of the participants strongly agreed that they understood the focus group questions and felt comfortable in the discussion. Four participants strongly agreed and 1 agreed that their opinions were respected. Participants commented that the focus group made them feel that MassHealth cares about them and their opinions.

As noted above, with a small number of participants, focus group findings are not expected to be representative of an entire population. Although both men and women were recruited for this group, the participants were all men. Participants in this group did include individuals reporting varying primary disabilities. Other focus groups will be conducted with members who have elected to enroll in One Care; member who have been auto-assigned into One Care; Spanish-speaking members; and members with intellectual disabilities and their caregivers/family members. A final comprehensive report of focus group findings will be available when all groups have been completed.

EIP Workgroup Members:

Implementation Council representatives – Dennis Heaphy, Ted Chelmow, Olivia Richard, Jeff Keilson

MassHealth representatives – Michele Goody, Dorothee Alsentzer, David Healey

UMass Medical School representatives – Alexis Henry, Wendy Trafton