

**ONE CARE: MASSHEALTH PLUS MEDICARE
EARLY INDICATORS PROJECT
April 28, 2014**

Preliminary Findings from a Focus Group with Auto-Assigned One Care Enrollees

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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 fourth focus group, which included individuals who were “**auto-assigned**” (i.e. passively enrolled) into One Care in the early part of 2014. One Care eligible MassHealth members may be auto-assigned into One Care if they:

- Have not self-selected into One Care
- Have not opted-out of One Care, and
- Live in a Massachusetts county with multiple One Care Plans (including Hampden, Hampshire, Suffolk and Worcester Counties)

The focus group with auto-assigned members was held in **Worcester, MA on April 28, 2014**. This location was chosen for the auto-assigned member focus group because it is located in Worcester County, which is the only county in the One Care coverage area in which all three One Care plans are available. The EIP Workgroup determined that it was important to include members from all three plans in the auto-assigned focus group.

Methods

English-speaking MassHealth members, aged 21 to 64 years who were auto-assigned into a One Care plan effective January 1, 2014, were recruited to participate in the focus group. Using data provided by MassHealth, we recruited 18 members who agreed to participate; **11 actually participated** in the group. Characteristics of the focus group participants are shown in Table 1 on page 4.

Research goals included obtaining information about participants’ knowledge of One Care, their reactions to informational materials from their One Care Plan, and their experiences within the plan, including with care coordination; a long term services coordinator, if any; their care plan; services; prescriptions and supplies; and any new benefits available under One Care.

The focus group was facilitated by research staff from UMass Medical School. The group’s discussion 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

- Most participants were knowledgeable about One Care, but some were confused by or not aware of the multiple plans available -- i.e. Fallon Total Care (FTC), Commonwealth Care Alliance (CCA), and Network Health Unify (NHU).
- Nine out of 11 participants recalled receiving One Care Enrollment information
 - Three participants initially questioned whether the information actually came from MassHealth and called MassHealth Customer Service (CST) to confirm.
- All participants described the information as easy to understand.
- None of the participants indicated that they contacted SHINE (Serving the Health Insurance Needs of Everyone) for any assistance.
- Two participants reported that they had contacted MassHealth CST and found the staff there to be helpful however the information that they received was not consistent with the information provided by the health plan, specifically around providers participating in the plan and prescription medication coverage.
- One participant said that MassHealth CST confirmed that a particular Primary Care Physician (PCP) was participating in the member's assigned plan, but once enrolled the plan indicated that that PCP was not participating.

II. Information from the One Care Plans

- Eight participants in the focus group were enrolled in FTC, 2 were enrolled in CCA, and 1 was in NHU
- People described feeling overwhelmed by the materials they had received from the plans. They mentioned getting "a big book" with names of medications in it. Two people were able to look up their medications, but many found this too overwhelming.
- Some participants expressed confusion about how many cards they were supposed to have. One participant only had Medicare and Medicaid cards, which no longer worked. Other participants had received a health plan card and a separate prescription drug coverage card, which they found confusing.

III. Care Coordination and LTS Coordination

- **Care Coordination¹**
 - Six participants reported having met with their Care Coordinator. Three participants met with someone to have their initial assessment completed but were unsure if that person was their Care Coordinator.
 - The people who had met with their Care Coordinators had good experiences and felt comfortable reaching out to that person to seek assistance with needed care. About half of the group seemed to understand the Care Coordinator role, others seemed confused about it.
 - One participant said that their Care Coordinator had changed 4 times stating that there was a new one for each month (January – April) the participant had been in the program. The participant stated that this was very frustrating.
 - At least one person reported never having heard from a Care Coordinator. Another participant reported having talked with the Care Coordinator once, but subsequently having ignored calls from the coordinator because the participant didn't feel (s)he needed anything. However, this participant stated that having gained a better understanding of the Care Coordinator's role, (s)he would return the call.

¹ Care Coordination is managed by the Care Coordinator in CCA and NHU. In FTC the term "Navigator" is used to describe this role. In this report, we use the term "Care Coordinator" to describe the role.

- **LTS Coordination**

- Several participants were unsure whether they had met with an LTS Coordinator. Three participants recalled being offered some type of LTSS (e.g. home care, etc).
- During the discussion, 3 participants described having services that would be considered LTSS.
- One participant described a meeting that sounded like it was a meeting with an LTS Coordinator but the participant did not know whether this person was an LTS Coordinator.
 - *“I had a guy come from elderly services and supposedly he is supposed to bring me one of those bracelets”*
- In general, participants did not seem to understand the role of the LTS Coordinator.
 - *“Oh that is what (Member) Services, was talking about. That would be great”*

IV. Getting Care under One Care

- **The Care Plan**

- Three participants, all enrolled in the same plan, reported that their care plans contained incorrect information. All three participants shared their concerns that their care plans listed “psychotic episodes” as a condition, even though none of them had been diagnosed with a psychiatric disorder. The Care Coordinator explained that this resulted from “the computer” making determinations based on responses to questions during the meeting with the Care Coordinator. Two of the participants were told that *“it couldn’t be changed but that it had been noted on the plan that it was a computer error”*. All three individuals refused to sign the plan and requested that plan be corrected; all said they are waiting for a corrected care plan and that it had been “a couple of months” since the request for the corrected care plans were made.
 - *“Yeah it’s like they want to fit you into these little boxes and if you don’t fit perfectly they just put you into the extra box.”*
- Four people did not understand what the care plan was or why it was important. One participant recalled reviewing their care plan with their care coordinator and did not feel confident in the plan.

- **Services**

- For the most part, participants were pleased with the services they were receiving under the One Care Plan in which they are enrolled.
 - *“I have been hearing some negative comments about [One Care Plan]...but so far my experience with them has been surprisingly good.”*
 - *“Any concerns I have had, they have addressed them immediately. They made phone calls for me and got things straightened out.”*
- One participant described some difficulty getting medical transportation services.
 - *“I have been trying to get my PT1s in for transportation, I don’t drive anymore, and when I put them in, now they want me to put them in through [care coordinator], and I was putting them in through someone else. I am sitting there by the door, no transportation.....because of the way I was doing it. Now the [care coordinator] says I talk to her, I don’t talk to them. I got like four phone numbers now and it doesn’t happen.”*

- **Prescription Medication and Supplies**

- All participants were pleased about not having medication co-payments.
 - *“My major concern when I first got [the plan]...will I be able to see my own doctors. It was like what are they doing? Why are they doing this? And then once it finally kicked in, it was like wow! I don’t have to pay for prescriptions, and I have a lot of prescriptions, so it is saving me a lot of money.”*

- Three participants had difficulty confirming that their medications were included in their plan’s formulary. Three participants indicated that coverage for medications they had used in the past was denied by the plan; two participants reported that their doctors had successfully advocated to get the medications covered. Three participants reported that even when a medication was listed in the plan’s written material, a representative from the plan insisted that this was a printing error. The participants noted that these problems were resolved in most cases, however, reimbursement for out-of-pocket costs for medications took up to a month or more. In one case, a participant went without the medication because it was too expensive and it was not covered.
- One participant described making repeated attempts to get the supplies the person needed to test their blood sugar.
 - *“I am a diabetic, my meter broke in January, I had an appointment with my PCP, [the PCP] said no problem we will order you the new one, which [the PCP] did. They [the health plan] rejected it every week, but I have supplies from January till now, every month. And I keep asking them what do I need the supplies for if you are not going to give me the meter?”*
- **New Benefits**
 - Four participants reported being very happy about the improved dental coverage, while others appeared to not know which dental services were covered. One person did not know that One Care includes dental coverage.
 - Seven participants described vision and dental services available under One Care as very important to them, along with hearing and other specialty services.

V. Other Comments About One Care

- Three participants were confused about whether they were still on MassHealth or if they were on One Care. They didn’t understand what the change meant.
- All participants expressed interested in staying on One Care, but the person who was having trouble with getting diabetes supplies was considering leaving One Care if the situation is not resolved.
- Participants like the program but are concerned about any potential changes in the future.

VI. Participant demographics and feedback

See the section starting on the next page for a table of participant demographic information and for feedback from participants on the focus group process.

Table 1. Characteristics of Focus Group Participants: Members Auto-Assigned into One Care (N=10*)

<u>Characteristics</u>		<u>N</u>
<u>Gender</u>	Male	5
	Female	4
	Did Not Answer	1
<u>Race</u>	White	10
	Black	0
	Biracial/Multiracial	0
<u>Ethnicity</u>	Latino/Hispanic	1
<u>Sexual Orientation</u>	Straight	8
	Gay	1
	Asexual	1
<u>Education</u>	Less than high school (K-8)	1
	Some high school completed	1
	High school grad only	1
	Some college completed	5
	4-year College degree	1
	Postgraduate degree	1
<u>Employment status</u>	Currently Employed	1
<u>Primary disability</u>	Physical/mobility	2
	Psychiatric disability	2
	Medical condition	4
<u>Service use</u>	Saw provider in past 4 months	9
	Uses medical equipment	2
	Needs personal Care/ADL help	1
	Uses LTSS	2
	Hospital/ER visit in past year	5
	Hospitalized in last 12 months	2
<u>Homelessness</u>	Homeless in past year	0

* One participant did not complete the demographic questionnaire

Participant feedback on the group was mostly positive. Ten out of the 11 participants either strongly agreed or agreed that they felt that their comments and concerns were understood and that their opinions were respected. One participant felt that their opinions were not respected but did feel comfortable during the discussion. All the participants understood the focus group questions.

As noted above, with a small number of participants, focus group findings are not expected to be representative of an entire population. Participants in this group were a mix of men and women with diverse educational background and included individuals with a range of disabilities; psychiatric, physical, and medical conditions.

However, all the participants were white. One participant identified as Latino/Hispanic. Previous focus groups conducted included the following groups: members who have elected to enroll in One Care; members who have elected not to enroll in One Care; and Spanish-speaking members. Additional efforts will be made to gather information from members with intellectual disabilities and their caregivers/family members. A final comprehensive report of all findings will be available when all data collection has been completed.

EIP Workgroup Members:

One Care 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