

## The Experiences of One Care Members Transitioning from Fallon Total Care

Findings from the Fallon Transition Survey

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# Background

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# One Care

- One Care is a program for individuals ages 21 to 64 who are dually eligible for both MassHealth and Medicare (“dual eligibles”)
  - Covers all Medicare, MassHealth, and prescription drug benefits, including Medicare Part D, plus additional benefits, all under the same plan, at no cost to members
  - Provides integration of primary, specialty and behavioral health care, as well as Long-Term Services and Supports (LTSS)
  - Each member has a care coordinator and may also request a Long-Term Supports (LTS) Coordinator
- More information about One Care can be found on the website at: [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).
- When enrollment began on October 1, 2013, there were three participating health plans: Commonwealth Care Alliance (CCA), Fallon Total Care (FTC) and Network Health (now Tufts Health Unify [Tufts]).

# Closure of Fallon Total Care (FTC)

- As of June 1, 2015, there were:
  - 10,430 members enrolled in CCA (59% of One Care members);
  - 5,474 members enrolled in FTC (31% of members); and
  - 1,801 members enrolled in Tufts (10% of members)
- FTC's service areas included Worcester, Hampshire and Hampden counties
- On June 17, 2015, FTC announced it would end its participation in One Care as of September 30, 2015.
- FTC members could choose to:
  - enroll in another One Care plan if available;
  - enroll in a Medicare Advantage plan; or
  - return to Fee-For-Service (FFS) MassHealth and original Medicare (with a Medicare Part D plan).
- FTC members who did not make another choice were automatically enrolled into MassHealth FFS and Medicare (including a Part D plan), as of October 1, 2015.

# FTC Transition Efforts

- FTC, MassHealth, CMS, and other stakeholders worked to ensure a smooth transition for FTC members, including:
  - Sent letters to members about the closure that included information about the transition, preliminary coverage options, and who to call for help
  - Held information and enrollment sessions in Worcester and Springfield where members could ask questions and learn more about their choices
  - Held weekly stakeholder meetings
  - Held inter-agency workgroups to ensure continuity of care for members with existing prior authorizations and to connect high-risk members with additional services
  - Created a new page on the One Care website with information related to the closing

# Fallon Transition Survey

- To understand members' experiences with the transition from FTC into either a new One Care plan or back to FFS, MassHealth partnered with the UMass Medical School (UMMS)' Center for Health Policy Research (CHPR) to conduct a survey of former FTC members.
- Survey Objectives:
  - To examine members' experiences with the transition process from FTC to a new One Care plan or back to FFS; and
  - To compare and contrast members' experiences with their care when they were enrolled in FTC with their new care after FTC's closure, including:
    - Experiences with providers
    - Experiences with getting service needs met
    - Overall satisfaction with care

# Survey Methods

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## Fallon Transition Survey

# Fallon Transition Survey: Content

- Content developed by CHPR in consultation with MassHealth staff and members of the One Care Implementation Council
- Two parallel versions of the survey were developed:
  - 1. One for members moving to a new One Care plan, and
  - 2. One for members moving back to MassHealth/Medicare FFS
- Survey domains/questions covered members' perceptions of and experiences with:
  - Learning about and getting assistance during FTC closing
  - Providers and services under new One Care plan or FFS
  - Overall satisfaction with change
  - Member demographic and disability information
- Survey included 26 core questions with multiple “skips”
  - Members “skip” questions that aren't relevant to their situation
  - Members may chose to not answer questions
    - The number of members responding to each question varied



# Fallon Transition Survey: Administration

- Survey administered by CHPR's Office of Survey Research
- Sample included 1,532 randomly-selected former FTC members
  - 65% of members in the sample had moved back into FFS
  - 35% had moved to a new One Care plan (CCA or Tufts)
- Survey was fielded from June 2016 to August 2016
  - Administered by phone and through the mail
  - Available in both English and Spanish
- 494 members responded to the survey
  - 32% response rate
  - Overall response types/rates can be viewed in Appendix A at the end of the presentation (slide 41).

# Fallon Transition Survey: Data Analysis

- Analysis focused on experiences of the two groups of members
  - Moved from FTC to CCA or Tufts<sup>1</sup>
    - Referred to as “*Moved to new One Care*”
  - Moved from FTC to MassHealth/Medicare FFS
    - Referred to as “*Moved back to FFS*”
- Data were analyzed using SAS statistical software
  - Descriptive statistics – frequencies and percentages – were generated for all survey questions
  - Statistical tests – chi square and logistic regression – were used to examine if there were significant differences in the experiences of the two groups of members
    - *Moved to new One Care* compared to *moved back to FFS*

<sup>1</sup>Members moving to CCA or Tufts were grouped together for all analyses; responses for members in CCA vs. Tufts were not examined separately.

# Responding Member Characteristics

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*Demographic and Disability Characteristics*

# Demographic Characteristics of Members

		Moved to new One Care (n=196)	Moved back to FFS (n=298)
<b>Age</b>	21-44	33%	38%
	45 and over	77%	72%
<b>Gender</b>	Male	46%	51%
	Female	54%	49%
<b>Sexual Orientation</b>	Heterosexual	95%	94%
	Gay/Lesbian	4%	3%
	Bisexual/asexual	1%	3%
<b>Education</b>	Less than high school	20%	21%
	High school/GED	34%	43%
	Some college or more	42%	36%

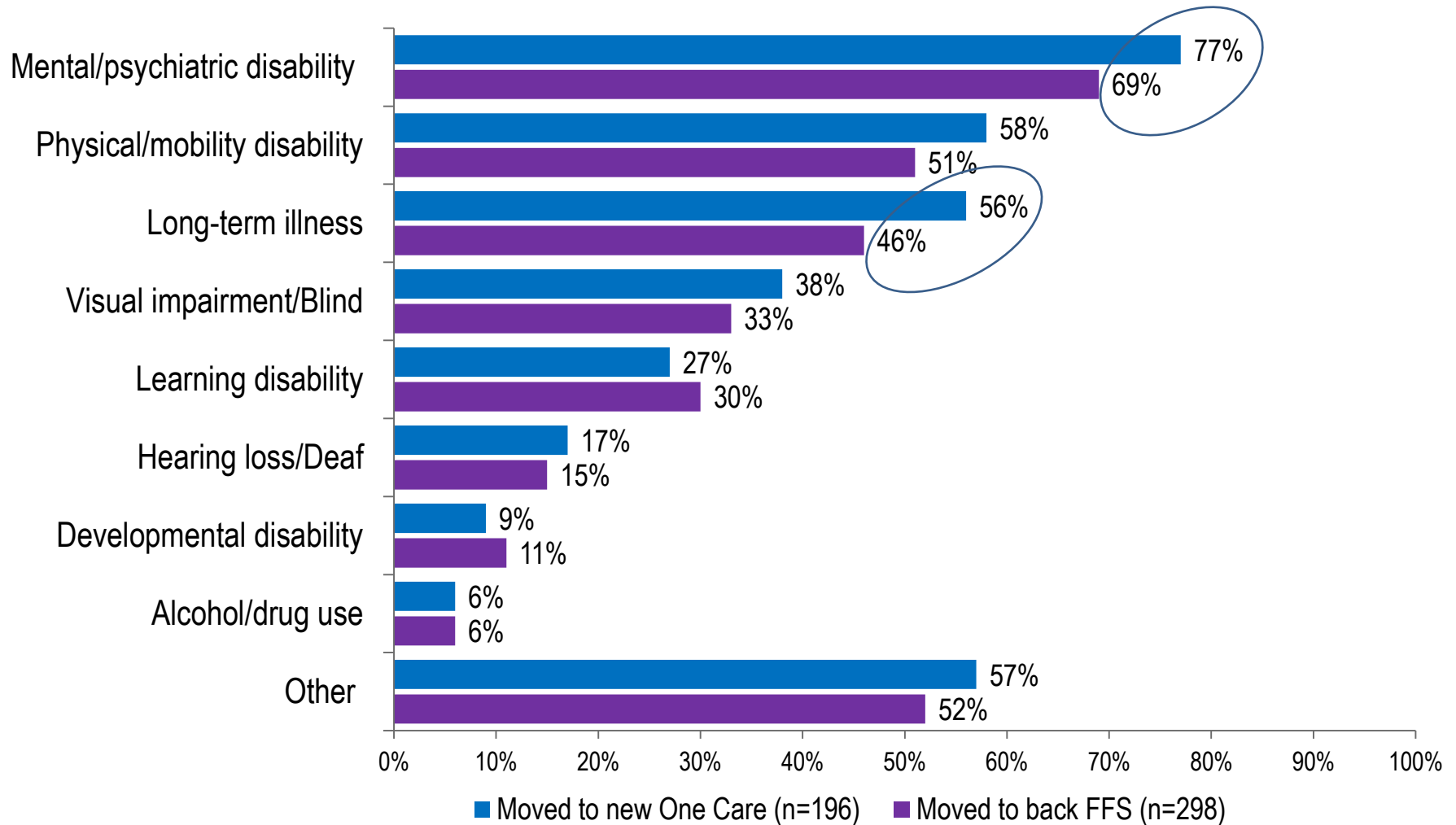
*There were no statistically significant differences between members moving to a new One Care plan and those moving back to FFS in terms of age, gender, sexual orientation or education.*

# Demographic Characteristics of Members

		Moved to new One Care (n=196)	Moved back to FFS (n=298)
<b>Race</b>	White	80%	76%
	Black/African American	5%	8%
	American Indian	3%	6%
	Asian	1%	1%
	Other	13%	13%
<b>Ethnicity</b>	Hispanic/Latino	19%	18%
<b>Primary Language</b>	English	91%	88%
	Spanish	8%	9%
	Other	1%	3%

*There were no statistically significant differences between members moving to a new One Care plan and those moving back to FFS in terms of race, ethnicity or primary language spoken at home.*

# Member Self-Reported Disabilities/Conditions



*Members could report more than one condition. Members moving to a new One Care plan were significantly more likely to report a mental/psychiatric condition ( $p < .06$ ) and to report a long-term illness ( $p < .04$ ) than those moving back to FFS.*

# Other Disability Characteristics of Members

		Moved to new One Care (n=196)	Moved back to FFS (n=298)
<b>Number of disabling conditions</b>	1 condition	12%	14%
	2 or more conditions	84%	80%
	None	4%	6%
<b>Rating category</b>			
C3 – community living members with high ADL needs	C3A	25%	16%
	C3B	<1%	<1%
C2 – community living members with high behavioral health needs	C2A	33%	31%
	C2B	5%	8%
C1 – other community living members	C1	37%	45%

*Members moving to a new One Care plan were significantly more likely to be in Rating Category C3 and less likely to be in Rating Category C1 compared to those moving back to FFS ( $p < .05$ ). There were no statistically significant differences in number of disabling conditions between the two groups.*

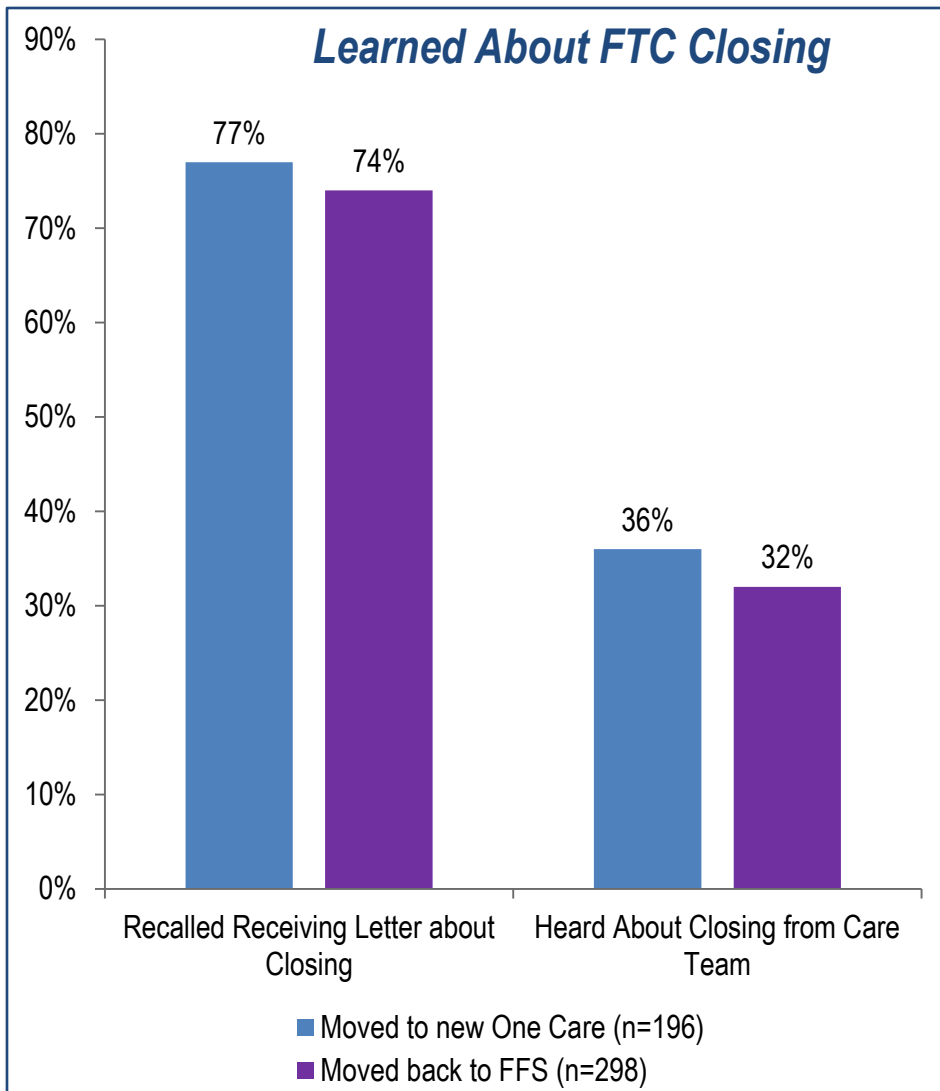
# Survey Findings: Members Transitioning from Fallon Total Care

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*Members' Experiences with FTC Transition  
Process*



# Experiences with FTC Closing



*The majority of members recalled getting a letter about FTC closing. Differences between the two groups (moved to new One Care vs moved back to FFS) were not statistically significant.*

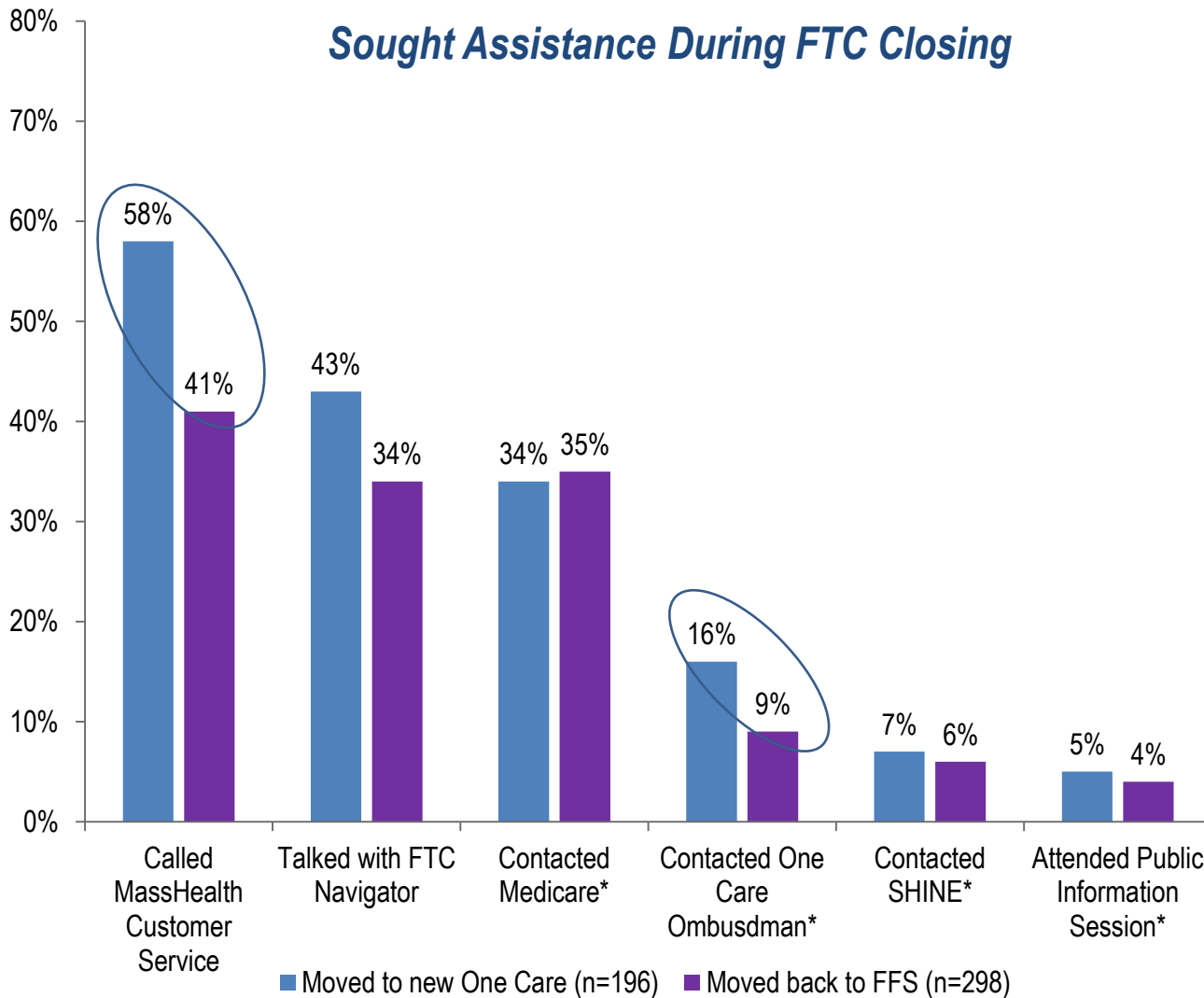
*Among members receiving the letter, over 80% in both groups reported that the letter was very/somewhat easy to understand.*

*About one-third of members heard about FTC closing from someone on their care team. Differences between the two groups (moved to One Care vs moved back to FFS) were not statistically significant.*

*Some members learned about FTC closing from both the letter and someone on their care team.*

# Experiences with FTC Closing

*Sought Assistance During FTC Closing*



*Members moving to a new One Care plan were significantly more likely to call MassHealth Customer Service ( $p < .001$ ) and to contact the One Care Ombudsman ( $p < .01$ ) for help than members moving back into FFS. Other differences (in seeking assistance) between the two groups of members were not statistically significant.*

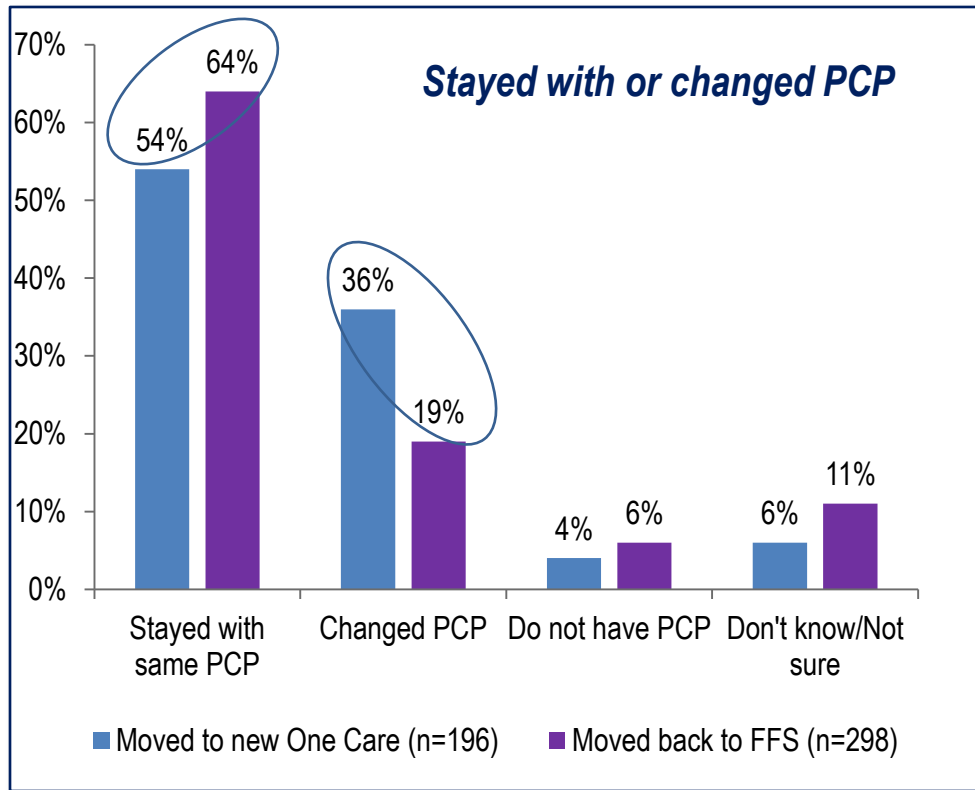
*Among members in both groups that used assistance, over 89% reported that MassHealth Customer Service was very or somewhat helpful, and over 95% reported that their Navigator was very or somewhat helpful.*

# Survey Findings: Members Transitioning from Fallon Total Care

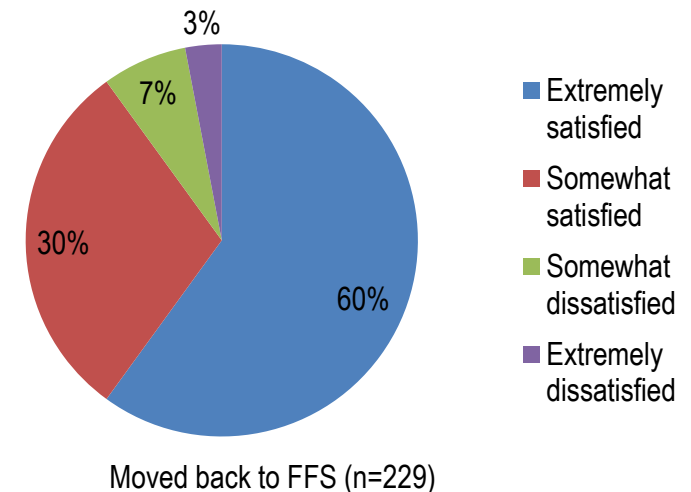
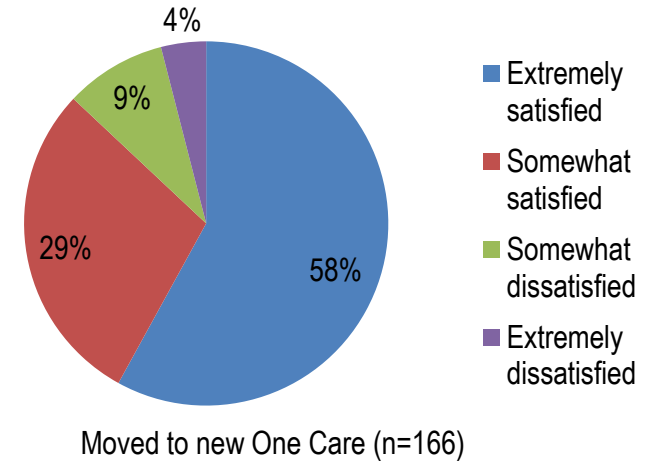
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*Experiences with Current PCP and Care  
Coordinator Compared to FTC*

# Experiences with Primary Care Provider (PCP)



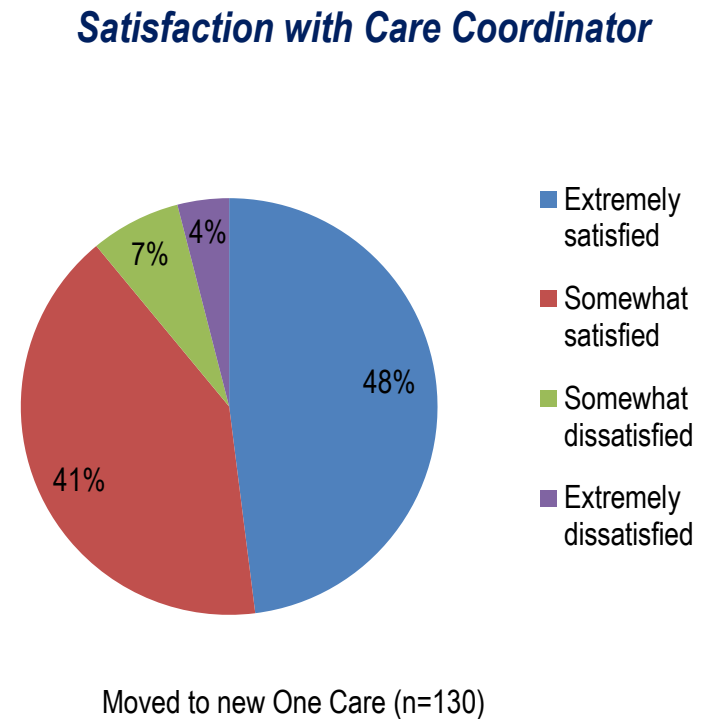
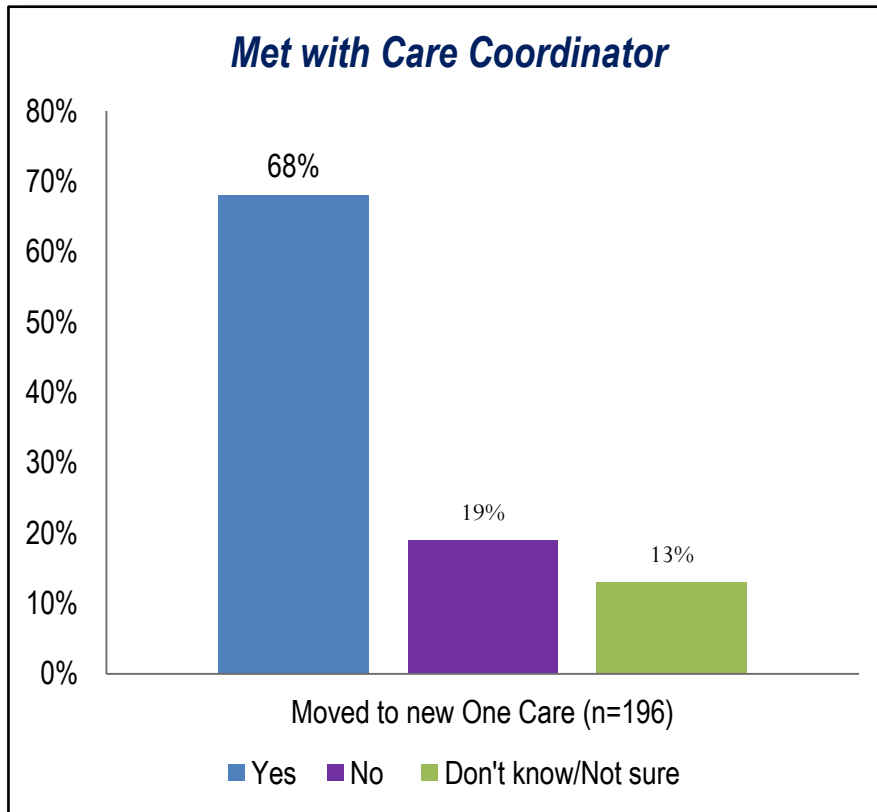
## Satisfaction with Current PCP



*After moving from FTC, members moving to a new One Care plan were significantly more likely to have changed PCPs than members moving back to FFS ( $p < .0001$ ). Among members with a current PCP, the majority in both groups were somewhat or extremely satisfied with their PCP, and there were no statistically significant differences in satisfaction between the two groups.*

# Experiences with Care Coordinator: Members who Moved to new One Care Plan

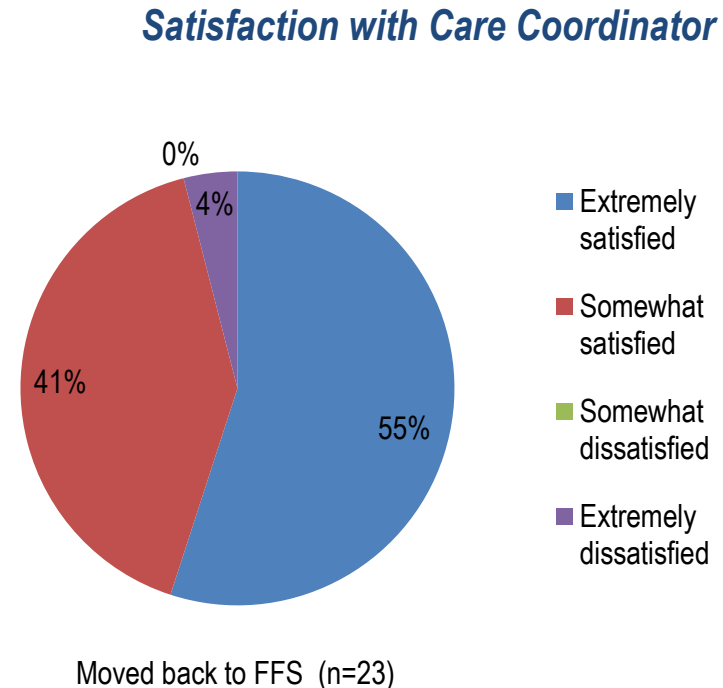
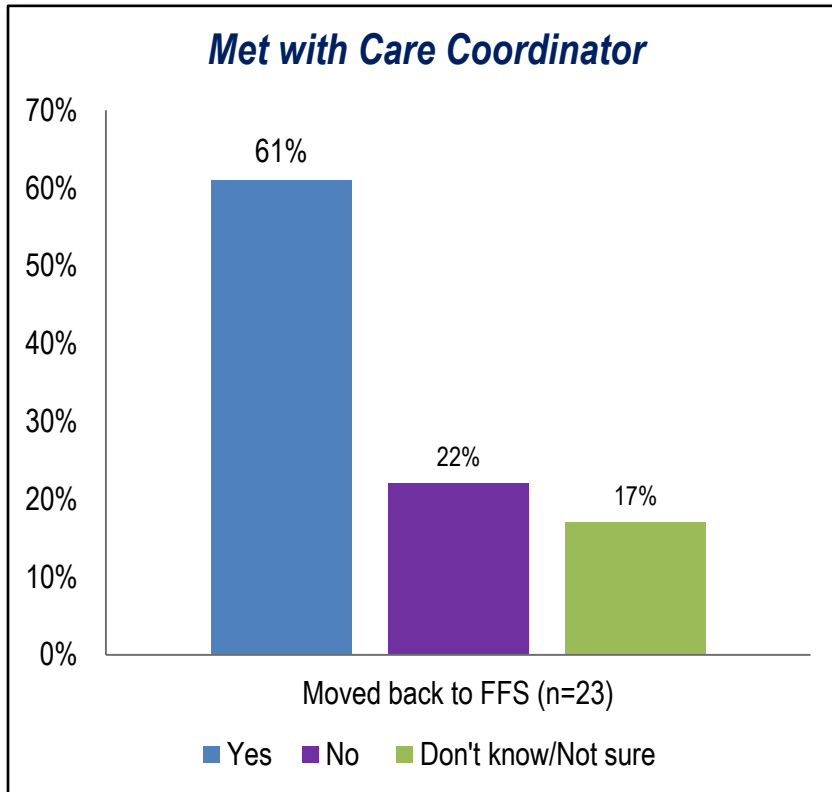
- Care Coordination is a core service under One Care, and all members are assigned a Care Coordinator.



*The majority of members (68%) who moved to a new One Care plan reported meeting with their Care Coordinator since moving. Among members who met with their Care Coordinator (n=130), almost 90% reported being extremely or somewhat satisfied with the coordinator.*

# Experiences with Care Coordinator: Members who Moved back to FFS

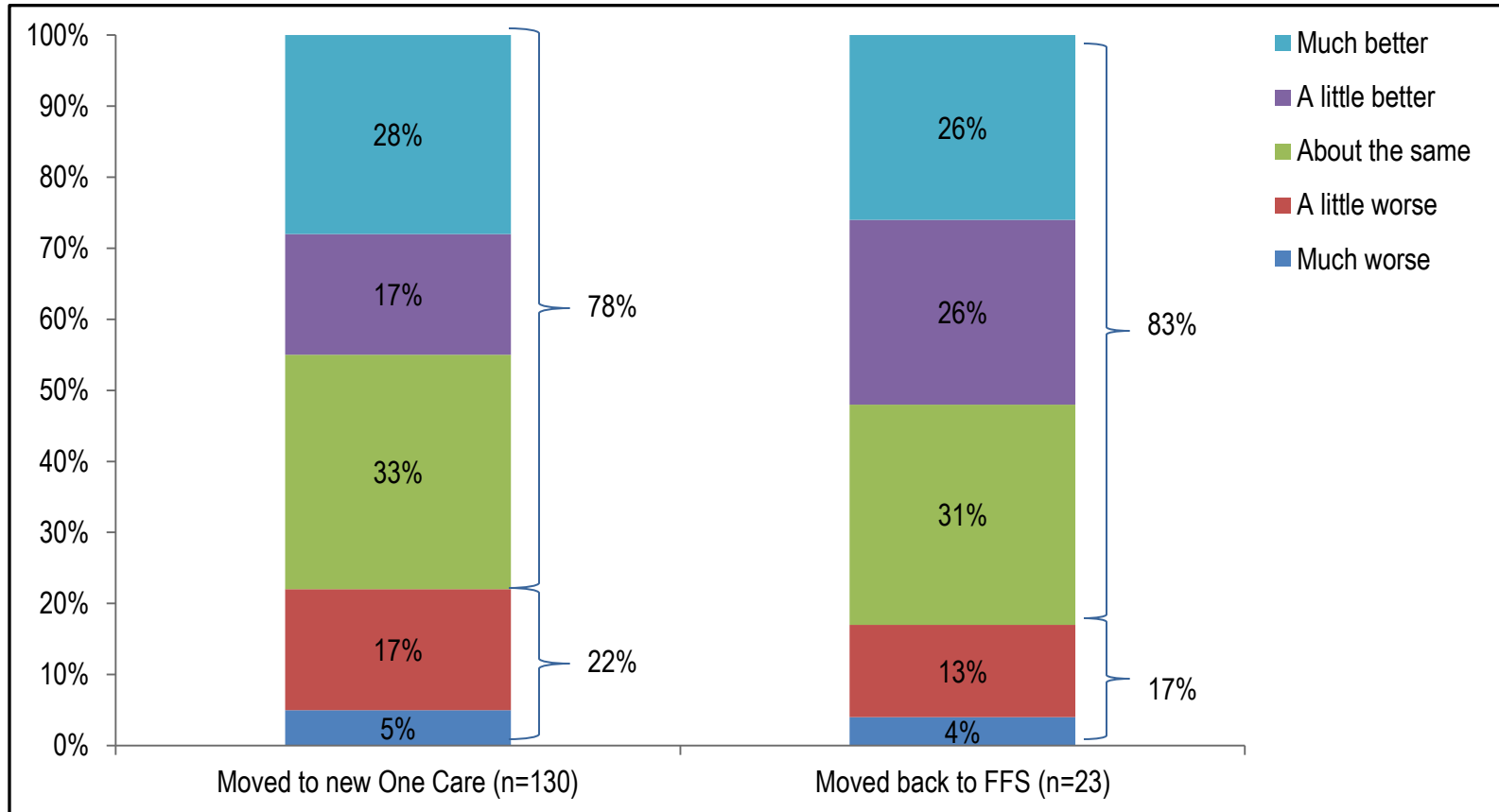
- While Care Coordination is not a core service under MassHealth/Medicare FFS, a small number of members moving back to FFS (n=23 or 8%) reported that they had a Care Coordinator under FFS.



*Over 60% of members moving back to FFS who reported having a Care Coordinator (n=23) had met with the coordinator since moving back to FFS. Among this small number of members, the large majority (96%) were somewhat or extremely satisfied with their Care Coordinator.*

# Current Care Coordination Compared to FTC

- Members in both groups were asked to compare their current care coordination to the care coordination they received under FTC.



78% of members moving to a new One Care plan and 83% of those moving back to FFS rated their current care coordination as “about the same” or “better” than care coordination under FTC. There was no statistically significant difference in the rating of current care coordination between those moving to a new One Care plan vs. back to FFS.

# Survey Findings: Members Transitioning from Fallon Total Care

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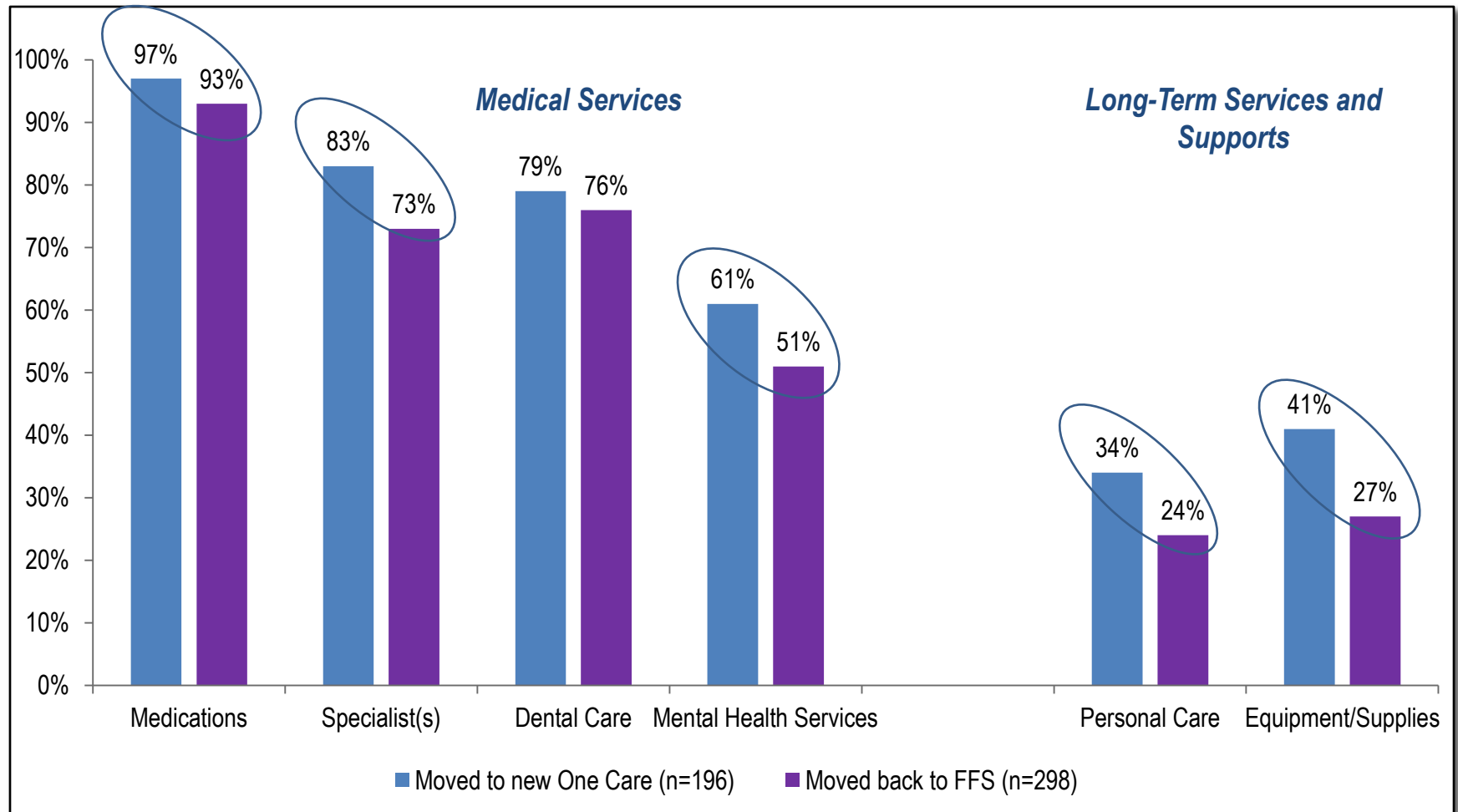
*Members Service Needs and Perceptions of  
Current Services Compared to FTC*



# Service Needs and Perceptions of Current Services

- Members in both groups – moved to a new One Care plan and moved back to FFS – were asked whether they use or need the following services:
  - Medications
  - Specialists
  - Dental Care
  - Mental Health Care
  - Personal Care
  - Equipment and supplies
- Members who reported using/needing a service were asked the following question about each service:
  - *“Compared to FTC, how would you rate [new One Care plan or FFS] in meeting your needs for [the specific service]?”*
- The number of members using/needing each service varied

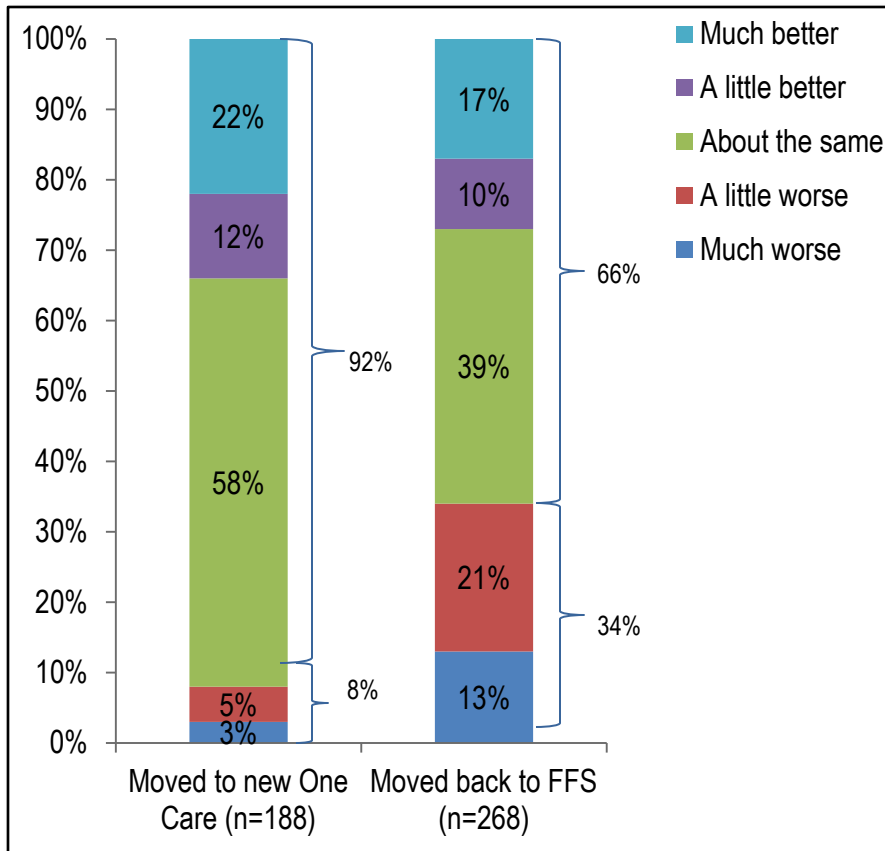
# Members' Use/Need for Select Medical Services and LTSS



Members moving to a new One Care plan were significantly more likely to report that they use/need medications ( $p < .04$ ), specialist(s) ( $p < .01$ ), mental health services ( $p < .06$ ), and LTSS, including personal care services ( $p < .05$ ) and medical equipment/supplies ( $p < .01$ ), than members moving back to FFS. The difference in use/need for dental care between the two groups was not significant.

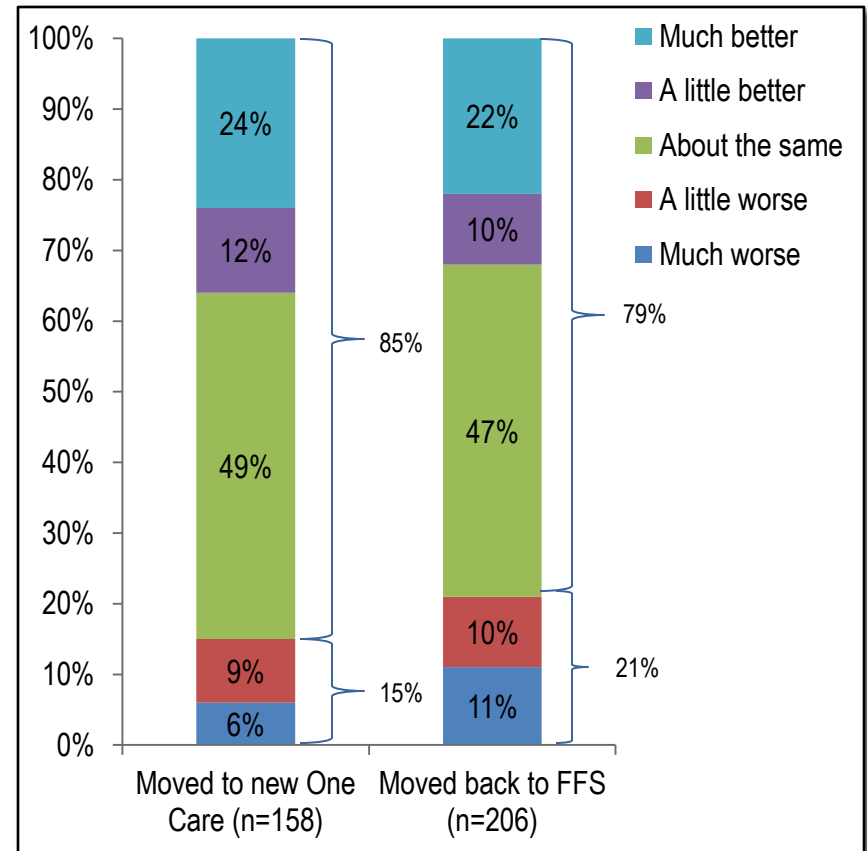
# Medications and Specialists: How does your new One Care plan or FFS compare to FTC?

## Medications



Members who moved back to FFS were significantly more likely to rate FFS as worse in meeting their needs for medications in comparison to FTC than those moving to a new One Care plan (34% vs 8%,  $p < .001$ ).

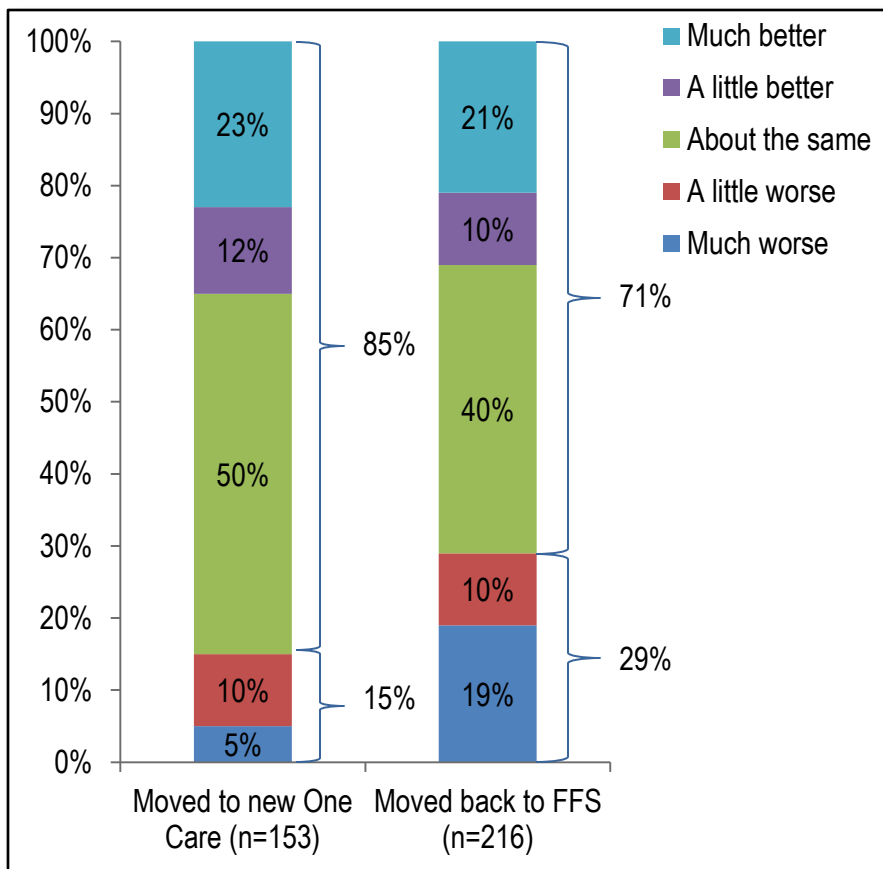
## Specialists



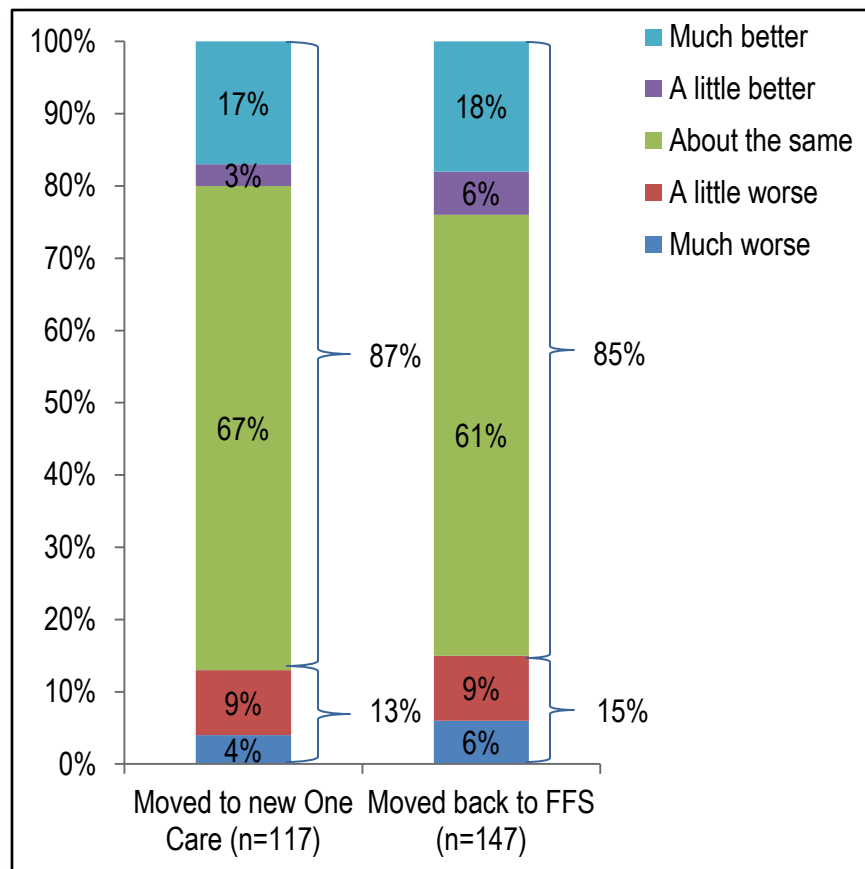
There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated One Care/FFS in meeting their needs for specialists in comparison to FTC.

# Dental Care and Mental Health Services: How does your new One Care plan or FFS compare to FTC?

## Dental Care



## Mental Health Services

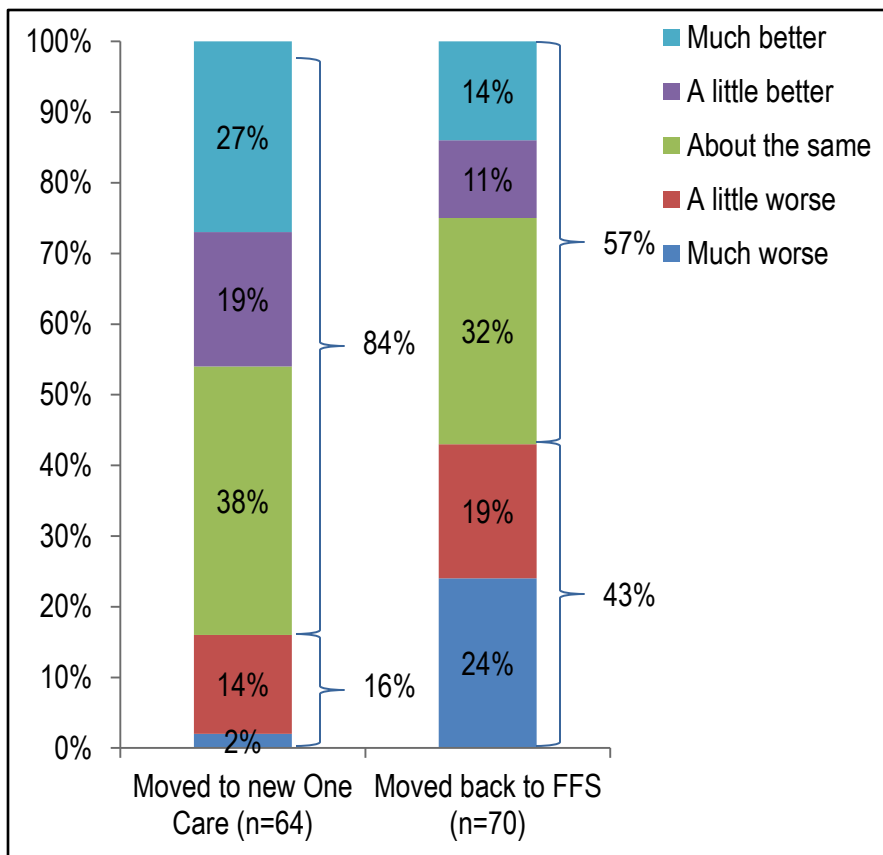


Members who moved back to FFS were significantly more likely to rate FFS as worse in meeting their needs for dental care in comparison to FTC than those moving to a new One Care plan (29% vs 15%,  $p < .007$ ).

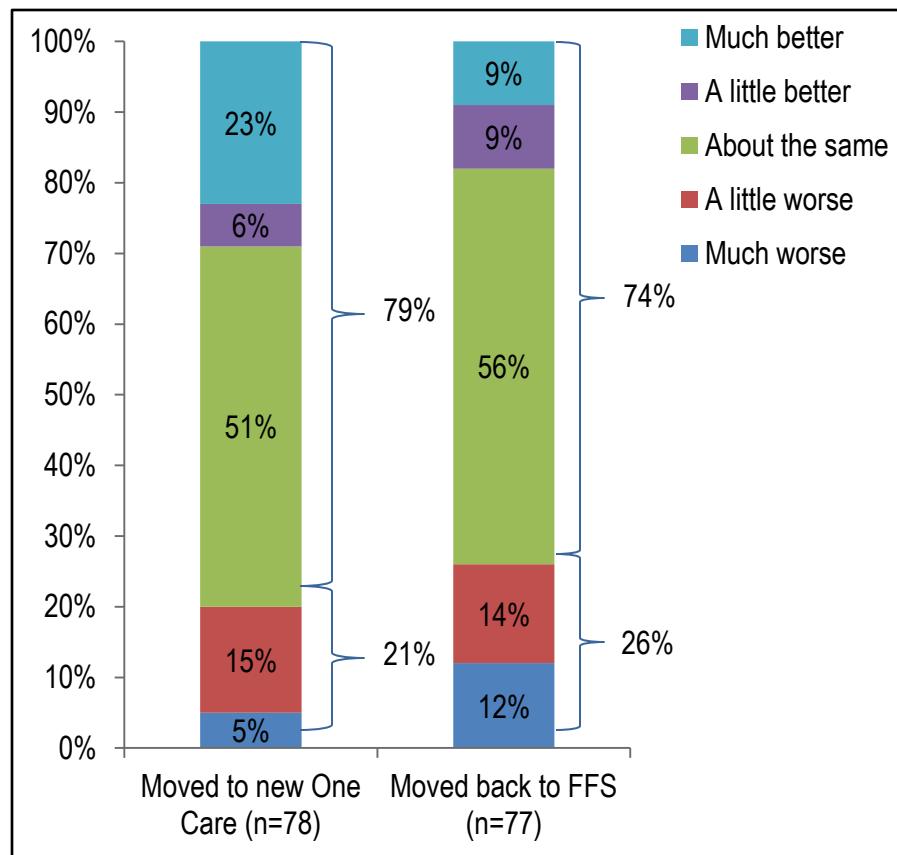
There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated One Care/FFS in meeting their needs for mental health services in comparison to FTC.

# Personal Care Services and Equipment/Supplies: How does your new One Care plan or FFS compare to FTC?

## Personal Care Services



## Equipment/Supplies



Members who moved back to FFS were significantly more likely to rate FFS **as worse in meeting their needs for personal care** in comparison to FTC than those moving to a new One Care plan (43% vs 16%,  $p < .002$ ).

There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated One Care/FFS in meeting their needs for equipment or supplies in comparison to FTC.

## Perceptions of Current Services Compared to FTC: Do Member Characteristics Make a Difference?

- There were some notable differences in perceptions among members who moved to a new One Care plan vs. back to FFS
  - Compared to those who moved to a new One Care plan, members who moved back to FFS were significantly more likely to rate FFS as worse than FTC in meeting their needs for:
    - medications
    - dental care
    - personal care services
- These findings did not change in logistic regression analyses used to control for member characteristics, including demographics, self-reported disabling conditions and rating category

# Survey Findings: Members Transitioning from Fallon Total Care

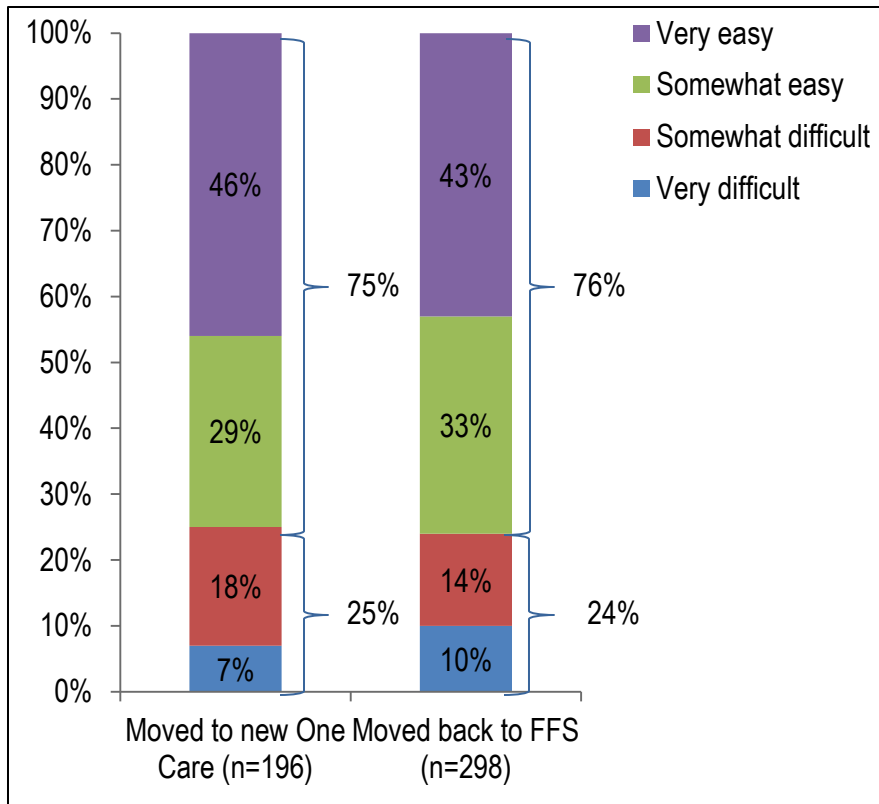
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*Overall Experience and Satisfaction with new One Care plan vs. FFS*

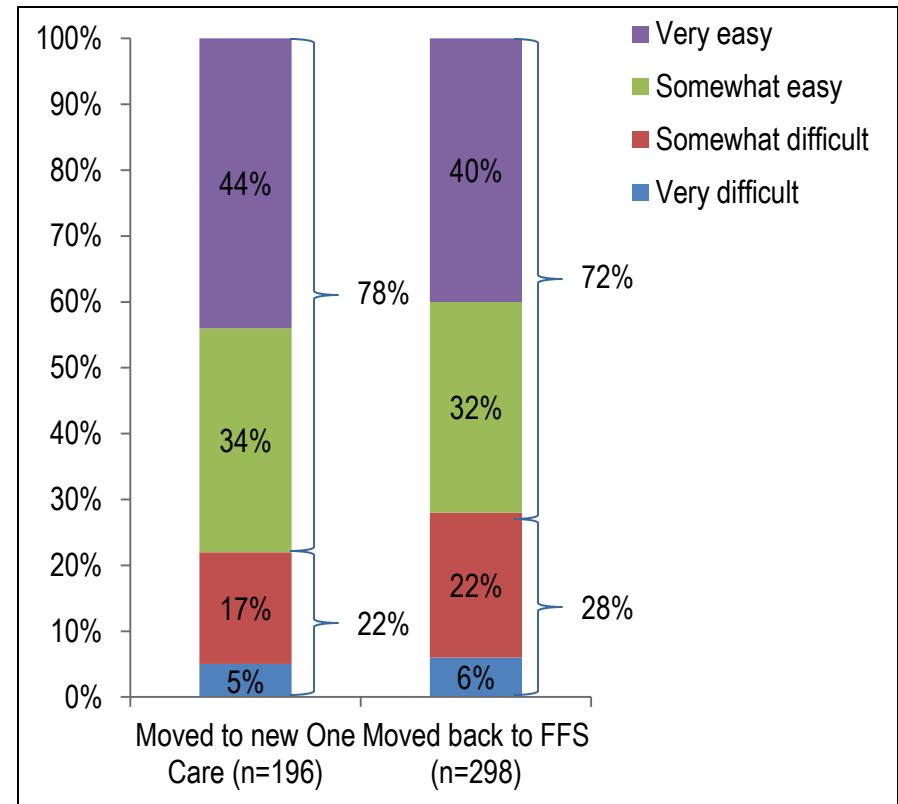
# Ease of Moving from FTC and Getting Care

- Members in both groups were asked to rate how easy it was to move from FTC and how easy it is to get the care they need since moving.

## Ease of Moving from FTC



## Ease of Getting Needed Care



There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated the ease of moving from FTC.

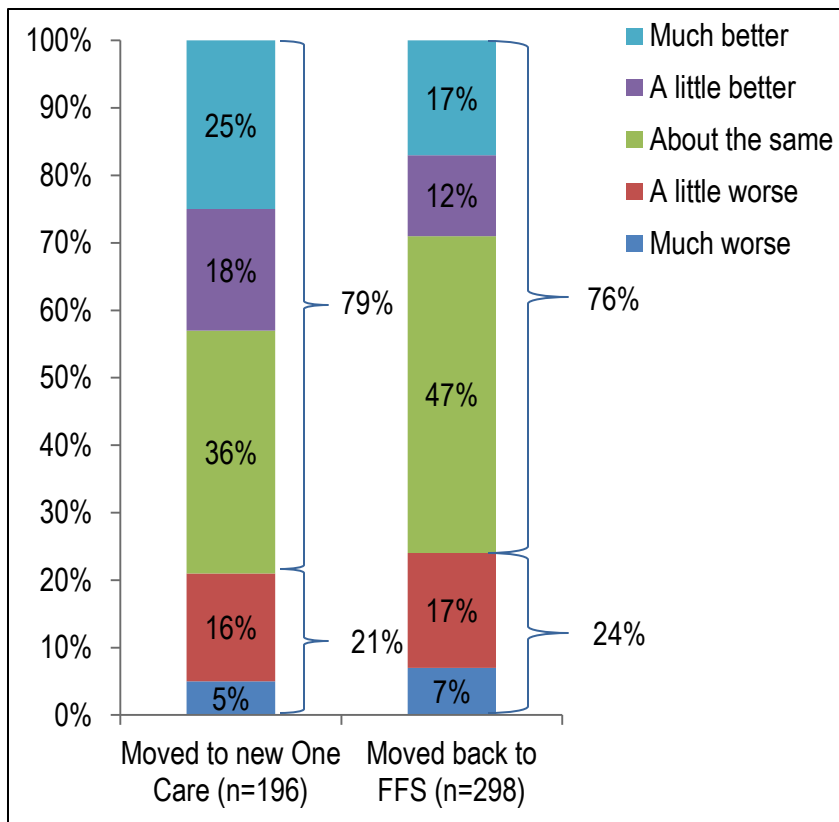
There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated the ease of getting the care they need since moving.



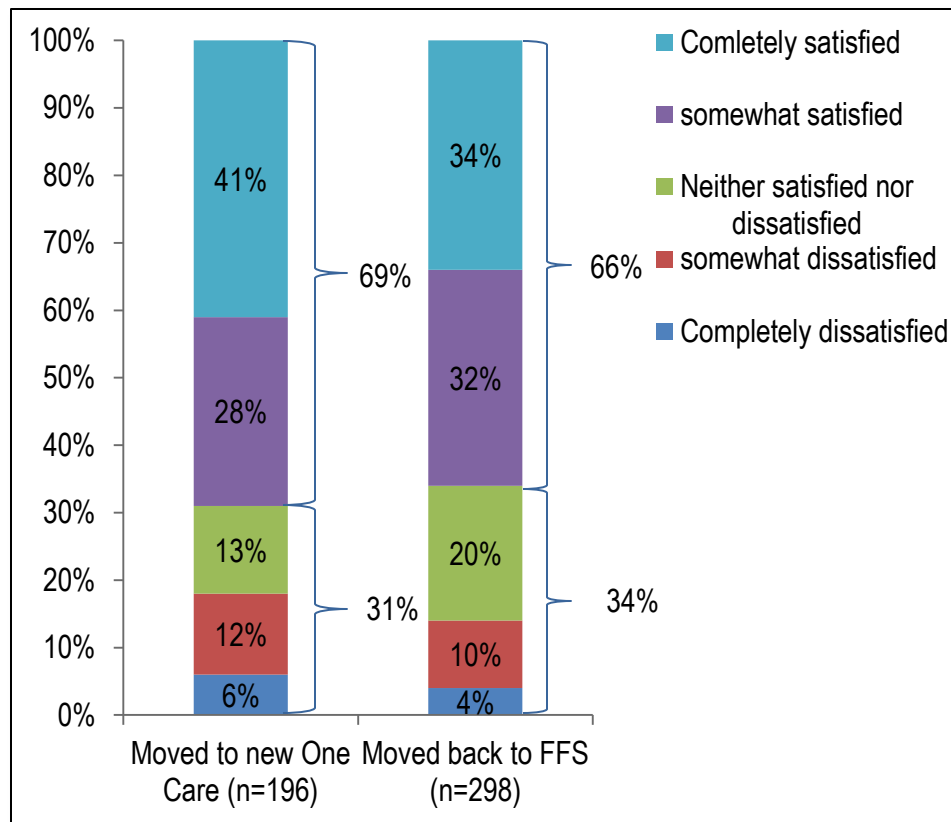
# Overall Satisfaction with new One Care plan vs. FFS

- Members in both groups were asked how their care now compares to FTC and how satisfied they are overall with their care now.

## Care Now Compared to FTC



## Overall Satisfaction with Care



There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated their care now compared to FTC.

There was **no statistically significant difference** in how members moving to a new One Care plan vs. back to FFS rated their overall satisfaction with their care.

# Survey Findings: Members Transitioning from Fallon Total Care

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*Overall Satisfaction Among Members with  
Specific Service Needs*

## Specific Service Needs and Overall Satisfaction

- *Does overall satisfaction with care differ between members with and without specific services needs?*
- Among members *moving from FTC to a new One Care plan*
  - No significant differences in overall satisfaction with care between members with and without need for:
    - Mental health services; dental care; medications; personal care services
- Among members *moving from FTC back to FFS*
  - No significant differences in overall satisfaction with care between members with and without need for:
    - Mental health services; oral/dental care; medications
  - However, members needing personal care services were significantly less satisfied with their care under FFS than members not needing help with personal care ( $p < .05$ )

# Summary Findings

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# Overall Similarities between two groups of Members: Moving from FTC to a new One Care plan or back to FFS

- The two groups of members were similar in many ways:
  - Demographic and disability characteristics
  - Satisfaction with Primary Care Provider
  - Satisfaction with Care Coordinator and ratings of current Care Coordinator compared to FTC
    - However, only 8% of members moving back to FFS had a Care Coordinator
  - Ratings for certain services under their current care (One Care or FFS) compared to FTC, including:
    - Specialists;
    - Mental health services; and
    - Equipment and supplies.
  - Ratings of ease of moving from FTC and of getting needed care since moving
  - Overall ratings of the care now compared to FTC
  - Overall satisfaction with their care
    - *69% of members moving to a new One Care plan and 66% of members moving back to FFS were somewhat or completely satisfied with their new care*

## Overall Differences between two groups of Members: Moving from FTC to a new One Care plan or back to FFS

- There were some notable differences between the two groups of members
- Compared to members moving back to FFS, those moving to a new One Care plan were significantly more likely to:
  - Be in Rating Category C3;
  - Report having a mental or psychiatric condition;
  - Report having a long-term illness;
  - Have contacted MassHealth Customer Service and to have contacted the One Care Ombudsman for assistance with the move;
  - Have changed Primary Care Providers; and
  - Report needing medications, specialists, mental health services, personal care services, and equipment/supplies.

## Overall Differences between two groups of Members: Moving from FTC to a new One Care plan or back to FFS

- Other notable differences between the two groups
- Compared to members moving to a new One Care plan, those moving back to FFS were significantly more likely to:
  - Rate *FFS as worse compared to FTC* in meeting their needs for:
    - Medications;
    - dental care; and
    - personal care services.

# Conclusions

- Overall satisfaction with care was generally high among both groups of members transitioning from FTC
  - Members moving to a new One Care plan and those moving back to FFS
- However, members moving from Fallon Total Care back to FFS experienced *FFS as less effective in meeting their needs for certain services that were specifically enhanced in the One Care model*
  - Medications, dental care, and personal care services



# Appendix A: Count of Response Types/Rates for Fallon Transition Survey Sample

Final Disposition Codes	Fallon One Care					
	Total		FFS		One Care	
	Counts	% of Total Sample	Counts	% of Total Sample	Counts	% of Total Sample
<b>Total Sample</b>	<b>1532</b>		<b>996</b>	<b>65.0%</b>	<b>536</b>	<b>35.0%</b>
<b>Completed Interviews:</b>	<b>494</b>	<b>32.2%</b>	<b>298</b>	<b>29.9%</b>	<b>196</b>	<b>36.6%</b>
Mail	183	11.9%	108	10.8%	75	14.0%
CATI	300	19.6%	181	18.2%	119	22.2%
Partial Interview (All modes)	11	0.7%	9	0.9%	2	0.4%
<b>Non-interviews</b>	<b>1038</b>	<b>67.8%</b>	<b>698</b>	<b>70.1%</b>	<b>340</b>	<b>63.4%</b>
<b>Refused</b>	<b>69</b>	<b>4.5%</b>	<b>39</b>	<b>3.9%</b>	<b>30</b>	<b>5.6%</b>
<b>Unknown Eligibility:</b>	<b>948</b>	<b>61.9%</b>	<b>645</b>	<b>64.8%</b>	<b>303</b>	<b>56.5%</b>
No Reply	235	15.3%	152	15.3%	83	15.5%
Reached Answering Machine	347	22.7%	226	22.7%	121	22.6%
Wrong Telephone Number	163	10.6%	113	11.3%	50	9.3%
Busy	28	1.8%	19	1.9%	9	1.7%
Disconnected	123	8.0%	98	9.8%	25	4.7%
Bad Address and Wrong Telephone Number	23	1.5%	16	1.6%	7	1.3%
Respondent Not Available	23	1.5%	16	1.6%	7	1.3%
Reached Fax Machine	6	0.4%	5	0.5%	1	0.2%
<b>Ineligible:</b>	<b>21</b>	<b>1.4%</b>	<b>14</b>	<b>1.4%</b>	<b>7</b>	<b>1.3%</b>
Respondent Unavailable During Survey Period	6	0.4%	3	0.3%	3	0.6%
Mental or Physical Incapacity	9	0.6%	6	0.6%	3	0.6%
Language Difficulty (other than Spanish)	5	0.3%	4	0.4%	1	0.2%
Deceased	1	0.1%	1	0.1%	0	0.0%
<b>Response Rate</b> (Completed Interviews/(Total Sample-Ineligible Sample))		<b>32.7%</b>		<b>30.3%</b>		<b>37.1%</b>
Total number of people with bad addresses*	73	4.8%	53	5.3%	20	3.7%

\* Since people with a bad address could also be included in other disposition categories, these numbers are reported separately.