

State Profile for the Capitated Financial Alignment Demonstration

Massachusetts: One Care	
Dates	
Memorandum of understanding signed date	August 22, 2012
Opt-in enrollment start date	October 1, 2013
Passive enrollment start date	January 1, 2014
Enrollment	
Covered population	<ul style="list-style-type: none"> Age 21-64; Not enrolled in certain home and community-based services waivers, not residing in certain institutions; and, Living in one of the following nine counties: Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth (partial), Suffolk and Worcester
Number eligible	97,987
Number enrolled as of September 1, 2015	17,503
Number that opted out as of March 1, 2015	27,127
Payment	
Number of participating plans	3
Savings percentage range	0–2% ¹
Number of rating categories	6 ²
Other risk mitigation strategies	<ul style="list-style-type: none"> Risk pools Risk corridors
Benefits	
Expanded benefits	<ul style="list-style-type: none"> Dental Personal care assistance with cueing and monitoring Durable medical equipment Diversionary behavioral health Community support service
Carved out benefits	<ul style="list-style-type: none"> Medicare hospice Targeted case management services Rehabilitation option services
Required community involvement	<ul style="list-style-type: none"> Plans are required to contract with community-based organizations to provide enrollees with a long-term services and supports coordinator
Care Coordination	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> Within 90 days of enrollment
Number of days to establish individualized care plan	<ul style="list-style-type: none"> Not specified
Education requirements for care coordinator	<ul style="list-style-type: none"> Not specified
Care coordinator caseload requirements	<ul style="list-style-type: none"> Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> Maintain enrollees' current providers and service authorizations for up to 90 days, or until assessment and care plan are completed (whichever is longer)
Consumer Protections	
Integrated Medicaid and Medicare appeals process	<ul style="list-style-type: none"> No
Organization acting as ombudsman	<ul style="list-style-type: none"> Operated in partnership by the Disability Policy Consortium, and Health Care For All

Notes:

¹Massachusetts did not apply any savings percentages to the Medicare or Medicaid capitated rate during the first six months of year one of the demonstration. During the last six months of year one, Massachusetts applied a 1 percent savings percentage to the Medicaid and Medicare capitated rate. In addition, Massachusetts amended the savings percentages proposed in its original MOU for years two and three. Year two was changed from 2 percent to 0.5 percent, and year three was changed from 4 percent to 2 percent.

²Prior to calendar year 2013 Massachusetts had only four rating categories. After calendar year 2013 enrollees in the Community Tier 3-High Community Need (C3) group were further classified into two subcategories (Community Tier 3-Very High Community Need (C3B) and Community Tier



³High Community Need (C3A)). In addition, after CY 2013 enrollees in the Community Tier 2-Community High Behavioral Health (C2) group were further classified into two subcategories (Community Tier 2-Community Very High Behavioral Health (C2B) and Community Tier 2-Community High Behavioral Health (C2A)).

Sources: Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015a. Massachusetts financial alignment demonstration (One Care). Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Massachusetts.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2015b. Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDENrolData/Monthly-Enrollment-by-Plan.html>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2013. Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services in partnership with the Commonwealth of Massachusetts and Commonwealth Care Alliance, Inc. Fallon Community Health Plan Network Health, LLC. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassachusettsContract.pdf>.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2012. Memorandum of understanding (MOU) between the Centers for Medicare & Medicaid Services (CMS) and the Commonwealth of Massachusetts regarding a federal-state partnership to test a capitated financial alignment model for Medicare-Medicaid enrollees: Demonstration to integrate care for dual eligible beneficiaries. Baltimore, MD: CMS. <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassMOU.pdf>.

Massachusetts Executive Office of Health and Human Services, Commonwealth of Massachusetts. 2015. MassHealth demonstration to integrate care for dual eligible. Boston, MA: Massachusetts Executive Office of Health and Human Services. <http://www.mass.gov/eohhs/docs/masshealth/onecare/enrollment-reports/enrollment-report-may2015.pdf>.