



Commonwealth Care Program Update

Massachusetts Health Care
Training Forum

April 2011



Agenda

- FY12 Procurement Overview
- 2011 Open Enrollment
- Additional updates
 - Bridge
 - MSP
 - Commonwealth Care Member Survey



FY12 Procurement Overview



Procurement Challenges

- Fiscal year 2012 is an extremely challenging year for the Commonwealth. Under the Administration's budget proposal, overall state spending would decrease compared to FY11
- Health care programs already total nearly 40% of the state budget, and costs are escalating due to increases in enrollment and medical care expenses
- Current health care spending trends are neither fiscally permissible in FY12 nor sustainable in the long term



Procurement Challenges (cont)

- State health care programs are largely level-funded in FY12
- Commonwealth Care is funded at \$822M
- Enrollment is expected to increase to nearly 175,000 mainly due to the transition of Medical Security Program enrollees as the federal UI extension phases out
- With “normal” health care cost trends, Commonwealth Care spending would increase by 10%, or \$80M



Copayment Changes

Copay Category	Affected Plan Type(s)	Proposed Change
Preventive visits/services (including family planning visits & contraceptives)	PTs II & III	<ul style="list-style-type: none"> ▪ <u>Eliminate</u> current copay of \$10 for PT II and \$15 for PT III ▪ <u>Eliminate</u> Rx copay on contraceptive drugs/devices
Pharmacy (proposed for MassHealth)	PT I	<ul style="list-style-type: none"> ▪ Increase brand drug copay from \$3 to \$4 ▪ Increase out-of-pocket-maximum from \$200 to \$250
High-cost imaging (MRI, CAT, and PET)	PTs II & III	<ul style="list-style-type: none"> ▪ PT II: increase from \$0 to \$30 ▪ PT III: increase from \$0 to \$60



Aggregate impact: Cost Neutral



Summary

- All five existing MCOs proposed to continue participation, without reducing service areas
- Aggregate net capitation rate expected to decrease by 5% or more
- Most MCOs bid flat or lower capitation rates relative to FY11



Depending on actual enrollment and membership distribution, we are likely to meet the budget target with these bid results



Provider Networks

All MCOs have proposed networks that meet Commonwealth Care access standards

MCO	Select Hospital Systems, FY12									# of Acute Hospitals
	BMC	CHA	Partners	Beth Israel	Steward	TMC	UMass	Baystate	DFCI	
BMCHP	X	-	-	X	X	X	X	X	-	~57
Neighborhood	X	X	X	X	X	X	X	-	X	~62
Fallon	-	-	-	-	-	-	X*	-	-	~14
CeltiCare	-	-	X**	-	X	-	-	X	X	~30
Network Health	-	X	-*** (Newly excluded)	X	X	- (Newly excluded)	X	-	- (Newly excluded)	~45

•*Requires authorization.

•** CeltiCare currently does not contract with Newton Wellesley Hospital or Faulkner Hospital.

•*** Network Health contracts with Martha's Vineyard Hospital and Nantucket Cottage Hospital.



Plan Type I Enrollment Rules

- Incoming Plan Type I members without coverage history with another available MCO through either Commonwealth Care or MassHealth in the past 180 days...
 - Will be required to choose the lowest cost plan(s) in the service area
 - In 34 out of the 38 service areas, members will be able to choose between two “lowest-cost plans” (Network Health & CeltiCare)
- Plan Type I active open enrollment contingency
 - Because three current Commonwealth Care MCOs (Neighborhood Health Plan, Network Health, and CeltiCare) bid within \$55 PMPM above the low end of the bidding range, **there will be NO Plan Type I active open enrollment for FY12**, i.e., members will not be default assigned if they do not affirmatively choose their health plans during open enrollment



FY12 Enrollee Premium Schedule

<i>Base Enrollee Premium</i>	CeltiCare	Network Health	Neighbor-hood	Fallon	BMCHP
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FY11	PT IIA	\$0	\$0	\$10	\$12	\$12	\$12
	PT IIB	\$39	\$39	\$57	\$60	\$60	\$59
	PT IIIA	\$77	\$77	\$105	\$110	\$110	\$108
	PT IIIB	\$116	\$116	\$146	\$151	\$151	\$149

FY12	PT IIA	\$0	\$0	\$0	\$21	\$27	\$34
	PT IIB	\$39	\$39	\$39	\$72	\$80	\$91
	PT IIIA	\$77	\$77	\$77	\$125	\$137	\$152
	PT IIIB	\$116	\$116	\$116	\$167	\$181	\$197

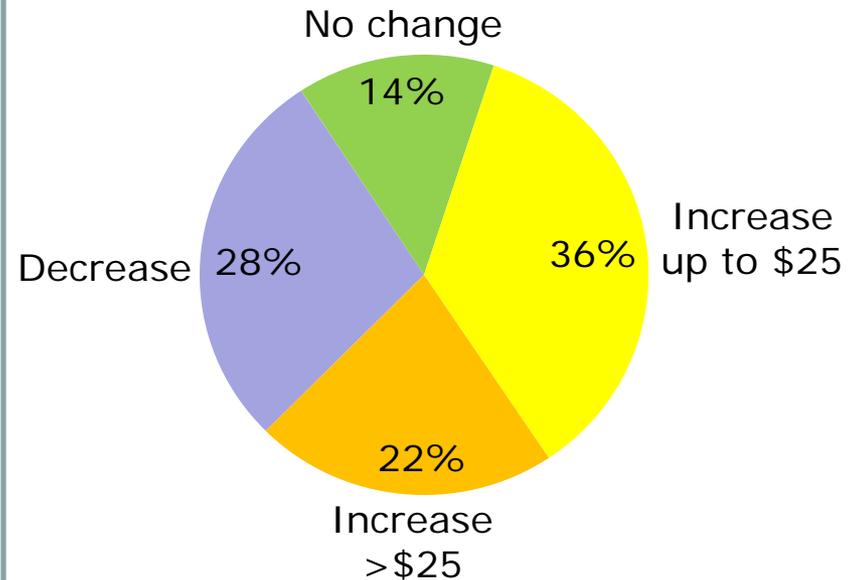
Change (From FY11 to FY12)	PT IIA	\$0	\$0	(\$10)	\$9	\$15	\$22
	PT IIB	\$0	\$0	(\$18)	\$12	\$20	\$32
	PT IIIA	\$0	\$0	(\$28)	\$15	\$27	\$44
	PT IIIB	\$0	\$0	(\$30)	\$16	\$30	\$48



Enrollee Premium Impact

- If members stay with their **current** MCOs
 - 42% of PTs II & III enrollees would see no change or decrease in premium
 - 22% would experience premium increases greater than \$25 PMPM
- Members have the option to avoid or reduce premium increases by switching to lower-cost health plans:
 - Two MCOs with premiums at the base enrollee contribution level
 - Broad network option in majority service areas offered by Neighborhood Health Plan, with modest premium increases

% of PTs II & III members with premium change, assuming no membership movement from FY11





2011 Open Enrollment



Open Enrollment Planning

We have developed a robust plan that focuses on giving members the information and support they need to make informed decisions about their health coverage in FY12

- Our plan has three main components:
 - Member Communication & Resources
 - Stakeholder Communication
 - Transition of Care plans for members with special needs



Key Message For Members

We have refined our overarching message to members

NEW

“Now is the time to choose the health insurance plan that is right for you.”

(Message will be translated to several languages)



- New focus of member communications will highlight the importance of understanding changes in MCO networks and enrollee premiums
- Targeted member mailings

NEW

 - Non-premium-paying member letters
 - Premium-paying member invoice reminders
- Email blasts and website information with online tutorial

NEW
- Call center support
- Customized open enrollment packet
 - MCO comparison grid, including hospital listing

NEW



Stakeholder Communications (April –June)

- State-wide Massachusetts Health Care Training Forums (MTF)
 - April 20 & April 22
- Periodic open enrollment conference calls for hospital and health center outreach staff 
 - April 27, April 28 & April 29
- Advocate meetings
 - May 13 & June 10
- Web resources posted on Mahealthconnector.org
- Email reminders via listserv



Transition of Care Support (May – July)

Some members will experience provider changes and may have special clinical needs

- MCO(s) will work with members and providers to implement transition of care plan
- Call Center will be prepared to assist members
- While MCOs will take the lead in transitioning members to new providers, CCA will  **NEW**
 - Request member information for impacted members, focusing on members
 - Needing new PCP
 - In active treatment with non-select providers
 - Conduct weekly check-in meetings with MCO
 - Make outreach calls as necessary



Incoming Plan Type I Members With Limited Choice

Effective July 1st, a subset of incoming Plan Type I members will have limited choice of health plans

- Once eligibility is verified, incoming plan Type I members will receive a letter explaining the process for enrolling and what to expect in terms of MCO options 
 - Members who apply for enrollment will be presented with customized MCO choices based on the member's coverage history and service area
- Member website will allow members to make choice based on health plans available to them
- Call Center will be trained to assist members with specific choices



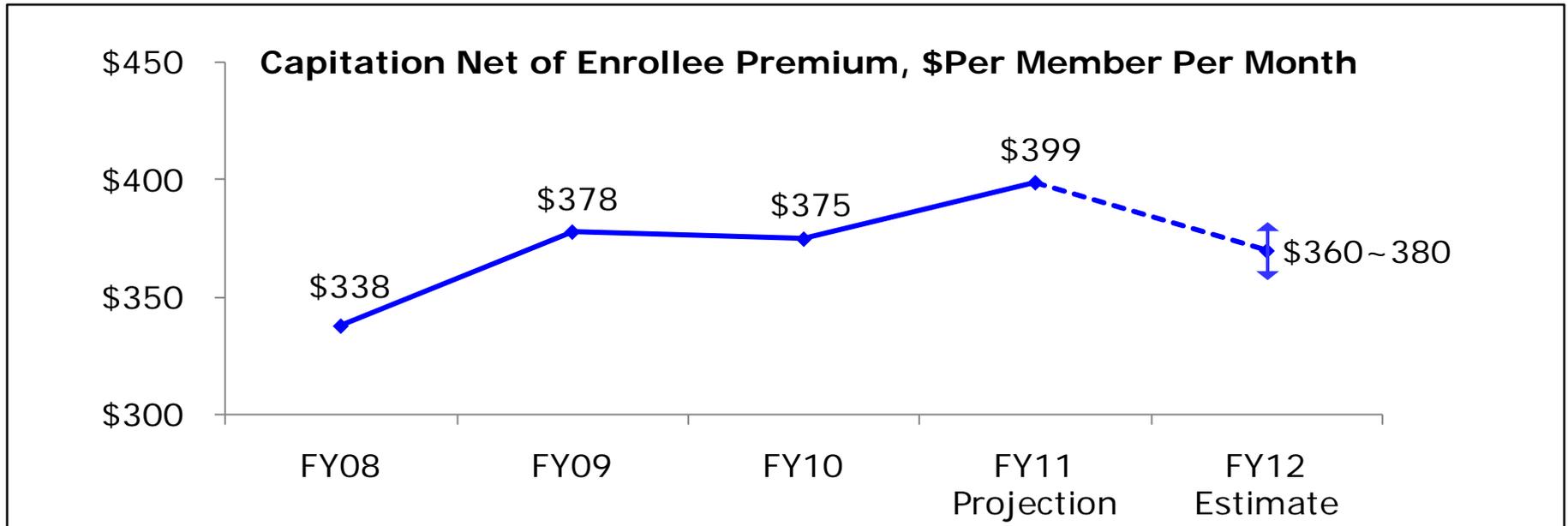
Planning For Ongoing Oversight

- Continue monitoring and analysis of MCO data/reporting currently available to us
 - Call center records
 - Grievance and appeals
 - Premium payment pattern – e.g., increases in waiver requests or non-payment
- With encounter data, develop cost and utilization metrics to measure access, quality, and efficiency 
- Periodic workgroup meetings with MCOs 
 - Review operational, servicing, and governance issues
 - Discuss performance in access, cost, and efficiency (e.g., review of preventive care adequacy, high-acuity member experience, emergency room use rates, etc.)
- Consultation with stakeholders on other key metrics to monitor



Summary

- We are encouraged by the results of the FY12 Commonwealth Care procurement
 - With an overall capitation decrease, the program is well-positioned to accommodate projected enrollment growth with level-funding
 - This was achieved without benefit cuts, net copayment increases, or base enrollee premium increases





Summary (cont)

- Our experience suggests that an effectively-structured competitive procurement can promote innovation and introduce game-changing improvements in coverage models. This is in no small part due to extraordinary efforts by multiple MCOs
- We have considerable work to do particularly in the next few months to ensure that members are given robust information and support that they need as they transition to the FY12 program. The Connector will work closely with MCOs and other stakeholders in this effort



FY12 Commonwealth Care Contract Recommendation

Connector staff recommends that FY12 Commonwealth Care contracts be awarded to the following health plans, contingent upon final agreement on contracts, for the period beginning July 1, 2011 and ending June 30, 2012:

- BMC HealthNet Plan
- CeltiCare Health Plan
- Fallon Community Health Plan
- Neighborhood Health Plan
- Network Health



Additional Policy and Operations Updates



Commonwealth Care Bridge

- Collaborative effort between the Executive Office of Health & Human Services, Health Connector and Health Safety Net that extends health insurance coverage for over 19,000 AWSS individuals until June 2011
- Procurement for FY12 is currently underway
- Updates will be sent via the MTF listserv as more information becomes available
- Bridge members should continue to call the Commonwealth Care call center (1-877-623-6765) if they have changes to their household



Commonwealth Care & Medical Security Plan (MSP)

- Administration requested that the Health Connector and Division of Unemployment Assistance work together to:
 - Conduct competitive procurement for MSP Direct Coverage Program
 - Restructure MSP Direct Coverage Program to more closely resemble Commonwealth Care coverage while maintaining current eligibility
- The procurement will be conducted in Spring of 2011, with target effective date for coverage in the Fall
- More details will be available in coming months

Commonwealth Care Member Survey





A First Look at a Unique Population



- The landmark 2006 Massachusetts health reform law created a new group of insured individuals – members of the Commonwealth Care program.
- This survey provides the first window into the thoughts and experiences of these individuals – pioneers in their own right.



A Little About Our Survey Respondents

- Commonwealth Care members are low-income.
- Coverage for some is fully subsidized, while others contribute a monthly premium, based upon their income.
- Most of our survey respondents (66%) were employed. Sixteen percent had more than one job.
- Slightly more than half (53%) were women.



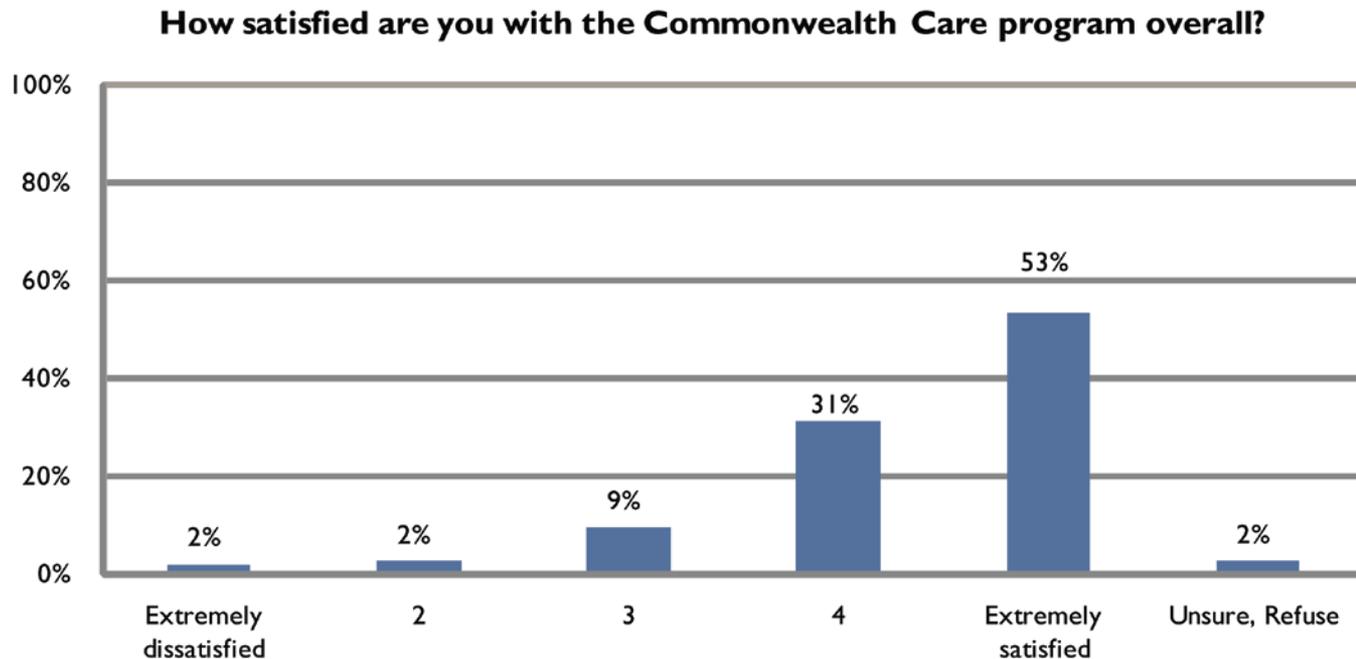
A Little About Our Survey Respondents

- Eighty-two percent were Caucasian, 5% African American, 5% Asian and 12% Hispanic or of Latino descent.
- Eighty percent were born in the United States.
- Over half (56%) said they were uninsured at some point during the 12-month period before enrolling in Commonwealth Care.



The survey shows Commonwealth Care members are very satisfied with the program.

- A large majority (84%) are satisfied with the Commonwealth Care program (and rated it 4 or 5 on a five-point satisfaction scale), while only 4% indicated they are dissatisfied.



Satisfaction is rated on a five point scale where 1 is extremely dissatisfied and 5 is extremely satisfied.



Members overwhelmingly rate their choice of doctors and the range of services covered as excellent, very good, or good, and they understand their health plan and benefits.

- Eighty-two percent of members rate the choice of doctor and other providers available through their health insurance as excellent, very good or good, and 86% rate the range of services covered and the quality of care available as excellent, good or very good.



Members who pay a monthly premium think the amount is fair.



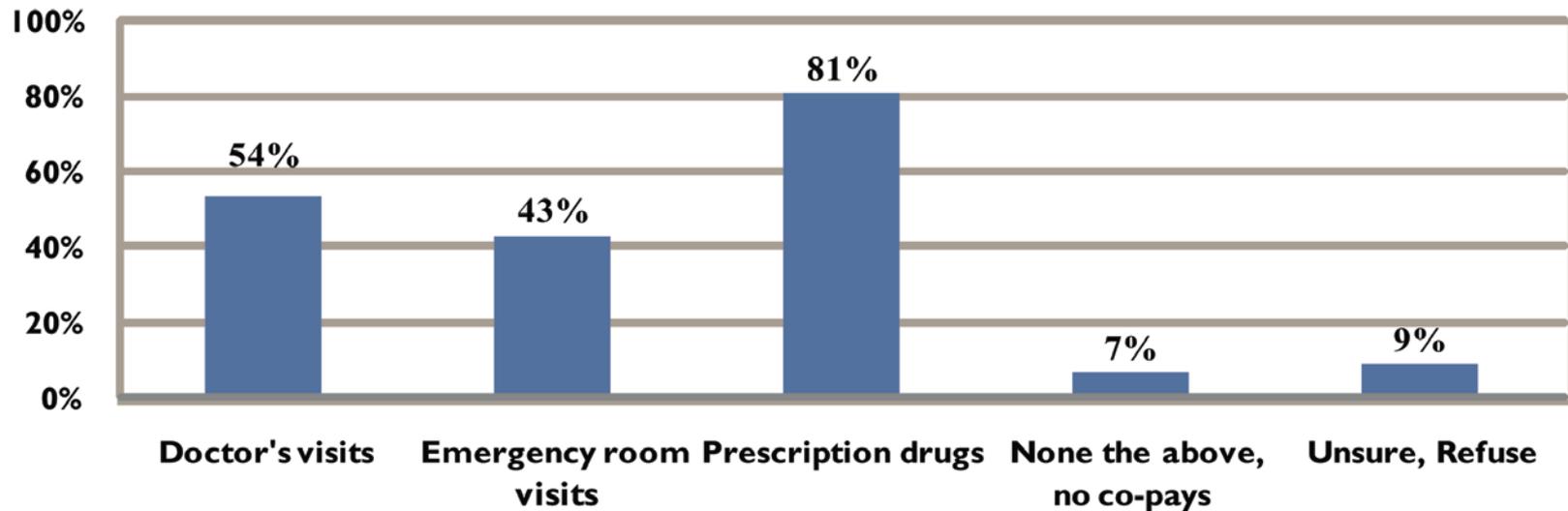
- Among members who pay a monthly premium, 63% felt the premium they paid was reasonable.
- Most also thought their co-pays were reasonable.
- Only 17% of members report experiencing problems paying their medical bills.



Members understand their health plan and benefits.

- Members have a good understanding of the benefits provided through their health insurance, with 68% indicating that they understand or completely understand their plan benefits.

Do you currently have a co-pay for...?





The strong majority of members have seen a primary care provider.

- A strong majority (81%) report they have a usual source of health care and have seen a general doctor at least once during the past 12 months since becoming a Commonwealth Care member.
- Seventy-two percent visited a health care provider for a check-up or physical examination or other preventive care during the past year, and slightly more than half (52%) visited a specialist.
- All Commonwealth Care members have a primary care provider.



In the past 12 months/since becoming a member of Commonwealth Care, did you...?

(% with one or more visits)

Visit a general doctor who treats a variety of illnesses?	81%
Have a visit for a check-up, physical examination or for other preventive care?	72%
Visit a specialist?	52%
Take any prescription drugs?	72%
Were you a patient in a hospital overnight?	12%
Did you receive care in a hospital emergency room?	33%



Most members receive needed care, but some have access issues.

- Very few (11%) report having not gotten or postponed needed doctor care during the past 12 months. However, some members experienced challenges in scheduling doctor's office visits.
- Thirty-one percent of members report that they were told by a doctor's office or clinic that they were not accepting patients with their type of health insurance.
- Twenty-three percent indicated they were told by a doctor's office or clinic that they weren't accepting new patients, and 23% indicated that they were unable to get an appointment at the doctor's office as soon as they thought they needed one.



Please tell me if you have had any of the following problems during the past 12 months or since you have been a member of Commonwealth Care (% yes)

	Total
You were told by a doctor's office or clinic that they weren't accepting patients with your type of health insurance.	31%
You were told by a doctor's office or clinic that they weren't accepting new patients.	23%
You were unable to get an appointment at the doctor's office as soon as you thought one was needed.	23%
You had to change to a new doctor's office or clinic because of a change in your health insurance plan.	17%



Emergency room use mirrors general population.

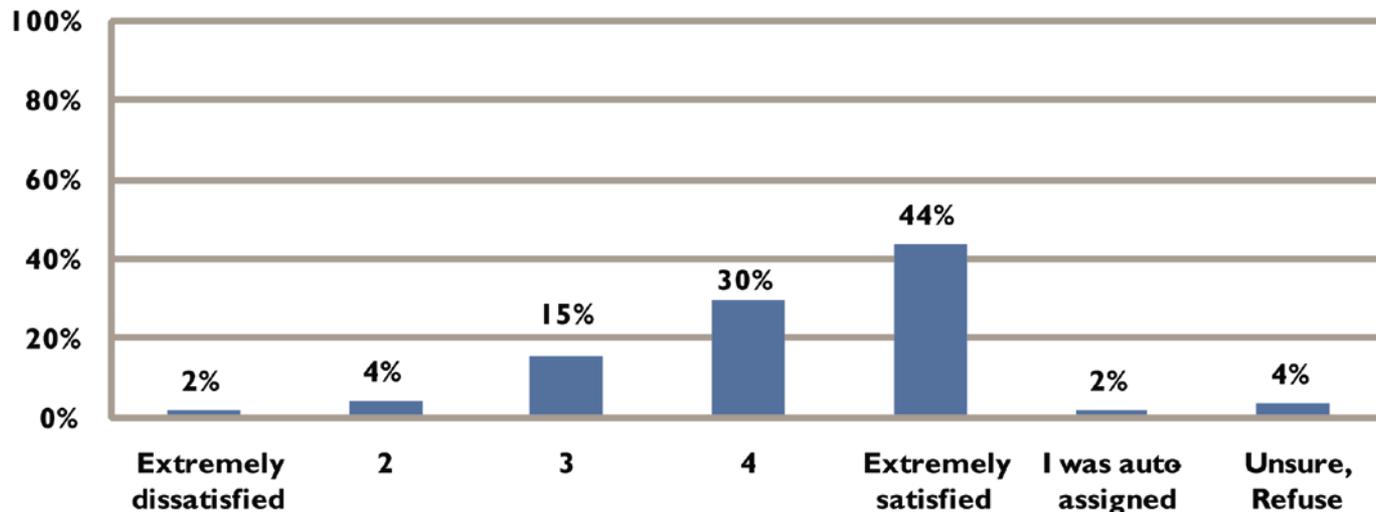
- One-third of Commonwealth Care members sought care in a hospital emergency room. Among those with a visit to an emergency room, 39% indicated that it was for a condition that could have been treated by a regular doctor if one were available.
- Among these members, 56% indicated that they needed care after the normal operating hours at the doctor's office or clinic, 43% said that it was more convenient to go to the ER, 37% were unable to get a appointment for care as soon as they thought care was needed, and 27% said the doctor's office or clinic told them to go to the ER.



The application and enrollment process is easy.

- Eighty-five percent of members indicate the Commonwealth Care application process is very or somewhat easy to complete, and 88% indicate that it was very or somewhat easy to enroll in a health plan.
- Additionally, 74% indicate that they were satisfied or extremely satisfied with the choices of health plans available to them.

How satisfied were you with the choice of health plans available to you?



Satisfaction is rated on a five point scale where 1 is extremely dissatisfied and 5 is extremely satisfied.



Members easily interact with the Commonwealth Care program, and the customer service center receives high marks.



- Fifty-nine percent report that they have contacted Commonwealth Care since becoming a member and 56% report contacting the Commonwealth Care Call Center.
- A large majority of members who contacted the Call Center said they are satisfied with the service they received with 73% agreeing or strongly agreeing that their call was answered promptly; 84% agreeing or strongly agreeing that they obtained the information they needed; and 90% indicating that the representative treated them with courtesy and respect.



A sign of the times – Internet access.

- Seventy-four percent of members have access to the Internet, and 52% of them have visited the Commonwealth Care website, with most (64%) looking for information about plans or plan benefits, information about eligibility for coverage (35%) and information about account management and billing (27%).
- Among those with Internet access, 42% indicate that they knew about the services available through the Commonwealth Care website which members can log into and use.



About the Survey



The survey is based on telephone interviews and mail surveys conducted among 695 current Commonwealth Care members enrolled on or before August 1, 2010, who had been members for at least three months.

Data collection was conducted between Oct. 19 and Nov. 30, 2010.

The survey's margin of error is plus or minus 3.7%, with a 95% confidence level.



Resources

Website: www.MAhealthconnector.org

Commonwealth Care
Member Service Center

Call 877-MA-ENROLL (1-877-623-6765)

TTY 1-877-623-7773 for people with partial or total hearing loss