

Experiences with Financial Alignment Initiative Demonstration Projects

Feedback from Beneficiaries in California, Massachusetts, and Ohio

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PERRYUNDEM
RESEARCH/COMMUNICATION

METHODS.

- Seven focus groups were held in three states (CA, MA, and OH) that have implemented a Financial Alignment Initiative Demonstration.
- In all, 55 dually eligible individuals who participated in the demonstration were recruited.
- Their ages ranged from 33 to 89 years old. The majority had physical disabilities, although some also had been diagnosed with mental health conditions.
- Participants represented a mix of gender, race, and health plan membership.
- Participants represented a mix of individuals who voluntarily enrolled or were passively enrolled into the demonstration.
- One focus group was conducted in Spanish with Spanish-speaking individuals.

Focus Group Schedule

Date	City	# of Participants
6/24/2014	Boston, MA	8
	Worcester, MA	9
1/28/2015	Cleveland, OH	10
1/29/2015	Cincinnati, OH	10
2/3/2015	San Diego, CA	7
	San Diego, CA (in Spanish)	5
2/4/2015	San Mateo, CA	6
TOTAL		55

CONTEXT.

- The demonstration programs were still new when we conducted the focus groups.
- This meant some beneficiaries were noticing greater care coordination among their providers, receiving assistance and guidance from their care coordinators, and accessing new services like expanded dental and transportation services.
- However, other beneficiaries still had many questions about the program and had yet to see the difference in their care.
- Some of the early roll out problems were starting to be resolved by the time we visited. Others were taking longer to fix.

THE MODEL.

- When they understood the purpose of the demonstration program and its features, they valued this approach to care.
- Many found their prior care and coverage to be fragmented.
- They had been wanting more integration between Medicaid and Medicare, more care coordination, someone to help them access care and solve problems, and additional services like expanded dental, transportation, and behavioral health services.
- Those who were using long-term care services and supports were particularly interested in this model of care.

KNOWLEDGE.

- Many beneficiaries did not have a clear understanding of the demonstration program.
- Many could not explain the purposes of the program, name the program, or identify all of the programs' expanded services or benefits.
- Part of the problem was that beneficiaries felt that program materials were confusing and overwhelming.
- Spanish-speaking participants had the largest knowledge gaps.
- Many study participants also said their providers were not informed about the program. Many said their providers did not recognize the name of the program and were unsure whether they participated in the demonstration plans.

“I have not read [the materials explaining my plan] because it is just too big. And there are too many words that I can't read, there are some things that I don't understand.”

San Diego, Spanish-speaker

ENROLLMENT.

- The focus group sites contained a mix of individuals who voluntarily enrolled or were passively enrolled into the program.
- Among those who voluntarily enrolled, the enrollment process went smoothly for most. The process was easiest when they had help from someone.
- Keeping their doctors was the most important factor in picking a health plan and in choosing to participate in the demonstration project.
- Those who were passively enrolled had mixed experiences. Many were content with the process and found it convenient.
- Others who were passively enrolled were not aware their coverage had changed and this caused problems when they went to access care or pick up a prescription.

“I chose Molina because that’s what my doctor was accepting.”

Cincinnati man

TRANSITION.

- During the first weeks and months in the new program, some beneficiaries suffered lapses and delays in care.
- A few could not fill prescriptions, were mistakenly charged copays, had negative experiences with transportation services, and had personal care attendants who were not paid.
- Often it was the individuals who were passively enrolled into the program who faced the most problems.
- Others tried to make appointments with their primary care providers or dentists shortly after they enrolled only to be told they did not accept their coverage.

“I actually lost a care worker over it, had to come out of my own pocket to pay them and keep them on board because it was three to four months without people getting paid, so that was the biggest hassle with the change over.”

Cleveland man

POSITIVE OUTCOMES.

- **Providers:** Most were able to keep their providers when they moved into the program. This was an important factor in their satisfaction with the program, and many took an active role in contacting their providers regarding their participation in the program.
- **New Services:** They valued the expanded and new services offered under the demonstration: expanded dental and vision, non-medical transportation, and behavioral health services. Those who had used these services so far appreciated them.
- **Costs:** Beneficiaries said their costs stayed the same or went down when they enrolled in the program.

“I teach [an] English class and it costs money to go down there; so they allowed me to have a ride even though it’s not a medical appointment because it had to do with my medical stability.”

Worcester woman

CHALLENGES.

- **Care Coordinator Role:** A number of beneficiaries did not have, or had not yet connected with a care coordinator. This was a challenge because those study participants who had been able to connect with their care coordinator seemed happier, more likely to have used expanded services, and knew the most about the program.
- **Team Approach:** Some beneficiaries were not yet experiencing a “team” approach to care. They felt the burden of communication still primarily rested with them, not their providers. Some did not even know that this was part of the demonstration program.
- **Health Risk Assessments & Care Plans:** Most beneficiaries were unfamiliar with the HRA or care plans. As a result they had difficulty seeing these elements as important components of this model of care.

“The first [care coordinator] I had, I only spoke to her twice. Never met her, never saw her. The second [care coordinator], I have spoken to her twice, never seen her. She doesn’t seem like she’s very interested in what I want.”

Boston man

LOOKING FORWARD.

- Beneficiaries feel this model holds promise. While some are already experiencing the benefits of more care coordination and additional services, others are still struggling.
- Nevertheless, they agree that this new approach to care has the potential to improve their care and overall health. This is the kind of care they want.
- As these models mature and beneficiaries gain more experience and knowledge, it is likely that a number of the problems and the confusion that emerged in the focus groups will diminish.

“I am noticing [more coordination]. You don’t have to go to two different agencies to find out who covers this and who covers that... Now you’ve got one place and that’s it.”

San Mateo woman

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