

State Profile for the Capitated Financial Alignment Demonstration

Massachusetts: One Care	
Dates	
Memorandum of understanding signed	August 22, 2012
Opt-in enrollment starts	October 1, 2013
Passive enrollment starts	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 as of September 1, 2017	102,127
Number enrolled as of December 2017	18,551
Percent of eligible that opted out as of November 1, 2017	34.1 percent
Payment	
Number of participating plans	Two
Savings percentage range	0–1 percent ¹
Number of rating categories	Six 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	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	Within 90 days of enrollment
Number of days to establish individualized care plan	Not specified
Education requirements for care coordinator	Not specified
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	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	No
Ombudsman	Operated in partnership by the Disability Policy Consortium and Health Care for All

Notes:

¹ Massachusetts did not apply any savings percentages to the Medicare or Medicaid capitated rate during the first six months of year 1 of the demonstration. During the last six months of year 1, Massachusetts applied a 1 percent savings percentage to the Medicaid and Medicare capitated rate. Following a contract extension of two years, savings percentages were devised for years 4 and 5 of the demonstration. The table reflects revised savings percentages as of July 2016, with a 0 percent savings for years 2 and 3; a .25 percent savings for year 4, and a .5 percent savings for year 5.

² Prior 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-High 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. 2017. 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. 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. *Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) and the Commonwealth of Massachusetts and XXX*. Baltimore, MD: CMS. <https://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. 2015c. *Contract between United States Department of Health and Human Services Centers 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>.

Dickson, V. 2015. Health plan bolts dual-eligible demo in Massachusetts. *Modern Healthcare*. June 18. <http://www.modernhealthcare.com/article/20150618/NEWS/150619902>.

Massachusetts Executive Office of Health and Human Services, Commonwealth of Massachusetts. 2017. *MassHealth demonstration to integrate care for dual eligibles: November 2017 enrollment report*. Boston, MA: Massachusetts Executive Office of Health and Human Services. <https://www.mass.gov/files/documents/2017/12/05/enrollment-report-november2017.pdf>

Medicare Payment Advisory Commission (MedPAC). 2016. *Report to Congress: Medicare and the health care delivery system*. Washington, DC: MedPAC. <http://www.medpac.gov/docs/default-source/reports/june-2016-report-to-the-congress-medicare-and-the-health-care-delivery-system.pdf?sfvrsn=0>.