

One Care is Massachusetts' demonstration project for dually eligible adults with disabilities who are between the ages of 21 and 64 at the time of enrollment. The demonstration launched on October 1, 2013, and is slated to run through December 31, 2016. The Commonwealth of Massachusetts and the Centers for Medicare and Medicaid Services (CMS) have jointly contracted with three health plans to provide all medical, behavioral health, pharmacy, dental, and long-term support services covered by Medicare and Medicaid. One Care plans are paid a prospective monthly capitation rate, with provisions for risk sharing and quality incentives. The One Care model of care aims to integrate the full spectrum of services by leveraging an Interdisciplinary Care Team (ICT), which includes the enrollee, a care coordinator or a clinical care manager, and an Independent Living and Long-Term Services and Supports (IL-LTSS) coordinator.

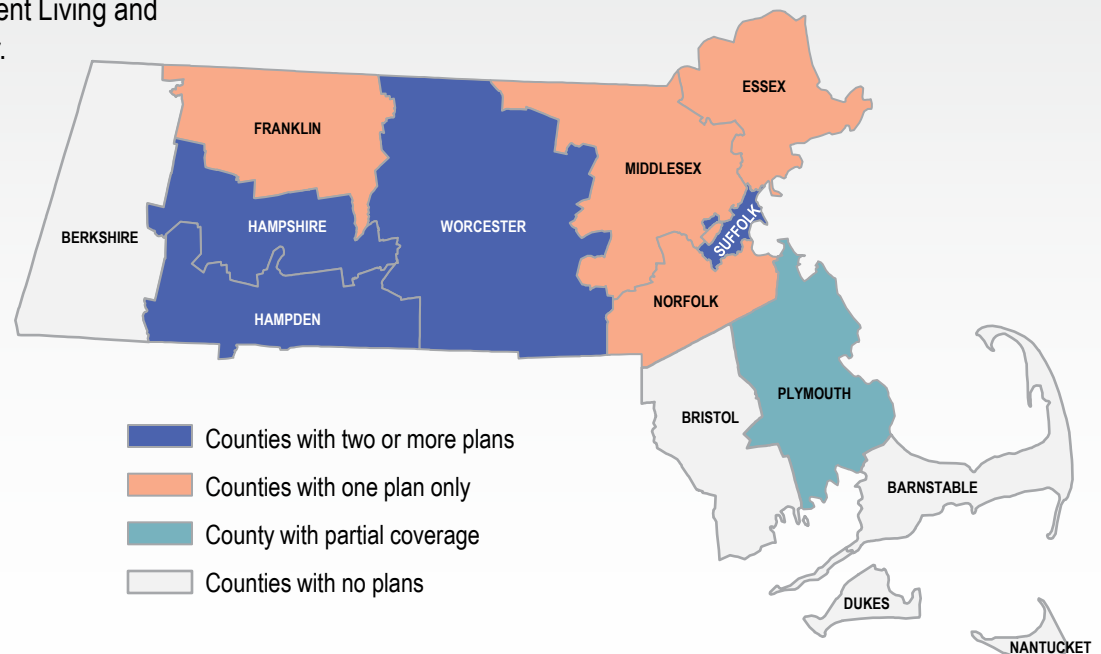
One Care is available to approximately 95,352 eligible individuals in nine counties in Massachusetts. Three One Care health plans are designated to offer services in the following counties :

- **COMMONWEALTH CARE ALLIANCE:** Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth*, Suffolk, and Worcester
- **FALLON TOTAL CARE:** Hampden, Hampshire, and Worcester
- **NETWORK HEALTH:** Suffolk and Worcester

*Commonwealth Care Alliance's service area does not include the towns of East Wareham, Lakeville, Marion, Mattapoisett, Wareham, and West Wareham.

**TOTAL ENROLLMENT BY PLAN
AS OF OCTOBER 1, 2014**

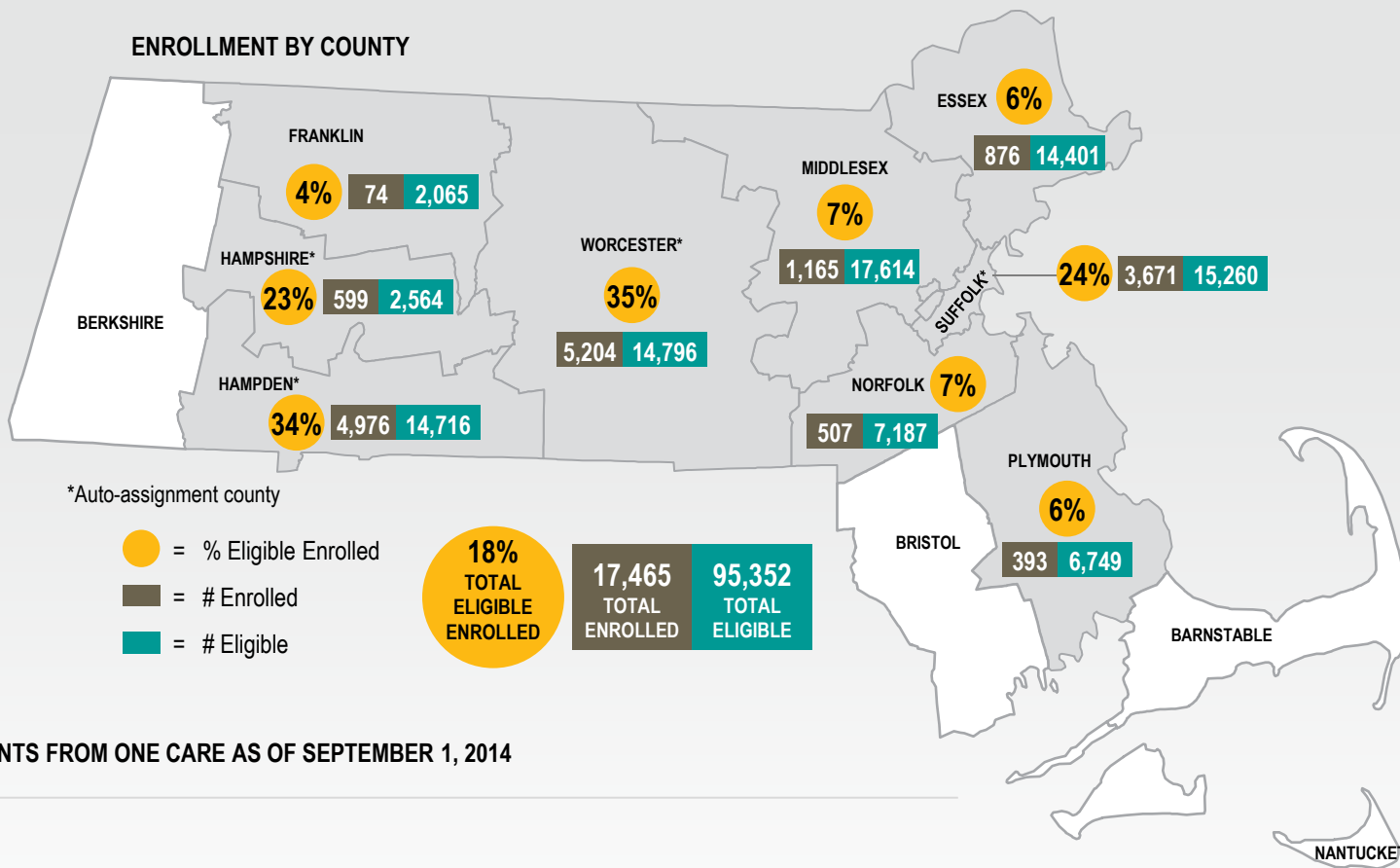
Commonwealth Care Alliance	9,917
fallon total care	6,110
NetworkHealth	1,438
Total	17,465



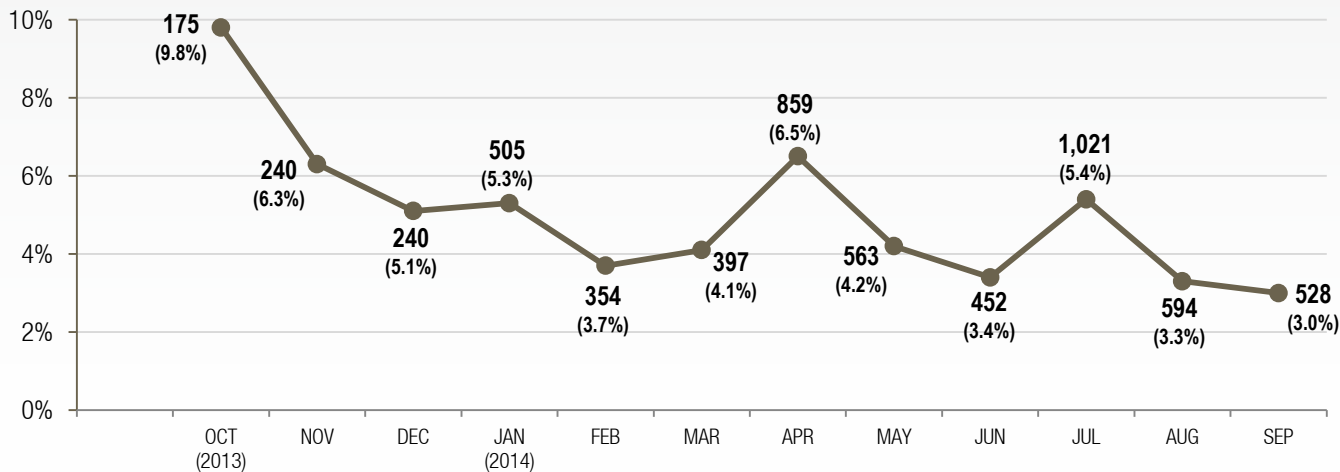
DUAL ELIGIBLES OPTING OUT OF ONE CARE

Dual eligibles may opt out of One Care at any time or choose a different plan on a month-to-month basis. As of October 1, 2014, **25,840** individuals opted out, representing roughly **27%** of those who received a One Care enrollment package.

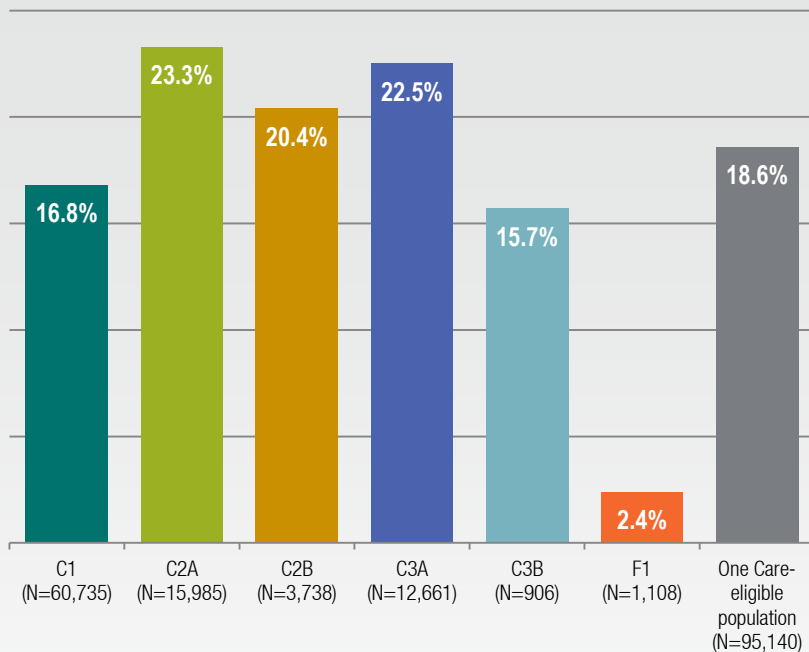
ENROLLMENT BY COUNTY



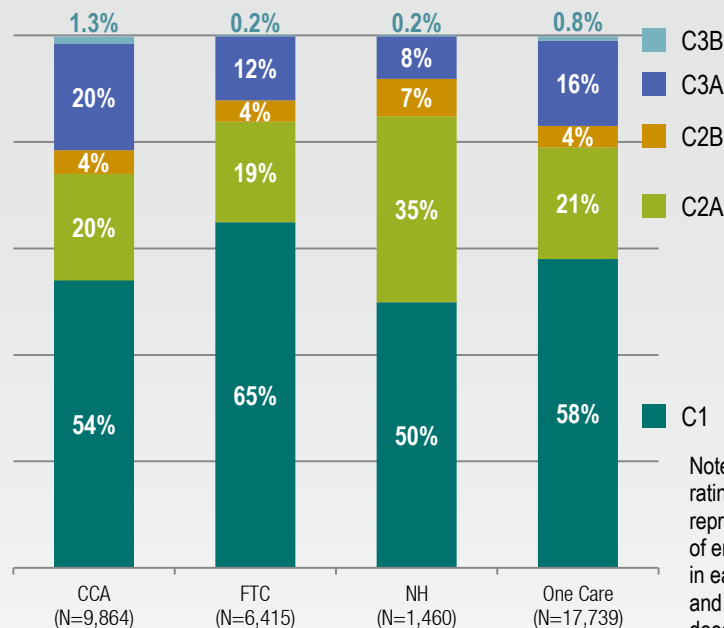
RATE OF DISENROLLMENTS FROM ONE CARE AS OF SEPTEMBER 1, 2014



RATING CATEGORY ENROLLMENT PENETRATION AS OF SEPTEMBER 1, 2014



ONE CARE PLANS' RATING CATEGORY ENROLLMENT AS OF SEPTEMBER 1, 2014



Note: The F1 rating category represents <1% of enrollments in each plan, and therefore does not appear in this chart.

TOTAL ENROLLMENT BY RATING CATEGORY AS OF OCTOBER 1, 2014

F1	23
C3B	148
C3A	3,031
C2B	776
C2A	3,820
C1	9,661
Unavailable**	6
Total	17,465

**Rating categories for six enrollments were unavailable at the time of this report.

DEFINITIONS FOR RATING CATEGORIES

F1 – Facility-Based Care. Individuals identified as having a long-term facility stay of more than 90 days

C3 – Community Tier 3 – High Community Need. Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; or four or more ADL limitations

- **C3B:** for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3
- **C3A:** for remaining C3 individuals

C2 – Community Tier 2 – Community High Behavioral Health. Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need

- **C2B:** for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness
- **C2A:** for remaining C2 individuals

C1 – Community Tier 1 – Community Other. Individuals in the community who do not meet F1, C2 or C3 criteria