Disability Advocates Advancing our Healthcare Rights

March 2, 2015

Secretary Mary Lou Sudders
Executive Office of Health and Human Services
One Ashburton Place
Boston, MA 02108

Co-chairs Howard Tractman, Florette Willis, and Dennis Heaphy
One Care Implementation Council
By email

Dear Secretary Sudders and the Implementation Council co-chairs:

Disability Advocates Advancing our Healthcare Rights (DAAHR) is writing regarding One Care. We have been advocating and working with MassHealth and CMS on the demonstration since the initiative was announced in early 2011, and see the effort as one with great potential. Many people with disabilities have had unmet needs addressed with others receiving coordinated care to reduce need for services through One Care. The dedication of staff from the three plans, MassHealth, and CMS has been notable. *But major challenges* with the demonstration nonetheless exist, including the following.

<u>Problems with passive enrollment</u>

The involuntary enrollment of over 10,000 individuals significantly taxed the operational capacity of the three One Care plans. They have indicated that financing for the demonstration was inadequate, and the rapid influx of people with significantly complicated needs into new, complex systems of care produced numerous challenges and delays in provision of care. In addition, network capacity and staff competency could not keep pace. There needs to be substantial time allowed for the plans to develop effective infrastructure that can serve the needs of people with a tremendous range of disabilities, health conditions, and needs. This process must also be transparent so that the broader stakeholder community can better understand and provide feedback on what is occurring. The current cessation of passive enrollment is sound policy—and it must become permanent!

<u>Uncertainty on use of long-term services and supports (LTSS)</u>

A fundamental premise of the One Care demonstration is the integration of long-term services and supports with medical care. Yet 17 months into the demonstration's operation, we have not seen any encounter data or financial statements on the use of LTSS. This is especially concerning because the plans and their staff have extensive experience in the medical field, but generally not in the LTSS arena. How can we know that the state's extensive and high-quality LTSS system is being adequately used? Fueling concern has been the limited use of the Independent Living/Long Term Services and Supports

coordinator, an independent position created to link enrollees to LTSS. Many enrollees do not have a coordinator—and many coordinators report only minimal contact with plan care managers, something that was supposed to be a primary element of One Care. We consequently request that we receive spending data from the plans— such transparency is essential to assessing if LTSS is playing the vital role that was designed for it in the demonstration.

Performance requirements and benchmarks

Since One Care's inception the Implementation Council and broader stakeholder community have requested that a clear set of performance requirements be established for plans so there can be objective comparison between plans and the care they provide against the fee-for-service system. Beyond HEDIS measures, stakeholders have sought to ensure establishment of measures that incorporate the values of the disability community. We applaud the current efforts being taken by MassHealth to work with the Implementation Council to determine encounter data reports, but believe this effort still lacks overall performance goals for One Care quality and effectiveness of care and service. We encourage establishment of firm, transparent benchmarks that go beyond limited markers such as number of hospitalizations and address the functionality of enrollees and their ability to interact with the general population.

Communication by the plans with enrollees and providers

Communication within care teams between care providers attached to the plans and contracted providers is an issue raised with DAAHR by enrollees. Of course, enrollees should give consent to share information with any individual provider, and we are currently working with MassHealth and the plans to ensure that such consent is informed and that privacy of sensitive information is protected. The issues we are raising herein occur when such consent has been given. For example, we have heard that LTSS coordinators cannot obtain complete enrollee records even after the enrollee has given consent. There also are ongoing concerns about communication between plans' care teams and enrollees. It is unclear that the plans are consistently and meaningfully describing the role of LTSS or, as previously noted, the privacy policies of the plans.

While an advantage of One Care is the expectation of true care coordination and person-centered care, this is not uniformly taking place for a number of reasons that include plan capacity and competency, along with an underestimation of the level of care coordination needed to actually provide integrated care and services. We believe the plans are tackling these issues but they are significant problems that should be closely monitored.

Understanding systemic issues and the ombudsman

We have been frustrated by the strictures placed on what the One Care ombudsman can publicly report. While it is critical that individuals have the recourse of the ombudsman to address their specific issues, any trends or systemic problems that the cases may reveal should be public information. The failure to provide this information suggests serious concerns are being masked, and therefore we ask that the

ombudsman present on any system issues uncovered with One Care at all Implementation Council meetings.

In addition to these concerns, we also wish to emphasize that as the state supports expansion of Accountable Care Organizations, it is essential that the learnings obtained from One Care are applied to services and care for ACO enrollees with disabilities. ACOs present both great opportunities and potential pitfalls with respect to how people with disabilities receive care. The complexity of people's needs, unintended results of financial incentives, and privacy concerns demand close examination of what may or may not work, and One Care already offers important examples.

We thank you for your consideration of our points and we also would request to meet with you, as well as Assistant Secretary for MassHealth Daniel Tsai, at the earliest possible convenience. Please contact Allegra Stout of BCIL at astout@bostoncil.org, 617-338-6665, to arrange a meeting.

Sincerely from Members of the DAAHR Executive Committee,

Allegra Stout, BCIL
Brian Rosman, Health Care for All
Colin Killick, Disability Policy Consortium
Susan Fendell, Mental Health Legal Advisors Committee
Dale Mitchell, Ethos/Mass Home Care
Linda Landry, Disability Law Center
Nancy Lorenz, Greater Boston Legal Services
Vicky Pulos, Mass Law Reform Institute
Nassira Nicola, BCIL
Renee Marcus Hodin, Community Catalyst
Bill Henning, DAAHR/BCIL