Disability Advocates Advancing our Healthcare Rights

May 23, 2014

Dennis Heaphy, IC co-chair
Florette Willis, IC co-chair
Howard Tractman, IC co-chair

Dear Dennis, Florette, Howard and members of the One Care Implementation Council:

The One Care Demonstration is now nearly eight months into implementation and another round of passive enrollment is scheduled for July 1. MassHealth and the plans have worked with energy and commitment to implement a multi-faceted and complex program. Because a number of concerns have been raised about the demonstration, DAAHR is writing to suggest that the Implementation Council examine the implementation to date as well as the specifics of future passive enrollments. The council's voice should be a critical addition to the deliberations between the state and the plans to determine a scope of passive enrollment that ensures the delivery of quality care and services.

Some of the concerns that have come to our attention around implementation include these:

- The auto-assignment process: The appropriate data necessary to evaluate how auto assignment is impacting enrollees is not available. There are a number of issues that include MassHealth using as its primary means of plan assignment proxy data. This information is in many instances incorrect. This leads to confusion on the part of potential enrollees and possible wrong assignment of enrollees. In addition, MassHealth has not shared determinants it uses to decide how plans are assigned enrollees by quantity or category. Because of this, advocates have no information about how capacity or competency of plans is determined.

- IL-LTSS coordinator role: DAAHR applauds steps being taken by MassHealth to build the role through a stakeholder-driven consensus model. But this very much remains a work in progress. We suggest that the stakeholder group work together to create a set of criteria for the growth of the role, one that includes the development of the following:
  - training requirements for IL-LTSS coordinators;
  - early indicator reporting;
  - consumer education;
  - adequate regional consumer choice of IL-LTSS coordinator providers;
  - benchmarks and triggers for growth of the coordinator role systemwide.

- Data collection and outcome measures: MassHealth has done an excellent job of assembling a team to build an Early Indicator Project team that includes consumers and providers. But the team is only in the process of building its assessment tools and carrying out preliminary surveys and focus groups. Real data about auto assignment will only begin to be available in May. It should also be noted that a major flaw of the EIP groups is that it is not inclusive of potential enrollees who opt out of One Care. Because of this, we have no data about why people choose not to enroll. And there is no information on whether assessments being performed are working and producing quality outcomes. We also would note that the ombudsman program has only been up and running approximately three months— so one critical means for addressing individual concerns and assessing areas of systemic concern has not been fully established.

- Enrollee privacy: We remain deeply concerned about protection of the privacy of mental health records. DAAHR has heard many stories of people with the experience of mental illness receiving inappropriate and/or discriminatory care because of a diagnosis or medication listed in the person's records. These cases have not necessarily been specific to One Care, but there is no reason to believe that the current systems can address these concerns. There need to be concrete steps in consultation with advocates from the mental health community.

- Administrative challenges: The plans have been beset with a number of challenges, including, though not exclusively, requesting reclassification of as many as one-third of C1s to C2s; an inability to connect with enrollees because of a lack of correct phone numbers and addresses; excessive regulatory requirements consuming extensive amounts of limited staff time; and integrating new staff into new systems of care of service, especially with respect to serving people with mental illness.

- Programmatic challenges: We still have not heard of any plans yet approving cueing and monitoring for PCA services. And we know that limited provider networks are causing reduced enrollment and consumer choice.

- Continuity of Care: The continuity of care provisions are crucial to the success of passive enrollment into One Care, particularly as members using significant LTSS are enrolled. The continuity of care provisions should be evaluated to assess their adequacy and feasibility. A related issue is continuity of care for people who leave One Care voluntarily or otherwise. MassHealth should be responsible for providing continuity of care in the fee-for-service system while needed prior approvals are put into place.

DAAHR would emphasize that any new, ambitious health reform effort will face challenges. But with this in mind, the need for scrutiny of enrollment efforts by the Implementation Council is critical, the more so in consideration that the demonstration is targeting people who in many cases have a history of significant interaction with the LTSS and healthcare systems.

Your individual and collective efforts—as well as those of the three plans, MassHealth, and CMS— to ensure the success of One Care are greatly appreciated.

Thank you.

Sincerely,

Bill Henning, DAAHR co-chair and BCIL
Linda Landry, DAAHR executive committee and Disability Law Center
Nancy Lorenz, DAAHR executive committee and Greater Boston Legal Services