

This document includes notes and comments from Implementation Council members that illustrate One Care successes and challenges. It was developed to provide context to the Council meeting on July 24th in order to spend the majority of the meeting time on the sustainability of One Care.

Successes

- Early Indicators show overall satisfaction with One Care. This also includes satisfaction with Primary Care Practitioners, Care Coordinators, and IL-LTSS Coordinators (LTS-C)
- Collaborative working relationships between MassHealth, the Implementation Council, One Care plans and other stakeholders on topical workgroups focused on issues of shared interest including the:
 - o Early Indicators Project workgroup, convened to gather data on One Care enrollees early experiences with One Care;
 - o Behavioral Health Privacy workgroup;
 - o Encounter Data workgroup; and
 - o Quality workgroup

Challenges

- Early Indicators show challenges in the following areas:
 - o Unmet need for certain medical services (oral health, transportation, substance abuse) and LTSS (assistive technology, community activities, day programs, community transportation, personal care)
- Engaging the ID/DD community
- LTS-C
 - o Consistency in the role
 - o Financing of the role
- Ensuring adequate providers
- Financing LTS-C and enhanced services
- Outreach to diverse members and providers
 - o Language and cultural barriers
- Methodologic financing issues
 - o The inability of the state to compensate One Care plans for any services that were not included in the Fee for Service system prior to the start of the demonstration;
 - o Medicare's risk adjustment is not based on the population that is being served by One Care;
 - o Structural differences between SCO and One Care result in SCO being profitable and One Care having financial challenges.
- Lag in data availability around One Care spending and utilization

Implementation Council Testimonials

“I am concerned of the lack of telecommunication access for those who are Deaf, hard of hearing, deafblind and/or speech impaired. I personally have tested the TTY numbers that are in the One Care materials and it is ineffective. Also, this technology is mostly obsolete. It is an injustice to those that communicate differently. Ideally, it would help to have qualified and trained staff who use American Sign Language (ASL) and who are equipped with videophones to answer pertinent questions in ASL. Also an online-chat feature that is accessible to those who are not fluent in sign language. Furthermore, it would be culturally appropriate to have information on your websites in ASL as it has been already demonstrated in Spanish.”

- Suzann Bedrosian, Consumer member

“At the time of my Long Term Services and Supports Assessment, I was living in an unhealthy environment: a bedbug- and other vermin infested apartment and stuck in an agency-based care system with dangerously few allotted Personal Care Attendant service hours. This led to my bedsheets not being changed for 4 months and laundry not done for two months. Having lived in a nursing home previously, I didn't understand this situation wasn't acceptable.

My LTS coordinator and Care Coordinator worked with me and my apartment's management to get my living environment fixed. With their help an exterminator came and my apartment was deep cleaned, which are services traditional systems won't cover. I was also able to get an appropriate bed and transfer equipment after the extermination without trouble. I was used to getting stuck in the bounce-back loop of Medicare and Medicaid about pay for equipment and as a result just going without. The changes made improved my physical and mental health, making it easier to get out and about in the community.

My LTS coordinator, Jennifer, made all the difference in the world. I had a case manager who did not recognize or address the issues with my living environment. Jennifer was the first person to tell me that NO, this wasn't the status quo for everyone and that there were services available, and with my permission she could work with my obstinate building manager and get outside people to come help. Jennifer has a unique position on my health care team as she focuses exclusively on my long term service and support needs. She is familiar with the Independent Living (IL) philosophy and knows me and that I would've attached bungee cords to that bedbug-ridden mattress and taken it out on my back myself...but that puts the rest of my apartment building at risk. She was able to make that point clearly to my apartment complex manager. Jennifer also recommended having my apartment inspected to make sure the place had a clean bill of health before bringing in new equipment; something I hadn't thought of doing. It's the background in IL that lets her make suggestions and advocate when I ask her to instead of being paternalistic and just doing it for me. I appreciate this immensely.”

-Olivia Richard, Consumer member

“Although the One Care plan has some very good advantages over just Medicare/Medicaid coverage in terms of expanded benefits and coverage (such as no lifetime day limits) which can be good for consumers; the payment of claims is looming as a very big issue for all of the One Care Plans. We are seeing very slow claims payments for Inpatient Behavioral Health (60 days or longer). The One Care Program must have viable funding for it to continue and grow.”

- David Matteodo, Massachusetts Association of Behavioral Health Systems, Inc.

Advocates Inc. provides care coordination for over 200 One Care enrollees. Some of the successes and challenges experienced the One Care enrollees Advocates works with are included below:

Successes

“Wonderful! So nice to have people I can reach out to (nurse/ SW/ admin) and can help me.”

“Great having my PCP come to me.”

“CCA member services are very nice and helpful. Treat clients and vendors with same level of respect”

Challenges

“Transportation does not arrive on time.”

“Not enough providers (medical) in my area.”

“Advertising’ material not in enough languages.”

“Do not help me move. I need to leave my apt before I get evicted and I don’t have any other help.”

“Don’t want to have to change my providers (medical). I have been with them for years.”

-Jeff Keilson, Advocates, Inc.

“The Massachusetts Hospital Association (MHA) fully supports the OneCare program. The demonstration has the great potential to improve the healthcare experience for enrollees in the program, as well as to produce cost savings for both the healthcare system and government. The program is still in its infancy and it’s a very complex undertaking in all capacities from enrollment to the finances, therefore it must be carefully supported in the early stages. We are excited that many enrollees declare high satisfaction for the program, however plan participation is a concern and the underlying financing assumptions seem to be a key factor. With three plans dropping out shortly before the program going live and another during the demo, we hope state and federal government will be flexible in adjusting to the program’s current situation. We also hope that greater health plan participation can be achieved in order to provide increased choices for enrollees. MHA appreciates the active stakeholder process that MassHealth and CMS have used throughout the demonstration. “

- Dan McHale, Massachusetts Hospital Association

“Eight Community Behavioral Health providers are currently operating behavioral health homes funded by one of the One Care plans (Commonwealth Care Alliance). Providers and CCA view results to date as promising in improving care coordination and reducing unnecessary acute emergency services. The members of the Association of Behavioral Healthcare (ABH) have submitted position statements to MassHealth indicating their interest in opportunities for care coordination for the individuals who are engaged with their systems of care, and in exploring opportunities for risk sharing, should there be adequate data developed over time to evaluate costs and establish appropriate payment mechanisms.

The DD/ID community providers have been impacted less by the One Care programs due to lower enrollments of the DD/ID population. However the DD/ID community providers continue to evaluate the program and other options for Medicaid payment reform. Association of Developmental Disabilities Providers (ADDP) is actively engaging in discussions with MassHealth regarding how to preserve the strength of all community based DD/ID supports and services into the future.

All providers and advocates share significant concerns regarding the adequacy of One Care financing, especially given the Plans post-enrollment discoveries of behavioral health needs of many participants and the obvious financial problems of the plans.

Regarding sustainability, the viability of the current plans continues to be a major concern, and the inability of the plans to engage major primary care and hospital systems such as Partners will continue to limit voluntary enrollment. As the Council has recommended, auto-enrollment does not appear to be a reasonable option for increasing participation until the financial and provider network issues are resolved. “

- Bruce Bird, The Collaborative: Association for Behavioral Healthcare, Association of Developmental Disabilities Providers, and the Provider’s Council