One Care Implementation Council Meeting

July 24, 2015 1:30 PM – 3:30 PM

State Transportation Building

10 Park Plaza

Boston, MA

Attendees: Bruce Bird, Joe Finn, Dennis Heaphy (Chair), Rebecca Gutman, Jeff Keilson, David Matteodo, Dan McHale, Dale Mitchell, Olivia Richard, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Unable to Attend: Suzann Bedrosian, Denise Karuth, Vivian Nunez, and Bob Rousseau

Handouts: Agenda, Fallon Total Care Presentation, Commonwealth Care Alliance Presentation, Successes and Challenges document (Appendix A), OCO Recommendations, Meeting Minutes. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday September 11, 2015
1:00-3:00pm
1 Ashburton Place -21st Floor
Boston, MA

1) Welcome, Introductions and Opening Remarks

Howard Trachtman, Implementation Council (Council) Co-Chair, led introductions and invited meeting guests Tim Engelhardt, Director of the Federal Coordinated Health Care Office at the Centers for Medicare and Medicaid Services (CMS), and Daniel Tsai, Assistant Secretary, MassHealth to speak.

- Asst. Sec. Tsai opened by acknowledging the work and dedication of many stakeholders who are working with MassHealth to address current challenges facing the program. He noted the sustainability challenge One Care faces and the commitment of MassHealth to working on a pathway to sustainability and as smooth a transition as possible for Fallon Total Care enrollees.

- Asst. Sec. Tsai noted the importance of ongoing discussions with Council members and other stakeholders about: 1) the most appropriate transition options for all enrollees; and 2) making One Care financially stable and sustainable.

- Director Engelhardt thanked the Council for the invitation to the meeting and introduced local CMS representative Jennifer Baron.

- Robin Callahan, Deputy Medicaid Director, expressed appreciation for the work and ongoing support of the Council throughout the development of the program and during the recent challenges with the FTC departure.

2) One Care Challenges & Successes

Dennis Heaphy, Chair, introduced the following Council members who shared highlights from their experiences with One Care: Suzann Bedrosian (read by Dennis), David Matteodo, Jeff Keilson, and Olivia Richard. See meeting material or Appendix A: Implementation Council Member Testimony for pre-submitted Council testimonies.

3) Discussion with One Care Plans

Howard Trachtman introduced One Care plan representatives: Michael Nickey, Fallon Total Care(FTC); Kathleen Connolly, Tufts Health Plan Network Health; Leanne Berge, Commonwealth Care Alliance. Maggie Carey, UMass Medical School, introduced the discussion format and assisted in fielding questions and comments.

Questions and Comments

- A question was asked of FTC about the operational costs associated with the high number of enrollees who were difficult to reach due to incorrect or out-of-date contact information.
    - It was noted that a dollar value would be difficult to assess. First contacts with members ended up being at points of service, such as an inpatient stay. FTC also used creative approaches to reach members such as pharmacy data and using outside search organizations to find current contact information for enrollees.
- The remaining One Care plans were asked whether they anticipate their plan finances to improve in the near future. Plans noted that their financials were improving but neither has broken even financially and risk sharing agreements were favorable during the first year of the Demonstration.
- A question was raised regarding passive enrollment as part of Network Health's business model. It was suggested that improved outreach was needed to inform the community about One Care and options to join. Outreach leading to self-selection decisions will likely result in more engaged members.
- It was noted that the Council is committed to further discussions on how passive enrollment occurs. This would include what data is used to inform passive enrollment.
- A question was asked regarding what steps were being taken by MassHealth and CMS to adjust the financial challenges experienced by the One Care plans. It was noted that some financial adjustments have already been made. Also, adjustments will be made to pharmacy payments.
    - CMS is currently conducting an analysis of Medicare risk adjustment payments to test whether the payments are accurately risk adjusted based on enrollee levels of need.
    - MassHealth is working with partners to explore options for adjustments on both the MassHealth and the Medicare side of One Care payments.
- A question was asked regarding whether other states with Financial Alignment demonstrations were experiencing financial challenges similar to One Care.
    - It was noted that while other states are implementing demonstration structures similar to Massachusetts, their programs are not as mature as the Massachusetts program therefore comparisons around One Care financing are difficult to make at this point. However, it was noted that the financial pressures being experienced are stronger in Massachusetts. The unique One Care population was cited as a potential factor.

- A comment was made highlighting the importance of messaging to One Care enrollees about the current changes in the system.

- A member of the audience expressed concern about the continuation of services authorized for FTC enrollees as they transition out of FTC.

    - MassHealth is working on this issue and will address with further detail at an upcoming One Care stakeholder meeting.

- A question was asked in regards to how much of One Care plan losses could be attributed to delayed Medicare Part D payments.

    - It was clarified the delay in Part D payments related to a cash flow problem which is separate from overall losses associated with medical expenses. The medical losses were a result of premiums not covering medical costs.

- A One Care plan representative commented that more accurate contact information is needed on One Care enrollees. It was noted that CMS may have access to more up to date contact information on enrollees if they receive other benefits from the federal government.

- A Council member asked if there was any way to more accurately predict enrollee rating categories to reduce the operational challenges experienced by plans. Concern was expressed about continued inaccurate rating categories and how these inaccuracies could affect plans' preparation for passive enrollment.

    - It was noted the MassHealth periodically refreshes the proxy rating categories.

- A member of the audience recommended using peers in both health care delivery and outreach activities for One Care.

- A provider member of the audience commented that while they are prepared to contract with One Care plans to deliver peer services; they have had only six clients over the past year. It was noted that plans and members need more education about peer services and their value.

- A question was asked of FTC regarding what factors would have led to the plan remaining in One Care.

    - FTC noted that within the timeline of the demonstration, the plan did not anticipate being able to recoup their expenses.

- A question was asked regarding whether FTC could extend their time in the program to allow for a longer transition period for FTC enrollees.

  - FTC noted that they will no longer have staff in place to extend coverage for FTC enrollees beyond September 30th.

- It was suggested that MassHealth engage with community-based organizations contracting with One Care plans to better understand how One Care is functioning in the field.

- A request was made from the Council to continue dialogue with both MassHealth and CMS staff around the transition of FTC enrollees and the financial stability of the program.

  - A Council member expressed interested in inviting CMS to take part in Council meetings on a regular basis.

  - It was noted that local CMS staff attend Council meetings and are in regular communication with members of the Council.

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Appendix A: Implementation Council Member Testimonials: Successes and Challenges

"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

Appendix B: Barriers to Sustainability Discussion Notes

Following the presentations from One Care plan representatives, the discussion focused on barriers to the sustainability of One Care and associated action steps which are captured below:

Barriers to Sustainability:

- Operational Challenges
  - Difficulty reaching enrollees
  - Large waves of auto-assigned enrollees over short periods of time
  - Incorrect proxy rating categories
  - Intensive clinical model
  - High long term services and supports (LTSS) needs
  - Integration of behavioral health with medical
  - Heavy administrative burdens
  - Time consuming audits
  - Contracting with organizations for the delivery of LTSS
- Financial Challenges
  - Large upfront investments
  - Long timeframe for anticipated savings
  - Intensive clinical model
  - Rates not inclusive of all costs (LTSS, medical and administrative)
  - High administrative costs to run the program
- One Care within the larger healthcare environment
  - Financial pressures of the larger health care system
- Pharmacy
  - Long wait time for Part D pharmacy payments to One Care plans
  - High overall pharmacy spending for One Care enrollees

One Care Plan Recommendations:

- Continue risk-sharing formula at the 2014 level
- Speed up Part D payments to plans
- Adjust reimbursements to recognize uncompensated care
- Adjust risk adjustment formula for Medicare rates to recognize unique needs of One Care population
- Reduce administrative burden by eliminating duplicate reporting requests
- A two-year extension of the demonstration to assist in recuperating costs
- Work with federal partners to obtain more up-to-date contact information for One Care enrollees
- Continue partnerships between CMS, MassHealth, One Care plans, the Implementation Council, and the Ombudsman Office