

### **Executive Summary: One Care Provider Feedback Survey**

The One Care Implementation Council conducted the One Care Provider Feedback Survey with the goal of collecting feedback from One Care providers on their early experiences with the program. The survey is just one piece of the ongoing effort to bring transparency and accountability to the demonstration and protect One Care enrollees. The survey was sent to a variety of networks using Survey Monkey, an online survey tool. While it is not possible to track the exact number of providers who received the survey, the number of responses received indicates a relatively low response rate compared to the number of providers contracting with in One Care plans. Due to the low response rate the survey sample size was not large enough to provide a broad understanding of One Care provider experiences with the program. Several factors may have contributed to this low response including the survey field timeline falling in August during peak vacation time and possible technical difficulties reported by at least two survey respondents during the initial days of survey fielding.

Certain provider types were not well represented in the survey; for example Recovery Learning Communities, Independent Living Centers and Community Health Centers each only submitted one response.

The most commonly reported positive aspect of One Care by providers was the expansion of services to younger people with disabilities. Of those providers that responded, very few were very satisfied. For many questions, most responses were either “not satisfied”, or “neither satisfied nor dissatisfied”. In particular, providers were not satisfied with contracting, billing and communication.

## Introduction

The One Care Implementation Council conducted the One Care Provider Feedback Survey with the goal of collecting feedback from One Care providers on their early experiences with the program. To date members of the Implementation Council have heard anecdotal accounts of provider experiences with various elements of One Care including contracting with One Care plans, billing and care coordination. Survey questions were in large part informed by the anecdotal accounts and are intended to provide a broader view of the One Care provider experience during the first year of the program.

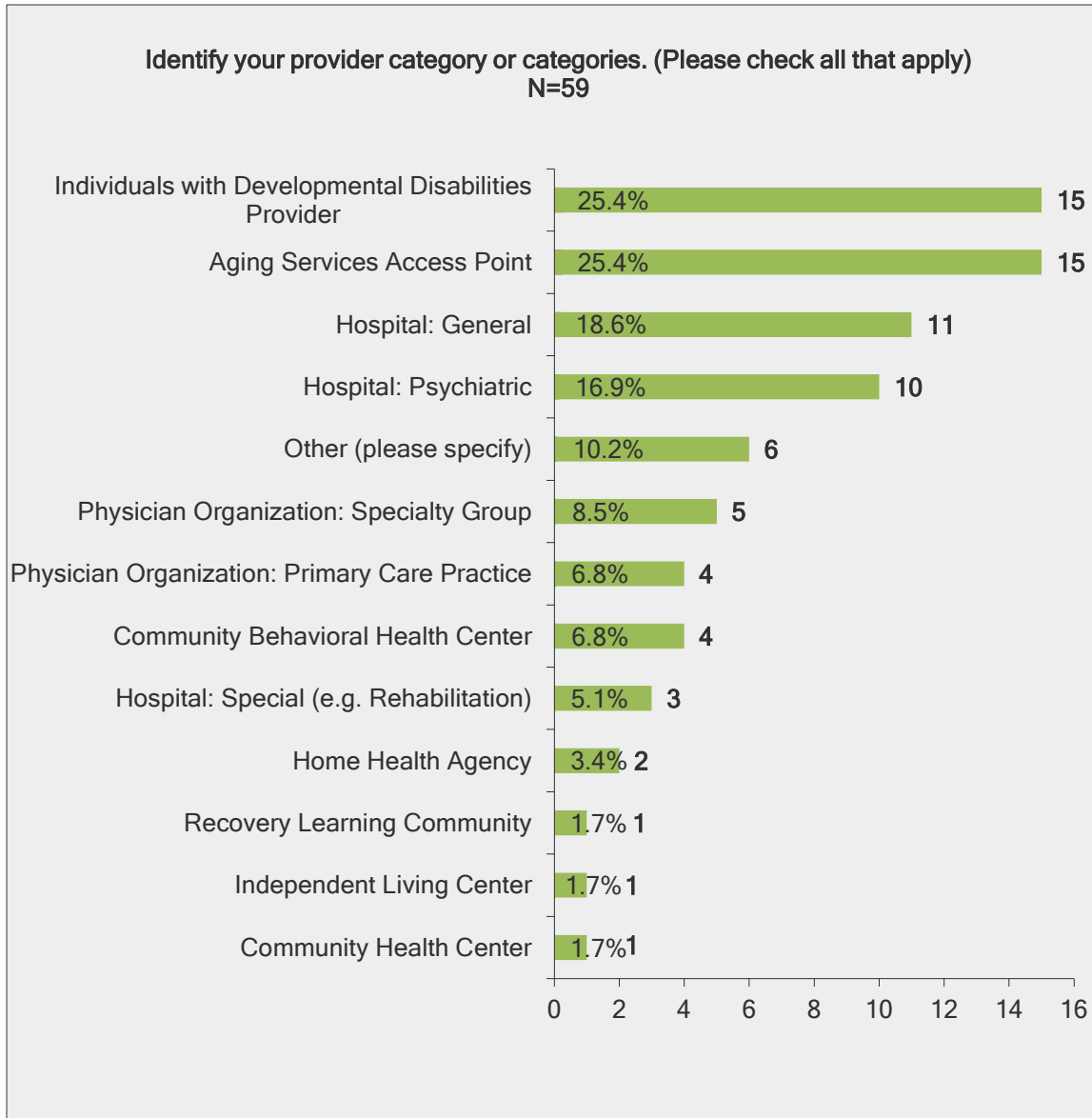
The survey responses included only a small subset of One Care providers. The survey was distributed to the networks of Implementation Council members, including provider trade organizations, council and other organizational affiliation. A list of networks included in the Provider Feedback survey distribution is included below:

<b>Trade Associations/Consortiums/Councils</b>
ARC of Massachusetts
Association of Behavioral Health Providers
Association of Developmental Disabilities Providers
Disability Policy Consortium/DAAHR
MA Association of Behavioral Health Systems, Inc.
Massachusetts Hospital Association
Mass Home Care
The Provider's Council
Massachusetts Independent Living Centers
Home Care Aide Council
Recovery Learning Communities

The survey was fielded from August 8<sup>th</sup> to August 28<sup>th</sup> and included responses from 61 providers. The survey included ten questions regarding organizational information and satisfaction with various aspects of One Care including: 1) contracting and billing, 2) communication; and 3) services and performance. Most of the questions regarding satisfaction were answered by 33 respondents, indicating that nearly half of the respondents did not complete the full survey.

**Provider Category**

A majority of responding providers were Individuals with Intellectual or Developmental (ID/DD) Providers, Aging Services Access Points (ASAPs) or Hospitals. These providers accounted for approximately two-thirds (69.4%) of the all responses.



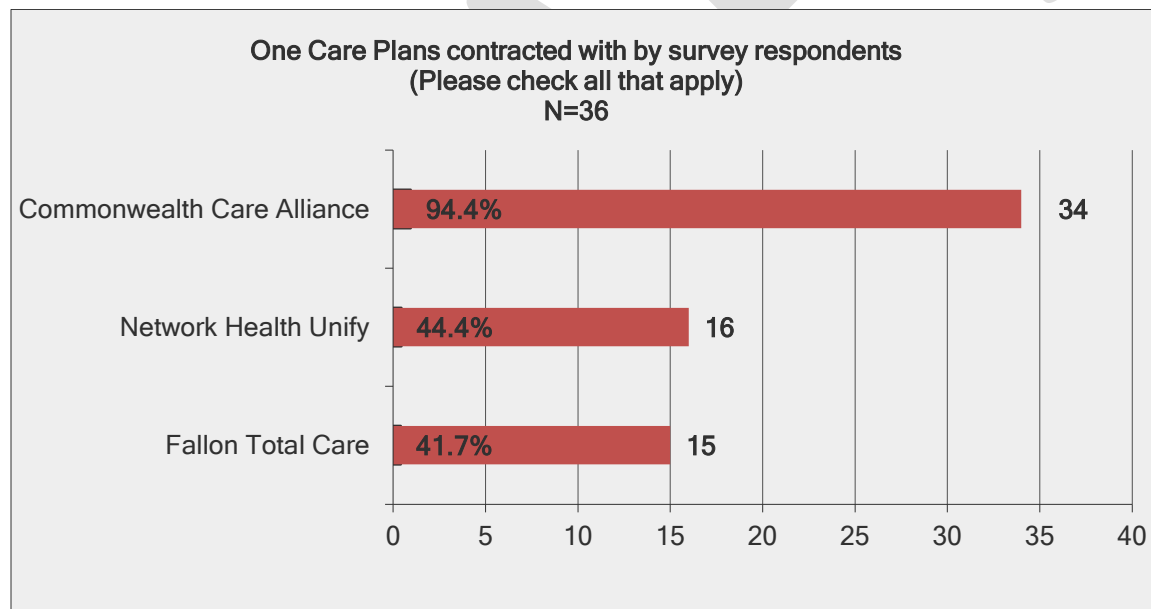
*\*Other category responses included: Addiction Hospital, ADDP Member, Adult Foster Care, Psychiatric Emergency Services*

## Organizational Information

The size of responding providers varied greatly with a range of providers serving between 23 and 400,000 individuals. This statistic reflects the diversity of providers included in the target population: community-based organizations to large regional hospitals. Similarly, the number of One Care enrollees varied greatly. Providers reported serving between 0 and 1000 One Care enrollees.

	Annual Number of People Served by Organization	Total One Care Enrollees Served Today
<b>Range</b>	23-400,000	0-1,000
<b>Mean</b>	34,621	94
<b>Median</b>	3700	31

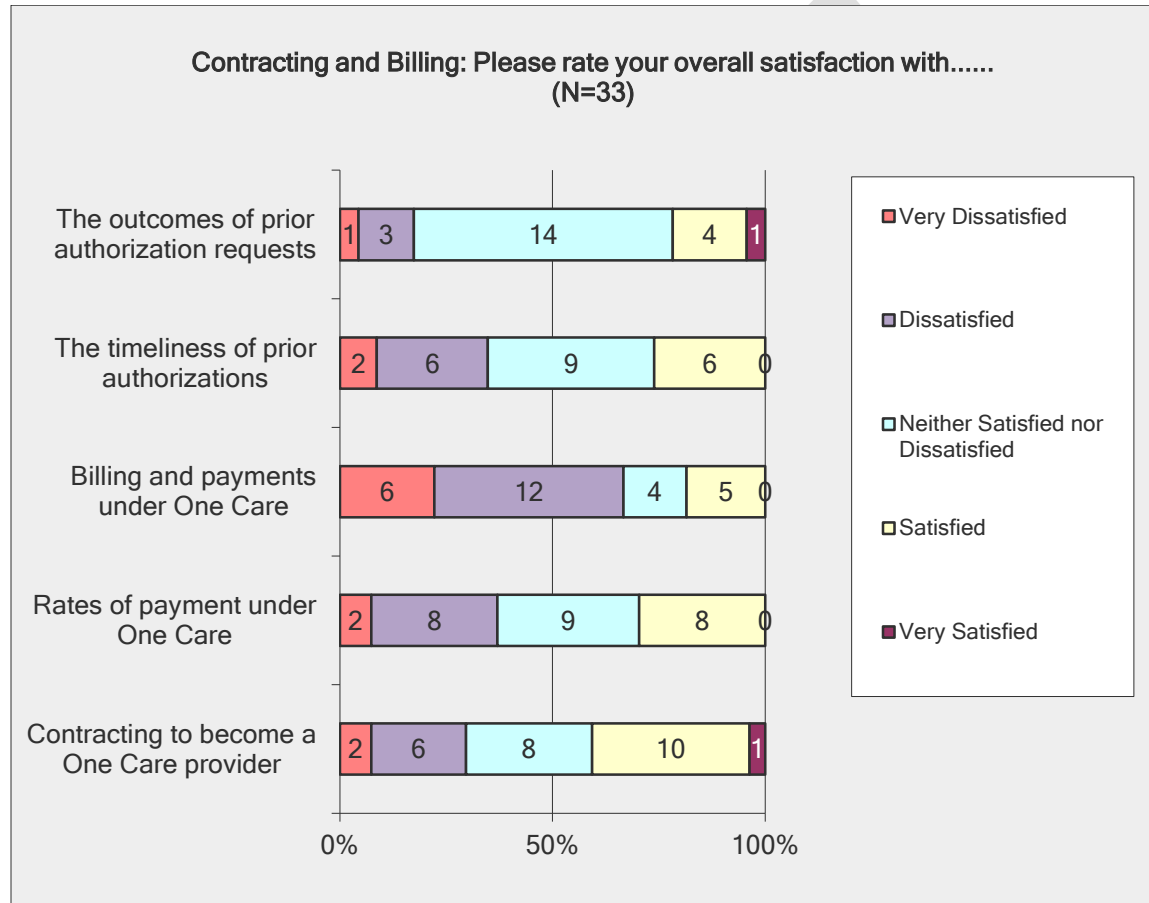
One Care providers may contract with more than one One Care plan. Nearly all survey respondents who responded the survey question regarding which One Care plans the provider contracts with, reported contracting with Commonwealth Care Alliance (CCA). CCA is also the largest One Care plan and current serving over half of all current One Care members (as of August 2014).



## Overall Satisfaction<sup>1</sup>

### Contracting and Billing

More than 50% of respondents were neutral, satisfied or very satisfied with the following aspects One Care: 1) the outcomes of prior authorizations; 2) rates of payment under One Care; and 3) the process of contracting to become a One Care provider. Responding providers indicated high rates of dissatisfaction with billing and payments. Respondents were also given the opportunity to provide comments which are included below.



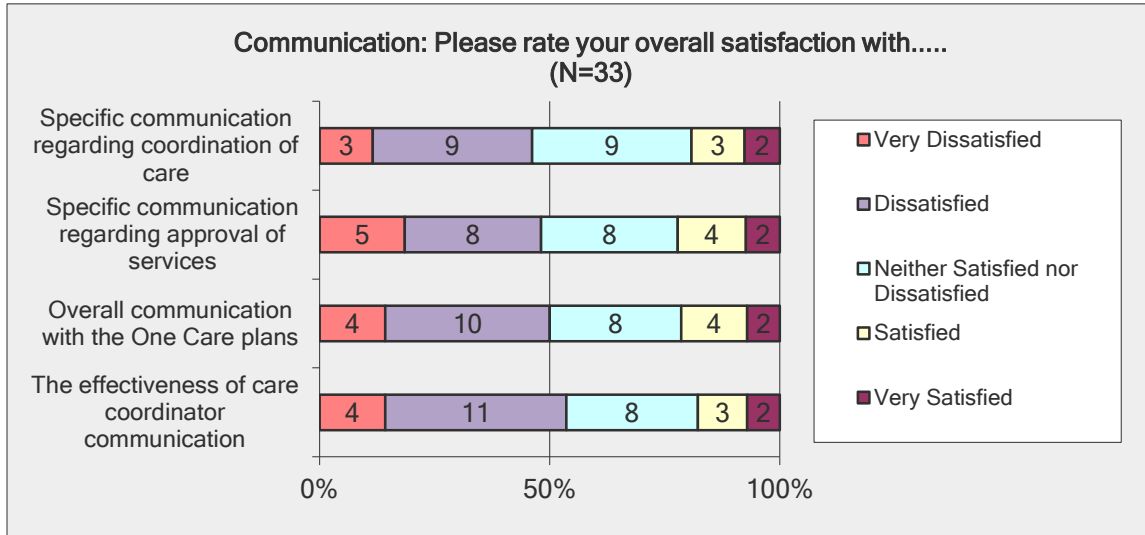
*\*Comments: 1) Timeline of billing has improved over past 2 months, 2) Slow billing system, 3) Delayed or no payment for services, 4) Delays and difficulty with prior authorizations, 5) Issues with payment rates and timeliness for care management, 6) Difficulties with billing not experienced in with previous systems*

*\*\*Low number of responses does not allow for generalizable results*

<sup>1</sup> See Appendices for results that include “Non-Applicable” responses

**Communication**

About half of all respondents indicated they were dissatisfied with various aspects of One Care communication. Comments regarding One Care communication are included below.

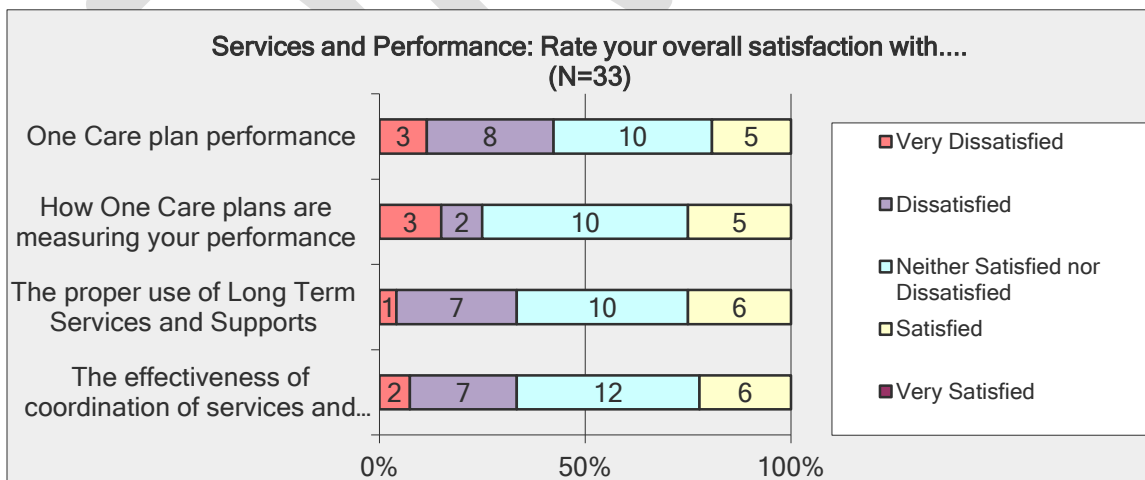


*\*Comments: 1) Communication has improved greatly over past two months, 2) Discrepancies between plans in regards to communication, 3) Incompatible Electronic Medical Records systems, 4) No to limited contact with plans, 5) Multiple points of contact required to get questions answers*

*\*\*Low number of responses does not allow for generalizable results*

**Services and Performance**

While many respondents indicated that questions regarding services and performance were not applicable, among those who responded, a majority responded they were either neutral or satisfied with the aspects of services and performance.



*\*Comments: 1) Difficulty contacting care coordinators, 2) No follow up while in hospital, 3) Appeared lack of promotion of LTSS*

*\*\*Low number of responses does not allow for generalizable results*

## Open-Ended Questions

### *Most Positive Aspect of One Care*

Twenty three<sup>2</sup> respondents provided feedback on the perceived most positive aspect of One Care. A summary of the types of responses are included below:

- Expansion of LTSS to younger populations/additional service option for younger populations (6)
- No change or no positive aspect of One Care (4)
- Not enough experience to comment (4)
- Independent Long Term Services and Supports Coordinator services (2)
- Provides opportunity of increased collaboration (2)
- Provides a new funding stream (1)
- Ease in integrating into existing staff duties (1)
- Better coverage (1)
- No copays or deductibles (1)
- Responsiveness of plans (1)

*“The most positive aspect has been to provide advocacy and long term services and support to a population that we had never serviced. We hope that members on this program will not only foster independence but provide members with a comprehensive care plan to improve their health.”*  
– Anonymous Respondent

The predominate theme of the most positive aspects of One Care among responding providers was the increase in services available to One Care eligible populations – dually eligible individuals ages 21-64.

### *Most Challenging Aspect of One Care*

Twenty-five<sup>3</sup> respondents provided feedback on the perceived most challenging aspects of One Care. A summary of the types of responses are included below. Some respondents provided more than one challenge.

- Delayed/incorrect billing (9)
- Difficult finding and contacting members (4)
- Communication (4)
- Lack of member understanding of the program (2)
- Rates (2)
- Multiple layers of care coordination/identification of care coordinator (2)
- Interactions with plans (2)
- Poor customer service (1)
- Cumbersome administrative processes (1)
- Lack of understanding around LTSS services (1)

<sup>2</sup> Three responses were excluded: Two respondents indicated “N/A” and one response was unidentifiable

<sup>3</sup> Two responses were excluded: one respondent indicated “N/A”, one response was unidentifiable

*“Members are not always aware that these changes will be necessary prior to enrolling in One Care, and the network of providers and services often leads to some disruption in services and considerable member frustration which requires significant care coordination to replace services which were previously in place. “*

Billing was noted as the most common challenge among responding providers. Challenges around billing including: lack of information on the billing process, trouble receiving payments, and excess time spent on billing process. The second most commonly noted challenge was difficulty experienced in reaching members.

Lack of member understanding of the program was also noted by respondents. One respondent noted that lack member understanding affected multiple aspects of the program. Many One Care members have had to change medical, DME and/or pharmacy providers in order to access in-network services:



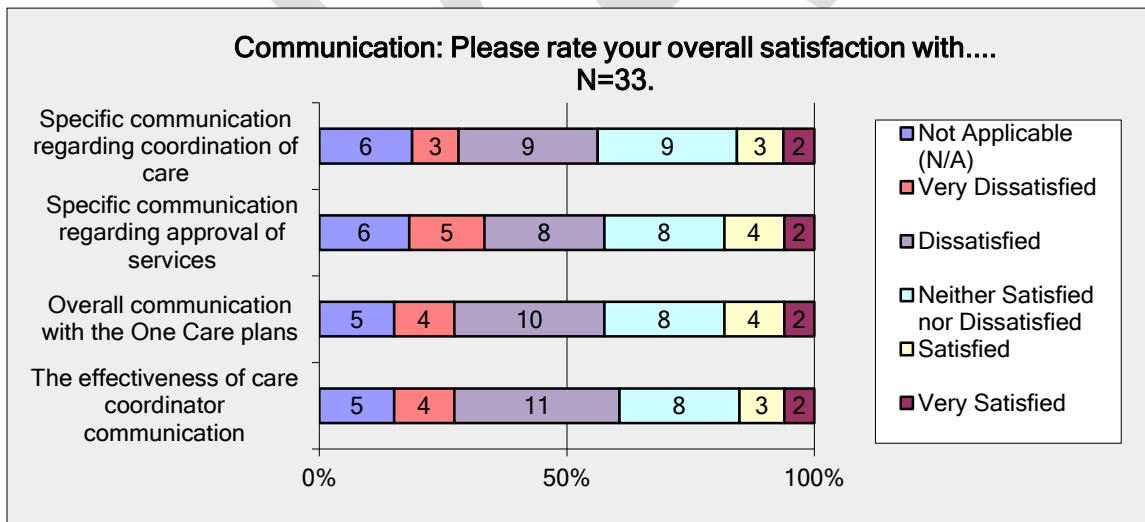
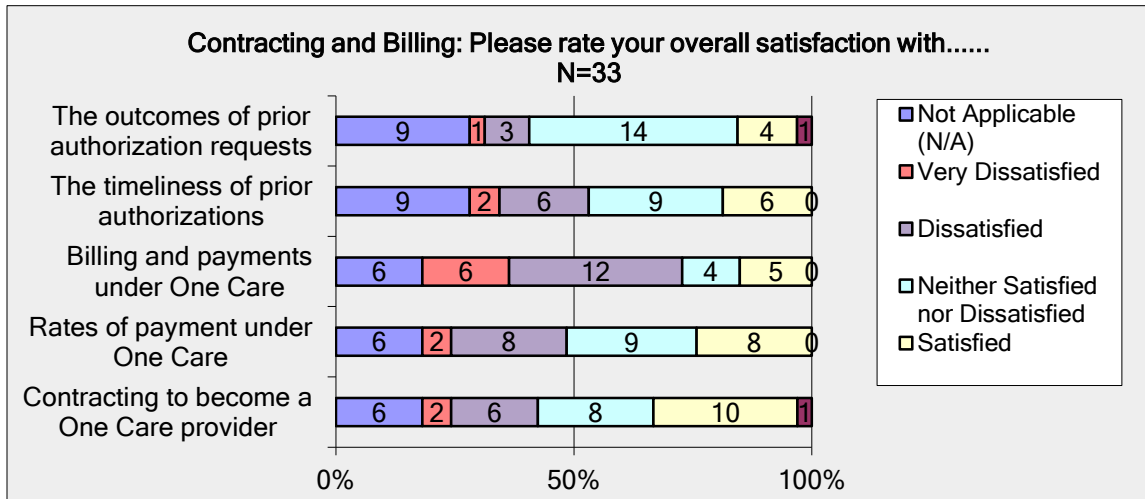
## Conclusion

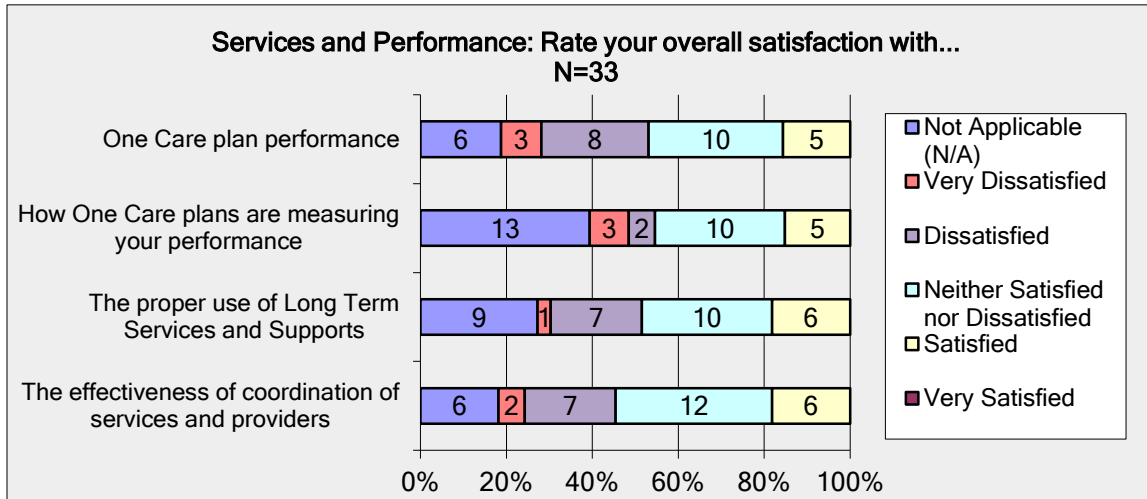
The One Care Provider Feedback survey did not include a large enough sample size to provide a broad understanding of One Care provider experiences with the program. Specifically, responses from medical providers and consumer run organizations were not captured with this survey and should be prioritized in future efforts. However, survey results reflect several concerns heard from One Care stakeholders. While providers report value in expanding services and options to the One Care population, issues with provider billing and communication with One Care plans have emerged.

The Council has the responsibility to promote transparency and accountability in support of the demonstration and to represent the interests of consumers and other stakeholders. Part of this responsibility includes gathering data from providers to better understand their experience within One Care and how their experience impacts enrollees. The Council will continue to explore appropriate ways to collect data from providers and share this information with stakeholders, including CMS and the Executive Office of Health And Human Services, and legislators. The Council will use this information to put forward recommendations to MassHealth, CMS and other state officials in an effort to improve One Care.

Future surveys and provider engagement will be expanded to increase representation of all the provider groups within One Care, in particular medical providers and, and minority and disability run organizations. Information gathering will provide both “snapshots” of current provider experiences, as well as give a longitudinal picture of provider experience over time. To the extent possible, the Council seeks to work collaboratively with MassHealth to improve these efforts and bring greater provider input to the implementation of One Care.

**Appendix A: Data Tables with “Not Applicable” answers included.**





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