

One Care Implementation Council Meeting

October 17, 2014 1 PM – 3 PM

Transportation Building – 10 Park Plaza

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Anne Fracht, Rebecca Gutman, Dennis Heaphy (Chair) (by phone), Denise Karuth (by phone), Jeff Keilson, David Matteodo (by phone), Dan McHale, Dale Mitchell, Olivia Richard, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Unable to Attend: Theodore Chelmow, Myiesha Demery, Joe Finn, Audrey Higbee, Bob Rousseau, Peter Tallas, Vivian Nunez, Jorge Pagan-Ramos

Handouts: Agenda, Meeting Minutes (9/12/14), Approved Motions Summary Document, CHW Survey presentation, Subcommittee on Council Composition and Communication notes, EIP and Quality Workgroup presentation. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday November 21, 2014 1:00-3:00pm
1 Ashburton Place, 21st Floor
Boston, MA

1) Welcome

Florette Willis and Howard Trachtman, Implementation Council Co-Chairs, facilitated the meeting and led introductions.

2) One Care Update

Corri Altman Moore, Director of Policy at MassHealth was joined by Derek Tymon, One Care Contract Manager, Roseanne Mitrano, Director of One Care, and Sharon Hanson, Director of Providers and Plans (all from MassHealth), provided updates on One Care. The update covered the topics of One Care plan Network Adequacy, Auto-Assignment Process, Hard-to-Reach Enrollees and Data Reporting.

- A question was asked in regards to how the 30 mile radius for the provider proximity requirement is measured and whether public transport is taken into consideration. It was noted that many One Care members may not have access to a car.
 - Provider proximity was measured by mileage to the provider. Reasonable driving time was taken into account. Public transit availability to provider locations was assessed through the review of accessibility requirements of providers.
- A question was asked regarding the intelligent assignment process and how enrollees were matched to plans when their Primary Care Physician had contracted with multiple plans.
 - These types of auto-assignment decisions were made in collaboration with the One Care plans and the focus the plans may have at that point in time, such as building relationships with certain physician practices or health homes. It was also noted that in some cases MassHealth will make the auto assignment determination based on relationships with other provider types such as Long Term Services and Supports (LTSS) and Behavioral Health Providers.
 - It was noted that the auto-assignment process is conducted by a MassHealth staff rather than an algorithm or computer function.
- A comment was made that one of the One Care plans recently opened a new behavioral health respite program. A question was asked if other plans had similar capacity-building plans underdevelopment.
 - It was noted that the One Care plans are continuously working to enhance their capacity where appropriate.
- A question was asked as to how MassHealth determines the appropriate ratio of care coordinators to enrollees within One Care plans during auto-assignment and whether

the range of needs of enrollees in different rating categories is taken into account in this determination process.

- Staffing capacity of the One Care plans, including the minimum number of care coordinators is determined during the Readiness Review process. It was noted that no ration of care coordinator to enrollees is used.
- MassHealth expressed concern with the use of ratios to determine staff capacity as the One Care plans have varying contractual relationships. While some plans use nurse care managers for the care coordinator function, others use para-professional staff.
- A question was asked as to how MassHealth is monitoring the quality of services provided by One Care plans before auto-assignments to inform whether plans are ready to take on more enrollees.
 - MassHealth noted that not all data on One Care plan assessments were available during the early rounds of auto-assignment. Preliminary data was available for the third round of auto-assignment and MassHealth has decided to delay future rounds auto-assignment rounds.
 - It was noted that the auto-assignment process is a complex process that is continually being improved.
- A question was asked how MassHealth ensures that the One Care plans' networks remain adequate after the initial Readiness Review process.
 - MassHealth conducts an Annual Review Process. The next review is scheduled for January 2015.
- A comment was made that the Council expressed concern during the most recent round of auto-assignment that data was not available on the plans' ability to complete comprehensive assessments within the 90 day timeframe. It was noted that the Council is interested in reviewing this type of data moving forward to help inform future rounds of auto-assignment, if and when they are scheduled.
- A follow-up question was asked by a member of the audience as to whether there were any plans to involve the Implementation Council in future determinations of auto-assignment.
- A plan representative commented that in addition to gathering and reporting data to aid in transparency, it is important to consider various factors that may be driving data. An example was provided that a high number of referrals to out of network providers may

indicate a plan's attempt to respect an enrollee's provider relationships rather than provider network inadequacies.

- A comment was made by a Council member that the Council is requesting access to more data in order to work together with the One Care plans, MassHealth, and other stakeholders to help address issues that may be captured in the data (e.g., outreach efforts to difficult to reach enrollees).
- A comment was made by a Council member that access to financial data, specifically spending by rating category, will be important for the Council to have access to and review.
 - A follow-up comment was made that data would provide the Council with the information to measure how the demonstration is working in regards to financing.
- Due to time constraints, the topic of hard to reach enrollees was delayed until the next Implementation Council meeting.
 - MassHealth recommended that Council members review the MassHealth presentation slides on the difficult to reach populations in order to prepare for a discussion on the topic at the next meeting.
 - In regards to the One Care plan updates scheduled for November, MassHealth expressed interest in hearing from One Care plans on challenges and opportunities around meeting the behavioral health needs of enrollees.

A motion was made to approve the minutes from the September 12, 2014 Implementation Council meeting.

The motion was seconded.

The motion was approved unanimously.

3) Old Business

Jeff Keilson, Council member, provided an update on recent meetings with MassHealth, One Care plans, and Centers for Medicare and Medicaid Services (CMS) representatives regarding the Implementation Council requests for One Care plan data.

- The Council has requested the development of a "report card," reporting tool with data reported by One Care plans to be shared with the Implementation Council, on a quarterly basis, in order to provide transparency and assist the Council in providing meaningful input to EOHHS in regards to the demonstration.

- It was noted that the Council remains interested in hearing meaningful updates from the One Care plans.
- The Council is especially interested in seeing data on behavioral health in order to inform questions to One Care plans during their quarterly report back to the Implementation Council.
- The Council is interested in receiving baseline data on LTSS utilization over time, especially regarding data on PCA services.
- It was noted that prior discussions about the Council's request for financial information included the concern that early financial data could be misinterpreted if not provided within appropriate context.
 - It was noted that MassHealth is currently working on this request and will be prepared to present a plan for sharing publically available financial information (in a way that is meaningful) in the near future.
- A Council member noted that it was recognized that there would be delays in the availability of certain data. A request for a comprehensive list of the data elements collected from One Care plans with an anticipated timeline was made by the Council.
- It was suggested that the Implementation Council limit the agenda for the November meeting to include the MassHealth update and the report back from the One Care plans in order to allow time for a robust conversation on data and reporting topics.
 - It was requested that the Council receive a brief overview of the One Care plans reports in advance of the November meeting.

4) New Business

Maggie Sheets, from the Disability Policy Consortium (DPC) and Disability Advocates Advancing Health Care Rights (DAAHR), presented on a recent survey of Community Health Workers (CHWs) and their knowledge of One Care.

- A Council member commented that if the Council is interested in conducting a similar One Care survey among Person Care Attendants (PCAs), the 1199 SEIU could help to facilitate the survey.
- Cindy Philips, the Director of SHINE (Serving Health Information Needs of Everyone), noted that the SHINE program has been invited to the Patient Navigator/Community Health Worker Conference to be held in May 2015. A suggestion was made to hold an informational session on One Care at the conference.

- It was also noted that SHINE representatives participated in a Spanish language public health event and presented on the topic of One Care. The presentation was taped and could be a resource for outreach on One Care to Spanish speaking CHWs.

5) Workgroup Updates

Council Composition and Communication Subcommittee

Florette Willis provided a report on a recent subcommittee meeting on Council Composition and Communication.

- Members of the subcommittee recommended a set of guiding principles for the Council as well as guidelines for participation.
- A question was asked if Council members were appointed to serve on the Council for a certain number of terms or a certain amount of time.
 - It was noted that Council members were appointed to serve on the Implementation Council throughout the three-year demonstration.
- A comment was made that it is important to make available multiple ways to participate on the Council and that participation should include participating in-person, over the phone or by email.
- MassHealth noted that the Implementation Council Request for Responses (RFR) document references that the Council will meet approximately six times per year, therefore some members who applied to the Council may have committed with the anticipation of participating less frequently than has been practiced by the Council. The RFR document also references that Council meetings will be held throughout the state.
- MassHealth suggested reaching out to inactive members to discuss potential barriers to participation and alternative ways of participation in the Council beyond monthly meetings.
 - The Council Chair noted that the Council has reached out to members on several occasions to discuss barriers to participation. The Council also convened a subcommittee dedicated to discussing and promoting Council member engagement. It was noted that some Council members may be unable to engage in Council activities due to other responsibilities.
- A motion on the topic of participation guidelines was recommended by members of the Council, however a vote on the motion was delayed due to an insufficient quorum of Council members.

Council Composition and Communication Subcommittee

Olivia Richard provided an update on the activities of the Early Indicators Project Workgroup.

- Preliminary results from 375 respondents to Survey 2, focusing on enrollees' early experiences in One Care, were positive overall.
- Implementation Council representatives are also taking part in a Quality Workgroup to provide input to quality program content and identify ways to increase One Care members' response rates and survey participation.
- Recent workgroup efforts have included providing input on the Mental Health Recovery Measures survey instrument and cover letters.

6) Comments from Attendees

- An announcement was made that Disability Advocates Advancing Healthcare Rights (DAAHR) will be hosting One Care one year anniversary event on October 30th.

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