

**One Care Implementation Council Annual Report
2014**

Table of Contents

Letter from the Chair 3

One Care: MassHealth plus Medicare 6

Implementation Council Background6

Implementation Council Charge.....6

Roles and Responsibilities7

Members/Composition7

2014 Year in Review 9

Meetings9

Subcommittees & Workgroups..... 10

2014 Work Plan..... 11

Activities and Accomplishments 11

Soliciting input from stakeholders.....12

Participating in the development of public education and outreach campaigns.....12

Advising EOHHS - Examining One Care early implementation13

Examining access to services.....14

Ongoing Council Member Priorities and Activities 15

Conclusion 17

What Implementation Council Members have to say 18

Attachment A: Approved Motions 20

Attachment B: Schedule of 2014 Implementation Council Meetings..... 35

Attachment C: 2014 Workplan: Review of Activities 36

Attachment D: DRAFT Quarterly Report on the Performance of One Care Program..... 40

Letter from the Chair

Dear Secretary Sudders,

It is an honor to represent the Massachusetts One Care Implementation Council (Council) in the submission of the 2014 Annual Report. 2014 was an important year in the life of the One Care demonstration. It was marked by a number of successes, success made in the face of many challenges.

First and foremost, One Care has enrolled over 17,000 dual eligibles. This growth is unprecedented in Massachusetts. When compared to the Senior Care Options Program (SCO), One Care grew to over 17,000 enrollees in one year while SCO took close to ten years to reach similar numbers. In terms of scale, 17,000 enrollees is a significant percentage of the overall population eligible to participate in One Care. Only three plans are participating in the demonstration and they enrolled this number of participants in the face of a number of barriers. These barriers included financial challenges, the issue of proxy rating categories that required adjustments to higher need rating categories, and challenges in reaching new enrollees and conducting comprehensive assessments for up to 30% of enrollees within the 90-day period required by MassHealth.

An additional barrier to increasing scale is the number of potential enrollees who have opted out of One Care because their primary care providers are either part of systems that do not allow them to participate in the program or have actively decided not to participate in the program. Left in an untenable position of having to choose between continuity of care with a trusted primary care provider and the opportunity to obtain enhanced services under One Care, many potential enrollees are staying with their current providers rather than enrolling in an untested managed care system.

At this point, it is too early to assess the overall quality of the plans, but they are to be lauded for having entered the field of providing integrated care to the state's most complex population with the thinnest margin of health and greatest medical and long term services and supports (LTSS) needs. In addition, anecdotal consumer input and plan reports indicate that One Care plans are developing real-time innovative interventions to identify and address heretofore unmet needs of dual eligibles in the fee-for-service system. Early indicators show overall enrollee satisfaction with One Care plans. Over 90% reported that their Care Team cared about their preferences and treated them with respect. Most also reported that their medical needs were being met and over 85% are satisfied with their Primary Care Provider and Care Coordinator. Although satisfaction with the Independent Living and Long Term Services and Supports (LTS) Coordinator is even higher, with 93% reporting satisfaction, many individuals were never offered this new and potentially life changing service.

Implementation Council Annual Report - Draft

As the primary official body representing the voice of consumers in One Care, the Council strives to protect consumers. It does so by listening to the concerns of consumers and guiding MassHealth towards a system of greater transparency and measurement of quality in the program from a consumer-centric perspective, while also recognizing the importance of provider satisfaction and commitment to the program. Unique in its own right as a national model, the Council has provided important guidance to MassHealth. It has passed motions requesting MassHealth to reconsider auto assignment and provide more information about the decision-making process in response to concerns raised by consumers about: the capacity of plans, the need to develop transparent objective measures of plan capacity, and quality that supports sustainable growth of One Care. The Council passed a motion that resulted in its providing support to the Ombudsman Office by writing a letter to request increased funding to the Centers for Medicare and Medicaid Services which was ultimately approved. As a result of other motions brought forth by the Council regarding requests for data on One Care performance, the Council actively engages with MassHealth to increase availability of data for the Council and larger stakeholder community.

The Council continues working with MassHealth and is pressing for: regular financial reporting to monitor the fiscal health of the program, quality measure reporting to ensure the program is meeting the needs and expectations of enrollees, and a comprehensive dashboard to provide enrollees and potential enrollees information about the strengths of each plan in order to assist them in making informed decisions when choosing a plan and when comparing One Care to the fee-for-service system. These tools could also provide MassHealth with an objective means of setting auto assignment goals.

The Council also faces barriers to fulfilling its mission. Council members bring different expertise and strengths to the table from a variety of backgrounds and perspectives that are still underutilized. This is particularly the case in regards to consumer voice and experience as it is difficult to give adequate attention to the wide range of communities that could benefit from further discussion and Council action. Council composition is also a challenge. Following several resignations in 2014, the Council is working with MassHealth to procure members and is making efforts to ensure new members bring needed skill sets and better represent the diversity of the One Care eligible population. Additionally, the Council continues to pursue working relationships with stakeholders including the One Care plans and the One Care Ombudsman Office. While presentations from these partners have been informative they have not been actionable. The Council is committed to partnering with these groups to pursue the shared goal of improving enrollee experience in One Care.

Challenges to the success and sustainability of One Care still remain. To date, the Council has not worked directly with One Care plans. Future work of the Council will include collaborative workgroups with One Care plans to address issues effecting enrollees and to enhance the ability of the Council to monitor the demonstration and make actionable recommendations. Challenges to be addressed in Council workgroups with One Care plans

Implementation Council Annual Report - Draft

may include reactions to early indicators survey results about enrollee confusion about care coordination, particularly in the provision of LTS coordination, and the purpose of care plans the purpose of care plans as well as reaching and providing adequate services to enrollees who are homeless. The Council is committed to developing an actionable strategy to better understand and address the unique challenges that face enrollees in One Care who are homeless in the coming year. Another area to address is the continued lack of awareness or understanding of One Care among potential enrollees. Other critical challenges to the sustainability of the program include financial concerns resulting from financing structures that are not population-based, the delay in availability of data to measure quality of care, and the continuation of program growth without measurement of the capacity of the healthcare delivery system to meet the complex needs of a population with a thin margin of health or the evidence base to demonstrate that growth will, at a minimum, meet the “do no harm” threshold.

The Council appreciates the increasing collaborative relationship it has with MassHealth and the progress that has been made in the areas of Behavioral Health privacy and early indicators. The 2015 work plan creates a number of opportunities for continued meaningful collaboration between the Council, MassHealth and the One Care plans. The Council also acknowledges the tremendous undertaking of MassHealth staff, and their dedication to the success of the program. The Council also thanks the UMass Medical School staff that provide staff support to the Council.

Sincerely,

Dennis G. Heaphy M.Ed., MPH
Chair, One Care Implementation Council

One Care: MassHealth plus Medicare

The Executive Office of Health and Human Services (EOHHS) and stakeholders across the Commonwealth worked together to develop a demonstration program in partnership with the Centers for Medicare and Medicaid Services (CMS) to integrate care for dual eligible individuals. The initiative, which began enrolling participants in October 2013, integrates the delivery and financing of care for a group of adults, ages 21 to 64 at the time of enrollment who are eligible for both MassHealth and Medicare. One Care is offered in nine Massachusetts counties by three health plans: Commonwealth Care Alliance, Fallon Total Care, and Tufts Health Unify. During 2014, enrollment in One Care increased from 9,506 individuals in January to over 17,900 in December.

Implementation Council Background

EOHHS and stakeholders, consumer advocates in particular, agreed that the collaborative relationships that were key to policy development needed to continue throughout the implementation of One Care. Based on stakeholder input and discussions, EOHHS developed a straw model for the structure, roles and responsibilities of the Council that was further refined through stakeholder engagements. While the composition of the Council and the roles and responsibilities were determined in advance, the Council had the flexibility to develop a work plan based on Council-identified priorities.

Implementation Council Charge

Prior to the start of One Care enrollment, EOHHS convened a working committee called the Implementation Council to play a key role in monitoring access to health care and compliance with the Americans with Disabilities Act (ADA), tracking quality of services, providing support and input to EOHHS, and promoting accountability and transparency. The Council was formed through a Request for Responses (RFR) process. Interested individuals submitted nomination forms to EOHHS for consideration in December 2012 and the Council began meeting in February 2013. Selection criteria were established to ensure diversity of membership on the Council. A second procurement will occur in 2015 to fill Council vacancies.

Roles and Responsibilities

In their capacity as a working group convened to assist EOHHS in the implementation of One Care, the Council meets monthly to fulfill its roles and responsibilities which include: advising EOHHS; soliciting input from stakeholders; examining One Care plan quality, reviewing issues raised through the grievances and appeals process and Ombudsman reports, examining access to services (medical, behavioral health, and LTSS), and participating in the development of public education and outreach campaigns. The Council provides a vital structure for those affected by the program to participate in the development and improvement of this complex and far reaching health care reform initiative.

Members/Composition

The composition of the Council must be 15 to 21 members, at least half of whom are MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities. Membership also includes advocates and peers from organizations such as community-based organizations, consumer advocacy organizations, service providers, trade organizations and unions. At the start of 2014, 21 members made up the Council. Members of the Council and each person's affiliation are listed below.

The following individuals serve as consumer representatives (MassHealth members with disabilities or family members or guardians of MassHealth members with disabilities):

- Suzann Bedrosian
- Myiesha Demery*
- Joseph Finn
- Anne Fracht*
- Dennis Heaphy (Chair)
- Denise Karuth
- Vivian Nunez
- Jorge Pagan-Ramos*
- Olivia Richard
- Howard Trachtman (Co-Chair)
- Florette Willis (Co-Chair)

The following individuals serve as representatives of community-based organizations:

- Theodore Chelmos- Consumer Quality Initiatives*
- Audrey Higbee – Center for Human Development*
- Jeffrey Keilson – Advocates, Inc.
- Dale Mitchell – Mass Home Care

Implementation Council Annual Report - Draft

- Robert Rousseau – Transformation Center / Fellowship Health Resources
- Peter Tallas – The Arc of Massachusetts*

The following individuals serve as representatives of providers and trade organizations:

- Bruce Bird – The Collaborative: Association for Behavioral Health Care, Association of Developmental Disabilities Providers, and the Provider’s Council
- David Matteodo – Massachusetts Association of Behavioral Health Systems, Inc.
- Daniel McHale – Massachusetts Hospital Association

The following individual serves as a union representative:

- Rebecca Gutman – 1199 SEIU

While individuals selected to be on the Council are the only voting members of the Council, the Council is dedicated to providing a forum for broader stakeholder input in regards to all aspects of the implementation of One Care. This is achieved by having all meetings in public locations, including time on the agenda for participation from meeting attendees at most meetings, and Council members raising issues heard in the community.

**Identified Council members served for most or all of 2014 but resigned in late 2014/early 2015.*

2014 Year in Review

Meetings

The Council began meeting in February 2013. Since then, the Council has convened as a full Council 22 times, 10 of which were in 2014. Meetings occur monthly and are 2 hours in length.

Staff support to the Council is provided by staff from the University of Massachusetts Medical School. Staff members assist with meeting planning, accommodations and logistics; producing meeting materials; and supporting the consumer chair, as requested. Accommodations are provided to support all members' full participation on the Council. Communication Access Realtime Translation (CART) and American Sign Language Interpreters are available at each Council meeting. Stipends and travel reimbursement are made available to Council members who are MassHealth members with disabilities and family members or guardians of MassHealth members with disabilities, who are not paid by a community-based or consumer advocacy organization, provider/trade association, union or another organization/affiliate to represent them.

MassHealth staff attends each Council meeting and present on One Care activities as requested by the Council. In 2014, the Council requested and received updates on several topics relevant to the implementation of One Care including:

- One Care Enrollment Statistics
- Provider Engagement Strategies
- Auto-Assignment Capacity Determination
- One Care Contract Management and Monitoring Activities
- One Care Reporting
- The LTS Coordinator Role
- Encounter Data
- One Care Spending
- Demonstration Financial Methodology
- Procurement of New Implementation Council Members

At the request of the Council, an agenda item on Council updates and business is presented by a member of the Council at each One Care open meeting held by MassHealth. One Care open meetings occur on a quarterly basis.

Implementation Council Annual Report - Draft

The 2014 Implementation Council work plan included inviting periodic updates from various groups involved in One Care including One Care plans, the One Care Ombudsman (OCO) and the SHINE (Serving the Health Insurance Needs of Everyone) Program. Guest speakers and topics included:

- OCO
 - *Program overview and role (March 2014)*
 - *OCO utilization and enrollee contact themes (September 2014)*
- SHINE
 - *One Care client contact, training and outreach (April 2014)*
- One Care plan representatives
 - *Overall successes and challenges and enrollee engagement (May 2014)*
 - *Behavioral health services and utilization (November 2014)*

Subcommittees & Workgroups

In addition to full Council meetings, Council members take part in subcommittees of the Council as well as workgroups, which are collaborative activities with MassHealth staff on specific topics or deliverables. The following Implementation Council subcommittees and workgroups met in 2014:

Subcommittees:

- Implementation Council Priorities Subcommittee;
- Provider Strategy Subcommittee;
- One Care Website Subcommittee;
- Implementation Council Consumer Subcommittee; and
- Council Composition and Communication Subcommittee

Subcommittees included Council members and may include other stakeholders.

Workgroups:

- Implementation Council Priorities;
- Early Indicators Project;
- Behavioral Health Privacy;
- One Care Quality; and
- LTS Coordinator

Workgroups included Council members, MassHealth staff and, in some instances, One Care plan staff and other stakeholders.

2014 Work Plan

The Council developed a 2014 Work Plan to guide their activities. It was organized by priority areas, as defined by the Council. This report includes a summary of activities and accomplishments as they relate to the roles and responsibilities of the Council. Status updates on each work plan activity are included as Attachment C: 2014 Work Plan Review. Activities were noted as: completed, partially complete, or not started. The development of the 2015 Work Plan included a review of outstanding activities for continued inclusion. For a number of reasons, there were items listed in the 2014 Work Plan that were not undertaken. However, mechanisms, such as workgroups with MassHealth, have been put in place to increase collaborative work on several of the priority topics outlined by the Council in the 2014 Work Plan.

Activities and Accomplishments

2014 marked the first full year of One Care. Throughout the year, the Council focused efforts on several of the priorities carried over from 2013, including access to long-term services and supports, the auto-assignment process, and independent monitoring. The Council has focused efforts on priorities relevant to implementation since One Care plans began implementing individualized care plans for thousands of enrollees. The following sections of the report highlight key activities and accomplishments of the Council as they relate to the Council roles and responsibilities outlined in the Council procurement documents and charter. The primary mechanisms for Council activities and accomplishments are: recommendations and requests to MassHealth in the form of motions (See Attachment A for a full list of Approved Motions), collaborative workgroups with MassHealth targeting specific One Care topics, and discussions with MassHealth staff at monthly Council meetings, during which MassHealth provide updates on One Care. An overarching accomplishment of the Council is the relationship established with MassHealth and EOHHS which is built around the shared goal of the success of One Care.

A primary focus of the Council is monitoring the implementation of the program. In addition to the work of the Early Indicators Project Workgroup¹, formed to develop and implement metrics of early indicators, the Council heard regular updates from the OCO and the One Care plans in a continued effort to remain well-informed about issues affecting the early implementation of One Care. During a year in review activity conducted by the Council, Council members identified several priority topics that were frequently discussed with MassHealth due to Council member concerns. These priority topics include:

- Adjustments to One Care financing;
- The LTS Coordinator Role; and
- One Care plan and demonstration data.

¹ The EIP workgroup is a collaborative effort between the Implementation Council, MassHealth and the University of Massachusetts Medical School. The workgroup has been tasked with assessing early perceptions and experiences of One Care enrollees.

Implementation Council Annual Report - Draft

Below is a summary of Council activities and accomplishments as they relate to each charge of the Council.

Soliciting input from stakeholders

All Council meetings are open to the public and well attended by a wide range of stakeholders including eligible One Care enrollees, advocates, providers, trade associations, One Care plan representatives, MassHealth and other state agency staff. Beginning in 2014, the Council began dedicating time during every meeting for stakeholder input and comment. Additionally, Council members often bring forth concerns and issues heard from their networks related to One Care.

Council members have diverse experiences and perspectives and are able to regularly bring forth a wide range of stakeholder input at Council meetings. Through discussion and the passing of motions, the Council brings these issues to the attention to EOHHS, as one way to fulfill its charge to solicit input from stakeholders.

In addition to hearing feedback from the broad stakeholder community, the Council occasionally received requests for stakeholder announcements or solicited presentations on topics that relate to One Care. Guest or stakeholder presentations in 2014 included:

- Community Health Worker Representative Sheila Och presented on the role of Community Health Workers;
- Disability Policy Consortium presented on a recent Community Health Worker Survey and Results;
- Two letters and accompanied presentations from Disability Advocates Advancing Our Healthcare Rights (DAAHR); and
- Updates from the Patient-Centered Outcomes Research Institute (PCORI) funded study of One Care enrollee experiences of quality of care within One Care.

Additionally, the Council workgroups and subcommittees provide opportunities for stakeholder input and participation. The Provider Strategy Subcommittee solicited feedback from a small sample of One Care providers on their experiences with One Care and presented preliminary findings to the Council. Survey results informed questions to One Care plans during a subsequent presentation to the Council. The EIP workgroup fielded Survey 1 to solicit feedback from three groups of One Care eligible members: those who made an active choice to enroll into One Care (N=109); those who chose not to enroll (opt-out) (N=125); and those who had not yet made a decision about One Care (waiting) (N=51). These EIP survey results provided feedback to Council members and MassHealth on how well informational material on One Care was received by members.

Participating in the development of public education and outreach campaigns

Council involvement in outreach and public awareness has been limited in 2014. Council outreach activities have primarily been through individual Council member connections to organizations and events. For example, one Council member facilitated collaboration between

the Boston Public Health Commission and MassHealth on a health insurance outreach event. Additionally, a Council member worked with representatives from the Department of Public Health to outreach to Community Health Workers (CHW). The outreach activity coincided with a survey of CHWs by the Disability Policy Consortium, with the goal of determining CHW knowledge of One Care to better inform outreach and education efforts. While not statistically significant, the survey conducted by DPC showed that CHWs were uninformed about One Care and did not respond that they have the capacity to provide potential enrollees with the information they needed to make informed decisions about One Care. Other Council outreach efforts have included the work of the Provider Strategy workgroup whose survey of a small sample of One Care providers that found inconsistencies among providers in regards to knowledge and understanding of the program.

On occasion, MassHealth or workgroup members from the EIP and Quality workgroup have requested assistance from Council members on feedback on how to reach targeted groups, such as One Care contracted or potential providers, and how to reach Council member networks in order to promote One Care focus group and survey participation. Several members of the Council have expertise in community outreach and have expressed interest in contributing to One Care outreach efforts to raise awareness about One Care throughout the state. In 2015, the Council intends to reengage with MassHealth on the topic of One Care outreach.

Advising EOHS - Examining One Care early implementation

Council members continue to be members of the Early Indicators Project Workgroup which is dedicated to examining the early implementation of One Care. A major accomplishment of the Early Indicators Project Workgroup in 2014 was the fielding of a large survey effort (Survey 2) to gather feedback from One Care enrollees on their experiences pertaining to: enrollment, care teams, the assessment process, how well needs have been met, care plan development as well as their overall perceptions of One Care. Survey findings will be analyzed and discussed with MassHealth in 2015.

The Quality workgroup was convened in 2014 to support the MassHealth quality program effort by offering input to program content, reviewing program outputs, identifying ways to increase One Care member response rates, and encouraging One Care members to respond to requests for survey participation. To date the workgroup has spent time educating the Council on One Care quality and provided feedback on revisions to the Mental Health Recovery Tool and suggested further analysis of HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) early results.

In addition to current workgroup activities, the Council continued to press for data regarding One Care service utilization and spending by plans. As a result of continued interest, a workgroup dedicated to reviewing and making suggestions for future analysis of One Care encounter data has been planned for early 2015. This workgroup will ensure that Council input is included in the MassHealth internal analysis of One Care encounter data when it is available.

Additional activities around the early implementation of One Care include quarterly updates from the OCO. The OCO presentations have included themes regarding enrollee contacts and issues raised. In support of the OCO, the Council Chair wrote a letter to CMS supporting the OCO's request for additional staff resources to fulfill the OCO charge statewide and with multi-lingual Ombudsman staff. The OCO was granted the additional funds and expanded access to Ombudsman services both geographically and linguistically in 2014.

An ongoing concern of the Council in reference to early implementation of the program has been in regards to the increase in One Care enrollment through auto-assignment processes. The Council was pleased to hear that future rounds of auto-assignment were delayed in July 2014.

Examining access to services

The EIP workgroup has been a primary mechanism for gathering data on access to services in the early stages of One Care. Findings from the EIP Survey 1 found that discrepancies existed in regards to feedback from members on the level and type of information available on One Care during the enrollment process. Members who joined One Care or opted-out of the program early on reported that the informational materials they received from MassHealth about the program were easy to understand and contained the right amount of information. Among members who were still waiting to make a decision about enrollment, reasons for not enrolling included:

- information on the program was either not recalled by the members;
- they found the information confusing; or
- they did not feel they had enough information to make their decision.

More information on the EIP Workgroups findings can be found on the One Care EIP Website: <http://www.mass.gov/eohhs/consumer/insurance/one-care/one-care-early-indicators-project-eip-reports.html>

In addition to the robust work of the Early Indicators Project workgroup in gathering data on enrollees' early access to services, the Council worked with MassHealth on a workgroup dedicated to the new LTS Coordinator role and function. The LTS Coordinator is a new role being implemented through One Care. The role was created in response to concerns by consumers and providers that plans would emphasize medical services to the detriment of LTSS. In addition, the role is meant to support the practical implementation of independent living skills and recovery model services within the development of care plans and delivery of medical and LTSS services. Because of the innovative nature of the role, a number of barriers and misunderstandings of the role led to the creation of an LTS Stakeholder workgroup. Council representatives were part of the workgroup along with EOHHS leadership, One Care plan staff, agency staff charged with hiring, training and supervising LTS Coordinators, and other stakeholders to discuss several topics regarding the role. The workgroup met three times in 2014 and informed: the development of enrollee-facing informational material about the role;

the content of a webinar aimed at educating One Care plans and their providers about the role; and the development of a monthly enrollment and assessment progress tracking form to track LTS Coordinator referrals and refusals, whether LTSS needs were identified, and the number of LTS Coordinator encounters. In response to early indicator responses about the role and continued confusion on the part of plans and providers the Council has recommended reactivating or reconvening a group dedicated to further discussing the role and the experiences of members and coordinators in 2015.

The Council also prioritized exploring access to community-based and diversionary behavioral health services under One Care. Behavioral health care was the topic of a Council member-lead presentation in June 2014 with the goal of raising awareness about Recovery Learning Communities and the role and expertise of Certified Peer Specialists. One Care plans were invited to speak on their experience delivering and coordinating behavioral health services in November 2014. The plans reported ongoing challenges reaching a number of enrollees once they are enrolled in the program. Additionally, One Care plans reported high rates of unmet needs among members in regards to primary care, housing and behavioral health. The Council remains committed to working with MassHealth and One Care plans to raise awareness of and use of community-based behavioral health services and to address barriers experienced by enrollees regarding access to care.

Members of the Council continue to work with MassHealth, One Care plans and stakeholders on the topic of behavioral health privacy in One Care through representation on the Behavioral Health Privacy Workgroup. The workgroup was convened as a result of concerns raised by stakeholders over the sharing of certain behavioral health information across providers.

Ongoing Council Member Priorities and Activities

The Council engaged in a collaborative process with MassHealth to develop a revised 2015 work plan focusing on Council activities that meet the roles and responsibilities outlined in the Council procurement and charter, represent the priorities of Council members, and align with MassHealth One Care implementation and monitoring activities and timelines.

Several areas that were discussed in depth but not resolved in 2014 will continue to be addressed by the Council in 2015. These discussions would be better informed by data from MassHealth and the One Care plans and the Council will continue to seek this information. Specific areas where Council members have expressed concern or interest and are seeking additional data are:

- Utilization and spending;
- Financing of One Care;
- Quality metrics; and
- Sustainable growth.

Utilization and Spending

Utilization and spending data would enable the Council to monitor the use of community-based LTSS to determine if it is being used appropriately and decreasing the need for more costly medical interventions. It would also enable the Council to make recommendations regarding the implementation of the LTS Coordinator role. In addition, in the coming year the Council is committed to developing an actionable strategy to address barriers to care among enrollees who are difficult to reach, especially enrollees experiencing homelessness. This work will be done in collaboration with MassHealth and the One Care plans.

Quality Metrics

Additional quality data would allow the Council to develop a transparent monitoring tool, or report card, that compares One Care to other program options and One Care plans against each other. This would not only facilitate program management, but would also assist One Care eligible members to make informed choices.

Many of these activities could be achieved through collaboration with MassHealth in workgroups, such as the Encounter Data workgroup, Early Indicators Project workgroup, and Quality workgroup; and by reconvening the EOHHS LTS Coordinator Stakeholder Group.

Financing of One Care

The Council believes that One Care is working for eligible individuals in Massachusetts and there is a strong desire to ensure it is well situated to continue to meet the needs of individuals with disabilities. The Council is proud to be a part of making improvements to the demonstration, including making adjustments along the way. One of the areas that the Council believes needs substantial attention is the financial soundness of the Demonstration, especially given the lack of available financial data and the recognition by MassHealth and CMS in September 2014 that changes were needed to coding intensity and risk corridors. The Council looks forward to reviewing data when it is available and engaging in a conversation about solutions to financially sustain the program. It is important to note that it took several years for finances to settle following the implementation of the Senior Care Options program and lessons should be learned from this experience.

Sustainable Growth

The Council is also concerned about One Care growth and believes that any approach to grow the demonstration should be thoughtful and evidence-based in order to protect the needs and interests of One Care eligible individuals and the One Care plans. It is important to consider outreach as a vital part of a growth strategy that should be preferred over rounds of auto-assignment. Outreach should be made to not only One Care eligible individuals, but also providers whose lack of participation may be limiting interest in the program. The Council would like to look at lessons learned in 2014 from the Early Indicators Project and CHW and provider surveys to inform a growth strategy with MassHealth.

Conclusion

In 2015, the Council looks forward to continuing to engage with MassHealth, the One Care plans and consumer and provider stakeholders. It is important to acknowledge the high level of participation from the One Care plans at Council meetings and work groups. The Council would like to work with these stakeholders to ensure provider networks are adequate to allow real choice to eligible individuals and to ensure demonstration goals are realized to increase the number of providers with competencies to serve dual eligible populations.

What Implementation Council Members have to say

"Now into the 2nd year of the Duals Demonstration, known in Massachusetts as One Care (Mass Health + Medicare), the Council remains concerned about the program's growing pains, specifically service or program gaps and operational challenges. I echo my peers' comments in supporting ongoing efforts to monitor the financial stability of the program and efforts to increasing primary care physician's involvement in order to enable enrollees to keep their doctors when they join One Care. Minority groups, such as the Deaf community using ASL, do not have enough direct information on One Care and how to enroll without targeted outreach and program material translated into language that represent the eligible One Care population. Information is often provided through third party relay interpreters and some of this information is lost or out of context. An additional population that needs targeted attention is the homelessness population. Hard to reach groups such as these require attention and action by the One Care plans.

My involvement in the Implementation Council and working with MassHealth and the many institutions taking an interest in One Care has been both a positive and rewarding experience. All parties who are dedicated to seeing that One Care is a success in its second year deserve applause, support and recognition. Here's to say, "Rome was not built in a day!"

-Suzann Bedrosian, Consumer member

"The Council has continued to bring the varying perspectives of stakeholder groups to an array of challenges for the One Care Demonstration. Our continued hope is that we can assist MassHealth and the Plans in analysis of data, identification of issues, and development of strategies so that this Demonstration achieves the potential goals of healthier lives and lower costs for the people who enroll."

-Bruce Bird, The Collaborative: Association for Behavioral Health Care, Association of Developmental Disabilities Providers, and the Provider's Council

"The Implementation Council continues to act as the conscience of this demonstration and that is a good thing in itself. Its purpose and effectiveness is somewhat limited, however, by the lack of timely reporting of data that both MassHealth and the One Care organizations sluggishly present to the Council. Despite this significant flaw, the IC is monitoring the demonstrations' progress in meeting the so called "triple aim" of integrated health care initiatives, namely, the offering of quality care, consumer satisfaction, and cost effectiveness. This, too, is another very good thing."

- Bob Rousseau, Transformation Center / Fellowship Health Resources

Implementation Council Annual Report - Draft

“In year one, The One Care Demonstration improved access to quality healthcare services for thousands by focusing on wellness and prevention resulting in cost reductions from innovative practices such as LTSS services and supports, etc. Nevertheless, there is much work to be done in year two surrounding LTSS coordination, general financing as well as full inclusion of diverse groups through sufficient outreach and engagement with involvement from providers. Especially for under-served groups experiencing historical trauma, social disadvantage or discrimination to ensure true person-centered services & supports that actively facilitate recovery and build resilience to build on our success as we move forward.”

- Florette Willis, Council Co-Chair

Attachment A: Approved Motions

Mtg. Date	#	Approved Motions	Status	Resolution
2-15-13	1	The Ombudsman unit will be housed in an external entity, outside of state government.	Complete	The Disability Policy Consortium, in partnership with Consumer Quality Initiatives and Health Care for All, was selected as the One Care Ombudsman entity. <i>Announced at the 10/16/13 One Care Open Meeting</i>
	2	The Implementation Council will be facilitated by two Co-Chair persons.	Complete	Chair: Dennis Heaphy Co-Chairs: Howard Trachtman & Florette Willis
3-15-13	3	The Council recommends that MassHealth consider developing and adopting methodology to set capitation based on prior expenses, adopt comprehensive reinsurance and risk corridors in keeping with the ACA and recommends matching these recommendations against the current methodology and giving the Implementation Council a presentation on the MassHealth methodology.	Complete	MassHealth presented methodology at 4-12-13 Implementation Council meeting and updated the Implementation Council at 5-10-13 meeting. Revisions to the methodology discussed on 5-10-13 include: <ul style="list-style-type: none"> • Expansion of risk corridors to 3-20% • Changes to coding intensity adjustment factor • Changes to savings target • Changes to “bad debt” • Adjustments due to Rural Floor or “Nantucket effect”

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
3-15-13				Additional revisions are included in the final 3-way contracts between CMS, MassHealth and the One Care plans
	4	The Implementation Council will co-inform EOHHS for criteria for auto enrollment readiness and monitor whether that is manifest in an ICO and EOHHS would provide a presentation on current processes for auto enrollment.	Complete	<p>MassHealth presented information about auto enrollment at 4-12-13 meeting.</p> <p>As part of a Readiness Review Process presentation on 5-10-13, MassHealth presented draft measures that will stop passive enrollment. MassHealth invited feedback from the Council on these measures within one week due to timeline constraints (due 5-17-13).</p> <p>* Since this motion was made, the first phase of passive enrollment, or auto-assignment, has been limited to individuals with more than one option of One Care Plans who are in rating category C1.</p> <p>*At the 10-25-13 Council meeting MassHealth provided a presentation on the first phase of the auto-assignment process.</p>

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
4-12-13	5	A motion was made that the Implementation Council help co-define what functional status is and examine how it may be mediating costs and health outcomes, as an alternative to the existing federal model and look at the existing tools.	In-Progress	Activity of the Continuity of Care, Access to Providers and Transparency and Monitoring Subcommittee. * Since this motion was made the demonstration rating categories have been further refined. C2 and C3 categories have been split into C2A and C2B and C3A and C3B. Auto-enrollment for enrollees in these categories has also been delayed to CY2014.
	6	A motion was made that the Implementation Council recommends that MassHealth create at least two rating categories for C2 (Community High Behavioral Health) and supports the delay of auto assignment of rating categories C2 and C3 until CY2014.	Complete	MassHealth reported at the 5-10-13 meeting that members in rating categories C2 and C3 will no longer be included in the first auto-assignment enrollment phase currently scheduled for 2013. The second auto-assignment enrollment phase is currently scheduled for January 1, 2014. All eligible members may elect to sign up for the program in CY13 regardless of rating category. There will be two rating categories for C2 (Community High Behavioral Health).
	7	A motion was made to request a briefing from MassHealth on the readiness of the ICOs at the next Implementation Council meeting.	Complete	MassHealth presented on 5-10-13
	8	A motion was made to request a new Implementation Council meeting to be held sometime before the next scheduled meeting on May 10th to specifically discuss items pertaining to development of subcommittees.	Complete	An additional meeting was scheduled and held on April 26, 2013

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
4-26-13	9	A motion was made to request an update from MassHealth on the financing for the duals demonstration by May 10, 2013 as the Implementation Council remains concerned about the financing model.	Complete	5-10-13. MassHealth is in negotiations with CMS regarding adjustments to the financing of the demonstration. See motion #3 above. Further information will be forthcoming from CMS.
	10	A motion was made that implementation issues, where possible, should be brought to the attention of the Implementation Council by EOHHS, and advice should be sought from the Council.	Complete	5-10-13. MassHealth agrees but also noted that open stakeholder meetings serve a specific purpose to MassHealth and will continue to set the agenda for stakeholder meetings.
	11	A motion was made that the Implementation Council present at open stakeholder meetings along with EOHHS.	Complete	5-10-13. MassHealth can provide an update opportunity for the Council as a standing agenda item at open meetings.
	12	A motion was made that the Charter & By-Laws subcommittee address the structure and role of Implementation Council subcommittees.	Complete	Subcommittee members: Dennis Heaphy, Howard Trachtman, & Florette Willis
	13	A motion was made to establish a Continuity of Care/Access to Providers/Transparency and Monitoring Subcommittee.	Complete	Subcommittee met on 5/24/13
	14	A motion was made to establish a Cultural Competency/Quality metrics subcommittee.	Complete	Subcommittee met on 5/29/13
	15	A motion was made to combine subcommittees "D" (Cultural Competency/Quality metrics) and "E" (Population Specific Competency/Quality metrics).	Complete	See #14
	16	A motion was made to combine the proposed subcommittee on	Complete	See #13

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
		Alignment with Healthy People 2020 with the Continuity of Care/Access to Providers/Transparency & Monitoring subcommittee.		
	17	A motion was made to establish a Long-Term Services and Support (LTSS) subcommittee.	Complete	Subcommittee met on 6/26/13
5-10-13	18	A motion was made to approve the Implementation Council meeting minutes from the 4-12-13 and 4-26-13 Council meetings.	Complete	
	19	A motion was made to accept the Implementation Council Charter and By-Laws revised by the Charter and By-Laws Subcommittee.	Complete	The Council operates under the approved Charter and By-Laws
	20	A motion was made that EOHHS fully fund 30 Implementation Council meetings with opportunity to extend the timeframe of the meetings when necessary. Resource allocation for these meetings and time extensions shall be handled by the Council Chair and Co-Chairs.	Complete	<p>MassHealth responded that further funding has been requested from CMS in order to fund Council meetings and resources. Until then, MassHealth allocated funds for 12 fully resourced meetings. The Council may choose to 'frontload' these meetings while funding is sought for future meetings.</p> <p>A presentation about the budget allocation was made by MassHealth on 6/7/13</p> <p>8/29/13 With implementation funding, MassHealth will fully fund 30 Implementation Council meetings</p>
	21	A motion was made that MassHealth should provide a budget for	Complete	6/7/13 meeting time was extended to 3 hours

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
		the Implementation Council at the next Council meeting. Pending receipt of this information, the Council will extend the next Council meeting to 3 hours and have up to two subcommittee meetings with full resource and staff support prior to the next Council meeting.		and scheduling Continuity of Care/Access to Providers/Transparency and Monitoring Subcommittee and Cultural Competency and Population Specific Competency Quality Metrics Subcommittee meetings. MassHealth presented budget information at the 6/7/13 meeting
6-7-13	22	A motion was made to approve the Implementation Council meeting minutes from the 5-10-13 Council meeting.	Complete	
	23	A motion was made that the Implementation Council makes a recommendation to the Behavioral Health Taskforce requiring One Care plans to: 1) Establish electronic health records that segregate psychiatric information, including diagnosis, medication and treatment plans, and; 2) Require consent by the enrollee before psychiatric information is shared with any provider unless the enrollee is unable to give consent.	Complete	Dennis Heaphy, Chair, sent an email with the Implementation Council recommendation to the Behavioral Health Taskforce.
	24	A motion was made that the Council recommends to MassHealth that all One Care assessors receive training on cultural competency and how to interview in a sensitive and appropriate manner.		
	25	A motion was made that the Council request average wage and	Complete	Council members were sent two reports on

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
		benefit data from Home Care agencies contracted by One Care plans.		direct care workforce volume, wages and stability (turnover and vacancy rates) as source of currently available information on home care agencies wages for direct care workers. This issue was tabled for a future meeting.
7-12-13	26	A motion was made to approve the Implementation Council meeting minutes from the 6-7-13 Council meeting.	Complete	
	27	A motion was made that the Council recommends that Support Service Providers (SSP) be included in the scope of One Care plan flexible support services.		
	28	A motion was made that the Council recommends the addition of both sexual orientation and gender identity to the assessment conducted by all One Care plans.	In-Progress	MassHealth has requested further discussion on and clarification regarding this topic. MassHealth and the Council agreed to further discuss how to operationalize the inclusion of questions regarding enrollees' gender identity and sexual orientation in One Care with a smaller work group of interested Council members. At the 9/20/13 Implementation Council

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
				<p>Meeting, MassHealth noted that the issue of gathering LGBT status data has been discussed with One Care plans. It was noted that changes would need to be made to data collection system in order to collect the data. The conversation with plans regarding this issue is ongoing.</p>
8-15-13	29	<p>A motion was made to approve the Implementation Council meeting minutes from the 7-12-13 Council meeting. <i>Ayes: 9 Nays: 0 Abstentions: 0</i></p>	Complete	
	30	<p>The Implementation Council recommends that One Care plans make Independent Living – Long Term Services and Supports (IL-LTSS) coordinators available to individuals with very high behavioral health needs (C2b) during the comprehensive assessment. <i>Ayes: 11 Nays: 0 Abstentions: 3</i></p>	In-Progress	<p>MassHealth convened a LTS Coordinator Stakeholder workgroup that developed a one-page member facing document for One Care enrollees on the LTS Coordinator role. As of Summer 2014, One Care plans will be sharing the document with all new enrollees and distributing the document broadly to their networks. Training is also under development.</p>
	31	<p>The Implementation Council recommends that processes be developed to ensure enrollees understand the function of the IL-LTSS Coordinator before deciding if they want to include the role on their care team. Enrollees may decline or keep an IL-LTSS Coordinator after the initial assessment and care planning process is completed. <i>Ayes: 13 Nays: 0 Abstentions: 1</i></p>	In-Progress	<p>Additionally, MassHealth is working with One Care plans to collect data pertaining to member access to and use of LTS</p>

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
	32	<p>The Implementation Council recommends that the IL-LTSS Coordinator may complete the LTSS portion of the Initial Comprehensive Assessment during the first 180 days for first year of the demonstration only for individuals in the rating categories C1 and C2A.</p> <p><i>Ayes: 11 Nays: 0 Abstentions: 4</i></p>	In-Progress	Coordinators on a quarterly basis. The first quarter of data was reported to the Implementation Council in May 2014.
	33	<p>The Implementation Council moves that Dennis Heaphy, Chair, will appoint a work group of Council members to develop a list of Council member priorities. The group will circulate the proposed priorities to the full Council for discussion prior to the next meeting.</p> <p><i>Ayes: 9 Nays: 0 Abstentions: 0</i></p>	Complete	A letter with Council priorities and requests of MassHealth was developed and sent to Robin Callahan, Deputy Medicaid Director on August 29 th 2013.
9-20-13	34	<p>A motion was made to approve the Implementation Council meeting minutes from the 8-15-13 Council meeting.</p> <p><i>Ayes: 10 Nays: 0 Abstentions: 0</i></p>	Complete	
10-25-13	35	<p>A motion was made to approve the Implementation Council meeting minutes from the 9-20-13 Council meeting.</p> <p><i>Ayes: 10 Nays: 0 Abstentions: 0</i></p>	Complete	
11-15-13	36	<p>A motion was made to approve the Implementation Council meeting minutes from the 10-25-13 Council meeting.</p> <p><i>Ayes: 15 Nays: 0 Abstentions: 0</i></p>	Complete	
11-15-13	37	<p>A motion was made to include a discussion on the Implementation Council priorities and an update from the Early Indicators Project workgroup at the next Council Meeting.</p> <p><i>Ayes: 14 Nays: 0 Abstentions: 0</i></p>	Complete	

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
12-20-13	38	A motion was made to approve the Implementation Council meeting minutes from the 11-15-13 Council meeting. <i>Ayes: 17 Nays: 0 Abstentions: 0</i>	Complete	
	39	A motion was made to establish a standing committee as an outgrowth of the Early Indicators Project workgroup to continue assisting with the monitoring and evaluation of One Care in partnership with MassHealth. <i>Ayes: 13 Nays: 0 Abstentions: 1</i>	Complete	An Implementation Council Quality Workgroup has been convened and is scheduled to meet on a quarterly basis.
	40	A motion was made to request a regular update from One Care plans on topics to be determined by the Implementation Council. <i>Ayes: 11 Nays: 0 Abstentions: 0</i>	On-going	The Implementation Council heard updates from One Care plans at the December 2013 and May 2014 Council meetings. The Council intends to request quarterly updates from One Care plans on topics to be recommended by Council members.
1-31-14	41	A motion was made to approve the Implementation Council meeting minutes from the 12-20-13 Council meeting. <i>Ayes: 10 Nays: 0 Abstentions: 0</i>	Complete	
	42	A motion was made that the Implementation Council recommends that MassHealth look into issues raised and decide whether some modifications can be made as the second round of auto-assignment begins <i>Ayes: 9 Nays: 0 Abstentions: 1</i>	Complete	MassHealth presented additional information on Auto-Assignment at the February 28 th meeting.

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
2-28-14	43	<p>A motion was made to approve the Implementation Council meeting minutes from the 1-31-14 Council meeting.</p> <p>The motion was seconded.</p> <p>Ayes: 16 Nays: 0 Abstentions: 0</p>	Complete	
	44	<p>The Council recommends that MassHealth conduct a series of meeting with providers, advocates, One Care plans and Implementation Council representatives to investigate issues and concerns around provider contracts with One Care plans.</p> <p>Ayes: 15 Nays: 1 Abstentions: 1</p>		
3-28-14	45	<p>A motion was made to approve the Implementation Council meeting minutes from the 2-28-14 Council meeting.</p> <p>The motion passed unanimously.</p>	Complete	
	46	<p>A motion was made that the Chair and the Priorities Workgroup develop a workplan proposal to be presented to the Council at the April 25, 2014 Council meeting.</p> <p>The motion passed unanimously.</p>	Complete	<p>The Priorities Workgroup and Chairs developed a 2014 work plan. The work plan was approved by the Council and submitted to EOHHS on May 30th, 2014.</p>

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
	47	<p>A motion was made that the Implementation Council Chair send a letter of support to the Centers for Medicare and Medicaid Services (CMS) on behalf of the Council, supporting the Ombudsman Office request for additional staff through the duration of the demonstration.</p> <p>The motion passed unanimously.</p>	Complete	Dennis Heaphy submitted a letter of support to CMS on behalf of the Council regarding the request for additional funds.
4-25-14	48	<p>A motion was made to approve the Implementation Council meeting minutes from the 3-28-14 Council meeting.</p> <p>The motion passed unanimously</p>	Complete	
5-30-14	49	<p>A motion was made to approve the meeting minutes from the 4-25-14 Implementation Council meeting.</p> <p>The motion was passed unanimously.</p>	Complete	
	50	<p>A motion was made to approve the 2013 One Care Implementation Council Annual Report.</p> <p>The motion passed unanimously.</p>	Complete	

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
	51	<p>A motion was made to approve the 2014 Implementation Council Workplan.</p> <p>The motion was passed unanimously.</p>	Complete	
	52	<p>A motion was made that at a near future meeting, MassHealth report on plan strategies to educate members on the LTS Coordinator role and provide updated LTS Coordinator data.</p> <p>The motion passed unanimously.</p>	Complete	MassHealth presented LTS Coordinator member education information at the June 27 th meeting.
6-27-14	53	<p>A motion was made to approve the meeting minutes from the 5-30-14 Implementation Council meeting.</p> <p>The motion was passed unanimously.</p>	Complete	
7-25-14	54	<p>A motion was made to approve the meeting minutes from the 6-27-14 Implementation Council meeting.</p> <p>Ayes: 10 Nays: 0 Abstentions: 1</p>	Complete	
	55	<p>A motion was made that Council request from MassHealth a process for adding and removing Council members from the Implementation Council.</p> <p>The motion was passed unanimously.</p>	In-progress	

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
9-12-14	56	<p>A motion was made to approve the meeting minutes from the 6-27-14 Implementation Council meeting.</p> <p>The motion passed unanimously.</p>	Complete	
	57	<p>A motion was made that the Implementation Council should convene a workgroup on performance data. The Workgroup will include Implementation Council Members, MassHealth and the One Care Plans and will recommend a data set, including financial data, be submitted to the Council on a regular basis. The workgroup will meet prior to October meeting.</p> <p>The motion passed unanimously.</p>	In-progress	Council representatives met with MassHealth, One Care plan and CMS staff on 9-24-14 to discuss the One Care plan reporting metrics proposed by the Council.
10-17-14	58	<p>A motion was made to approve the minutes from the September 12, 2014 Implementation Council meeting.</p> <p>The motion was approved unanimously.</p>	Complete	
11-21-14	59	<p>A motion was made to approve the minutes from the October 17, 2014 Implementation Council meeting.</p> <p>The motion was approved unanimously.</p>	Complete	
	60	<p>A motion was made requesting that MassHealth, prior to implementing any future addendum to One Care plan financing, seek input from the Implementation Council on risk corridors and other important factors regarding the One Care financial model.</p>		

Implementation Council Annual Report - Draft

Mtg. Date	#	Approved Motions	Status	Resolution
	61	A motion was made in support of the Implementation Council chair writing a Letter to the Editor of the Boston Globe in response to the article on One Care published on November 10 th 2014.		

Attachment B: Schedule of 2014 Implementation Council Meetings

Schedule of Council Meeting, Subcommittee and Workgroup Meetings:

Meeting	Date
Implementation Council Meeting	January 31, 2014
Subcommittee: Provider Strategy	February 25, 2014
Implementation Council Meeting	February 28, 2014
Workgroup: One Care Quality	March 3, 2014
Workgroup: Implementation Council Priorities	March 19, 2014
Implementation Council Meeting	March 28, 2014
Implementation Council Meeting	April 25, 2014
Subcommittee: One Care Website	May 9 th , 2014
Implementation Council Meeting	May 30, 2014
Implementation Council Meeting	June 27, 2014
Implementation Council Meeting	July 25, 2014
Workgroup: One Care Quality	August 13, 2014
Subcommittee: Consumer Meeting	August 22, 2014
Subcommittee: Provider Strategy	September 8, 2014
Implementation Council Meeting	September 12, 2014
Subcommittee: Council Composition and Communication	October 6, 2014
Implementation Council Meeting	October 17, 2014
Workgroup: One Care Quality	October 22, 2014
Implementation Council Meeting	November 21, 2014
Subcommittee: Consumer Meeting	December 15, 2014

Attachment C: 2014 Workplan: Review of Activities

2014 Work Plan Tasks	Status	Notes
Priority: Establish Council priority areas and tasks for 2014.		
Hear priority areas for Council input from MassHealth.	Completed	
Gather feedback from all Council members on Council priorities for the coming year.	Completed	
Establish a working group to develop a workplan based on Council priorities.	Completed	
Develop an initial budget to present to MassHealth to complete the immediate activities in the workplan.	Not started	2014 activities completed within Council budget
Seek Council approval of 2014 Workplan at May 2014 Implementation Council meeting.	Completed	
Review and revise workplan on quarterly basis.	Not started	
Determine Implementation Council member interest and willingness to participate in workplan activities and ongoing Council activities. If needed, determine process for adding new Council members.	Completed	Chair led and staff led engagement activities occurred
Priority: Provide input on auto-assignment and broader roll-out.		
Hear from MassHealth about the current indicators or criteria used for determining One Care plan capacity for auto-assignment enrollments.	Completed	Included in November MassHealth Update
Review EIP Survey data to determine the effectiveness of MassHealth notices and informational documents in reaching enrollees and providing them with the information needed to make enrollment decisions.	Complete	Reviewed EIP Survey 1 outcomes
Establish indicators to measure plan and provider competency with working with One Care eligible populations, including complying with the ADA; identify data source.	Not Started	
Establish indicators to measure plan and provider capacity; identify data source.	Partially Complete	Provider Strategy Work Group developed and administered a survey of One Care providers
Determine how auto-assignment is effecting homeless populations by collecting anecdotal data and identifying additional data sources.	Partially Complete	Included in EIP Survey 2 as well as in discussions with One Care plans
Determine how auto-assignment is effecting non-English speaking and English as a Second Language populations, including Latinos and Deaf individuals.	Partially Complete	Included in EIP Survey 2

Implementation Council Annual Report - Draft

Recommend interventions to address identified issues.	Partially Complete	
Priority: Participate in decision-making regarding the development and implementation of the IL-LTSS Coordinator.		
Participate in IL-LTSS Coordinator Stakeholder Group and provide regular updates to the Council on IL-LTSS Coordinator rollout and barriers.	Completed	
Invite stakeholders, including consumers and IL-LTSS Coordinators, to provide anecdotal evidence of the IL-LTSS Coordinator roll out at a Council meeting and to submit information via email.	Not started	
Review data collected by MassHealth around enrollee LTSS needs and use of the IL-LTSS Coordinator and develop recommendations about how to increase access to use of the IL-LTSS Coordinator.	Partially Completed	Included in EIP Survey 2
Develop indicators to measure consumer experience with IL-LTSS Coordinators.	Completed	Included in EIP Survey 2
Priority: Monitor the overall performance of the Demonstration, including the ability of plans to meet the unmet needs on One Care enrollees.		
Provide feedback to MassHealth on Council member experiences reviewing the user-friendliness of the One Care plan websites and affiliated sites (i.e. the MassHealth One Care website, Ombudsman site, and website with SHINE information).	Completed	Work Group meeting held
Determine additional topics for One Care plan quarterly updates beginning in May 2014. Example topics include: financing, and successes and challenges.	Completed	
Hear updates from One Care plans on topics determined by the Council.	Completed	
Hear updates from One Care Ombudsman on semi-annual basis on topics determined by the Council.	Completed	
Hear updates from SHINE on semi-annual basis on topics determined by the Council.	Completed	SHINE presented updates to Council, however often than anticipated
Hear an overview of the SHINE program to understand what information is available to SHINE counselors.	Completed	SHINE Presentation at April meeting
Determine how best to partner with SHINE on outreach efforts made to hard to reach and minority populations. Provide recommendations, including data collection elements, if applicable.	Partially Complete	Input was provided at April meeting

Implementation Council Annual Report - Draft

Determine what data on service utilization, quality, and ADA compliance, including communication access, will be available from MassHealth and on what timeline.	Partially Complete	In September 2014, Council members met with MassHealth regarding the availability of service and financial data
Determine what data elements should be considered when monitoring the program and access to services. Examples include: use of acute hospital, psychiatric hospital, PCA, Day hab, home modifications, certified peer specialists, transportation.	Partially Complete	Encounter Data Work Group established
Develop or recommend mechanism for measuring medical and LTSS quality of services and utilization of service by One Care plans over time.	Partially Complete	Encounter Data Work Group establish
Determine the extent of the use of Recovery Learning Communities and Certified Peer Specialists on One Care care teams.	Partially Complete	Council presentation and discussion at June meeting
Provide recommendations to MassHealth on how to best promote awareness of Certified Peer Specialists and increase access to the role.	Partially Complete	Council presentation and discussion at June meeting
Continue to work with MassHealth to develop recommended mechanisms for One Care plans to offer enrollees the opportunity to self-identify gender identity and sexual orientation during the comprehensive assessment process.	Not started	Included in EIP Surveys
Priority: Provide input on outreach strategy to underserved populations.		
Participate in outreach events with partner organizations targeting hard to reach and under-resourced populations.	Partially Complete	
Host a tele-town hall with One Care stakeholders to provide information on the program and to hear from stakeholders about their One Care experiences and questions.	Not started	
Hold semi-annual public hearings in different areas of the state to provide information on One Care and to hear from stakeholders about their One Care experiences and concerns. Activities could include tele-town hall component or could occur in conjunction with outreach efforts.	Not started	
Connect with Community Health Worker (CHW) representatives to provide information on One Care and learn how CHWs fit into One Care service delivery and outreach.	Partially Complete	Presentation at January Meeting
Enhance relationships between CHWs, ILCs and RLCs. Ex. Host forum that identifies next steps and measurable outcomes, develop 2-3 pilots.	Not started	

Implementation Council Annual Report - Draft

Priority: Provide recommendations on enrollee privacy.		
Seek feedback from providers on MassHealth and One Care plan trainings.	Not started	
Seek input from providers on current concerns regarding One Care (Ex. Focus groups or survey of providers.)	Completed	Provider survey conducted in August
Provide input on provider outreach strategy and activities informed by feedback received directly from providers and consumers.	Partially Complete	Provider outreach strategies discussed at October 2013 Council meeting
Determine what individual One Care plans are doing to ensure privacy and confidentiality.	Partially Complete	Behavioral Health Privacy Work Group convened
Provide guidance on what data should be collected to measure how well One Care plans are protecting enrollee privacy. Ex. Collect consumer feedback.	Partially Complete	Behavioral Health Privacy Work Group convened
Determine how consumers perceive maintenance of privacy and confidentiality by One Care plans	Not started	
Priority: Provide recommendations on independent monitoring and participate in ongoing quality monitoring and Early Indicators		
Recommend a mechanism for the continuation of the Early Indicators Project workgroup, or similar workgroup, to track access to services and experiences of enrollees beyond the initial roll out of One Care.	Partially Complete	Quality Work Group convened
Hear from MassHealth regarding the quality process and timeline; form a workgroup consistent with the timeline.	Completed	Quality Work Group convened

Attachment D: DRAFT Quarterly Report on the Performance of One Care Program

QUARTERLY REPORT ON THE PERFORMANCE OF THE ONE CARE PROGRAM DRAFT 9_10_14

The purpose of this proposed report is to inform the work of the One Care Implementation Council.

Easy-to-read reporting template to be developed based on approval by the Council.

Plan Submission	Value of the Measure	Data and Calculations	Benchmarks
1 Enrollment by Rating Category	Allows for an analysis of the relative mix of each plan.	Data: Plan provides enrollment by RC. To the extent feasible, plan should also provide the number of persons with Intellectual Disabilities (ID) by RC. Calculation(s): Enrollment distribution by RC for each plan.	Compare the mix of plans and to the overall mix for the program.
2 Plan Enrollment by Race and Ethnicity	Demonstrates the diversity of each plan's enrollment.	Data: Plan provides the number of non-white enrollees. Calculation(s): Percentage of non whites as a share of each plan's enrollment = [Non white enrollees/total plan enrollment]	Compare the % of non white enrollees in each plan to the overall average for the program.
3 Revenue Sources	Allows for an analysis of the proportionate share of payer revenue: Medicaid, Medicare, and Other.	Data: Plan provides total revenue by source; plan should note if revenue for Medicaid includes or excludes withholds for quality and risk pool for LTSS. Calculation(s): Medicaid/Total revenue, Medicare/Total revenue, Other/Total revenue	Compare the composition of revenue across plans.
4 Plan Spending by Rating Category and by Service	Allows for an understanding of how revenue is being spent across RCs and across services and how plans are providing services to enrollees across comparable RCs.	Data: Total plan PMPM spending by major categories of spending and by RC: (1) all medical care, (2) behavioral health inpatient, (3) behavioral health non inpatient, (4) LTSS community, (5) LTSS institutional, (6) IL-LTSS coordination, (7) DME, (8) Rx for psychopharm, (9) Rx for all other, (10) all other service costs, and (11) administration. Calculation(s): Distribution of PMPM spending by RC across plans.	Compare PMPMs by RC and to the average PMPMs by RC for the program (above/below average).

Implementation Council Annual Report - Draft

5	Community-Based LTSS: PCA Spending on a PMPM Basis	Allows for monitoring of PCA use across plans, using spending as a proxy.	Data: PMPMs for PCA services by RC. Calculation(s): Relative ratio between PMPM spending by RC for each plan to the average PMPM by RC across all plans.	Compare to the average PMPM for each RC (above/below average).
6	Dental: Oral Health Visit Within 9 Months of Enrollment	Demonstrates plan's effectiveness in providing dental services to new enrollees. Dental services are a promised new benefit to new enrollees.	Data: The number of new enrollees due for an oral health visit in that quarter, and the number who received the visit. Calculation(s): [Those with a visit w/in 90 days/All those due for a visit within 90 days]	Compare effectiveness of plans, determine appropriate action.
7	Hospital Use	Allows for a review of the level of hospital use by each plan.	Data: Hospital admissions for medical, hospital admissions for behavioral, readmissions for medical, readmissions for behavioral health. Data by RC. Calculation(s): Hospital admission per 1,000, 30-day readmission rates.	Compare measures across plans.
8	Alternative Payment Methods	Provides an overview of how plans are paying providers.	Data: Plan separates total health care spending into two large categories: FFS payments made to providers, and payments made to providers on a non-FFS. Calculation(s): Relative mix of payments to providers.	Compare plan mix to the average for the program, compare One Care to the Mass market.
9	Financial Health: Operating Profit/Loss Ratio	Allows for an assessment of the plan's financial stability.	Data: Plan provides total revenue, total expenditures, and operating margin. Calculation(s): Profit/loss in dollar and in percent terms.	Compare P/L across plans.
10	Service Spending: Medical Loss Ratio (MLR)	Allows for a look at the percentage of revenue spent on medical costs.	Data: Plan provides total revenue and total medical expenses. Calculation(s): MLR calculated by plan.	Benchmark TBD by Council.



PROPOSED DRAFT, SEPT 5, 2014, D. Heaphy