

**One Care Implementation Council Annual Report
2015**

Table of Contents

Letter from the Chair	3
One Care: MassHealth plus Medicare	8
Implementation Council Background	8
Implementation Council Charge.....	8
Roles and Responsibilities	9
Members/Composition	9
2015 Year in Review	11
How the Implementation Council Conducts its Work.....	11
Implementation Council Activities: Accomplishments and Challenges.....	13
<i>Accomplishments</i>	13
<i>Challenges</i>	18
Ongoing Council Member Priorities and Activities	22
Attachment A: 2015 Implementation Council Meeting Schedule	23
Attachment B: 2015 Approved Motions.....	24
Attachment C: 2015-2016 Implementation Council Work Plan.....	29
Attachment D: Encounter Data Workgroup Initial Analysis Questions	39

Letter from the Chair

Dear Secretary Sudders,

I'm honored once again to share with you the One Care Implementation Council 2015 Annual Report. During this last year, the Council has worked with the Executive Office of Health and Human Services (EOHHS) to support One Care. We appreciate the partnership that we have created. And as always, we look forward to our continued work with EOHHS to ensure the success of One Care.

The Council also applauds the efforts of both Commonwealth Care Alliance and Tufts Health Unify in striving to bring person-centered care to their enrollees. The Council is particularly impressed with efforts being taken by both plans to promote innovation in the integration of behavioral health and medical care. Throughout the year, the Council heard updates from both plans on their key challenges and successes, particularly in this area.

At the same time, during this last year, One Care has faced many challenges including: (1) the loss of one of the three One Care plans from the program due to significant, double-digit losses due to inadequate financing; (2) the lack of capacity and resources within EOHHS, notwithstanding the efforts of MassHealth staff, and largely due to extremely limited data systems, has led to its inability to collect and report information about the effects of the program on access and quality of care provided to enrollees or the mix of Long-Term Services and Supports (LTSS) provided in the rebalancing of spending on these services. In addition, the lack of capacity of EOHHS has resulted in the inability of MassHealth staff to provide broader payment and delivery information about One Care on a timely basis, leaving the Council and broader stakeholder community without the information necessary to assess the financial sustainability of the program. We are greatly concerned about the financial sustainability of the program, the potential negative impacts of growth of the program that is not strategic or evidence-based, and the missed opportunity of applying lessons learned to broader Medicaid reforms.

The Council urges EOHHS to devote the resources to One Care to move the program from its current state to a desired future state that will not only leverage the expertise and best practices of the One Care plans but also serve to stand up Massachusetts as a best state in caring for people with disabilities nationally. For that to happen, our agenda for 2016 must include: (1) improved financing of the program; (2) improved collection of data and information with the creation of a dashboard to capture and report out key metrics to potential enrollees in the larger stakeholder community; and finally, (3) improved policy including changes to the three-way contract to strengthen the program prior to moving forward with increased scale. Currently, the Council has not seen adequate data for fulfilling its role as an entity that monitors the success of the program and has concerns with the ability of the current infrastructure to collect and report necessary information.

Implementation Council 2015 Annual Report

The Year in Review

Financial Instability

Since the start of the program, the Council expressed deep reservations about the financial stability of One Care. These concerns about the stability of One Care came to a head last summer when MassHealth announced the departure of Fallon Total Care from One Care.

In order to stabilize the program, the Council played an active role in supporting negotiations between MassHealth and the Centers for Medicare and Medicaid Services (CMS) to establish more accurate and financially sustainable rates for the program through higher rates and improved risk mitigation provisions. We also played a pivotal role in working with MassHealth to create a roadmap for protecting enrollees from potentially life changing events such as the Fallon Total Care departure.

Over the course of last summer and early fall, Council members worked closely with MassHealth to ensure a smooth transition of Fallon Total Care members. The abrupt departure of this key plan, unfortunately, left several thousand members without access to many of the enhanced services and coordination offered through One Care. We believe it is essential to continue to follow-up with these members to ensure continued access to the services and providers they need.

We believe it is crucial that the Council receive and review financial information about the remaining plans in order to advocate proactively to prevent this from happening again. The Council appreciates the quick action on the part of MassHealth and the team's perseverance in negotiating with CMS for financially sustainable rates. The active role given to the Council in supporting these negotiations was a successful example of collaboration between MassHealth and the Council on achieving the shared goal of building a sustainable and healthy program.

Data and Reporting Challenges

Throughout 2015, the Council has continued to work with EOHHS to request information about One Care. While some data has been shared with the Council and other stakeholders, the data has been sporadic and has not been regularly updated. We are, however, pleased with efforts to share quarterly assessment reports, Early Indicator Project survey results, high level financial data, and monthly enrollment reports. Encounter and additional financial data to assess trends in service utilization and the health of the program were not shared with the Council. However, the Council is also appreciative of initial presentations by MassHealth of certain quality and financial data in a May 2016 Open Meeting and look forward to seeing more detailed analysis of the data.

Implementation Council 2015 Annual Report

In November 2014, MassHealth provided a timeline for sharing seven quality measurement types. The Council did not receive updates on any of these measures in 2015. Similarly, on several occasions in 2015 the Council was promised involvement in the analysis of encounter data to better understand the current state of the program. The Council did not meet with MassHealth regarding encounter data and HEDIS and CAHPS quality data until May 2016 and believes significant work remains in this area.

The Council appreciates the barriers facing MassHealth staff in its efforts to provide data, and is concerned that these barriers will only increase over time as One Care and the Senior care Options (SCO) program grow to scale and Accountable Care Organizations (ACOs) begin serving MassHealth members. The Council is supportive of efforts being undertaken by MassHealth, however, these efforts must be based in evidence-based practice tied to quality metrics and must also contain population-appropriate protections such as an external Ombudsman program, secret shopper system, broad networks and opportunities for single case agreements.

The Council also continues to recommend the creation of a user-friendly dashboard that would include key data and metrics on the program to promote transparency and allow for monitoring of the program by the Council. If these efforts are to succeed, the lessons of One Care must be available in shaping broader MassHealth reform efforts.

From the outset, the Council has requested access to data continuously as well as clearer benchmarks for quality and outcome measures and information on how success is being measured. The Council is committed to working with MassHealth and CMS to create and put forward a clear evidence base that includes barriers and opportunities that will inform the unprecedented growth of managed care in the Commonwealth that will impact hundreds of thousands of people with disabilities on MassHealth and/or Medicare and MassHealth; particularly those using behavioral health and LTSS. One of the Council's contributions to One Care, as put forward over the past two years, should be informing the measures of success for the demonstration.

Policy Changes

The Council would also like to take this opportunity to recommend policy changes.

Primary among these is ensuring contract language will support increased scale that buttresses sustainability of the two remaining plans, builds capacity, promotes quality, and addresses the high percentage of individuals who choose to opt out.

The Council seeks to work with MassHealth, CMS and the two current plans to strengthen the current contract in a manner that will protect the integrity of the program as new plans consider entering the One Care market. The Council would like to work with MassHealth to develop criteria for determining the readiness of One Care plans to accept passively enrolled members that includes among other things, quality metrics.

Implementation Council 2015 Annual Report

The Council believes it is essential that Alternative Payment Methods (APMs) be more fully utilized by plans to incentivize provider behavior. These incentives should be transparent and measurable. The quality metrics and outcomes sought by providing APMs should include outcomes for LTSS and behavioral health services. Ideally, MassHealth should work with plans and the Council in developing objective quality outcomes for LTSS while providing the plans the flexibility to use different types of incentives to achieve those outcomes.

The Representatives from the One Care plans consistently noted the lack of stable housing as a key challenge the plans have experienced in working with enrollees. The Council is dedicated to working with MassHealth and the One Care plans in increasing access to housing supports to One Care enrollees. With the potential extension of the program for two additional years, the Council sees a revised three-way contract as an important opportunity to promote access to housing services that includes low threshold housing services provided by The Community Support Program for People Experiencing Chronic Homelessness (CSPECH) and CSPECH-like service entities.

LTSS are a key component of One Care and the role of the Long Term Supports Coordinator (LTS-C) to preserve and advocate for LTSS within individualized care plans is a unique and essential part of the program. The role and utilization of the LTS-C has been an area of both success and ongoing need for attention. The Council is pleased that many issues regarding billing and payment for LTS-Cs have been resolved after escalation of the issue by the Council. However, the Council continues to hear of disparate understanding and utilization of the role across the program. The Council urges MassHealth to maintain its commitment to the role and its fullest implementation by reconvening the LTS-C Workgroup that has been inactive since 2014.

Looking Ahead

As the Council plans for the last year of the three-year demonstration, we will use the priorities outlined in the 2015-2016 work plan as a guide. Each priority requires ongoing collaboration with our colleagues at MassHealth and the One Care plans, especially in regards to data. The Council appreciates the ongoing collaborative efforts around behavioral health privacy and earlier collaborative efforts around the Early Indicators Project and the Fallon Total Care departure and hopes that these models can be replicated during future phases of health care reform, including alternative payment, Accountable Care Organizations and future phases of One Care, including the possibility of procuring additional One Care plans which we believe will bring stability to the program and additional choices for One Care members.

Implementation Council 2015 Annual Report

The Council stresses its gratitude to UMass Medical School staff, in particular Wendy Trafton and Kate Russell without whose support the Council would be unable to carry out its mandate.

Sincerely,

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

Howard D. Trachtman, BS, CPS, CPRP
Co-Chair, One Care Implementation Council

Florette Willis, BS, CPS
Co-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. Through September, 2015, One Care was offered in nine Massachusetts counties by three health plans: Commonwealth Care Alliance (CCA), Fallon Total Care (FTC), and Tufts Health Unify (previously called Network Health). On October 1, 2015, FTC left One Care and approximately 5,400 members transitioned back to the fee-for-service delivery system or to other One Care plans. Both the departure of FTC and the temporary closure of CCA to new members affected enrollment in 2015. In December 2015, 12,285 individuals were enrolled in One Care.

Implementation Council Background

EOHHS and stakeholders, consumer advocates organized by the group Disability Advocates Advancing Our Healthcare Rights (DAAHR) 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 has overtime shaped its identity and work plan priorities to support robust actions steps to advance One Care and support enrollee rights.

Implementation Council Charge

The Implementation Council was convened by EOHHS 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 took place in 2015 to fill six 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 individuals 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. In 2015, several Council members stepped down from their position due to job changes and personal availability. All Council members were asked if they would continue their engagement on the Council. In total, six Council members stepped down and six new Council members were selected to join the Council through a procurement process. Current members of the Council and each person's affiliation are listed below.

It should be noted that the Council advocated for greater involvement in the selection of new Council members and worked with MassHealth to create a process that included the three Council chairs who reviewed Council applicants and made a recommendation regarding the final selection of new Council members. The result has been a more diverse representation of the disability community and increased skill sets available to the Council.

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

- Suzann Bedrosian
- Joseph Finn
- Dennis Heaphy (Chair)
- Remon Jourdan
- Denise Karuth
- Marc (Moses) Mallard
- Vivian Nunez
- Olivia Richard
- Marilyn Price Spivack
- Howard Trachtman (Co-Chair)

Implementation Council 2015 Annual Report

- Sara Willig
- Florette Willis (Co-Chair)

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

- Lydia Brown – TASH New England
- Jeffrey Keilson – Advocates, Inc.
- Dale Mitchell – Mass Home Care
- Robert Rousseau – Transformation Center / Fellowship Health Resources

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.

2015 Year in Review

How the Implementation Council Conducts its Work

The Council is chaired by leaders in the disability and behavioral health communities, Dennis Heaphy, Howard Trachtman, and Florette Willis. The Council is convened monthly as a full Council and subcommittee and work group meetings occur between these monthly meetings.

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 chairs, 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. Staff members have also assisted in moderating meetings to support communication and outcome development as needed. 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.

With the exception of one meeting, MassHealth staff attended each Council meeting and presented on One Care activities as requested by the Council. In 2015, the Council requested and received updates on several topics relevant to the implementation of One Care including:

- The Encounter Data Reporting Process
- One Care Enrollee Assessment and LTS-C Referral Data
- One Care Plan Finances
- Changes to One Care Financing Methodology
- Long Term Services and Supports Coordinator Discussions with Tufts and Community-based Organizations
- Updates on the FTC Closure and Transition of FTC Members
- Plans for Future Auto-Assignment and Enhanced Outreach

With the announcement of the FTC withdrawal from One Care in July 2015, MassHealth met with representatives from the Council to discuss the fragile financial state of One Care and develop strategies to reduce harm to former FTC members. The Council representatives met with MassHealth weekly in the summer of 2015 prior to the FTC closure. This collaboration between MassHealth and the Council was instrumental in the orderly transition of approximately 5,000 members back to Fee For Service or other One Care plans. The Council was particularly helpful in developing clear messaging for member notices sent from MassHealth and CMS. Additional research is needed regarding the experiences of transitioning members, such as the survey effort planned for 2016.

Implementation Council 2015 Annual Report

Once apprised of the financial state of One Care, the Council invited Tim Engelhardt from the Centers for Medicare and Medicaid Services (CMS) Federal Coordinated Health Care Office and Daniel Tsai, EOHHS Assistant Secretary, to participate in an August Implementation Council meeting to affirm for CMS the support of the Council and larger stakeholder community and to stress the importance of preserving One Care. As a direct outcome of the visit by Tim Engelhardt, two Council members made presentations at a meeting in Washington, D.C. between EOHHS, staff from the Government Accountability Office (GAO) and leadership from CMS.

2015-2016 Work Plan

The 2015-2016 Implementation Council work plan was developed in collaboration with MassHealth One Care leadership. The 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 from these groups included:

- One Care Ombudsman (OCO)
 - *Outreach and OCO Contact Themes (March and November 2015)*
- One Care plan representatives
 - *Overall One Care Experience, Challenges and Proposed Solutions (Reason for departure: FTC) (July 2015)*

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 2015:

Subcommittees:

- Early Indicators Project Survey Data
- New Council Member Procurement

Workgroups:

- Early Indicators Project;
- Implementation Council Work Plan;
- Behavioral Health Privacy;
- One Care Quality;
- Implementation Council Onboarding; and
- FTC Transition

Subcommittees included Council members and other stakeholders were encouraged to participate. Workgroups included Council members, MassHealth staff and, in some instances, One Care plan staff and other invited stakeholders.

Implementation Council Activities: Accomplishments and Challenges

The Implementation Council set to accomplish a robust set of goals of activities in 2015. While the Council had a productive year, the unexpected departure of FTC from One Care and the effects of this departure captured the time and energy of the Council for a significant portion of the year. The departure of FTC spurred a strong collaborative effort between the Council and MassHealth staff. The two groups, along with other One Care partners including SHINE, the One Care Ombudsman and DAAHR formed strong working relationships in the planning for the transition of members.

As the Council reflects on the year, important accomplishments and challenges to fulfilling the Council role should be noted. Within the detailed descriptions of accomplishments and challenges below, the themes of collaboration and need for data arise.

Accomplishments

Collaborative Work to Ensure Smooth Transition of FTC Enrollees and to Promote One Care Sustainability

Issue: In June 2015, the Council was made aware of the departure of FTC from One Care due to financial unviability. At the time, FTC served approximately 5,400 One Care enrollees who would all need to transition to a different One Care plan or health care delivery system.

Activity: Through Council representation on the workgroup dedicated to planning for the FTC exit, the Council provided crucial support in the form of recommendations, advocacy and strategy that shaped MassHealth's response and transition of over 5,400 enrollees to other options. To ensure that enrollees did not experience additional disruptions or changes to their care, one of the first

Implementation Council Member Trip to Washington D.C.

Provided By Olivia Richard

In September 2015 Dennis Heaphy and Olivia Richard spoke about personal experiences and Implementation Council expertise at a CMS/MassHealth joint meeting at the invitation of Acting CMS Administrator Andy Slavitt. The meeting was called by MassHealth as a result of the deep financial loss issues that the One Care plans were reporting, which came to crisis level when FTC withdrew from the demonstration completely. CCA was forced to cap new enrollments. All parties agreed the rates were simply not appropriate for the complexity of care our population needs. While Council members were not part of the whole meeting, they felt that their participation was important to give everyone the "boots-on-the-ground" picture of what One Care means to its members. One Care provide vitally important expanded services and the plans strive for great care overall for their members. This was reflected in the results from the Early Indicators Project. At the meeting, Dennis and Olivia shared their positive experiences with One Care. Olivia spoke about the importance of LTSS and how lack of care received in the traditional fee-for-service model led to an acceptance of unsafe living conditions and the repeated infections that were leading to antibiotic resistance. The cleanup process, initiated with assistance from her LTS-C has raised her expectations for what a safe care level should be and stopped the antibiotic resistance process in its tracks. The outcomes of the resulting rate changes are important to all; One Care needed a better financing model to keep it running. Thanks to the hard work of everyone at the table, One Care got money it desperately needed for the long haul.

I believe the Council played an important role in several key issues, including advocating with CMS for financial adjustments to sustain the Plans and the Demonstration, and in encouraging MassHealth to develop actionable data on member satisfaction, grievances, assessments and utilization – all contributing to enhancing progress in the Demonstration.

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

recommendations from the Council was that FTC enrollees not be auto-assigned into another One Care plan upon exiting FTC. Additional safeguard recommendations included: developing objective measures for determining the capacity of One Care plans to take on new enrollees, increasing transparency around One Care finances, and connecting FTC enrollees with alternative coordination services available within programs such as the Home Care Program, Home and Community Based Waiver services, and Senior Care Options for those eligible for those programs.

Outcome: Following the reported smooth transition of FTC enrollees to other One Care plans or back to the fee-for-service system, the Council worked with MassHealth to focus on the sustainability of One Care. The Council continues to recommend transparency of data in regards to One Care plan finances, services utilization and spending.

The Council also encouraged MassHealth to provide in-person, community forums to support and outreach to FTC members and provided input as to the format of the community forums. Additional Council outreach efforts following the departure of FTC including a letter to the editor of the Boston Globe in response to an article on the program's financial challenges published in August of 2015.¹ The letter to the editor highlighted the significance of One Care, the programs successes and the importance of building a sustainable program. Lastly, the Council engaged high-level officials at both the state and federal level during a trip to Washington DC to communicate the importance of the program, advocate for enhanced financing and provide testimony on the benefits of the program.

Development of a robust and collaborative 2015-2016 Work Plan

Issue: The Implementation Council is required to complete a work plan to guide and organize its work. Using lessons learned from the development of the 2014 Work Plan, the Council requested input from MassHealth leadership on the 2015-2016 work plan.

Activity: The Council met several times during the spring and summer of 2015 to develop agreed upon work plan goals and activities. The Council and MassHealth agreed to convene and

¹ Heaphy, Dennis. August 7, 2015. Don't lose sight of program's value to patients. The Boston Globe. Boston, Massachusetts. Retrieved from: <https://www.bostonglobe.com/opinion/letters/2015/08/06/amid-concerns-over-cost-don-lose-sight-program-value-patients/rMZkgQ5Nqk1Vb1nimG8BaN/story.html>

Implementation Council 2015 Annual Report

participate in several work groups and planning meetings to achieve the goals outlined in the 2015-2016 Work Plan.

Outcome: The Council developed a 2015-2016 Work Plan to guide Council work through the end of the demonstration in December 2016. The work plan is organized by priority areas, as defined by the Council. The plan was created in collaboration with MassHealth to promote greater affinity between Council priorities and the priorities of MassHealth. A work group made up of representatives from the Council and MassHealth staff met several times to develop and refine work plan priorities and activities. The topics included within the work plan were built in collaboration with MassHealth and reflect our mutual commitment to establishing a plan that while ambitious, is achievable. The Implementation Council Work Plan is included in this report as Appendix C: 2015-2016 Implementation Council Work Plan.

Implementation Council Chair Involvement in Council Composition Changes

Issue: At the beginning of 2015, several Council members stepped down from the Council leaving six Council member positions vacant. After numerous attempts by Council members, UMass staff and MassHealth staff to reach out to Council members to secure their continued participation, this goal was not attained. To ensure the vitality and increased diversity of the Council, Council members requested a role in the procurement of new members to replace those that left. It was important to the Council that it play a role in the selection of new Council members; a departure from the initial selection process. The Council made a motion that the Council participate in the selection process of new Council members.

Activity: Through negotiation with MassHealth, Implementation Council chairs were invited to review Implementation Council member applications and provide recommendations to the MassHealth Procurement Management Team.

Outcome: In October 2015, MassHealth announced the selection of six new Council members including five consumer representatives, and one organizational representative. The new Council members bring diverse perspective and experience to the Council. Several onboarding activities including a welcome gathering, distribution of a welcome packet and ongoing debrief meetings were implemented to orient new Council members to Council priorities and activities. The new Council members are active and engaged in current Council activities and are often the first to volunteer for workgroups and other opportunities.

As a new member of the Implementation Council, I was quickly introduced to how much of a vital source and model the Council is in safeguarding that the voice of the population being served is respectfully part of the decision-making. Here, I feel I have an opportunity to contribute a unique perspective while tapping into the wealth of knowledge joined together to find effective ways of bringing about change.

- Remon Jourdan, Consumer Representative

Collaborative Work on Topic of Behavioral Health Privacy

Issue: The One Care stakeholder community raised concerns about enrollee privacy, particularly privacy of behavioral health records, within integrated care and increased use of electronic health records, including behavioral health information by a wider ally he is to maintain temperature a beginning the that is I like that I met her but it is you service to our thing I am is an a that so will range of providers within integrated care models such as One Care.

Activity: The Behavioral Health Privacy workgroup, made up of MassHealth, Implementation Council, One Care plan and additional stakeholders, including the Massachusetts Mental Health Legal Advisors Committee (MHLAC), was convened in 2014 and met consistently throughout 2015. Participants discussed the topic of consumer control over access to behavioral health records.

Outcome: The Behavioral Health Privacy Workgroup has been active since the fall of 2014. The workgroup has collaboratively developed and agreed upon two key resources: Behavioral Health Information and Privacy Principles and Behavioral Health Best Practices. The workgroup remains active and is currently working on ways to disseminate the newly developed resources throughout One Care and, eventually, into the broader MassHealth delivery system.

Improved Working Relationships Between One Care Plans and LTSS Providers

Issue: A Council representative brought to the attention of MassHealth payment and billing issues being experienced by several community-based organizations (CBOs). It was noted that as a result of significant delays in billing and payment for services, several CBOs were considering terminating their One Care contracts. Such a change in the One Care plan's provider network would have the potential to cause significant disruption in services to many One Care enrollees.

The Council is pleased with progress made to promote person-centered care and privacy of medical records and looks forward to seeing the best practices created, implemented by the plans and monitored by MassHealth with Council input. Nevertheless, I still have concerns about the way certified peer specialists and the recovery model are being used to support members. Unless we implement recovery principles and values into the program, people will not be able to reap the full benefits of the recovery model.

- Florette Willis, Council Co-Chair

Activity: As a result of the concern raised by the Council, MassHealth convened and mediated conversations between the CBOs and the referenced One Care plan. The group met several times in the fall of 2015.

Outcome: By the end of the year, significant improvement in the relationship between the CBOs and the One Care plan was reported by both parties. The Council is not aware of any CBOs terminating their contracts with One Care plans as result of billing or payment issues.

Enhanced Targeted Outreach Approaches

Issue: In October of 2015, MassHealth announced an upcoming wave of auto-assignment of members into Tufts Health Unify. The Council expressed concern with lack of outreach to members about One Care and their health care options, besides 30 and 60 day notices distributed by mail.

Activity: At the recommendation of the Council and other stakeholders, and with their input, MassHealth sought to create an enhanced outreach approach to inform auto-assigned members about the benefits of the program and about their health care choices.

Outcome: As part of this enhanced outreach approach, MassHealth hosted four outreach information sessions within Suffolk county in partnership with local organizations including a community college, a local food market, a municipal building next to a busy bus depot, and a community center. The Council distributed information about the events to their networks and several Council members attended the outreach events. Due to very low attendance at the outreach events, MassHealth and the Council engaged in a discourse on how to adjust the strategy for these events to increase attendance and engagement at future events and other outreach approaches. The Council recommended sending email announcements about the events to potential enrollees, engaging providers in outreach, targeting specific hard to reach populations such as veterans, and hosting smaller events for longer periods of time.

This enhanced approach provided a positive learning experience. The Council feels that the entire approach to passive enrollment needs to be addressed, including additional improvements to the outreach strategy and member attribution to plans based on current providers. And, while the Council sees the enhanced outreach approaches conducted in advance of passive enrollment as an example of a positive collaborative effort between MassHealth and the Council, the Council views the effort as further testament to further work that is needed to both plan for any future waves of passive enrollment and to enhance high-touch outreach efforts to hard-to-reach populations by making funding available for peer or consumer engagement in outreach activities.

Increased Understanding of the Unique Role of the External One Care Ombudsman, Its Contribution to Addressing Enrollee and System Challenges, and the Challenges It Faces in Carrying out Its Role

Issue: In the 2015-2016 Work Plan the Council aimed to hear from the One Care Ombudsman regularly and to take action steps to address systematic issues that become apparent through OCO data and their work with enrollees. The Council is particularly interested in received updates from the OCO in the form of data on the types of complaints and inquiries the OCO receives and their process for resolving the issues raised.

Implementation Council 2015 Annual Report

Activity: In 2015, the OCO presented to the Council three times. The Council worked with the OCO to refine their requests for presentations and data and to better understand current issues affecting the OCO.

Outcome: As a result of the regular updates from the OCO and the refined presentation process, the Council has gained a better understanding of common complaints and inquiries fielded by the OCO including those related to benefits and coverage such as quality of care and transportation, customer service including interactions with care teams, and issues related to payments and claims.

The OCO has also raised awareness about barriers affecting their work such as limited awareness among One Care enrollees about the OCO, limited ability to track complaint resolutions when issues are passed to MassHealth, and limitations with the required Ombudsman reporting mechanisms. The Council looks forward to continuing to work with the OCO and MassHealth to resolve these issues through contract amendments to One Care plan contracts that plans to take a mixed methods approach to educating enrollees and providers about the OCO.

Progress continues to be made, especially in improved conversation with the leadership of the One Care plans themselves as well as with better and more frequent communication of data to the Implementation Council by MassHealth officials. I want to applaud Commonwealth Care Alliance for hearing my repeated pleas for the incorporation of certified peer specialists (mental health recovery) and peer recovery coaches (addiction recovery) as potential members of an integrated health team. Peer support is a vital resource for improving quality of life and on-going care and needs to be an assured deliverable for One Care enrollees.

- Bob Rousseau, Transformation Center / Fellowship Health Resources

Challenges

Passive Enrollment Strategies

Issue: The Council has expressed concern with the use of passive enrollment as a way to grow One Care since the Council was first convened, however MassHealth has in general not been responsive to Council concerns regarding the pace of auto assignment or the use of objective measures, including quality metrics, and member experience data to determine plan capacity to assess and serve new members.

Example: In March 2013, the Council passed a motion requesting to work with MassHealth to come up with a way to use objective measures to inform the decision to auto-assign members to a One Care plan. In January 2014, the Council passed a motion requesting that MassHealth

Implementation Council 2015 Annual Report

look into issues raised around auto-assignment and decide whether modifications can be made for future rounds of auto-assignment. And lastly in June 2015, the Council passed a motion requesting that there be no new auto-assignment until a transparent, objective process is developed, with involvement from the Implementation Council. The Council recognizes that the January 2016 auto-assignment to Tufts included an enhanced outreach process informed by the Council. However, additional steps are still needed. Suggestions for building a more robust passive enrollment process include, but are not limited to determination of real-time capacity of plans take on new enrollees, quality of plan services, attribution requirements that go beyond PCP utilization and incorporate utilization and encounter data for behavioral health, MLTSS and specialists services and a slower more person-centered approach to attribution that supports the ability of MassHealth and the plans to outreach to potential enrollees prior to enrollment, including engaging community-based organizations. Passive enrollment policies should have as its goals the reduction of opt outs and the reduction of mis-categorization of potential enrollees to enable plans to develop realistic projections of resource allocation to ensure sustainability and stability of the plan and optimal capacity to meet the needs of new enrollees.

I think the One Care Implementation Council is an excellent and potentially powerful model for granting stakeholders, consumers and taxpayers an opportunity for participating in the crafting of policy and monitoring its implementation. The taking of outside input is not something that bureaucracies exactly excel at and so it is understandable that the road has been rocky. One example that has been personally frustrating is the Council's early recommendation to have Plans assess enrollees' sexual orientation and gender identity – a recommendation that three years later has still not been implemented and which appears to be lost in limbo. On the whole, though, I continue to believe that this is an important model that, while certainly deserving some tweaking, is critical for the crafting of honest, fair and transparent public policies and programs.

-Dale Mitchell, Mass Home Care

Proposed Next Step: The Council proposes meeting with MassHealth in advance of any future waves of auto-assignment. The Council would like to be involved in strategic thinking about the sustainability and growth of the program and how One Care fits into broader MassHealth care reform efforts.

Consistent Collaboration

Issue: Several times throughout 2015, the Implementation Council requested collaboration with MassHealth on topics important to both parties including: One Care sustainability, the role and implementation of the LTS-C, the importance of sharing program utilization and financial data, and the request to share this data with the Implementation Council in order for the Council to provide feedback on the information. While MassHealth and the Council have collaborated on a number of topics, several requests from the Council have not been

Implementation Council 2015 Annual Report

addressed. The Council believes it can be a useful resource for MassHealth in navigating challenging issues; however the Council has often been underutilized.

Example: In April 2015, the Council made a recommendation to reconvene the Independent Living Long Term Services and Supports (LTS-C) Workgroup which included LTS-C employers, Implementation Council representatives and other community-based organizations. MassHealth noted that the FTC exit from One Care delayed the process for reconvening this workgroup which did not meet in 2015.

From the end of the successful Early Indicators Project, the big frustration for myself and those who are research-oriented folks is the very slow process of data sharing and transparency. This is a bigger issue than just One Care, since One Care and Senior Care Options are the Commonwealth's experience base for the upcoming ACO healthcare reform model. I would like to suggest that UMass and MassHealth utilize my own and the Implementation Council's expertise in research methods and also allow us to bring the vision of our lived experience to the unpackaged data and the team before it is packaged for general review. EIP taught all of us that even if a population number is small, the confidence interval being high can tell us something that is important to that population, and we can look more closely at related correlates and CIs. I know I am not looking to P-hack or skew results. I and my fellow research-oriented Implementation Council members are simply asking to get involved earlier in the data processing so that we can help improve the overall health of One Care and our fellow members.

- Olivia Richard, Consumer member

Proposed Next Step: The Implementation Council would like to propose reviewing outstanding requests made by the Council in 2015 to develop a plan moving forward. It is the request of the Council that this plan include reconvening the LTS-C workgroup, Quality workgroup and repurposing the successful Early Indicators Project workgroup to focus on issues of One Care sustainability.

Barriers to Accessing Transparent Program Data

Issue: The FTC departure from One Care highlighted the need for both a collaborative, working relationship between MassHealth and the Implementation Council and also the importance of jointly monitoring data on program costs and utilization to ensure the sustainability and health of the program.

Example: In November of 2015, the Council requested a workgroup be formed dedicated to One Care sustainability, in which a small group of Council members and MassHealth staff could review financial reporting and objective measures to determine how the One Care plans are doing in regards to finances and capacity. This workgroup did not meet in 2015.

Proposed Next Step: Upon viewing early signs of success reported by the One Care plans, the Council advocates for consistent sharing of similar data with additional detail such as a

Implementation Council 2015 Annual Report

breakdown of spending and utilization of specific LTSS in a format that provides objective comparison and spending and utilization on LTSS between the two plans. Additional examples of the types of questions the Council would like answered using data, such as use of PCA and assistive technology and changes in behavioral health service utilization are included in Appendix D. The Council remains interested in assessing access to and quality of care through data. Encounter data on service utilization within the program may provide a further opportunity for involvement in monitoring issues of access and quality within One Care. The Council also continues to recommend the creation of a user-friendly dashboard that would include key data and metrics on the program, including quality and encounter data, to promote transparency and allow for monitoring of the program by the Council. The Council believes the providing the access to quality and performance data in the form of a regularly reported dashboard would encourage provides and plans to improve, and would encourage consumers to make informed choices.

Implementation Council Constraints

Issue: The Implementation Council is made up for 21 diverse members with varying priorities and perspectives related to One Care. In the development of the 2015-2016 work plan, the Council took a robust view of their capacity and role in relation to promoting accountability and transparency within One Care and assisting in monitoring the program. As a result, the work plan is ambitious. However, the capacity of Council members to make progress towards these goals is often limited to monthly Implementation Council meetings and workgroup and subcommittee meetings between Council meetings.

While a number of members participate in Council activities as part of their salaried positions, many consumer Council members are compensated for their participation through meeting stipends. These stipends are not available for members to participate in activities related to One Care or the Council outside of Council meeting format.

Example: Council members were invited to participate in Outreach events as One Care Ambassadors to engage with prospective One Care enrollees and to help answer questions. Council members also often offer to distribute One Care materials at events throughout the community that they attend. Through the current stipend payment arrangement, Council members are not currently compensated for these activities. This arrangement does not value the time and expertise of consumer members at a level that is parallel with individuals in staff positions.

Proposed Next Step: As MassHealth begins planning for an extension of the demonstration and of the Implementation Council, the Council requests that MassHealth consider expanding opportunities for stipend compensation to a broader range of Council activities. The Council also recommends that the Council and MassHealth determine together topics of interest for future collaborative work to continue the successful model that has been experienced with the Early Indicators Project and the Behavioral Health Privacy workgroup.

Ongoing Council Member Priorities and Activities

The Council engaged in a collaborative process with MassHealth to develop a revised 2015-2016 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 2015 will continue to be addressed by the Council in 2016. These include:

- One Care Growth and Sustainability;
- Full integration of the LTS-C Role;
- The Role of One Care within Broader MassHealth Reform Efforts; and
- Greater and more timely access to Data on One Care Finances, Utilization and Quality that is reflective of the Council's requests.

The Council looks forward to working with EOHHS in future planning for One Care in regards to growth, the potential addition of new health plans, and the program's intersection with ongoing MassHealth reform efforts.

Attachment A: 2015 Implementation Council Meeting Schedule

Schedule of Council Meeting, Subcommittee and Workgroup Meetings:

Meeting	Date
Implementation Council Meeting	January 9, 2015
Workgroup: Behavioral Health Privacy	January 23, 2015
Subcommittee: Early Indicators Project Survey Data	February 27, 2015
Workgroup: One Care Quality	March 3, 2015
Workgroup: One Care Encounter Data	March 6, 2015
Workgroup: Implementation Council Work Plan	March 10, 2015
Implementation Council Meeting	March 13, 2015
Subcommittee: New Member Procurement	April 10, 2015
Implementation Council Meeting	April 24, 2015
Workgroup: Implementation Council Work Plan	May 8, 2015
Workgroup: 2014 Annual Report	May 19, 2015
Workgroup: One Care Encounter Data	May 20, 2015
Workgroup: Behavioral Health Privacy	May 20, 2015
Implementation Council Meeting	May 29, 2015
Workgroup: Implementation Council Work Plan	June 12, 2015
Workgroup: Behavioral Health Privacy	June 16, 2015
Implementation Council Meeting	June 19, 2015
Workgroup: One Care Quality	June 24, 2015
Workgroup: FTC Exit Planning	July 1, 2015
Workgroup: FTC Exit Planning	July 17, 2015
Implementation Council Meeting	July 24, 2015
Workgroup: FTC Exit Planning	August 7, 2015
Workgroup: FTC Exit Planning	August 14, 2015
Workgroup: FTC Exit Planning	August 28, 2015
Implementation Council Meeting	September 11, 2015
Workgroup: Implementation Council Member Onboarding	September 25, 2015
Workgroup: FTC Exit Planning	September 25, 2015
Implementation Council Meeting	October 16, 2015
Workgroup: Work Plan Goal 1	November 3, 2015
Implementation Council Meeting	November 13, 2015
Implementation Council Meeting	December 11, 2015

Attachment B: 2015 Approved Motions

Mtg. Date	#	Approved Motions	Status	Resolution
1-9-15	62	A motion was made to approve the minutes from the November 21, 2014 Implementation Council meeting. The motion was approved unanimously.	Complete	
	63	A motion was made in support of request that the Implementation Council Chairs be involved in the process of selecting new Implementation Council members. The motion was approved unanimously.	Complete	The Implementation Council Chairs provided recommendations on the selection of new Council members.
3-13-15	64	A motion was made to approve the minutes from the January 9, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
4-24-15	65	A motion was made to approve the minutes from the March 13, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
	66	A motion was made that MassHealth reconvene the LTS Coordinator Stakeholder Workgroup. The motion was approved unanimously.	In-Progress	

Implementation Council 2015 Annual Report

	67	A motion was made to amend Goal 2 on the 2015 Work Plan template to include “housing” after “behavioral health.” The motion was approved unanimously.	Complete	The following work plan objective was included to the work plan to prioritize housing services access: “2.4. Use Council networks to gather information from individuals and organizations with expertise in providing care to homeless populations including how to reach, engage and provide quality care to this One Care population.”
5-29-15	68	A motion was made to approve the minutes from the April 24, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
	69	A motion was made to accept the 2014 Implementation Council Annual Report for submission to the Executive Office of Health and Human Services (EOHHS). The motion was approved unanimously.	Complete	
	70	A motion was made to request that the One Care plans make a formal response to issues raised in the Early Indicators Project report, including what they plan to do in response to the findings during the September Implementation Council meeting. The motion passed unanimously.	In-progress	
6-19-15	71	A motion was made to approve the minutes from the May 29, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	

Implementation Council 2015 Annual Report

72	The Council requests that MassHealth initiate no new auto-assignment until it develops a transparent, objective process that will include the Implementation Council, to determine One Care plan capacity to take on new enrollees.	In-progress	
73	The Council recommends that the approximately 5,500 Fallon Total Care enrollees not be auto-assigned to another One Care plan	Closed	Enrollees transitioning out of Fallon Total Care were not auto-assigned to another One Care plan.
74	The Council recommends no current Fallon Total Care enrollee lose any benefit they are currently receiving.	Closed	MassHealth extended service authorizations from Fallon Total Care for at least 90 days from Oct. 1 2015. Certain authorizations including PCA, DME, Oxygen and respiratory therapy equipment, and renal dialysis services will be extended for 6 months. MassHealth also worked to connect FTC enrollees to additional services such as HCBS waivers, SCO, PACE and the Elder Affairs Home Care program.
75	The Implementation Council requests that MassHealth report to the Council on a quarterly basis the finances of each plan, including medical services and long-term services and supports expenditures.	In-progress	
76	The Implementation Council recommends that MassHealth consider allowing Fallon Total Care (FTC) to enter into an Administrative Services Organization Agreement which would allow FTC a minimum of a six-month transition timeframe from the end of the contract on September 30 th to protect enrollees.	Closed	Due to strained finances, FTC closed on October 1, 2015. All FTC members were transitioned to MassHealth FFS, or voluntarily transitioned to another One Care plan.

Implementation Council 2015 Annual Report

9-11-15	77	A motion was made to approve the minutes from the July 24th, 2015 Implementation Council meeting. One Council member abstained. The motion was approved.	Complete	
	78	A motion was made to approve the 2015-2016 Work Plan as presented to the Council on September 11, 2015. The motion was approved unanimously.	Complete	
10-16-15	79	A motion was made to approve the minutes from the September 11, 2015 Implementation Council meeting. The motion was approved unanimously.	Complete	
11-13-15	80	A motion was made to approve the minutes from the October 16, 2015 Implementation Council meeting. One Council member abstained. The motion was approved.	Complete	
	81	A motion was made to establish a workgroup with the Implementation Council, MassHealth and One Care plan representatives to look at financial sustainability, capacity and quality of One Care plans in order to support and promote One Care sustainability within the context of broader health care reform. The motion passed unanimously.		

Implementation Council 2015 Annual Report

12-11-15	82	A motion was made to approve the minutes from the November 13 th 2015 Implementation Council meeting. The motion passed unanimously.	Complete	
----------	----	--	----------	--

Attachment C: 2015-2016 Implementation Council Work Plan

Overview: The goal of the 2015-2016 Implementation Council Work Plan (Work Plan) is to guide the work of the Implementation Council (Council) through 2016. The four Goals used to develop the Council Work Plan were drawn and adjusted from the Council roles and responsibilities outlined in the Council procurement documents and agreed upon in the Council Charter.

Goal 1: Identify and, when possible, address challenges experienced by One Care stakeholders and promote successes that can be implemented by MassHealth, the One Care Plans, and One Care Ombudsman.				
Objectives	Activities planned to achieve this objective	IC Point Person & Workgroup members, if applicable	Partners the Council wants to work with to achieve objective	Completed by (month & year)
1.1. Work with One Care plan representatives to collectively identify at least one policy or implementation topic for deeper discussion per quarter to provide feedback, and to identify topics for presentation to the larger Council.	<ul style="list-style-type: none"> • Convene a workgroup of MassHealth, One Care plan and Implementation Council representatives to determine topics of shared interest for One Care plan updates. • Request quarterly updates from the One Care plans and/or other subject matter experts on topics identified by the workgroup. • Dedicate Council meeting time to provide community feedback on successes and challenges (as gathered by Council members) related to the topics at least quarterly. • Provide recommendations for improvement as needed to the One Care plans and MassHealth and document subsequent actions or responses. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Jeff Keilson • Implementation Council workgroup members: TBD 	<ul style="list-style-type: none"> • MassHealth • One Care plan representatives 	Convene workgroup by November 2016 Completed by December 2016

Goal 1: Address challenges experienced by One Care stakeholders and promote successes that can be implemented by MassHealth, the One Care Plans, and One Care Ombudsman.				
Objectives	Activities planned to achieve this objective	IC Point Person & Workgroup members, if applicable	Partners the Council wants to work with to achieve objective	Completed by (month & year)
1.2. Hear from the One Care Ombudsman regularly and take action steps to address any systematic issues that become apparent through OCO data and their work with enrollees.	<ul style="list-style-type: none"> • Work with OCO staff to determine what data is gathered and reported by the OCO. • Develop workgroup to work with OCO staff to schedule Council updates every two months to present and discuss data available to share with Council. • Make recommendations to MassHealth, the OCO, and One Care plans regarding how to address issues and trends identified by OCO staff and through the OCO data. • Work with OCO staff to identify ways in which the Council can support their efforts to provide assistance to One Care enrollees. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Olivia Richard 	<ul style="list-style-type: none"> • One Care Ombudsman Staff • MassHealth OCO liaison 	<p>Determine data availability by December 2015</p> <p>Completed by December 2016</p>
1.3. Identify One Care challenges and successes from various consumer and provider perspectives for discussion with MassHealth and One Care plan representatives.	<ul style="list-style-type: none"> • Develop tool or process for documenting information Council members hear from their networks regarding One Care's challenges and successes. • Create a standing agenda item for Implementation Council members to report on information gathered from their networks on challenges, successes and anecdotes regarding One Care. • Develop responsive recommendations and take action steps, as appropriate. 	<ul style="list-style-type: none"> • Implementation Council Point Person: David Matteodo 	<ul style="list-style-type: none"> • One Care Stakeholders 	<p>Create tool/process by November 2015</p> <p>Completed by December 2016</p>

Goal 2: One Care enrollees have access to covered services as needed, including medical, behavioral health, and LTSS services, and essential social services such as housing and employment.				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
2.1. Identify what's working well and what still needs improvement with LTS-C role, informed by stakeholder feedback, EIP data, Enrollee Assessment and LTS-C Referral quarterly reports.	<ul style="list-style-type: none"> • Recommend that MassHealth convene LTS Coordinator workgroup • Participate in LTS Coordinator Workgroup. • Draft a recommendation document that identifies successes, challenges, and action steps for MassHealth, the Plans and Council members with suggestions for improvement based on results of workgroup meetings. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Dale Mitchell • Implementation Council LTS Stakeholder Workgroup representatives: Florette Willis, Bruce Bird 	<ul style="list-style-type: none"> • MassHealth • Implementation Council representatives • LTS Coordinators • Stakeholder community • One Care Ombudsman 	February 2016
2.2. Promote and support the transition of FTC enrollees to help ensure the transition is smooth, adequately resourced, and equitable.	<ul style="list-style-type: none"> • Continue working with MassHealth to develop more hybrid approach to passive enrollment. • Provide assistance to MassHealth by reviewing member letters and materials, discussing continuity of care plans, and helping to develop member outreach strategies. • Suggest potential methods to protect enhanced One Care benefits for FTC enrollees who return to the fee-for-service (FFS) system. • Make recommendations for the enlistment of additional resources to assist enrollees in understanding their options for transitioning to another One Care plan, FFS, or other options. . Potential resources include: OCO, SHINE, LTS-Cs working with members and other state 	<ul style="list-style-type: none"> • Implementation Council Point Person: Dennis Heaphy • Implementation Council representatives 	<ul style="list-style-type: none"> • MassHealth through weekly meetings between July and September 30th • One Care plan representatives • One Care Ombudsman Office • SHINE staff 	October 2016

Implementation Council 2015 Annual Report

	<p>agencies engaged with FTC enrollees.</p> <ul style="list-style-type: none"> • Assist in outreach to FTC enrollee and provider community. • Monitor feedback and responses from FTC enrollees and providers in the community by soliciting input and anecdotal evidence from the OCO, SHINE, Council members, providers and advocates to help evaluate efficacy of current messaging and make recommendations for improving outreach strategies as needed. 			
<p>2.3. Promote the sustainability of One Care by advocating for appropriate funding and objective process for program growth.</p>	<ul style="list-style-type: none"> • Invite Fallon Total Care representatives to a Council meeting to discuss metrics used to make decision to withdrawal from One Care, recommendations to ensuring the sustainability of the program and steps being taken to reduce harm to enrollees resulting from the FTC exit. • Invite FTC leaders to submit to the Council best practices and accomplishments that can be used by remaining One Care plans during the duration of the Demonstration. • Invite One Care plan representatives to Council meeting to discuss the current state of their program, recommendations to ensure the sustainability of the program, and steps being taken to ensure the smooth transition of FTC enrollees enrolling in their plans, if applicable. • Request and review quarterly One Care plan financial reports. • Explore opportunities and ways to promote value-based purchasing of LTSS, including the LTS-C role in contracting with LTSS providers. Request conference call with CMS to discuss One Care plan rate and finances and to advocate for 	<ul style="list-style-type: none"> • Implementation Council Point Person: Bruce Bird • Implementation Council representatives • MassHealth Staff 	<ul style="list-style-type: none"> • MassHealth through weekly meetings between July and September 30th • One Care plan representatives • Encounter Data Workgroup • CMS staff 	<p>December 2016</p>

Implementation Council 2015 Annual Report

	<p>appropriate funding for One Care.</p> <ul style="list-style-type: none"> • Develop objective measures for determining capacity of remaining plans to accept new enrollees. • Expand the scope of the Encounter Data workgroup to focus on the development of objective metrics to assess ongoing performance and financial stability of One Care. 			
Goal 2: One Care enrollees have access to covered services as needed, including medical, behavioral health, and LTSS services, and essential social services such as housing and employment.				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
<p>2.4. Use Council networks to gather information from individuals and organizations with expertise in providing care to homeless populations including how to reach, engage and provide quality care to this One Care population.</p>	<ul style="list-style-type: none"> • Convene a work group, or leverage the Council/One Care plan/MassHealth workgroup, to address the issue of housing and homelessness in One Care. • Work with One Care plans to identify current strategies for reaching and serving enrollees experiencing homelessness. • Work with MassHealth and One Care plans to identify data sources for the number of One Care enrollees experiencing homelessness. • Harness expertise of Implementation Council members around developing recommendations on how to reach enrollees experiencing homelessness with peer supports. • Outreach to homeless provider community to identify strategies for and locating and working with homeless enrollees to make recommendations to the One Care plans. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Joe Finn • Implementation Council workgroup representatives TBD 	<ul style="list-style-type: none"> • MassHealth • One Care plans • CBOs such as housing support providers, or health providers 	<p>March 2016</p>

Implementation Council 2015 Annual Report

	<ul style="list-style-type: none"> • Make recommendations to One Care plans on strategies to increase enrollee ability to obtain and maintain stable housing. 			
Goal 2: One Care enrollees have access to covered services as needed, including medical, behavioral health, and LTSS services, and essential social services such as housing and employment.				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
2.5. Educate One Care plans and providers on how to use recovery principles in the delivery of care to One Care enrollees with behavioral health needs by increasing utilization of an array of diversionary services and community-based recovery services.	<ul style="list-style-type: none"> • Convene a work group to address mechanisms for increasing the capacity of One Care plans and providers to deliver services in a manner that incorporates the principles of recovery model. • Solicit input from Recovery Learning Communities and One Care plans on how Certified Peer Specialists (CPSs) are being used in One Care. • Determine ways to assess and track the use of CPSs in One Care. • Make recommendations to MassHealth, One Care plans and members to increase the awareness and utilization of CPSs, their role and how they can add value to integrated care teams. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Bob Rousseau or Howard Trachtman 	<ul style="list-style-type: none"> • One Care plans and providers 	May 2016

Goal 2: One Care enrollees have access to covered services as needed, including medical, behavioral health, and LTSS services, and essential social services such as housing and employment.				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
<p>2.6. The Encounter Data workgroup will offer MassHealth advice on data and policy questions that should be considered in One Care Encounter Data analysis.</p>	<ul style="list-style-type: none"> • Solicit input from Implementation Council members on suggested services for exploration by the encounter data work group. • Make recommendations for action by MassHealth and One Care plans based on the results of encounter data analysis. • Make recommendations to MassHealth on how to share the information with stakeholders in a meaningful and user-friendly way. • Make recommendations to MassHealth on how to use and organize existing One Care data in new ways to improve enrollee experience and assist in informing One Care plan performance improvement. • Integrate findings from One Care Quality Workgroup. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Olivia Richard • Encounter Data Workgroup 	<ul style="list-style-type: none"> • MassHealth staff participating on Encounter Data Workgroup 	<p>June 2016</p>

Goal 3: One Care enrollees will receive high quality care				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
3.1. The Council will provide 1-2 recommendations to One Care plans and MassHealth on how to improve integration/coordination of primary and behavioral health services.	<ul style="list-style-type: none"> • Receive an update from One Care plans on the topic of care integration and the composition of their integrated care teams. • Request feedback from Council member networks regarding integration of care and timeliness of completing individualized care plans in One Care. <p>Request presentations on successful models of care integration from Council members, selected providers & community-based orgs.</p>	<ul style="list-style-type: none"> • Implementation Council Point Persons: Bruce Bird, Bob Rousseau, Howard Trachtman) 	<ul style="list-style-type: none"> • One Care plan representatives 	April 2016
3.2. Individuals will have at least one tool to compare the One Care plans and One Care with the fee-for-service system in order to make informed decisions using objective information.	<ul style="list-style-type: none"> • Continue Council representation on One Care Quality Workgroup. • Inform Council of Quality Workgroup activities & solicit additional feedback for the workgroup. • Recommend format and content for a reporting tool or dashboard that provides enrollees and potential enrollees objective information about each plan and how access to services compares between One Care and the FFS system. • Convene a workgroup with MassHealth and One Care plan representatives to determine dashboard/product elements. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Dennis Heaphy 	<ul style="list-style-type: none"> • MassHealth 	December 2016

Goal 4: Public education and outreach activities will reach all potential One Care enrollees and providers				
Objectives	Activities planned to achieve this objective	IC Point Person and Workgroup members, if applicable	Partners the Council wants to work with on objective	Completed by (month & year)
4.1. The Council will work with MassHealth to develop new strategies for effectively reaching diverse communities in order to improve public education and outreach.	<ul style="list-style-type: none"> • Request update from MassHealth on outreach strategies. Provide feedback on MassHealth outreach efforts to ensure public education and outreach is effective. • Take part in One Care outreach events. • Increase awareness of One Care through outreach to Council member networks. • Identify communities where One Care outreach is needed. • Develop relationships with Community Health Worker (CHW) entities across the state. • Recommend ways to gear outreach to identified target populations. • Gather stakeholder feedback on outreach efforts through Council member networks and audience participation at Council meetings. • Consult/ask for recommendations from OCO. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Florette Willis and Jeff Keilson 	<ul style="list-style-type: none"> • MassHealth and UMMS staff involved in One Care outreach 	February 2016
4.2. By January 2016, reach 50 stakeholders through a tele-town hall to provide One Care information and answer questions.	<ul style="list-style-type: none"> • Work with MassHealth to host and facilitate listening session by January 2016. • Advertise listening session to Council member networks and broader stakeholder community. • Consider second listening session for providers. • Make recommendations to MassHealth based on feedback gathered during listening session. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Dennis Heaphy 	<ul style="list-style-type: none"> • MassHealth 	January 2016

Implementation Council 2015 Annual Report

<p>4.3. The Implementation Council will provide recommendations to One Care plans and MassHealth for new strategies for recruiting additional providers.</p>	<ul style="list-style-type: none"> • Offer forum to One Care plans to hear about the types of providers that need additional outreach. • Gather recommendations from Council members and their networks on how to reach and engage provider networks, especially primary care providers. • Report provider outreach suggestions to One Care plans and MassHealth. 	<ul style="list-style-type: none"> • Implementation Council Point Person: TBD 	<ul style="list-style-type: none"> • One Care plan representatives • MassHealth 	<p>April 2016</p>
<p>4.4. Make recommendations to MassHealth on what additional material and resources should be translated to other language including American Sign Language for One Care enrollees and how the materials should be distributed.</p>	<ul style="list-style-type: none"> • Identify One Care materials or information that should be made available in additional languages. • Determine which languages are needed by soliciting input from Council members and their networks and the OCO. • Develop a strategy to ensure community-based and other providers are offering communication access in alternative formats including American Sign Language Video Logs. • Make recommendations to MassHealth. 	<ul style="list-style-type: none"> • Implementation Council Point Person: Suzann Bedrosian 		<p>January 2016</p>

Attachment D: Encounter Data Workgroup Initial Analysis Questions

Suggested Categories and Questions for Analysis

Category	Questions about Encounter Data	Policy Questions
LTSS (HCBS taxonomy for service types)		
Personal Care	<ul style="list-style-type: none"> • How is PCA captured in encounter data? • Does encounter data capture personal care by program type? Ex. Self-directed, agency model, AFC, GAFC • Does encounter data capture hands-on assistance and cueing and monitoring separately? 	<ul style="list-style-type: none"> • How does PCA utilization in One Care compare to the FFS system? • Can we compare approved PCA hours to hours used to identify issues around access and workforce capacity? • Look at aggregate personal care: PCA, homemaking, Home Health; AFC/GAFC (but keep detail – should be instead of PCA); CHW?
DME/Assistive technology	<ul style="list-style-type: none"> • How will expansions of DME show up? 	<ul style="list-style-type: none"> • Is AT substituting for PCA or something else? ED visits? • Are One Care plans providing innovative technology such as Apps?
Non-Medical Transport		
Day Habilitation		
Home modifications		
Home Health		
Adult Day Health		
Diversiónary Behavioral Health	<ul style="list-style-type: none"> • Can encounter data be used to look at service utilization of homeless population vs. other populations? • Can analysis show a decrease in homeless statuses over time? 	<ul style="list-style-type: none"> • Are plans diverting from hospital admissions and ER use with diversionary behavioral health services? • Is the mix of behavioral health services changing? (inpatient vs. diversionary over time)
Certified Peer Specialists	<ul style="list-style-type: none"> • How is peer services use captured in encounter data? 	Are enrollees with behavioral health needs using peer services?

Implementation Council 2015 Annual Report

Category	Questions about Encounter Data	Policy Questions
Housing support or related services	<ul style="list-style-type: none"> • Are housing support services captured in encounter data? • Are housing search services captured in data? • Through what services are housing support services provided? (i.e. care coordination, Community Support Program) 	<ul style="list-style-type: none"> • How do One Care housing support services vary by plan?
Community Crisis Stabilization		
Acute Treatment Services (ATS) for Substance Use Disorders		
Clinical Support Services for Substance Use Disorders		
Community Support Program		
Partial Hospitalization (PHP)		
Psychiatric Day Treatment		
Structured Outpatient Addiction Program (SOAP)		
Intensive Outpatient Program (IOP)		
Program of Assertive Community Treatment		
Emergency Services Program (ESP)		
Primary Care and Preventative Services		
Community Health Center Services		
Community Health Workers		
Nurse Practitioner Services		
Physician (primary)		
Preventive Services	<ul style="list-style-type: none"> • Are preventative services not captured in HEDIS/CAHPs captured in encounter data? 	

Implementation Council 2015 Annual Report

Category	Questions about Encounter Data	Policy Questions
Hospital Use		<ul style="list-style-type: none"> • How does hospital use change over time? • How does hospital use vary by various enrollee characteristics?
Emergency Room		
Inpatient admissions – Medical		<ul style="list-style-type: none"> • Is there a relationship between medical-related hospital admissions and use of LTSS? • Readmissions (related cases)
Inpatient admissions – Behavioral Health		<ul style="list-style-type: none"> • Is there a relationship between behavioral health hospital admissions and use of diversionary behavioral health? • Readmissions (related cases) • Discharges w/n 30 days
Care Transition Support		
Pharmacy		<ul style="list-style-type: none"> • More pharmacy utilization because of no copays? • Utilization of off-label medications? (variety?)
Behavioral Health medication	<ul style="list-style-type: none"> • Can data be used to look at decreases in heavy behavioral health medications? 	<ul style="list-style-type: none"> • Anti-psych meds vs. psych services
Dental/Oral Health		<ul style="list-style-type: none"> • How does oral health services utilization through One Care differ from oral health services utilization through the FFS system?
Preventative		
Restorative		
Emergency		
Vision Care		
Eye examination		
Vision training		
Prescriptions		
Glasses		
Contacts		

Implementation Council 2015 Annual Report

Category	Questions about Encounter Data	Policy Questions
Administrative		
LTS Coordinators	<ul style="list-style-type: none"> • How does encounter data capture LTS Coordinator utilization? Ex. As a bundled service or by meeting with LTS Coordinator 	<ul style="list-style-type: none"> • How are they being used? Used over time? Patterns of usage?
Interpreter Services	<ul style="list-style-type: none"> • Are interpreter services captured in encounter data? • Is the interpreter services language captured in encounter data? Ex. ASL, Spanish • Do plans capture interpreter services and detail about the services in other data? Ex. remote vs. live interpreting 	<ul style="list-style-type: none"> • Are people who indicate that they need interpreter services during assessment accessing interpreters for certain services? • Live vs. remote services?

Other Questions about Encounter Data and analysis:

- How does the use of alternative payment methods, such as bundled payment, by One Care plans effect the ability to compare and contrast service utilization across One Care plans?
- How can One Care plans be objectively compared without consistent data collection methods?
 - One Care Plans use the same procedural codes
- Can demographic data be linked to the encounter data for further analysis? Ex. race, ethnicity, age.

Other Policy Questions:

- How does One Care service utilization vary by region?