

Implementation Council

4/12/13 Meeting Discussion Document

1. MassHealth Presentation

- Rates
- Update on Ombudsperson

2. Development of Subcommittees

Concern: The Implementation Council will work on varied issues related to implementation of the Duals Demonstration. Members have specific interests and skills related to these areas.

Discussion: The Implementation Council could develop subcommittees to complete the varied work of the Implementation Council. The subcommittees would report to the Implementation Council. The subcommittees would be responsible for developing work plans and establishing priorities. Each subcommittee would be open to participation by the broader stakeholder community with approval from the subcommittee chair. Recommendations would be made to the Implementation Council for approval. As a general guideline, subcommittees would be reflective of the membership of the Implementation Council.

Possible Resolution (to be further refined during the meeting): Create permanent and temporary subcommittees focused on the issues described below.

Temporary Subcommittees

- Charter and By-Laws:* A temporary subcommittee would establish meeting guidelines and policies. A draft charter and by-laws are available for consideration and further refinement.

Priority Permanent Subcommittees

- Continuity of Care/Access to Providers*

Concern: Members have relationships with specific providers that are essential to their health, well-being, and continuity of care. Some providers are located across the state and may not be within an ICO's geographic service area. Other providers may not be a part of an ICO network. Members may be told that they can no longer receive services from these providers.

Discussion: The Implementation Council could monitor access to providers to ensure members maintain access to providers that are critical to their care. In order to do this, certain data are needed.

- What data are needed?
- What are the data sources? (Ombudsperson, ICOs, EOHHS, members)

- How will the data get incorporated into quality improvement and result in refinement of policies?

Possible Resolution (to be further refined during the meeting): Create a subcommittee to further refine the data needs, continuously monitor access to providers, and report back to MassHealth for quality improvement purposes and to promote transparency. The subcommittee may consider developing recommendations to MassHealth for revising the definition of network adequacy to ensure access to providers.

c. Transparency and Monitoring (initial focus on Demonstration start up)

Concern: Reporting requirements are needed in order to allow the Implementation Council to effectively monitor program implementation and foster transparency. In particular, there is a need to monitor ICO competency and capacity to provide care for duals with the most complex needs prior to auto assignment. These requirements appear to be lacking. Reporting could focus on critical issues such as utilization of services, use of funds, and outcomes.

Discussion: The Implementation Council could develop and recommend reporting requirements for monitoring purposes and to ensure transparency.

- What data are needed?
- What are the data sources?
- How will data be monitored, in a manner that promotes real-time responsiveness?
- What type of independent monitoring by consumers is necessary to support transparency and promote innovation across the program?

Possible Resolution (to be further refined during the meeting): Create a subcommittee to develop a transparency and monitoring strategy that includes developing recommendations by May 10th, 2013 on independent monitoring and real time responsiveness to inform the implementation timeline and process. The subcommittee will also develop a work plan to provide the Implementation Council with guidance on development and implementation of transparent reporting practices across the program in a wider range of areas:

- ombudsperson findings, actions and patterns of complaints;
- financial incentives for primary care providers;
- network adequacy and functioning;
- ADA compliance;
- functioning of community health workers; and
- other areas, to be determined.

Additional Permanent Subcommittees

- d. *Cultural competency/quality metrics*: Provide Implementation Council with and guidance on best practices needed to accurately capture and address health disparities based on race, ethnicity, gender identity, and sexual orientation.
- e. *Population specific competency/quality metrics*: Provide Implementation Council with guidance on population specific best practices and quality metrics for communities including, but not limited to, mental health, intellectual/developmental disability, substance use survivor, homeless, adult-onset physical disability, deaf, hard of hearing, and blind and low vision.
- f. *Alignment with Healthy People 2020 goals*: Provide Implementation Council with guidance on development of systematic approach to aligning Demonstration outcomes with HP 2020 goals in the areas of
 - barriers to health care,
 - environment, and
 - activities and participation.

<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=9>

- g. *Long-Term Services and Supports (LTSS)*: Provide Implementation Council with guidance on issues related to LTSS including, but not limited to the
 - IL-LTSS Coordinator role,
 - IL-LTSS Coordinator quality, and
 - Measurement of LTSS utilization and outcomes.
- h. Additional subcommittees as determined

3. Training update