

**One Care Implementation Council Annual Report  
2013**

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## Letter from the Chair

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## 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 offered by 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 adults ages 21 to 64 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 Network Health.

### Implementation Council Charge

With input from stakeholders, 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 Implementation Council was formed through a Request for Responses (RFR) process. Interested individuals submitted nomination forms to EOHHS for consideration in December 2012. Selection criteria were established to ensure diversity of membership on the Council.

### Roles and Responsibilities

In their capacity as a working group convened to assist EOHHS in the implementation of One Care, the Implementation Council meets monthly to fulfill their roles and responsibilities which include: advising EOHHS; soliciting input from stakeholders; examining ICO quality, reviewing issues raised through the grievances and appeals process and ombudsperson reports, examining access to services (medical, behavioral health, and LTSS), and participating in the development of public education and outreach campaigns.

### Members/Composition

The composition of the Implementation Council must always be 15 to 21 members, at least half of which 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. Currently, 21 members make up the Implementation Council. Members and affiliation is listed below:

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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 Chelmow- Consumer Quality Initiative
- Audrey Higbee – Center for Human Development
- Jeffrey Keilson – Advocates, Inc.
- Dale Mitchell – Mass Home Care
- 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

## 2013 Year in Review

### Meetings

The Council began meeting in February 2013. Since then, the Council has convened as a full Council twelve times (in 2013). 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.

#### Schedule of Council Meeting, Subcommittee and Workgroup Meetings:

Meeting	Date
Implementation Council Meeting	February 15, 2013
Implementation Council Meeting	March 15, 2013
Implementation Council Meeting	April 12, 2013
Implementation Council Meeting	April 26, 2013
Implementation Council Meeting	May 10, 2013
Subcommittee: Continuity of Care, Access to Providers, & Transparency and Monitoring	May 24, 2013
Subcommittee: Cultural Competency, Population Specific Quality Metrics	May 29, 2013
Implementation Council Meeting	June 7, 2013
Subcommittee: Long Term Services and Supports	June 26, 2013
Implementation Council Meeting	July 12, 2013
Subcommittee: Long Term Services and Supports	August 6, 2013
Implementation Council Meeting	August 15, 2013
Implementation Council Meeting	September 20, 2013
Implementation Council Meeting	October 25, 2013
Implementation Council Meeting	November 15, 2013
Workgroup: Provider Strategy	December 13, 2013
Implementation Council Meeting	December 20, 2013

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MassHealth staff attends each Implementation Council meeting and present on One Care activities. In 2013, the Implementation Council requested and received updates on several topics relevant to the implementation of One Care including:

- The One Care plan readiness review process
- The financing of the Duals Demonstration (One Care)
- The Implementation Council budget
- One Care quality measures
- The Early Indicators Project
- One Care plan and provider training
- Auto-assignment processes and schedule

At the request of the Implementation Council, an agenda item for Implementation updates and business is provided at each One Care open meeting held by MassHealth on a near monthly basis.

Periodically, the Council has invited guest speakers to attend and present on topics relevant to the Council's work. Guest speakers and topics have included:

- The BD Group (March 2013)
  - *Problems and Improvements for the Financing of the Massachusetts Duals Demonstration*
- Dr. Lisa Iezzoni, Mongan Institute for Health Policy (July 2013)
  - *Quality Metrics for Individuals with Disabilities*
- Roxanne Reddington-Wilde, Action for Boston Community Development, Inc. (November 2013)
  - *Outreach Strategies*
- One Care plan representatives (December 2013)
  - *Successes and challenges during early implementation of One Care*

### Subcommittees & Workgroups

In addition to full Council meetings, the following three subcommittees were formed and held a total five meetings. Subcommittees included Council members and other stakeholders.

- Continuity of Care, Access to Providers and Monitoring and Transparency Subcommittee;
- Cultural Competency, Population Specific Quality Metrics Subcommittee; and
- Long Term Services and Supports Subcommittee

Within the Council, four working groups formed to target specific issues including:

- By-Laws and Charter;
- Council Priorities;
- Early Indicators Project; and
- Provider Strategy

## Activities and Accomplishments

Throughout 2013, the Implementation Council was actively engaged in each phase of the implementation of One Care. The Council's accomplishments have been robust and targeted toward the Council charge as requested by EOHHS. Below is a summary of Council activities and accomplishments as they relate to each charge of the Council.

### Soliciting input from stakeholders

All Implementation 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, and MassHealth and other state agency staff. In 2013, stakeholders were invited to provide input, voice concerns and ask questions related to One Care on a periodic basis. In 2014, the Council has committed to dedicating time during every meeting for stakeholder input and comment. Additionally, Implementation Council members often bring forth concerns and issues heard from their networks related to One Care.

Implementation Council members have diverse experiences and perspectives. Through Council member contacts within their networks, members are able to regularly bring forth a wide range of stakeholder input at Council meetings. Through discussion and the passing of motions, agreed upon by a majority of Council members, the Council brings these issues to the attention to EOHHS, as one way to fulfil its charge to solicit input from stakeholders.

In addition to hearing feedback from the broad stakeholder community, the Implementation Council has requested updates from One Care plans on a quarterly basis on topics of interest. The first report back from One Care plans on the topic of early successes and challenges occurred in December 2013.

### Examining One Care early implementation

In October 2013, four Implementation Council representatives began work on the Early Indicators Project (EIP) Workgroup, a collaborative effort between the Council, MassHealth and the University of Massachusetts Medical School. The workgroup has been tasked with assessing early perceptions and experiences of One Care enrollees. The workgroup uses a mixed method approach to collect data on enrollee experiences through focus groups, surveys and secondary data sources such as information collected from SHINE (Serving the Health Insurance Needs of Everyone), MassHealth Customer Service, the One Care Ombudsman, and the One Care plans. Implementation Council representatives report results of data collection back to the Council on a monthly basis.

The Council uses data collected and analyzed by the EIP Workgroup to inform recommendations to EOHHS in regards to the early implementation of One Care.



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### Examining access to services

A priority area of the Council is examining access to services. As part of the work of the EIP Workgroup, the Council monitors secondary data in order to uncover any disparities in access to care. The EIP workgroup is also conducting two surveys in 2014 to examine the enrollment process, assessment and care planning, care plans, care teams, and overall perception of One Care.

In addition to the work of the EIP, the Implementation Council formed and convened a Continuity of Care, Access to Providers and Monitoring and Transparency Subcommittee. The subcommittee met once in 2013 and made three recommendations to the Implementation Council relating to enrollee privacy and data collection.

Involvement in the role out of the Independent Living Long-Term Services and Supports Coordinator (LTS Coordinator) is an additional way in which the Council examines access to services. Representative from the Implementation Council take part in LTS Stakeholder meetings convened by EOHHS with the purpose of developing a common understanding of the LTS Coordinator role and value in One Care and ensuring One Care enrollees have access to necessary LTSS.

Council members also raise concerns to and share anecdotal data with MassHealth representatives during the meeting. This sharing of information allows MassHealth to further explore problems or successes and to engage Council members in sharing important information with their networks.

### Participating in the development of public education and outreach campaigns

Several Implementation Council members have been actively involved in One Care outreach through their representative organizations. Council members provide regular updates on inquiries fielded and concerns raised in outreach efforts. In November 2013, the Council invited community leader, Roxanne Reddington-Wilde, from ABCD, Inc. to facilitate a discussion on One Care outreach.

Council members also provided feedback to draft documents targeted to both eligible enrollees and providers. Feedback included appropriate content, messaging, layout, readability and languages.

## What Implementation Council Members have to say

“I am very appreciative of the OC IC's attempts to be transparent in all discussions and dialogues among its members, stakeholders, advocates, and other important people. Everyone, no matter their position in the council or participation level, people do have an opportunity to share their experiences and provide beneficial feedback to One Care IC and its plans during these early stages.”

- *Suzann Bedrosian, Consumer member, Deaf Community Representative*

“Despite my profound sadness that dual eligibles from Bristol and Barnstable counties will never have the opportunity to choose One Care in its present form, I am grateful that so many of our other MA citizens with severe physical and mental health disabilities throughout the state can benefit, if they so wish, from integrated health care. The Implementation Council has been diligent in its responsibility to provide both MassHealth and participating ICO-s with critical issues and concerns that have arisen and when addressed collaboratively will contribute to the effectiveness and success of this innovative endeavor in improving the quality of health care of a high risk population while reducing the cost.”

- *Robert Rousseau, Transformation Center / Fellowship Health Resource*

“Although we've had our share of challenges this year, we're the first state to start and leading in the demonstration process. Therefore, we're paving the way thanks to viable options offered by our subcommittees. Nevertheless, insufficient preparation surrounding LTSS service coordination and marketing materials not being reader friendly impacts progress. Since LTSS is the lynch pin, decisions made to shape the LTS Coordinator's role, assessment tool(s) used to determine enrollee needs and methods used by coordinators to navigate the new integrated system will be key. Finally, the minimal outreach & marketing methods has presented a barrier. However, the decision to improve marketing & training materials as well as a targeted outreach approach will simultaneously increase stakeholder understanding & involvement. “

- *Florette Willis, Consumer Member/M-POWER*