

One Care Implementation Council Meeting
The Boston Society of Architects – 290 Congress St.
Boston, MA
February 12, 2019 10:00 am – 12:00 pm

Council Member attendees: Suzann Bedrosian (by phone), Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Paul Styczko and Sara Willig.

Unable to Attend: Dale Mitchell

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMMS), Dan Concaugh (CCA), Hilary Deignan (UMMS by phone), Andrew Falacci (UMMS), Raymond Gomez (Tufts Unify), Josh Krintzman (CCA), Roseanne Mitrano (MassHealth), Jennifer Morazes (My Ombudsman).

Handouts: Agenda; Draft minutes from January 15th IC meeting, MassHealth Presentation, Tufts Health Unify Presentation on Network Adequacy, CCA Presentation on Network Adequacy.

Documents will be available online at <https://www.mass.gov/service-details/one-care-implementation-council>

Executive Summary and Action Items:

MassHealth presented on the updates to the new procurement for One Care Duals Demonstration 2.0 and outlined the requirements for network adequacy as stated in the current Once Care 3-way contract with the Plans, MassHealth and CMS

Action steps:

- MassHealth will review the time / distance parameters for network facilities in MassHealth contracts (other than One Care) to look at the 50-mile accepted distance for a second hospital in a Plan's network and access whether it is an appropriate parameter to use.

Tufts Health Unify and CCA presented on network adequacy:

Action steps:

- CCA agreed to have a meeting with CCA member families and the concerned Council Member to discuss how to best solve the issue of finding a PCP for the pediatric patients transitioning into adult primary care.
- MassHealth suggested the Plans present care coordination for the next IC meeting, with a specific focus on BH services and telehealth.
- A Council Member asked if the Plans could both share their ADA compliance forms:
 - Tufts said they would like feedback from the Council on their form and
 - CCA said they use a form from CMS.

General Action Items

Action steps:

- Council Chair: Outlined a new schedule for sending presentation documents to UMMS before IC meetings. To assist the Implementation Council, all IC presenters must get their presentation materials to UMass Medical School (UMMS) by close of business the Thursday prior to each Tuesday IC meeting. He said this will allow the UMMS team adequate time to convert the materials into accessible versions and distribute them to the Members who need them. The Chair may provide more guidelines in a complete motion at the next IC meeting.
- MassHealth suggested adding behavioral health (BH) and telemedicine services to the care coordination topics planned for the next time the Plans present to the IC.
- Council Member suggested looking into accessibility reporting, include description of parking area and neighborhood access where network entities operate.
- MassHealth stated the Healthcare Access Survey (HCAS), mentioned by both Plan representatives, may be a better way to monitor network accessibility.
- Council Member suggested the Plans connect with DPH ADA compliance staff in the Office of Health Equity.
- MassHealth recommended inviting a representative from the Department of Public Health (DPH) to a future IC meeting to present on ADA compliance.

Meeting Minutes:

1) Welcome/Review of Agenda/Introductions/Meeting Minutes

Paul Styczko, Implementation Council Member, opened the meeting and asked participants to state their name before speaking in order to help people on the phone and people with vision impairments. With no comments, the January 15th meeting minutes were approved as they are.

2) MassHealth Presentation:

Corri Altman Moore, MassHealth Director of Policy, provided an update on the One Care Plan Request for Responses (RFR) released February 11th 2019:

- The RFR incorporates important lessons learned since One Care began in 2013, including feedback received from the stakeholder community. It requires innovative and person-centered delivery of care;
- MassHealth will wait until new IC Members are on the Council to select Council participants for the review process.

Discussion / Questions

- Council Member asked for further explanation on the current process between MassHealth and CMS regarding Duals 2.0.
 - MassHealth explained CMS has begun the review process and both parties have created an aligned timeline to have a finalized memorandum of understanding (MOU) in early Fall which aligns when MassHealth plans to announce the One Care Plan selections.
- Council Member commented that the timeframe seemed long.
 - MassHealth explained the process with CMS takes time to review parts of the program design and it is important for CMS to align the programs with Medicare's calendar year. For this reason, the start date will be January 2021 which allows Plans adequate time to prepare.
 - CMS followed-up and explained the agency needs time to conduct readiness reviews, which cannot start until Plan selection.
- Council Member asked about MassHealth's plans if there are not enough Council Members who agree to be part of the consumer review process and if MassHealth would procure additional consumer reviewers from outside of the Council.
 - MassHealth said they do not plan to go outside of the Council for consumer reviewers and said their hope is that the new Council Members joining in March would enable plenty of interest and expertise.
 - MassHealth also said they expect the consumer review group to be smaller than the one used in 2013.
- Council Member asked if the single case agreements (SCA) mentioned in the presentation included pharmacy and durable medical equipment (DME) providers.
 - MassHealth confirmed that SCAs apply to all providers, including pharmacy and DME, if a member meets the requirements for a Plan to initiate a SCA.

- Council Member expressed concern over the requirement of 50-mile parameter for an acceptable second hospital in a Plan's network.
 - MassHealth acknowledged they will confirm the rule used in other MassHealth contracts. The MassHealth time/distance ratio typically used is 30 minutes / 10 miles. MassHealth explained the 50-mile parameter only applies for a second hospital and said this is not a change from the current One Care 3-Way contract.
- Council Member asked if the Medicare standard allows a hospital to be 50 miles away.
 - MassHealth confirmed the Medicare standard is 45 minutes/30 miles, but also explained how exceptions are granted when there is no hospital in the area; MassHealth does grant individual exceptions.
 - Council Member commented that geographic realities exist and setting standards is important – but also suggested that an hour is a long time to have to travel to access a hospital.
- Council Member asked how long the new One Care demonstration (Duals 2.0) is expected to run.
 - MassHealth stated the Duals 2.0 demonstration will be for 5 years with the option to extend in 5-year increments.
- Council Member asked if telemedicine can be used to meet access requirements and referred a recent MassHealth bulletin released on the incorporation of telemedicine.
 - MassHealth stated that use of telemedicine is not precluded from meeting access requirements – though it is not specifically mentioned in current contract amendment.
 - MassHealth further stated that they encourage innovation, such as telemedicine.
- Council Member stated the 30 minute/15-mile time/distance parameter for community LTSS services such as day habilitation is not realistic and said most members spend almost an hour in a vehicle because of traffic and limited transportation routes. Council Member stressed that the closest day habilitation program to member locality may not be the most effective and MassHealth should make sure the time/distance rules do not limit member access to the most appropriate program.
 - MassHealth agreed that time/distance is likely measured based on Google maps or a similar means and likely doesn't reflect reality and stressed that the time/distance minimum requirements are not meant to limit choice.
- Council Member asked what MassHealth would do if a member needed a specialist located out of state.
 - MassHealth explained Massachusetts has a large amount of specialist providers. MassHealth continued to explain how there are exceptions, but MassHealth handles the exceptions as they come.
- Council Member asked what MassHealth would do if an individual was forced to go to an in-network nursing facility which does not meet the member's needs or if an individual needed service from a specialist in Boston.
 - MassHealth acknowledged there can be challenges to finding services for individuals who have unique needs, despite strong networks of providers.

- MassHealth suggested the solution for both scenarios would be a single case agreement.

3) Network Adequacy (CCA and Tufts Health Unify):

Tufts Unify and CCA presented on network adequacy based on questions the Implementation Council had asked the Plans to address.

Raymond Gomez presented for Tufts Health Unify and Dan Concaugh presented for CCA.

Discussion / Questions

- Council Member stated there are large gaps in care caused by a lack of available specialists and primary care providers and that it is especially difficult to transition care from pediatrics to an adult primary care provider. The Council Member continued to say that the gaps lead to longer wait times to see a provider combined with compromises in care – such as seeing providers who lack the skill, expertise or commitment need to work with some patient populations.
 - CCA stated telehealth is one way to alleviate some of these network issues.
 - CCA has not noted issues with adults finding a primary care provider, except for instances where pediatric patients are trying to transition into adult primary care.
 - Council Member asked if CCA would be willing to meet with a group of families who cannot find adult PCPs for their children as they move to adult care.
 - CCA said that they would.
- Council Member asked how the Plans identify members who do not receive access to Behavioral Health (BH) services, and how the Plans measure the remedy.
 - CCA explained that there are always two BH homes available in an individuals' geographic community and they work to increase health homes to get services to individuals more quickly.
 - CCA said they hope telemedicine will have a larger role in the future but telehealth for BH services will only be used as an addition to in-person services; they said their goal is still to provide as many in-person services as possible.
- Council Member asked if the Plans differentiate between mental health and substance use disorder (SUD) within the behavioral health umbrella and whether the plans break things down to primary and secondary diagnoses. The Council Member stated that some consumers at Pine Street Inn are concerned that telemedicine may limit access to in-person care.
 - Tufts stated it does separate mental health and SUD conditions – but that it is a complicated process.
 - CCA stated they will never have telehealth as the sole provider for any member and that they do keep track of primary and secondary diagnoses but were not sure on the exact practice.

- Council Member asked if all members have access to BH services.
 - CCA responded each member has access to BH services in the network.
- MassHealth suggested adding BH and telemedicine services to the care coordination topics planned for the next time the Plans present to the IC.
- Council Member asked CCA to elaborate on the process for conducting an ADA compliance site visit, (including the check list used, the person who does the visit, and what level of expertise the site visitor has) as some facilities the Member has visited are not ADA compliant.
 - CCA explained that their ADA compliance checklist is from CMS and that they use the CMS regulation as a base when deciding a facility's accessibility and when assessing the network's overall ratio of compliant facilities. They said they are required to meet a certain ratio of ADA compliant facilities in its network though they are not able to make each facility ADA compliant.
 - CCA explained ADA non-compliance is sometimes due to inadequate public infrastructure or transportation; the Town or Municipality is often the responsible party and it is difficult to work with them on the issues.
 - CCA agreed to meet with the Member to further discuss gaps in ADA compliance across the network.
 - Council Member asked if the Plans could share their ADA compliance forms.
 - CCA agreed to share it
 - Tufts both stated that they would appreciate feedback.
 - Council member stated how the One Care demonstration is based on providing service to the high-need and high-cost populations but that non-compliance with ADA access limits provider networks. The member said both Plans should consider asking the local Independent Living Centers (ILCs) to go on ADA site visits to assess provider accessibility and said the Plans should think about how to collect the necessary data to assess access to services across their networks.
 - MassHealth explained there was a workgroup established during the first One Care demonstration to look at ADA compliance across networks but providers who were not ADA compliant did not respond to the workgroup's requests. MassHealth said those providers were not adequately accounted for, and the project did not provide accurate information.
 - MassHealth stated the Healthcare Access Survey (HCAS), mentioned by both Plan representatives, may be a better way to monitor network accessibility than having providers fill out the ADA compliance forms.
 - Council Member suggested looking more holistically about accessibility issues, including city and community structure where network entities operate.
 - Council Member asked MassHealth how much the agency coordinates with the Department of Public Health (DPH) on ADA issues, including provider accessibility and recommended inviting DPH to a future IC meeting.

- MassHealth agreed it would be good for DPH to attend an IC meeting and possibly present on ADA compliance.
- Council Members expressed concern that much of the network adequacy information comes from complaints, so Plans may not be capturing the full extent of issues.
- CMS stated it appreciated the framing of the discussion, as working on accessibility issues is important to many populations and the One Care program over-all. CMS will look forward to working with the Council on the issue.

4) Public Comment:

- Phone participant from SHINE expressed concern over the expansion of single case agreements and about network adequacy for nursing facilities. The caller also mentioned the aging and disabilities resources meetings are held quarterly, which MassHealth or the Council may consider attending. She said the next few meetings will focus on peer recovery.
 - MassHealth recommended the caller connect with Malinda Elwood from MassHealth to discuss her concerns and suggestions in more depth.

The meeting was adjourned. Future meetings include:

Tuesday March 12, 2019

10:00-12:00

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210

Tuesday April 9, 2019

10:00-12:00

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210