**One Care Implementation Council Meeting**

**Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA**

**November 13, 2018 10:00 am – 12:00 pm**

**Council Member attendees:** Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Dan McHale, Dale Mitchell, Paul Styczko and Sara Willig.

**Key Stakeholders and Support Staff attendees:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass Med.), Daniel Cohen (MassHealth), Hilary Deignan (UMass Med.), Andrew Falacci (UMass Med.), Raymond Gomez (Tufts Unify), Josh Krintzman (CCA), Mark Margiotta (Tufts Unify), Roseanne Mitrano (MassHealth), Jennifer Morazes (My Ombudsman), John Ruiz (Commonwealth Care Alliance).

**Unable to Attend**: Suzann Bedrosian, Henri McGill

**Handouts:** Agenda;Draft meeting minutes from 10-9-18, MassHealth presentation, *My Ombudsman* presentation, Tufts Unify presentation on Women’s Health and Jeff Keilson’s presentation on loneliness and Isolation.

Documents will be available online at [***https://www.mass.gov/service-details/one-care-implementation-council-0***](https://www.mass.gov/service-details/one-care-implementation-council-0)

1. **Welcome/Review of Agenda/Introductions**

Implementation Council Member Paul Styczko opened the meeting and asked participants at the table and on the phone to introduce themselves before speaking.

1. **Review of October 9th IC Meeting Minutes**

Council Chair, Dennis Heaphy, presented the meeting minutes from the October 9 IC meeting and asked the Council if there were any suggestions or concerns about the minutes.

* Council Member asked for a list of action steps to be provided at the bottom of the meeting minutes document moving forward.
	+ Later in the meeting when a quorum was reached, the minutes were presented and approved.
1. **MassHealth Update**

Corri Altman Moore, Director of Policy for MassHealth, provided the update, which included a review of the One Care Implementation Council member procurement and a review of the current Duals 2.0 process.

* MassHealth has extended the deadline for the IC member procurement until Nov. 16, 2018.
* MassHealth has sent out the Notice of Intent to Apply for all new Plans who would like to join One Care.
* CMS representative added the current One Care Plans will be following their ordinary annual renewal process as they each have done in previous years.
	+ MassHealth explained there is no current public posting of the Plans who have applied or intend to apply.
	+ The RFR is on schedule to be released at the end of November or in December – based off the previous estimate on October 1st of the RFR being released in 1-2 months.
1. **Tufts Unify Presentation on Women’s Health**

Raymond Gomez introduced the Tufts Unify team, including Elizabeth Bean, Bea Thibedeau, Joan Creen and Mark Margiotta. Bea Thibedeau led the presentation which featured three case studies on Tufts members during their pregnancies.

* Council member asked for clarification on CSP
	+ Tufts explained a CSP is a “community support partner,” similar to a peer support person. CSPs traditionally work for community-based organizations (CBOs).
	+ The CSP is able to help with many different needs involved in social determinants of health, including transportation and special needs.
* Tufts explained how the Plan reports the HEDIS measures directly to Medicare (CMS) and how the Plan wanted to present the measures to the Council, despite the HEDIS numbers (2016, 2017) being small.
	+ Tufts did not present on the 2015 numbers because the numbers were too small.
* MassHealth asked Tufts to speak about its standard quality of care, specific to women and women’s health issues. MassHealth asked how Tufts ensures members get the care they need.
	+ Tufts explained how the emphasis of the Plan’s quality standard measures is on the overall network of care providers and services. Building a robust network ensures members receive the quality care they require.
	+ Often there is a need to obtain a service outside of the network and Tufts works to meet each of those specific requests.
	+ The goal is to initially connect a member with a physician who will be able to help the member navigate the services needed. By building a robust network of providers, Tufts said they are able to provide members with quality care to meet their diverse needs.
* Council Member asked MassHealth if there is an existing benchmark for Plans’ quality standards.
	+ MassHealth explained there is no specific benchmark for One Care Plans. MassHealth does review both the 75th and 90th percentile data on the national level.
	+ Tufts explained they also analyze HEDIS benchmarks at the state (Massachusetts) and national levels.
* Council Member asked if Tufts offers lactation support services for members.
	+ Tufts said they have lactation support services as well as support groups
* Council Member asked what Tufts is doing for ID/DD population members, specifically pertaining to preventative screenings.
	+ Tufts said they ensure all physicians who are part of the network are able to meet all ADA required standards. By building a robust network of physicians, they can support the diverse needs of its member population.
* Council Member asked how Tufts addresses missed appointments and if the LTS Coordinators can play a role in the solution.
	+ Tufts explained MassHealth is a good partner in helping with redetermination and reducing churn.
	+ They also said the LTS Coordinator recommends services and assists with scheduling appointments.
	+ Tufts said they have team members who are focused on utilization.
* Council Members asked if the plan or MassHealth covers a baby born to a member?
	+ MassHealth said they would cover the child, not the One Care Plan.
* Council Member asked Tufts how the Plan was able to secure housing for the mother mentioned in case study 3.
	+ Tufts explained the issue was a high priority, and the Plan was able to leverage its network to obtain housing.
1. **My Ombudsman Quarterly Presentation**

Jennifer Morazes delivered the My Ombudsman quarterly update. During the presentation, Morazes mentioned the move from the One Care Ombudsman to My Ombudsman, which now currently houses all MassHealth Ombudsman programs. She said My Ombudsman has completed a robust outreach effort since the change and will continue to attempt connecting with members across the Commonwealth.

* MassHealth asked for clarification on the “care management contact” category.
	+ My Ombudsman representative clarified the category as instances where individuals contacted the organization to ask for assistance reaching their care manager or to ask questions about the care manager role.
	+ Council Member acknowledged this as a gray line between a member inquiring about their care manager and complaining about their care manager and said it may be worth assessing the care manager policies and procedures.
	+ Tufts explained there is sometimes a delay after a member receives their letter and when the care manager is able to first contact them.
	+ CCA explained there is often confusion when there is a change in care manager, but they try to communicate with all parties and ensure a warm hand-off.
	+ Council member acknowledged not receiving a letter after she changed care managers four times.
	+ Both CCA and Tufts agreed to review their care manager policies and procedures.
* Council Member recognized the responses under the “Legal Assistance” category as a red flag, because members may be needing legal assistance. The Member explained how it is important to follow up on these cases.
* MassHealth explained how there is often an increase in contacts to My Ombudsman following times where MassHealth sends out mailing, as MassHealth did in the summer.
* Council Member suggested looking at themes of members contacting My Ombudsman over time to get a sense of what members are continuously asking or concerned about.
* Council Member asked if the numbers presented by My Ombudsman reflect the total number of members effected by a specific complaint, as the Council Member previously called with a complaint affecting 26 total members.
	+ My Ombudsman representative explained the noted complaint would have been recorded once.
	+ She also explained that communications to My Ombudsman represent instances where members call or contact the organization. The numbers do not represent specific issues, or the number of total members effected.
1. **Presentation on Loneliness and Isolation:**

Implementation Council Member, Jeff Keilson presented on loneliness and Isolation and their effects on One Care members, specifically. The presentation addressed issues such as the need to build community networks, the health risks of loneliness and the possible benefits to the population through enacting reforms to mitigate loneliness.

* Both Tufts and CCA representatives explained how critical of an issue loneliness is and how the Plans would like to learn more from Keilson
	+ Keilson agreed to send the Plans a larger presentation on loneliness and isolation as well as collaborating with the Council on the subject in the future.
	+ Keilson also offered to do in-house trainings for the Plans.
* CCA plans to use their “member voices” program to provide peer support services, similar to services designed for recovery services, to members who are affected by loneliness. CCA plans to pilot a program for matching peers together.
* Council Member acknowledged how important an issue loneliness is, as she has a friend who is deaf and was suffering from loneliness due to a lack of communication.
* Council Member stressed the importance of correctly diagnosing loneliness to qualify individuals for services, such as mobility devices, to help them mitigate their isolation and participate in their communities more. For the mentioned member, the mobility device gave her mobility and allowed her to participate in the community.
	+ The Council Member mentioned how the example of an individual receiving a mobility device was possible because of a care manager’s assessment and knowledge of a fund available for similar needs.
	+ Council Member asked if there are ways to implement solutions to loneliness where a care team may suggest a solution, but the Plan denies the added transportation cost, for example.
* Council Member suggested designing ways to reach out to individuals as many who are isolated may not reach out for help.
	+ Keilson explained he has yet to see instances of individuals not finding something to follow-up on if the conversation starts.
1. **Public Comment:**

The Council Chair invites those who whish to participate to join the Council for a video conference call with the CMS Duals Office Director, Tim Engelhardt, and CMS Representative, Jennifer Baron, on November 26th from 1-2:30 PM at the UMass, Beacon Hill Campus at One Beacon Street, Boston MA

* The Chair said the meeting will be an opportunity for the Council to:
	+ - Express support for the One Care model;
		- Present a list of innovative recommendations and:
		- Raise awareness of the One Care Implementation Council to State and Federal officials
* MassHealth presented Florette Willis with a certificate of appreciation for her service to the One Care Implementation Council.

**Upcoming Meetings:**

Tuesday, December 11, 2018

10:00 am -12:00 pm

Department of Public Health (DPH)

2nd Floor

250 Washington Street

Boston

Tuesday, January 8, 2019

10:00 am -12:00 pm

Federal Reserve Building

The Boston Room, 4th Floor

600 Atlantic Ave.

Boston