

One Care Implementation Council Meeting

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

Boston, MA

January 9, 2018 10:00 am – 12:00pm noon

Council Meeting attendees: Crystal Evans, Dennis Heaphy, Jeffrey Keilson (participated by phone), David Matteodo (participated by phone), Henri McGill (participated by phone), Dan McHale, Dale Mitchell, Paul Styczko, Howard Trachtman (participated by phone), Sara Willig, and Florette Willis (participated by phone).

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass Support), Daniel Cohen (MassHealth), Hilary Deignan (UMass Support), Malinda Ellwood (MassHealth), Raymond Gomez (Tufts Health Plan), Andrew Johnson (Tufts Health Plan), Joshua Krintzman (Commonwealth Care Alliance), Lisa McGlinchy (UMass Shared Learning), Scott McManus (One Care Ombudsman Office), Roseanne Mitrano (MassHealth), Burt Pusch (One Care Ombudsman Office), John Ruiz (Commonwealth Care Alliance), Amanda Shea (One Care Ombudsman Office).

Unable to Attend: Suzann L. Bedrosian, Lydia Brown.

Handouts: Agenda; Meeting minutes from 12-12-17 (Draft), OCO presentation, Shared Learning document, MassHealth update presentation, Dec 12/LTS Coordinator discussion presentation, future agenda items discussion. Documents will be available online at: <https://www.mass.gov/service-details/one-care-implementation-council-0>

1) Welcome/Review of Agenda/Introductions

- One Care Implementation Council Chair Dennis Heaphy opened the meeting.

2) Approval of Meeting Minutes

- December 12th Implementation Council meeting minutes were approved unanimously.

3) One Care Ombudsman update / discussion

- IC Chair Dennis Heaphy prefaced this discussion by encouraging IC members to listen to this presentation with the idea of making recommendations to MassHealth for the upcoming three-way contract amendments.
- One Care Ombudsman 4th Quarter *and* End of the Year Overview, presented by Burt Pusch, Scott McManus and Amanda Shea.
 - The OCO reported on the inquiries and complaints received this quarter, and identified the High Level topics for each category.
 - For inquiries, the high level topics included access/benefits and enrollment questions (including 5 calls from people who wanted information on how to disenroll – or leave the One Care program).
 - For complaints, the high level topics were benefits/access, appeals/grievances, access to LTSS, transportation, and durable medical equipment.
 - The OCO quarterly report also went over how callers heard about the OCO (OCO's magnet was by far the most effective), and the new customer satisfaction survey results for the quarter (95%-100% satisfaction rates).
 - The OCO then presented the OCO 2017 yearly overview.
 - The report identified trends from various time periods throughout the year (issues around transportation services and dental care). All of the trending issues were able to be resolved through (1) provider education, (2) member education, (3) plan education or (4) plan clarifying or simplifying the system in place.
 - The data showed that over the year there has been a decrease in the number of complaint calls.
 - The one on-going trend identified was that approximately 1 out of 5 callers who contacted the OCO struggle with understanding the language of MassHealth, One Care, and/or provider notices, particularly around continuity of care, redetermination requests and any changes to One Care, provider services and the plans.
 - The OCO is working to increase outreach in Central and Western Massachusetts.
- **Questions and Comments Raised during Presentation:**
 - IC Chair asked how many of the people who called with inquiries about One Care ended up enrolling.
 - OCO answered that most of the folks who call have already decided they want to join One Care and are calling to get information on the enrollment process.

- OCO also said that the majority of disenrollments were due to their provider not being part of One Care.
- IC Chair requested information in the future on the reasons why people enroll and disenroll from One Care.
- IC Member asked if the OCO get repeated calls about certain vendors or agencies. Member also asked how it was documented when one caller had multiple complaints.
 - OCO answered that there have not been any patterns or trends as far as vendors or agencies. Scott explained that each complaint gets marked down separately, so if one caller has one complaint about DME and one complaint about transportation they would each be counted separately.
- IC Chair stated that it would be helpful to track the complaints by both provider and plan to help the Council determine if the issue is lack of member education or the plan not covering the benefit.
- Tufts Plan Representative stated that Tufts has access to the OCO complaints but would like to see how the OCO resolves them. Tufts uses different categories to organize the complaints and inquiries they receive directly from members.
- MassHealth described the two ways MassHealth is involved with the OCO; (1) When there is an emergent access to care issue MassHealth is immediately involved; (2) MassHealth has regularly scheduled bi-monthly meetings with the OCO to monitor what is being reported to the OCO. MassHealth explained there is behind-the-scenes monitoring around complaints, even though the number of complaints is small. The OCO also has contracts with the plans to monitor and report on the calls the OCO is receiving.
- IC Member asked if it was possible to track grievances filed directly with the plans so the IC can see them.
 - MassHealth said this could be presented to the IC in the future and that the trends are the same – complaints about transportation and dental.
 - MassHealth stressed the importance of educating the member to file a complaint if they are dissatisfied in any way; sometimes the complaint is just a misunderstanding or a denial because the service is not covered (for example, dental implants are not a covered service).
 - OCO reiterated that some of the confusion is also from the providers who do not know what dental services One Care covers.
 - Since dental services are a commonly misunderstood service, MassHealth said they would add a side-by-side comparison chart onto the One Care web site.
- CCA Plan Representative stated that from a big picture perspective the mission of the OCO is to make sure people have appropriate access to services. Josh would encourage people to go to plans with issues first, and only call the OCO when it is appropriate and needed. He said from the numbers presented, that seems to be working.
- IC Chair said that maybe there needs to be a work group to look at the complaints from MassHealth, the Plans, and the OCO to identify trends.

- OCO said with transportation, you cannot assume it is the same problem throughout the year and that the plans have been responsive, resulting in fewer calls.
- IC Chair suggested a special place on the MassHealth web site for One Care updates so members can be better educated.
- MassHealth asked if there were any specific notices that could be re-written or changed for better member understanding.
 - OCO identified the following times that members would benefit from simplified language: (1) assuring members that there will be *continuity of care* during transitions, (2) in letters sent by MassHealth, Plans and Providers (who may need to be educated on how to best draft communications to members).
 - IC Chair suggested it would also help to notify care coordinators and / or managers when the letters are going out, if possible.
 - OCO said there is a lot of anxiety from members around any letter from MassHealth and any change in services, but that some of that anxiety might be alleviated with softened language that assures members that coverage will continue.

4) One Care Shared Learning

- Lisa McGlinchy from UMass invited the Implementation Council members to look at the topics selected by the One Care Shared Learning team this year. The topics are (1) Addressing Sexual Health and Preventative Care in Assessments and Care Planning, (2) Building Communication Access: Language and Cultural Considerations, and (3) Incorporating Recovery Principles for Individuals with Substance Use Disorders. These topics will be covered in educational webinars presented for providers and care coordinators over the year. Lisa shared an overview of the Shared Learning participants over the past few years. Currently most of the participants (30%) are in administration, with the lowest number of participants in the role of MD (7%) and Nurse Practitioner (6%). Lisa is interested in feedback from the IC about what the Providers need to know about these topics.
- Live and recorded webinars, online trainings, and videos are accessible on the Shared Learning website at <https://onecarelearning.ehs.state.ma.us/>
- Anyone interested in working on this with Lisa should email her at lisa.mcglinchy@umassmed.edu.
- **Questions and Comments Raised During the Presentation:**
 - IC Chair asked if there were incentives that either MassHealth or the plans could offer to primary care and other providers as a way to increase the numbers participating in the webinars?
 - The representatives from the plans offered to provide the Council with more information on what, if anything, can be done to increase participation by primary care providers.
 - The representatives from the plans agreed that if participants could get continuing education credits for the webinars that this might increase participation.

- IC Member wanted to confirm that One Care Members were considered stakeholders for the Shared Learning initiative.
 - UMass confirmed that One Care members were considered stakeholders.
- IC Member stated that recognizing the LGBTQ status of One Care members should be a precondition to addressing sexual health, in order to ensure it is done in a culturally competent way.
 - MassHealth stated that they are introducing new language adding LGBTQ and gender identity into the new One Care assessment during their presentation.
- IC Member suggested the trainings should inform providers on the lack of accessible tables for women's health exams. IC Member also stated that people in Massachusetts with disabilities can have their children removed by the state because of their disability status.
- IC Chair suggested that addressing sexual health should be part of person-centered care, looking at the whole person and their family unit, and not simply addressing reproductive health.
- IC Chair recommended IC Members Paul, Howard and Florette as the experts on using the correct language for accurate cultural competency.

5) MassHealth Update

- Corri Altman Moore from MassHealth introduced the proposed draft language for an upcoming amendment to the Three-Way Contract. The updated amendment includes new language regarding the Long-Term Supports (LTS) Coordinator, clarification that the LTS coordinator role incorporates behavioral health and the recovery philosophy, and providing the LTS Coordinator with increased access to One Care members' information.
- MassHealth has worked with CMS to add two new questions to the MA Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey in 2018 to better reflect issues pertaining to members living with disabilities.
- MassHealth proposed draft updates for the comprehensive assessment on sexual and reproductive health and, at the option of the enrollee, sexual orientation and gender identity questions.
- MassHealth also would like feedback on the new "friendly" web addresses.
- The One Care website <https://www.mass.gov/one-care> and the Duals website <https://www.mass.gov/integrating-medicare-and-medicaid-for-dual-eligible-individuals>
- MassHealth asked for feedback on what IC members would like to see in the Frequently Asked Question (FAQ) section of the new website.
 - IC Chair suggested that the IC would need to decide on a process for offering feedback.
- **Questions and Comments Raised During the Presentation:**
 - IC Member suggested that MassHealth contact Elder Services to find out what language the ASAPs are using in their Home-Based Services assessment domains – as they are using the newest, vetted language regarding gender identity and LGBTQ status.
 - IC Member specified that the cultural competency around the whole family is important – not just around work with the One Care member.

6) Feedback/Discussion on December 12th meeting on LTS Coordinator role – reviewed by IC Chair Dennis Heaphy

- The IC goal is to provide specific feedback to MassHealth regarding best practices for the LTS Coordinator role.
- IC wants the LTS Coordinator role to be a non-medicalized role that incorporates independent living and recovery theories to avoid the medicalization of the person with disabilities.
- IC wants the LTS Coordinator to be involved in medical advocacy that supports the member's goals.
- The IC has dedicated 3 meetings to the topic of LTS Coordinator; the third and last meeting on this topic will be in February with a presentation from the Plans (Tufts and CCA).
- **Questions and Comments Raised During the Presentation**
 - IC Member stated belief that the under-utilization of the LTS Coordinator is not because of lack of marketing but because One Care members don't seem to understand what the coordinator does or why they would need one. The IC Member believes this could be rectified by making the initial contact with the LTS Coordinator mandatory – to allow each member to make an informed choice. The IC Member also suggested that the contract should specify that cultural competency is required for all coordinators with a minimum training component.
 - BCIL LTS Coordinator Manager, who was present at the December meeting, stated that coordinators' consistently carry a caseload of about 150 consumers with 50 – 60 active members and the rest open, but only active intermittently. The LTS Coordinator Manager stated that a LTS Coordinator has no authority to get involved in medical decisions. While the Coordinator acknowledged that she had given an example of helping a One Care Member get out of the hospital at the last meeting, this is not a typical situation. The LTS Coordinator said the decision to get involved in medical decisions is made on a case-by-case basis.
 - IC Chair asked MassHealth the best way to make recommendations on the contracts One Care plans make with Community Based Organizations (CBO) that provide LTS Coordinators.
 - MassHealth said to offer ideas to MassHealth.
 - MassHealth said not all issues can be solved in contract language and that contract language for One Care's Three-Way Contract will not solve the access to service issue. MassHealth often hears that the LTS Coordinators have high workloads from the plans. MassHealth proposed that the plans could present on this challenge as part of their presentation in February.

7) Future Agenda items:

- Plan presentations on LTS Coordinator in February
- IC work plan review and voting in February
- Full report on December 8th Town Hall as well as planning for additional telephonic town hall in March

- Communication access presentation in March

8) Upcoming Meetings:

- Tuesday, February 13, 2018, 10:00 AM – 12:00 PM
Health Policy Commission (HPC), 50 Milk Street, 8th Floor, Boston, MA
- Tuesday, March 13, 2018 10:00 AM – 12:00 PM
One Ashburton Place, 21st Floor, Boston, MA