

One Care Implementation Council Meeting
One Ashburton Place, 21st Floor
Boston, MA
June 14, 2018 2:30pm – 4:30 pm

Council Member attendees: Suzann Bedrosian, Crystal Evans, Dennis Heaphy (Chair), Jeffrey Keilson, David Matteodo, Henri McGill, Dan McHale, Dale Mitchell, Paul Styczko, Howard Trachtman (Vice Chair), Florette Willis (Vice Chair) and Sara Willig.

Presenters: Corri Altman Moore (MassHealth), Tim Engelhardt (CMS), Liz Goodman (MassHealth), Elizabeth Larsen (MassHealth), Rosanne Mitrano (MassHealth), Dan Tsai (MassHealth).

Unable to Attend: Lydia Brown

Handouts: Agenda, MassHealth presentation.

Documents will be available online at <https://www.mass.gov/service-details/one-care-implementation-council-0>

1. Welcome and Introductions

- Implementation Council (IC) Chair, Dennis Heaphy, opened the meeting with introductions.

2. Updates from MassHealth and CMS

- Dan Tsai, Director of MassHealth, provided a brief overview of One Care and SCO, two specific programs for people who are dually eligible for both Medicaid and Medicare. The overview also included a description of MassHealth's working relationship with the Centers for Medicare and Medicaid Services (CMS) office, and Tim Engelhardt, Director of the CMS Medicare-Medicaid Coordination Office.
- MassHealth presented the five key objectives of the Duals 2.0 plan being proposed to CMS.
 - Grow enrollment of SCO and One Care among dually eligible members
 - Achieve a more seamless member experience by increasing administrative alignment and integration
 - Strengthen the fiscal stability of the One Care program for both the Commonwealth and CMS
 - Use innovative approaches to ensure fiscal accountability and sustainability for CMS, plans and providers and MassHealth
 - Enter into a shared savings with CMS, and measure value and quality of care achieved system-wide
- Corri Altman Moore, MassHealth Director of Policy, highlighted the policy changes within the proposed Duals 2.0 plan MassHealth hopes to work on with CMS, including:
 - Increased enrollment in One Care and SCO through expanded passive enrollment with fixed enrollment periods and robust member protections, including a 90-day continuity of care period, fixed enrollment exceptions, SHINE counselor assistance and thoughtful approaches to ensure sufficient networks
 - Increased administrative alignment and integration through unified communications and a streamlined appeals and grievances process
 - Strengthened fiscal stability through a Medicaid rate setting methodology accounting for the enrolled population and their complex service needs and a stable Medicare rate setting used by Medicare across the country
 - Innovative approaches to ensure fiscal accountability and sustainability through new approaches to protect plans, MassHealth and CMS from financial instability
 - A shared savings agreement with CMS to reflect system-wide generated value
- Elizabeth Goodman, Director of MassHealth Office of Long Term Services and Supports (LTSS), explained the evaluation process for the proposed Duals 2.0 plan

would continue to recognize that One Care and SCO are two separate programs with two separate evaluations.

- Dennis Heaphy, IC Chair opened the meeting to the Implementation Council Members and to the general public for comment.

3. Discussion

- Jean Batty, from Compassionate Care ALS: shared the story of a client with ALS that she works with who has dual eligibility and has had to move to a facility to get the care he needs. She stated that if One Care and the many supports available through the program were available in his county (Bristol County) this man would be able to live home. She expressed the need to expand the One Care program, so it is available in all localities.
- Sara Willig, IC Member: expressed concern over unified communication strategies. She stressed that this can inhibit determinations about who needs accommodations, and can create problems with direct communications between the plan and the enrollee, undermining the goal of the communication process in general. She stated this is especially problematic when the communication is published above a fifth-grade reading level.
 - Tim Engelhardt: Clarified that what was meant by unified communication in this context was not that all communications will be through one modality but rather putting all applicable information in one place. He clarified that an example of this would be putting Medicare and Medicaid information for One Care members in one place – so members don't have to search the Medicaid and the Medicare sites. He stressed that the actual messaging will continue to be population specific.
- Dale Mitchell, IC Member: asked if the SCO passive enrollment will include elders on the Frail Elder Waiver?
 - Elizabeth Goodman, MassHealth: stated that at this time MassHealth has not determined whether to passively enroll those on the Frail Elder Waiver to SCO. MassHealth would like to use passive enrollment in time for populations on some of the waivers – but at this time they have not decided to include or to exclude any particular group.
 - Tim Engelhardt, CMS: stated that there is no intention to destabilize Area Agencies on Aging and Services (AAAS), Home and Community Based Services or Aging Services Access Point (ASAP) and stressed that SCOs are part of ASAP services.
- Dale Mitchell, IC Member: asked how CMS views passive enrollment in terms of the Medicare voluntariness rule.
 - Tim Engelhardt, CMS: stated that CMS generally perceives passive enrollment as a voluntary enrollment. The concept of passive enrollment is not foreign, but it is not as common at the Medicare level. CMS has not seen a proposal yet and there will be a rigorous evaluation process to

ensure that a meaningful choice remains for Medicare recipients if passive enrollment is adopted.

- Dennis Heaphy, IC Chair asked about the impact of locking people into plans.
 - Tim Engelhardt, CMS: stated that the Medicare regulations will be changing so that members with dual eligibility will only be able to change their plans on a quarterly basis, instead of a month-to-month basis. This is a Medicare change and there are a lot of exceptions to this rule. This is not part of the Duals 2.0 proposal.
 - Dan Tsai, MassHealth: stated that MassHealth wants to put a lot of work into analyzing data and finding the best plan option for each member. This will lead to more members remaining in the same plan overtime; which helps mitigate the initial cost and investments the plans put forward when new members join. Plans see costs go down per member after about nine months. It is better to have their members remain in the plan past the nine-month mark, so plans can benefit from the drop in total costs.
- Dennis Heaphy, IC Chair: asked how MassHealth will reduce the turnover among One Care members? He stated that the Council is committed to continuity of care and making sure members remain on their plan. Dennis suggested MassHealth put a proposal together to address the underlying cause of turnover among One Care members - people cycling on and off the program.
 - Dan Tsai, MassHealth: stated that MassHealth has re-implemented reporting to help the plans identify members who have missed the redetermination process. Through this, plans can reach members and provide support, so the members can submit their redetermination documentation in a timely manner and continue their care without interruption. MassHealth believes this is effectively helping to identify members who need support.
- Neil Cronin, Mass Law Reform:
 - *Fixed Enrollment Period*: suggested MassHealth should evaluate adding a 1-year continuity of care and eligibility period onto the 9-month fixed enrollment period to create a beneficiary trade-off.
 - *Shared Savings*: stated that consumers should have the benefit of shared savings on medical costs. He would like to know how consumers will know that savings are staying in circulation and benefiting them directly.
- Olivia Richard, MA ADAPT: expressed concern about the impact of passive enrollment on people who have known incompatibilities with One Care (for example their providers are not connected with One Care)? She wanted to know if there was a way to alert these consumers to passive enrollment?
 - Dan Tsai, MassHealth: responded that the goal is to design SCO and One Care to grow in the future so more plans and providers join these plans; which means some of the people who currently have incompatibilities may not in the future. MassHealth does not want people to have to make the choice between their Primary Care Physician and One Care.

- Sara Willig, IC Member: stated that people who have rare conditions need to be able to go out of the state to see specialists sometimes. She suggests that One Care needs to cover out of state services for people in these situations.
- Bill Henning, DAAHR, BCIL: questioned where One Care is on past and current innovations. He gave examples that includes durable medical equipment and incontinence supplies etc. He would like to revisit the significant technical and fiscal issues around these things.
- Bill Henning, DAAHR, BCIL: Additionally, he stated that the Implementation Council is a very empowered stakeholder and he would like to see a similar entity for the Accountable Care Organizations.
- Susan Fendell, Attorney - Mental Health Legal Advisors Committee: Stated that nine months is not enough time to see reduced costs for a member with behavioral health issues. She suggested that out of network approvals should be continuous for someone who wants to stay with their behavioral health provider since the therapeutic alliance is the most accurate indicator of favorable outcomes. She further stressed that if Medicare and Medicaid want to reduce health care costs, one way to do that is through innovations in social determinants of health. She wondered how CMS approaches investments into social determinants of health investments specifically addressing housing?
 - Tim Engelhardt: Stated that unmet need related to social determinants of health (including housing, transportation) typically arise during a care coordinator or case manager visit addressing a health care need. He stated that while historically CMS does not pay directly for housing costs, he also hasn't seen any proposals asking CMS to cover this yet.
- Howard Trachtman, IC Vice Chair: stated that it is important to reach an economy of scale with One Care, with robust provider networks. He expressed concern that in the past One Care lost a plan (went from 3 plans to 2 plans) and wondered how CMS / MassHealth will prevent this from happening in the future?
 - Elizabeth Goodman, MassHealth: answered that MassHealth has been working to add experience-based and risk-adjusted rates to the Medicaid finance side. She said that by paying a plan for what their actual experience has been in terms of the cost of serving that member – this should help resolve some of the past issues with rates. Additionally, MassHealth is proposing the Duals 2.0 plan include appropriate risk adjusting across plans that will reflect the highly-complex and high acuity members seen in One Care in the rates.
 - Additionally, she stated that MassHealth is proposing to move One Care to a similar financing structure as the model for SCO to create a more stable base for financing the program. She stated MassHealth is also proposing to implement quality bonuses and quality rebates, like those currently in SCO today to increase support for the plans.
 - Lastly, she clarified that the most important stabilizing aspect of the financial proposal MassHealth is making in Duals 2.0 is a stop-loss around high utilizers that will protect plans from the high costs for highly complex and high acuity

members. She said the goal is to help mitigate the uncertainties in One Care, which drive many of the plans' current losses.

- Ellen Breslin, Health Management Associates (HMA): asked what is an optimal plan enrollment number?
 - Liz Goodman, MassHealth: stated that she cannot provide an “ideal” number of plans for the risk adjustment methodology. She said that there are 300,000 eligible individuals in the Commonwealth, but many cannot participate for a variety of factors.
- Ellen Breslin, HMA: asked what are the plans' standards or expectations for providers to ensure an equal quality of care measurement across Duals 2.0?
 - MassHealth stated they will implement a continuous post-acute risk adjuster in SCO and eventually One Care to take into account social determinants of health and functional status.
 - MassHealth stated that they plan to set rates based on a reference population. MassHealth's goal for Duals 2.0 is to set rates based the plans' experiences combined with a risk adjustment for the Medicaid benefit packages.
- Ellen Breslin, HMA: asked how far away can MassHealth move from fee-for-service in Duals 2.0?
 - Corri Altman Moore, MassHealth: responded that MassHealth does not pay at the same level as Medicare for some services, which affects capitation rates. She said that going forward MassHealth will be mindful and creative about engaging providers to make sure there are incentives for providers to find value in the system and change the norms.
 - Tim Engelhardt, CMS: Stated that payment system redesign is not about simply setting capitation rates. “I wrote down to *‘throw out the code book.’*” He said that the details remain very important – and that there needs to be care in planning to be sure that Duals 2.0 does not exclude the right kind of costs.
- David Matteodo, IC Member: asked what the financial footing of the One Care plan is now? He also asked why this change is necessary?
 - Corri Altman Moore, MassHealth: responded that there have been many variations in One Care over time. She went on to say that currently CCA has a lot of the surplus, and Tufts is working on this. MassHealth is looking for a more sustainable long-term plan where the risk adjustment plan will help mitigate cost differentials from individuals amongst plans. To help reach that goal, the Duals 2.0 proposal considers diagnosis, functional status and social determinants of health, while helping to grow the program as well.
- Collin Killick, Disabilities Policy Consortium (DPC): asked if there will be any distinction in terms of how long the fixed enrollment period is in Duals 2.0? He asked specifically if individuals who lose coverage and regain it within the year will still be considered in the fixed period or if they will fall in a new enrollment period?
 - Dan Tsai, MassHealth: answered that the fixed enrollment period is a 90-day time frame where members can choose what plan they want to be in and make a different choice if they wish. He said that if the member leaves, and comes back, the 90-day period would start again upon their return date.

- Florette Willis, IC Vice Chair: asked what educational provisions have been taken to reach people from ethnically diverse populations and ensure diverse awareness and enrollment in One Care?
 - Dan Tsai, MassHealth: stated that MassHealth fully agrees on the need for more information sharing for the purpose of One Care enrollment.
- Dan McHale, IC Member: stated that the provider cap can be very challenging for providers, and could make it difficult to achieve the goal of growing the program. He suggested that the goal should be to promote flexibility amongst providers. He said that he understood that there may be financial limitations, but stated that the Massachusetts Hospital Association wants to continue the dialogue with MassHealth to mitigate the challenges related to the provider cap.
 - Dan Tsai, MassHealth: stated that to attract providers to come into the network the One Care and SCO plans pay, in some cases, significantly more than what would be paid collectively as a system under fee-for-service. He agreed that this is a complex topic and there will need to be very detailed discussions about this to allow for value-based payment contracts that provide balance.
 - He further clarified that MassHealth wants to address the issue by designing a system where providers and plans can enter into a value-based payment contract, where they can focus on outcomes together.
- Olivia Richard, MA ADAPT: asked why MassHealth is not actively using passive enrollment for people in the nursing home community (referring to page 18 of the proposal / concept document posted for this meeting)?
 - Dan Tsai, MassHealth: answered that MassHealth agrees with the goal of getting people into community-based settings as often as possible, but stated that this needs to be done thoughtfully. He stated that a dialogue on this subject will remain open between MassHealth and other stakeholders including MA ADAPT.
- Sara Willig, IC Member: stated that Duals 2.0 needs to include social determinants of health, and needs to clarify what benchmarks for functionality are being used because things like quality of life and quality of care mean different things to different people. It is concerning to hear about quality bonuses, quality scores and rebates because it is unclear whose perspective dictates quality.
- Dennis Heaphy, IC Chair: stated that the One Care demonstration permits innovation. He said that the emphasis of increasing scale over innovation is good, but innovation needs to remain at the center of the argument. “This includes throwing out the code book. It is important to maintain what makes One Care unique before it goes to scale.”

4. Final Review of the Meeting

- Corri Altman Moore, MassHealth, presented the outlined process to come (slide 10 of the MassHealth presentation):
 - Duals 2.0 would begin in 2020 at the earliest. Over the long term, CMS, partners and plans, provider communities and the stakeholder community will be involved in the process as MassHealth continues to invest in the innovation.

DRAFT Meeting Minutes from June 14, 2018 – One Care Implementation Council Meeting

- The concept paper sent to CMS is posted in a new area on the Dual Demonstration website for Duals 2.0. It can be accessed from the One Care and the SCO websites.
- Please send questions or comments, suggestions and recommendations from all of the various lenses here in the room. Please include the organization name, if applicable, and contact information. These can be submitted by email to Lou, a procurement coordinator. They can also be mailed or hand delivered. Typewritten submissions are preferred.
- The slides from today will be posted on the same page the concept paper is going to be on. The link is on the agenda for today.
- Dennis Heaphy, IC Chair, closed the meeting.

Upcoming Meetings:

Tuesday July 10, 2018
10:00 AM - 12:00 PM
Health Policy Commission (HPC)
50 Milk St., 8th Floor
Boston, MA

September 12, 2018
10:00 AM - 12:00 PM
Location TBA