

Date: Wednesday, March 19, 2014

Start/End Time: 3 PM – 4 PM

Location: 1 Ashburton Place, Boston MA – Manning Conference Room 5th Floor

Attendees: Council Members: Bruce Bird, Myiesha Demery, Dennis Heaphy, and Denise Karuth
MassHealth: Robin Callahan, Corri Altman Moore, Michele Goody and Dorothee Alsentzer
Council Staff: Wendy Trafton and Kate Russell

Attachments:

- A: Implementation Council Priorities 2014
- B: MassHealth Priorities for Implementation Council Input
- C: Annual Report Outline 2013

Meeting Summary:

Priorities Areas for 2014

- Implementation Council members presented Council Priorities outlined in Attachment A: Implementation Council Priorities 2014.
- MassHealth requested that Council priority activities be organized into a work plan for 2014 and that any activities requiring additional funding beyond the current Council budget be requested in the form of a formal proposal to MassHealth.
 - A formal proposal to MassHealth should include: what the activity is, how it is consistent with the roles and responsibilities of the Council, and how much it will cost. The proposal should have the full support of the Council.

Implementation Council 2014 Work Plan

- MassHealth presented on EOHHS priorities for One Care Implementation Council input (See Attachment B) in the form of a 2014 timeline. The document outlined key One Care activities that MassHealth requests action and input on throughout the course of the year.
- MassHealth requested that a work plan of Council activities be completed and submitted to MassHealth by May 30, 2014.

Annual Report 2013 Annual Report

- MassHealth provided an outline for the Implementation Council 2013 Annual Report (See Attachment C) that is due to MassHealth by May 30, 2014.

Attachment A: Implementation Council 2014 Priorities

1. Provide input on auto-assignment Phase III and the broader roll out. Input should be informed by reviewing data provided by MassHealth
 - Focus on underserved populations including C2, C3, race, ethnicity, housing status, LGBT status, geographic status, gender
 - Information is needed regarding if there is capacity to complete LTSS assessments and if educational information will be available regarding the role of the LTS Coordinator.
 - There is concern that potential enrollees will make poor decisions due to inadequate or misinformation. May recommend slowing down auto assignment depending on data.
2. Monitor the overall performance of the Demonstration, including the ability of plans to meet the unmet needs of One Care enrollees
 - Monitor and make recommendations based on overall financial, utilization, and access data, as well as, enrollee experience
 - Monitor how financing is working in One Care in order to protect consumer access to services, in particular, LTSS. A way to do this is through looking at unmet needs and CBO contracting issues.
 - Obtain and analyze data on provider experiences and make recommendations based on analyses.
 - Hear from One Care plans regularly at meetings on topics determined by the Council.
3. Provide recommendations on independent monitoring and participate in ongoing quality monitoring and Early Indicators Project
 - Participate in an ongoing workgroup similar to the EIP workgroup
 - Provide guidance and input on independent monitoring based in consumer driven values and using participatory research models
 - Examples of items to research include enrollee privacy and understanding enrollee's perceptions of their rights under One Care
4. Have an active role in decision-making regarding the development and implementation of the LTS Coordinator (LTSC) role
 - Examples of activities include reviewing data, such as LTSC caseload data, and ensuring LTSCs have knowledge of peer support and peer support networks
5. Provide input on outreach strategy to underserved populations
6. Provide input on provider outreach and education/training
7. Provide recommendations on enrollee privacy

Attachment B: MassHealth Priorities for One Care Implementation Council Input

Update to MassHealth’s letter to the Council on 10/03/13

Recognizing that the Implementation Council (IC) is currently developing a work plan for 2014, we are framing MassHealth’s priority areas for IC input around the work plan concept. To maximize the value of the work plan as well as the IC’s impact, we have created a programmatic timeline for your consideration outlining One Care implementation and monitoring activities in the first half of 2014. The schedule flags topic areas and specific opportunities where MassHealth requests IC review and input. We will provide an update for the second half of 2014 as future needs come in to focus. In planning IC activities related to the issues and activities outlined below, we ask the IC to continue its efforts around:

- advising EOHS;
- soliciting input from stakeholders;
- examining plan quality;
- reviewing issues raised through the grievances and appeals process and ombudsman reports;
- examining access to services (medical, behavioral health, and LTSS); and
- participating in the development of public education and outreach campaigns.

With the IC’s action and input on these aspects of implementation, One Care will be in the best position to succeed at the program and member levels.

2014	Topic	One Care Activity and Requested IC Action
January & ongoing	Early Indicators Project (EIP)	MassHealth publishes monthly data reports from the EIP workgroup. The Implementation Council has designated four members to be on the workgroup. MassHealth asks that the IC, via its members of the workgroup, provide feedback on content and format of the EIP reports. We also ask IC members to encourage people to provide feedback through EIP-trackable channels (OCO, CST, SHINE, plans’ grievance/appeals processes).
February & ongoing	EIP	Members may be contacted by UMass Medical School to participate in focus groups or surveys about their experiences with or perceptions of One Care. We ask that IC members encourage people to respond if contacted.
March	Auto Assignment	MassHealth invites the IC to provide input on important considerations for passive enrollment as the process continues moving forward, including specific suggestions for improvements and evaluating member experiences. Please provide input by the end of March in order to allow MassHealth the opportunity to fully consider suggestions within time constraints of the passive enrollment schedule.
Ongoing	LTS Coordinator Role	MassHealth requests the IC’s continued participation in ongoing discussions with a range of stakeholders regarding implementation of this role.
March 3 & ongoing	One Care Ombudsman (OCO)	OCO launches services. MassHealth requests that IC members spread the word about the OCO’s availability and services in their respective networks.
March/April	EIP	Focus groups are planned for members with ID/DD & caregivers, Spanish speaking members, and auto-assignees. IC representatives on the EIP workgroup provided guidance on recruitment strategies for these focus groups. The EIP workgroup now seeks IC input, through members the IC has designated to participate in the workgroup, on domains (planning underway in March).

2014	Topic	One Care Activity and Requested IC Action
Late March	Newly Eligible Mailing	MassHealth is sending out One Care info/enrollment packets to approximately 13,500 members who appear to be newly eligible for One Care and who have not previously received any One Care information from us. We ask IC members to notify their networks/contacts that this mailing has gone out, and to continue to provide ideas and feedback to MassHealth on the enrollment materials, and on MassHealth’s strategies for member outreach to newly eligible individuals.
April & ongoing	One Care Community Outreach	IC members are working with MassHealth to design and implement strategies for community-based outreach to members about One Care, including outreach to underserved communities. MassHealth is also planning community outreach meetings around the state. We seek IC input on additional opportunities and contacts at community-based orgs, as well as active participation by IC members in the outreach activities. Please identify materials needed, e.g. PowerPoint, poster, or one-pager; languages; or special content. We also invite input from the IC on additional strategies to outreach effectively to specific populations, including those with high behavioral health and community support needs.
April/May	EIP	MassHealth expects to release the first EIP dashboard with enrollment, CST, SHINE, and OCO data. MassHealth asks the IC for Input on the dashboard, including the content (metrics included), format, and overall effectiveness. Please share ideas with workgroup members as soon as possible (planning/design begins March 2014).
April/May & ongoing	Twitter for One Care	MassHealth expects to begin tweeting about One Care topics through a MassHealth Twitter account this Spring. We welcome ideas for content, and invite IC members who use Twitter to follow and RT @MassHealth as part of a broad strategy to increase One Care’s visibility among members, providers, and other stakeholders.
May/June & ongoing	One Care Provider Outreach	MassHealth is working on several approaches to engaging providers, including: convening a roundtable of medical providers and association reps to discuss best practices to engage the medical community; placing One Care information in trade publications/journals; and providing training in the One Care care model and core features through webinars, in-person sessions and other formats. We continue to be interested the IC’s input on how best to engage providers, including on such specific topics as: what kind of information and/or training would be meaningful for providers in your associations or networks; which providers are most critical to engage; and how MassHealth can most effectively reach those providers.
May 30	2013 IC Annual Report	MassHealth asks the IC to submit its 2013 Annual Report by this date. (Suggested outline provided 3/19/14.)
May 30	2014 IC Work Plan	MassHealth asks the IC to submit its 2014 Work Plan by this date. Please consider creating a work plan that identifies substantive IC actions on a timeline that reflects One Care’s programmatic phases (for example, self-selection enrollment, auto assignment, beginning of effective coverage, deadlines for Initial Assessments, care transitions/continuity of care, early member feedback, early provider feedback, evaluating outreach strategy going forward, etc.). This document provides a prospective programmatic timeline with identified areas of need and specific opportunities for IC review and input. We ask the IC to consider this in crafting the work plan.

2014	Topic	One Care Activity and Requested IC Action
July	EIP	MassHealth expects to release a final summary of the 5 EIP focus groups. While this concludes the EIP's focus group research, we seek continued IC engagement to bring community feedback to MassHealth going forward. Please consider compiling informal/anecdotal feedback by topic and/or frequency to share with us. This would be helpful in rounding out the EIP data, since many members may not report concerns through EIP data sources (CST, SHINE, OCO, plans).

Attachment C: Implementation Council 2013 Annual Report Outline

- I. Letter from the Chair
 - a. Highlights of accomplishments of the year
 - b. Partnership with MassHealth
 - c. Goals of Council

- II. Background - Description of the Council
 - a. Roles and Responsibilities
 - b. Members/Composition

- III. 2013 Year in Review
 - a. Schedule of Meetings
 - b. Subcommittees & Workgroups
 - c. Activities and Accomplishments in meeting Roles and Responsibilities
 - i. Soliciting input from stakeholders
 - ii. Examining One Care early implementation
 - iii. Examining access to services
 - iv. Participating in the development of public education and outreach campaigns
 - d. What Council members have to say: - *quotes from Implementation Council members?*