

One Care Implementation Council Meeting

April 15, 2016 1:00 PM – 3:00PM

Health Policy Commission

50 Milk Street, 8th Floor Conference Room

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Joe Finn, Dennis Heaphy (Chair), Remon Jourdan (by phone), Jeff Keilson, David Matteodo, Vivian Nunez, Olivia Richard (by phone), Paul Styczko, Howard Trachtman (Co-Chair), Sara Willig, Florette Willis (Co-Chair)

Unable to Attend: Lydia Brown, Rebecca Gutman, Denise Karuth, Moses Mallard, Dan McHale, Dale Mitchell, Bob Rousseau

Guests: Susan Fendell and Miriam Ruttenberg, Massachusetts Mental Health Legal Advisors Committee

Handouts: Agenda; Meeting Minutes from 3-18-16 (Draft); One Care Update; Dashboard Presentation; Behavioral Health Privacy Workgroup Presentation; and 2015 Annual Report Presentation. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: April 15, 2016
1:00-3:00 PM
Health Policy Commission
50 Milk Street – 8th Floor
Boston, MA

1) Welcome, Review of Agenda, and Approval of Meeting Minutes

Howard Trachtman, co-chair welcomed attendees and opened with meeting announcements.

- A Council member noted suggested changes to the March Implementation Council meeting minutes including two comments regarding the topic of homelessness that were not captured in the distributed draft meeting minutes.

A motion was made to approve the meeting minutes from the March 18, 2016 Implementation Council meeting with noted changes.

The motion was seconded.

The motion passed unanimously.

- The Chair noted that the Council has been asked to submit suggested changes to the One Care 3-way contract by mid-May. A subgroup of Council members will meet before the May deadline to discuss contract amendments.

2) One Care Update

Corri Altman Moore, Roseanne Mitrano and Jennifer Maynard provided an update on One Care. Nicole Brault, One Care Quality Manager, presented data on One Care grievances and appeals.

Outreach

- An update was provided on the recent outreach events scheduled in preparation for a wave of auto-assignment with a May 1st effective date.
- It was clarified that Commonwealth Care Alliance (CCA) opened 100 slots for new enrollment during the auto-assignment phase.
- Enrollment figures for both CCA and Tufts were provided:
 - Tufts
 - 976 enrolled
 - 172 opted out
 - 145 cancellations
 - CCA
 - 28 enrolled
- It was clarified that One Care plans are open in Suffolk and Worcester County only.
- A Council member inquired as to whether MassHealth knew why enrollees were choosing to opt out of One Care during auto-assignment.
 - It was noted that opt-outs are likely made for a variety of reasons, however a commonly heard reason is that a member's Primary Care Provider (PCP) is not in the One Care plan's network.

Quality – Grievances and Appeals

- A question was asked regarding whether the One Care Ombudsman had access to data on grievances and appeals to know whether they have been resolved.
 - It was noted that complaints are tracked in an online system called the Complaints Tracking Module (CTM) which can be accessed by MassHealth, CMS and the One Care plans.
 - Plans report complaints data on a monthly basis therefore the information MassHealth and CMS can see is not real-time information.
- A question was asked regarding whether the complaints included in the CTM included complaints regarding services typically covered by Medicare.
 - It was noted that the CTM includes Medicare complaints.
- A question was asked regarding whether the tracking system described was unique to One Care.
 - It was noted that CTM is a Medicare tool that CMS uses with Medicare Advantage and Medicare-Medicaid Plans.
- A question was asked regarding whether there has been any follow up in regards to raising awareness or highlighting Ombudsman services with member notices.
- A question was asked regarding the difference between a grievance and an appeal.
 - It was noted that an appeal results when a member disagrees with a service decision such as a denial or reduction. An appeal generates a second level review.
 - A grievance is a general complaint in regards to a service or a provider.
- A question was asked as to how the grievance and appeals data shared compares with other MassHealth programs and Medicare.
 - It was noted that other MassHealth programs may not report grievance and appeal data at the same level of specificity as One Care.
- A question was asked as to whether grievance and appeals tracking includes whether the complaint was resolved.
 - It was noted that all grievances and appeals are required to be resolved and closed.
- A question was asked as to whether the number of transportation related grievances and appeals could be a result of the capacity of transportation providers.
 - It was noted that the transition in transportation providers after the continuity of care period has been challenging for plans especially for day habilitation services when the enrollee and transportation providers often have an ongoing relationship.

- It was noted that transportation, within the grievances and appeals data, refers to non-emergency transportation only.
- A Council member commented that there may be geographic differences in transportation issues.
- A comment was made that transportation issues could be a result of a high percentage of enrollees requesting transportation and that there could be differences in the composition of members who are requesting transportation.

3) Dashboard Presentation

Dennis Heaphy presented on building a dashboard to monitor One Care and inform stakeholders.

- A comment was made that the dashboard example from California included data from its managed care program rather than duals demonstration. It was also noted that California is struggling with similar issues as Massachusetts around encounter data.
- A comment was made that the issue around sharing data on the number individuals with autism has recently been discussed by advocacy groups and that this process may be useful in regards to data collection and use of software.
- A Council member asked a question about the disclaimer language found at the bottom of the presentation that states the presentation is view of the Council and is not endorsed by MassHealth.
 - It was noted that the information provided in the presentation represents the perspective of the Council and not EOHHS, however it is the hope of the Council that a dashboard would be created in collaboration with MassHealth and the One Care plans.
- A comment was made that the dashboard should be colorful and visually appealing.

4) Behavioral Health Privacy Workgroup Update

Susan Fendell, Miriam Ruttenberg and Dennis Heaphy presented on recent activities of the Behavioral Health Privacy Workgroup.

- MassHealth provided an introduction and noted that the workgroup was convened to bring interested parties together for open and honest collaboration around the issue of behavioral health privacy. It was noted that One Care plans currently participate in the workgroup along with Council representatives and additional stakeholders from the Mental Health Legal Advisors Committee (MHLAC).
- It was noted that the behavioral health privacy guiding principles and best practices intended to create conversation and dialogue between the enrollee, the provider and the plan about how to meet the enrollee's needs and to create better health outcomes.

- MassHealth noted that an important outcome of the workgroup was the emphasis on the importance of education for the health plan, member, and provider groups. The importance of coming to an understanding around rights to releasing information was also noted.
- It was noted that trust is an important component of the enrollee provider relationship, especially around sharing behavioral health information.
- A comment was made that providers have a professional responsibility to serve individuals without stigma.
- A comment was made that the workgroup discussed situations where a provider may not treat an individual with behavioral health issues any differently or with stigma, but the fact that a diagnosis or certain medication is listed in their medical records follows the individual, and could affect them when accessing future care.
- A question was asked regarding whether individuals have a right to access their medical records.
 - It was noted that while individuals have a right to access their medical records, there are restrictions on a patient's right to access their therapy notes.
- A Council member noted that he hears from providers the importance of integrating behavioral health. It was noted that it seems beyond the scope of the Council to make decisions on keeping certain health information separate.
 - A comment was made that the two resources developed by the workgroup emphasize the importance of respecting individual enrollees wishes regarding their behavioral health information.
 - A comment was made that within a person-centered health care system, the individual should drive their care.
 - It was noted that revisions to the language of the guiding principles may be needed regarding access to medical records vs. access to medical notes.
- A question was asked as to what MassHealth is doing to raise awareness among providers and to encourage them to use the guiding principles around behavioral health care.
- A question was asked regarding whether information on behavioral health care is shared among providers if no action is taken by the member.
 - It was noted that providers can share member health information with other treating providers.
- A Council member shared her experience with stigma by providers as a result of her behavioral health diagnosis. She also noted that an additional barrier to receiving access to medical records is the cost to receive copies of one's records.
- Representatives from the One Care plans were invited to provide comment on the topic of behavioral health privacy.

- A plan representative noted that work remains to be done with providers around the issue of stigma and behavioral health privacy and that support from MassHealth and CMS will be needed to begin to address these issues.
- A plan representative commented that an enrollee who chooses not to disclose their behavioral health information may not derive the additional benefits of integrated health. The representative noted from a personal perspective, stigma thrives in silence and that perpetuating the silence of stigma can create roadblocks to integration of care. Confronting stigma will require member and provider education.
- CCA is currently looking into a pilot of peer-based empowerment and anti-stigma training to help individuals develop skills to stand up to stigma.
- A question was asked around technological best practices such as technology that can check for adverse drug interactions and whether other technological best practices were available.
 - The example of Open Notes was provided, however it was noted that Open Notes, which refers to the ability of individuals to see their health records, is a practice and not a technology.
- MassHealth suggested spending time at the next Council meeting to further discuss the issues raised at the Council meeting around behavioral health privacy. It was also noted that it will be important to share the guiding principles and best practices developed by the Behavioral Health Privacy workgroup with the Council before the next discussion.

5) 2015 Annual Report Presentation

Florette Willis, led a presentation on the process underway by the Council to submit the 2015 Annual Report.

- The 2015 Annual Report will be submitted to EOHHS by the Council next month in May.
- Council members were reminded to send in quotes reflecting on the Implementation Council past year for inclusion in the Annual Report.

6) Comments from Stakeholders

- A Council member announced that the Deaf Grassroots Movement of Massachusetts' National Deaf Rally would be taking place at the State House on May 4th 2016.

Next Council Meetings:

May 13 2016
1:00-3:00 PM
1 Ashburton Place, 21st Floor
Boston, MA

June 17, 2016
1:00-3:00 PM
250 Washington St., 2nd Floor
Boston, MA