

One Care Implementation Council Meeting

December 20, 2013 1 PM – 3 PM

State Transportation Building

10 Park Plaza, Boston, MA

Council Members Present: Suzann Bedrosian, Theodore Chelmow, Myiesha Demery, Joe Finn, Anne Fracht, Rebecca Gutman, Dennis Heaphy (Chair), Audrey Higbee, Denise Karuth (by phone), Jeff Keilson, David Matteodo, Dan McHale (by phone), Olivia Richard, Bob Rousseau, Peter Tallas, Howard Trachtman (Co-Chair) (by phone), Florette Willis (Co-Chair)

Council Members Absent: Bruce Bird, Dale Mitchell, Vivian Nunez, Jorge Pagan-Ramos

Handouts: Agenda, Meeting Minutes (11/20/13), Approved Motions Summary Document, Early Indicators Project update presentation, One Care Enrollment Update, Year in Review presentation. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday January 31, 2014 **12:00-2:00pm**
1 Ashburton Place, 21st Floor
Boston, MA

1) Approval of Meeting Minutes

A motion was made to approve the Implementation Council meeting minutes from the 11-15-13 Council meeting.

The motion was seconded.

Ayes: 17

Nahs: 0

Abstentions: 0

The motion carried.

2) Early Indicators Project (EIP) Workgroup Update

Olivia Richard presented on the EIP workgroup activities to date. The EIP workgroup goal is to assess the perceptions and early experiences of MassHealth members regarding One Care.

- A question was asked regarding whether Deaf individuals will be included in the EIP focus groups.
 - It was noted that accommodations such as American Sign Language (ASL) interpreters and Communication Access Real-Time Translation (CART) will be available to focus group participants, upon request. However, with the exception of the focus groups targeting Spanish-speaking individuals and individuals with intellectual disabilities and their caregivers, participants will be invited to focus groups at random and it is unknown if any of the individuals selected will fit into this demographic. The EIP aims for the focus groups to proportionately represent the One Care eligible population.
- A question was asked regarding preliminary findings from the first two focus groups held in December.
 - A report on preliminary focus group findings will be available in January.
- A question was asked regarding the focus groups (slide 6) and at what point in the enrollment process individuals would be asked why they chose to enroll or not enroll. It was noted that after auto-assignment in January, it would be useful to know why individuals chose to stay enrolled in January.
 - It was noted that the second survey to be conducted by the EIP workgroup would focus on individuals who were auto-assigned and their decision to stay enrolled in One Care or opt out.

- A comment was made that it would be useful to gather data on how long One Care plans took to make initial contact with members once they were enrolled.
 - It was noted that data will be available on whether individuals were offered IL-LTSS Coordinators and the types of services accessed by the individuals. It was also noted that the EIP data is meant to provide only a snap shot of early experiences, not quality monitoring or evaluation.
- A question was asked regarding what kind of formula or process is being used to recruit a representative sample of individuals to be part of the EIP survey and focus groups.
 - It was noted that the random selection of individuals is meant to provide a representative sample of One Care enrollees and potential enrollees.
- A follow up comment was made that it would be worth investigating if a disproportionate share of certain population groups chose to opt out of the program.
 - Oversampling of certain groups of concern or interest may be a possibility that the EIP workgroup will continue to discuss.

Motion: A motion was made to establish a standing committee as an outgrowth of the Early Indicators Project workgroup to continue assisting with the monitoring and evaluation of One Care in partnership with MassHealth.

Discussion:

- MassHealth noted that they anticipate working closely with the Implementation Council on quality and monitoring.
- A comment was made that it perhaps should be the role of the whole Council to be part of quality and monitoring of the program.
- It was clarified that the establishment of such a committee would not change the charge or role of the Implementation Council.

The motion was seconded.

Ayes: 13

Nahs: 0

Abstentions: 1

The motion carried.

3) Provider Strategy Workgroup Update

Jeff Keilson provided an update on recent topics of discussion of the Provider Strategy workgroup, a group of Implementation Council providers and provider representatives established to help address concerns regarding provider outreach, education and participation as network providers for One Care.

See Appendix A for detailed notes from the Provider Strategy Workgroup.

- MassHealth noted that they plan to focus on the issue of the One Care provider strategy in 2014 and would like to work with the Implementation Council on this issue.
- A comment was made that provider's reluctance to joining One Care may be related to an uncomfortableness in working with individuals with disabilities. Providers have traditionally not been trained to care for this population or compensated for the additional time needed to adequately provide care for individuals with disabilities and complex care needs. One Care may create opportunities for providers to provide care for individuals with disabilities in way that is comprehensive and less overwhelming in comparison to the traditional fee-for-service system.
- A comment was made that provider groups and physicians, in general, are dedicated to working with MassHealth and Medicare patients. However, that the three One Care plans are small health plans and will need time to development their networks.

4) One Care Update

Robin Callahan, Deputy Medicaid Director, presented on One Care enrollment as of December 1, 2013.

- MassHealth will issue monthly reports on One Care enrollment around the middle of each month. The reports will be available on the One Care website (www.mass.gov/masshealth/onecare)
- Enrollment and Opts-Outs as of December 1:
 - Enrollment: 4,719
 - Opt-outs: 13,921
- The first wave of auto-assignment that is scheduled to take effect in January includes approximately 6,800 individuals.

5) Update from One Care Plans

Representatives from each One Care plan were invited to give updates on their plan's experiences to date with enrollment into One Care. Plans were asked to share both successes and challenges. Fallon Total Care, Commonwealth Care Alliance, and Network Health all presented. The following challenges were identified:

- Finding enrollees whose addresses and phone numbers are out of date.
 - Some tactics Fallon for locating members were identified:
 - Contacting pharmacies after a member has filled a prescription and asking the pharmacy for the address on file for the enrollee.
 - Meeting enrollees at the hospital or emergency room after an admission.
- Onboarding the large number of new enrollees, including contacting new enrollees, conducting comprehensive assessments and developing care plans.
- Resolving unmet needs experienced by a significant number of new enrollees.
- Integrating multiple data sharing systems.
- Expanding the provider networks.
 - Some providers do not seem to be fully informed about One Care.

Plans noted that current activities include:

- Conducting assessments;
- Hiring staff;
- Connecting enrollees with IL-LTSS Coordinators; and
- Working collaboratively with the other plans.

Plans shared success stories including:

- A story of an enrollee in need of a new wheel chair was shared that demonstrated the flexibility and responsiveness available through One Care.
- A story of a new enrollee who received adaptive services in order to improve his quality of life as a result of the flexible services newly available through One Care.
- A story of a new enrollee who, with the help of an IL-LTSS coordinator, was able to receive assistance services such as homemaking and transportation services, prior to her release from an acute care facility, easing her transition to her residence.

Motion: A motion was made to request a regular update from One Care plans on topics to be determined by the Implementation Council.

The motion was seconded.

Ayes: 11

Nahs: 0

Abstentions: 0

The motion carried.

6) Year in Review Discussion

Due to time constraints, the discussion on the Implementation Council Year in Review was postponed to the next Council meeting.

Next Implementation Council Meetings

Friday, January 31, 2014 12:00-2:00pm

1 Ashburton Place – 21st Floor

Boston, MA

Friday February 28, 2014 11:00-1:00pm

1 Ashburton Place, 21st Floor

Boston, MA

Appendix A: Provider Strategy Workgroup Notes

One Care Provider Strategy Concerns

- Many large health systems and physician practices are not contracting with one or more One Care plans
 - This may be a result of One Care rates and/or market strategy
 - More data is needed to corroborate this widespread concern
- Limited provider networks and large providers remaining out of the program or only within a single plan raises concerns regarding consumer access and choice within the program.
- Monitoring of provider networks should include uncovering phantom provider networks – when a provider joins a network to receive payment for previous members but does not accept new members.
- Enrollees may be forced to choose between preferred LTSS providers and PCPs.
- Providers also need information to accurately inform the individuals they serve/their patients about One Care

What additional information is needed?

- What providers are currently in each One Care plan's network? What services does each of the One Care contracted provider offer?
 - What large provider and physician practices are not contracting with any One Care plans?
 - What percent of individuals eligible for One Care currently receive primary care through one of the health systems or physician practices that are not contracting with providers? Is this data available as a result of recent intelligent matching for auto-assignment?
- Are there individual behavioral health providers that are not connected through clinics?

Comments

- One Care plans should be responsible for heavy lifting regarding bringing providers of enrollees into their network.
- Consumers should be able to make a side-by-side comparison of One Care plans to make an informed decision.

- CBOs and human service agencies are concerned that some Fee for Service rates (Day Hab) are increasing but similar increases were not anticipated in contracts with One Care plans.
- Trade association leaders and CEOs may know about One Care but are not passing information down to all providers.
- Ambassadors and simpler forms may improve awareness and interest in One Care from the perspective of potential enrollees.
- The focus group to be conducted with enrollees who choose to opt out will likely be a useful source of information for questions such as:
 - Are certain groups or individuals encouraging individuals to opt out of One Care?
 - Is the lack of availability of the enrollees' current provider the primary reason for opting out?
 - Are individuals asking One Care plans to contract with their current providers/Are individuals asking their current providers to contract with One Care plans?

Next Steps

- Conduct analysis of hospital networks and physician organizations participation in One Care through a review of plan provider lists.
- Seek clarification from MassHealth regarding how many individuals in the auto-assign cohort had PCP matches that were in-network.