

One Care Implementation Council Meeting

January 9, 2015 1 PM – 3 PM

Transportation Building, Rooms 2-3

10 Park Plaza

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Rebecca Gutman, Dennis Heaphy (Chair), Denise Karuth (by phone), Jeff Keilson, David Matteodo Dan McHale, Olivia Richard, Bob Rousseau (by phone), Howard Trachtman (Co-Chair), Florette Willis (Co-Chair) (by phone)

Unable to Attend: Myiesha Demery, Joe Finn, Dale Mitchell, Vivian Nunez, Jorge Pagan-Ramos, Peter Tallas

Handouts: Agenda, Meeting Minutes (11/21/14), Approved Motions Summary Document, One Care update, Early Indicators Project Workgroup, & Implementation Council Consumer Meeting Notes 12-15-14. Documents will be available online at www.mass.gov/masshealth/onecare.

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1) Welcome

Howard Trachtman, Implementation Council Co-Chair, facilitated the meeting and led introductions.

It was noted that House Bill 3804 requiring institutions licensed by the Department of Public Health to provide access to fresh air to residents of those institutions passed and was signed by the Governor.

A motion was made to approve the minutes from the November 21, 2014 Implementation Council meeting.

The motion was approved unanimously.

2) One Care Update

Corri Altman Moore, Director of Policy at MassHealth, and Roseanne Mitrano, Director of One Care at MassHealth, provided updates on One Care.

Enrollment

- At the request of the Council, MassHealth presented a slide depicting One Care enrollment by rating category, over time.
 - In response to a question, it was clarified that the chart shows enrolling rating categories at a point in time.
- A Council member commented that a One Care plan noted that many enrollees who were in a proxy rating category of C1 had service needs and spending closer to C3 rating category. The discrepancy in proxy and actual rating category created undo financial burdens on plans. It was noted that the recent change to retroactive payments for rating category changes has helped One Care plans to address this issue.
- A comment was made by a Council member that the number of changes in proxy rating categories supports the Council's suggestion that future auto-assignment phases be delayed until One Care plans are equipped to take on an influx of enrollees with high service needs. It was also noted that auto assignment should not take place until a report card is ready to cover objective means of determining which plans are ready to take on new enrollees.
- A comment was made that there were a significant number of enrollees who opted out of One Care after July 2014.
 - MassHealth noted that several factors might have contributed to this trend including delays in opting out after previous rounds or auto-assignment and rating category conversion during the same timeframe.

- A question was asked whether enrollees in one rating category were enrolling in One Care at a faster rate than others.
 - It was noted that penetration rates by rating category are not captured in the slides; however, rating category penetration is captured in the EIP reports.

Spending

- MassHealth noted that several factors may be impacting One Care plan spending during early phases of the demonstration.
- During the first three quarters of the demonstration, most of the One Care plan spending reflected the continuity of care period.
 - It was noted that the continuity of care period may be extended beyond the first 90 days of enrollment if the comprehensive assessment is not completed.
- A question was asked regarding the definition of the spending category for “outpatient professional”.
 - This category includes out-patient or emergency room services provided at a hospital, primary care, physician services, etc.
- It was noted that IL-LTSS Coordinator spending is captured under administrative spending.
- A question was asked in regards to whether there was variation across plans in spending on the IL-LTSS Coordinator.
 - It was noted that some variation exists across plans and the variation was reflective of the difference in rating category distribution of plans.
- A Council member asked if the spending by category was what MassHealth expected at this point in the demonstration.
 - It was noted that it is still too early in the demonstration to compare One Care spending to fee-for-service spending. It was noted that the high rate of spending in the “incurred by not yet reported” (IBNR) category made further analysis challenging at this point.

Encounter Data

- MassHealth is collecting encounter data from the beginning of the demonstration and is testing their collection system. Encounter data submissions from the One Care plans are anticipated by the end of March 2015.

- MassHealth has identified a diverse team of subject matter experts to take part in the Encounter Data Workgroup with the Implementation Council.
- A Council member asked if there were certain targets the One Care plans are expected to meet with the data gathered through Encounter data reports.
 - It was noted that the Encounter Data Workgroup would be assisting in identifying data points for future analysis.

Implementation Council Vacancies

- MassHealth has begun the procurement process for open Implementation Council positions. Once the number of vacant positions is finalized, the procurement process will begin with an approach similar to the first Implementation Council procurement.
- A Council member noted that a requirement of the new Council positions should be active participation on the Council. It was suggested that members who are not active should resign from the Council.
 - MassHealth noted that outreach by staff is intended to determine which Council members are interested in remaining on the Council.

A motion was made in support of request that the Implementation Council Chairs be involved in the process of selecting new Implementation Council members.

The motion was seconded.

Discussion:

- A Council member asked whether MassHealth could include Implementation Council members in the process.
 - It was noted that the Council chairs would like to be included in the process and it is understood that MassHealth and EOHHS would have the ultimate authority to select members.

The motion was approved unanimously.

3) Workgroup Updates

Early Indicators Project (EIP)

Michele Goody, MassHealth, provided an update on the preliminary EIP Survey 2 results.

- A question was asked regarding how many enrollees responded to Survey 2.
 - Approximately 900 individuals have responded to date.

- It was noted that survey results indicated some confusion around the IL-LTSS Coordinator.
 - A comment was made that enrollees may discuss service needs in a conversational style rather than a series of questions with their Care Coordinator. Therefore, it may not be easy to recollect whether an IL-LTSS Coordinator was offered.
 - Information about IL-LTSS Coordinators is being offered in several ways including in enrollee welcome packages and during initial meetings with care teams.
- A question was asked regarding whether differences in survey responses were found across rating categories.
 - The EIP survey does not capture this information.
- In regards to the preliminary survey finding that not many enrollees are being asked about assistive technology (AT) needs, it was noted that AT can be an important tool for independent living.
- Additional questions regarding the survey can be sent to Council Staff.

Consumer Meeting Report Back

- Several consumer members of the Council met in start December to talk about how to better engage Council members. Notes from the meeting have been included in Council member meeting material.
- Council members made several recommendations at the meeting including:
 - Allowing more time for Council and other stakeholder participation during presentations made to the Council,
 - Sharing new One Care material with the Council that may be useful in Council member outreach efforts. A description and links to the material can be found in the Consumer meeting notes,
 - Types of Encounter data that members would be interested in reviewing, and
 - Council member engagement.

4) Old Business

Letter to the Editor

- Dennis Heaphy is drafting the Implementation Council Letter to the Editor in response to the article on One Care published in the Boston Globe on November 9th 2014. A draft of the Letter will be shared with the Council.

5) New Business

Year in Review

Maggie Carey, from UMass Medical School, facilitated a discussion on the Implementation Council Year in Review including Council successes and challenges.

Detailed notes from the Year in Review Activity can be found as an attachment to these meeting minutes.

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Year in Review

At the January 9th Implementation Council Meeting, members engaged in a facilitated discussion on the Implementation Council (Council) successes and challenges from the last year. Maggie Carey, from UMass Medical School, facilitated the discussion.

Successes

1. Council Meetings
 - a. Meetings provide a forum for all One Care stakeholders to hear One Care updates and stay engaged in the implementation of One Care.
 - i. MassHealth updates
 - ii. One Care plan presentations
 - iii. Enrollment reports
 - b. Council members remain engaged and active on the Council.
 - c. The Executive Office of Health and Human Services (EOHHS) Secretary was invited and attended a Council meeting.
2. Council Activities and Priorities
 - a. The Council has focused on topics of key concern to Council members to ensure the success of the demonstration including:
 - i. Adjustments to One Care financing
 - ii. The IL-LTSS Coordinator role
 - iii. One Care plan and demonstration data
 - b. The Council has advocated for concerns of specific One Care populations including members of the LGBT community and enrollees experiencing homelessness.
 - c. Council members made recommendations about One Care notices that simplified information sent to enrollees.
3. Outreach efforts
 - a. Collaboration with Boston City Council on outreach related to One Care and the Affordable Care Act.

- b. Targeted outreach to enrollees experiencing homelessness.
- 4. Workgroups
 - a. Early Indicators Project success in gathering early data on One Care enrollee experiences
 - i. Encouraging to see high rates of satisfaction with various aspects of One Care among enrollees.
- 5. Communication
 - a. Council communication by email has been successful.
- 6. One Care Implementation
 - a. Enrollment in the program started with low numbers and has steadily increased. Regular enrollment reports have been informative and useful to Council work.
 - b. Delay of future auto-assignment waves.
 - c. Revisions made to One Care finances and rates.

Challenges

- 1. Council work
 - a. The Council does not consistently refer to or work from the 2014 Implementation Council workplan.
 - b. The current workplan is too broad and does not gear the work of the Council to address issues in depth.
 - c. Outreach efforts should be more targeted.
 - d. The Council often uses jargon and terms that are difficult for all members to follow.
- 2. Insufficient data/information
 - a. Not enough information is available to inform and improve outreach efforts.
 - b. The Council would benefit from hearing consistently from the One Care Ombudsman about any systematic issues they may find in One Care.
- 3. Presentations and guest speakers
 - a. One Care plan presentations have been lacking in data and evidence. Future presentations should include data from the plans and should include content that is actionable by the Council.

- b. Several presentations over the last year were not central to the Implementation Council charge.

- 4. Working with MassHealth
 - a. The expected relationship between the Implementation Council and MassHealth is unclear.
 - b. Staffing patterns, specifically understaffing, seem to influence MassHealth's ability to work and collaborate with the Council on a consistent basis.

- 5. Other
 - a. The Council and One Care as a whole has experienced challenges engaging members of the Intellectual and Developmental Disability (ID/DD) community.
 - b. Confusion still remains around the IL-LTSS Coordinator role.
 - c. There is a reported need for more One Care providers in Western Massachusetts.

Recommendations

- 1. The Council should field regular feedback from MassHealth. The Council is interested in hearing MassHealth's perspective on how the Council is doing and what recommendations MassHealth has for the Council's work.
- 2. The Council recommends any future changes to Council composition include the prioritization of diversity of members on the Council, for example in regards to race, ethnicity and sexual orientation.
 - a. It was suggested that the Council should hear a presentation or engage in a discussion on the topic of diversity.
- 3. The Council recommends inviting the new Secretary of EOHHS to attend a future Council meeting.
- 4. It was suggested that presentations and material be developed with consideration of the ID/DD community as an audience. More simple language and less jargon and acronyms should be used.
- 5. Related to One Care outreach, Council members recommend:
 - a. Training Mandarin- and Vietnamese-speaking SHINE Counselors
 - b. Conducting outreach to Personal Care Attendants

- c. Translating outreach material into additional languages
- d. Focusing on outreach to and engagement of Community Health Workers who work with One Care enrollees