

One Care Implementation Council Meeting

June 19, 2015 1 PM – 3 PM

1 Ashburton Place – 21st Floor

Boston, MA

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

Unable to Attend: Denise Karuth, Dale Mitchell, and Vivian Nunez

Handouts: Agenda, Meeting Minutes (5/29/15), Discussion Questions. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Meetings:

One Care Open Meeting

Wednesday, July 1, 2015
12:00PM – 1:30PM
State Transportation Building
10 Park Plaza
Boston, MA

Implementation Council Meeting

Friday July 24, 2015
1:30-3:30pm
Transportation Building, Rooms 1-3
10 Park Plaza
Boston, MA

Implementation Council Motions from June 19, 2015

All motions were seconded and passed unanimously.

1. Motion to approve the meeting minutes from May 29th, 2015 Implementation Council meeting.
2. The Council requests that MassHealth initiate no new auto-assignment until it develops a transparent, objective process that will include the Implementation Council, to determine One Care plan capacity to take on new enrollees.
3. The Council recommends that the approximately 5,500 Fallon Total Care enrollees not be auto-assigned to another One Care plan.
4. The Council recommends no current Fallon Total Care enrollee lose any benefit they are currently receiving.
5. The Implementation Council requests that MassHealth report to the Council on a quarterly basis the finances of each plan, including medical services and long-term services and supports expenditures.
6. The Implementation Council recommends that MassHealth consider allowing Fallon Total Care (FTC) to enter into an Administrative Services Organization Agreement which would allow FTC a

minimum of a six-month transition timeframe from the end of the contract on September 30th to protect enrollees.

Questions were asked by Council members

- Are there penalties for the One Care plans to withdraw?
- Why did they withdraw? How long was the process? What were the barriers to solving the issues?

Implementation Council comments and questions around targeted discussion areas

1. Initial and Ongoing Communications with Enrollees
 - Community forums should be held to inform enrollees about changes to their health care and to provide opportunities for Q&A. FTC representatives should be there.
 - i. They should be in public places, like libraries. Also, Worcester RLC would be a good option.
 - ii. There could be people in crisis or experiencing grief in attendance.
 - The current MassHealth Stakeholder meetings taking place across the state are an opportunity to keep stakeholders informed about the withdrawal of FTC from One Care and the current state of the program.
 - Communication with enrollees about their options must be clear and easy to understand. A script should be created for this purpose.
 - i. Communication should be culturally and linguistically appropriate
 - Council members will use their networks to do outreach to FTC enrollees, providers, and One Care enrollees, in general.
 - SHINE and the One Care Ombudsman (OCO) should be involved in initial outreach efforts .
 - i. The OCO may need additional resources to adequately assist affected enrollees.
 - All stakeholders must be informed about the changes and options in order to relay a clear and consist message to enrollees.
 - i. Care Coordinators and Navigators who have a high degree of enrollee contact will be pivotal in outreach and communication efforts.
 - ii. LTS Coordinators, Community Health Workers and Certified Peer Specialists should be included in outreach efforts, especially in regards to health literacy training. They need to go out and talk to people as part of the outreach approach.
 - iii. Providers and other One Care plans must understand enrollee's options and their roles during transitions.
 - FTC should tell service providers about the individuals they serve who will be affected. Providers would communicate to these individuals and explain options.
 - It may be beneficial to target large providers in the service areas to get the word out.
 - PCAs should be targeted in outreach efforts to be aware of changes in health plan coverage and how this may affect them and the services they deliver.

- The Council and the OCO recommend that a toll free number be dedicated to enrollees transitioning from FTC.
 - Large organizations that serve many One Care enrollees should be engaged in Outreach.
 - In-person and individualized outreach efforts should be made to enrollees. Examples include video messages and individual calls to enrollees.
 - It was recommended that MassHealth follow-up with enrollees who transition out of Fallon Total Care six months after their transitions to ensure they maintained access to One Care benefits and quality of care.
 - Special consideration should be taken for difficult to reach populations .
 - A specific suggestion was made to start communications with the following brief sentences: “FTC is leaving One Care. You will not lose services.”
 - SHINE has TV shows as a way of disseminating information that could be leveraged.
 - It is important to communicate to enrollees in CCA and Network Health that nothing is changing for them.
2. What actions are needed to stabilize One Care in the short term?
- The Council and other stakeholders need more information on why FTC withdrew and whether these issues are also affecting the remaining One Care plans.
 - There must be a clear and transparent way to determine the capacity of the remaining One Care plans to take on the transitioning enrollees.
 - Pharmacy benefits can be difficult to maintain during health care plan transitions and should be prioritized.
 - Enrollees should be able to keep their providers.
 - i. For some enrollees, this may mean transitioning back to the Fee For Service (FFS) system, however there should be a guarantee that the enrollees will not lose access to expanded or enhanced services available through One Care.
 - FTC and MassHealth must communication with FTC network providers about how the transition affects enrollees and what opportunities are available to ensure continuity of care (ex. single case agreements).
 - FTC should work with the other plans to determine which providers may not be in their networks.
 - Comparison formularies are needed between FTC and the other plans.
 - An unbiased third party, such as the Attorney General, may be needed to ensure enrollee protections.
 - Sequencing could include first bringing in CCA and Network Health to talk to the Implementation Council to determine if they are stable. A follow-up meeting could happen with FTC to determine what happened. This would allow immediate opportunities to revise contract terms.
 - Considerations need to be made regarding who would provide care coordination to members transitioning into FFS.

3. What actions are needed to sustain One Care in the long term?
 - If the financing of the plans stabilizes, it is recommended that the addition of new health plans be considered as part of the program.
 - i. It was emphasized that this would only be recommended if adjusted financing and transparent reporting were in place.
 - EOHHS and the Council should engage federal partners on issues regarding the programs financing.
 - i. The Governor and the congressional delegation should be included on communications with CMS.

4. Next Action Steps
 - The Implementation Council will draft a letter to EOHHS, CMS and the Governor highlighting:
 - i. The importance of the program and why it should be sustained
 - ii. Recommended changes to stabilize and sustain the program