One Care Implementation Council Meeting June 7, 2013 1 PM – 4 PM State Transportation Building Conference Rooms 1, 2, & 3

**Council Members Present:** Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Myiesha Demery (by phone), Anne Fracht, Rebecca Gutman, Dennis Heaphy (Chair), Denise Karuth (by phone), Jeffrey Keilson, David Matteodo, Dale Mitchell, Olivia Richard, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

**Council Members Absent:** Joseph Finn, Audrey Higbee, Dan McHale, Vivian Nunez, Jorge Pagan-Ramos, Robert Rousseau, and Peter Tallas

**Handouts:** Agenda, Meeting Minutes (5/10/13), Approved Motions Summary Document, MassHealth Implementation Council Budget Presentation, Continuity of Care, Access to Providers, Transparency and Monitoring Subcommittee Meeting Summary, and Cultural Competency and Population Specific Quality Metrics Subcommittee Meeting Summary, Psychiatric Information Discussion Document, and Articles recommended by Council Members (zipped file).

**Next Open Council Meeting:** July 12, 2013 from 1 PM – 3 PM, Transportation Building, 10 Park Plaza, Boston

#### 1) Approval of Meeting Minutes

A motion was made to approve the Implementation Council meeting minutes from the 5-10-13 Council meeting.

The motion was seconded.

The motion carried.

#### 2) One Care Updates and Discussion with MassHealth

Robin Callahan, MassHealth, provided an update on the implementation of One Care including a review of the revised program timeline.

- A question was asked in regards to whether random assignment to One Care plans would be used during auto-enrollment.
  - MassHealth will review available data on potential enrollees to determine if any kind of intelligent assignment can be made. Assignment may be able to be made based on characteristics such as provider networks, claims, etc. However, it was noted that MassHealth has no software or algorithm for conducting 1 to 1 matches of members to plans.
  - Suggestions could be made from the Council to MassHealth on how to best match an individual to a plan (ie. what is the hierarchy of factors to create the match). After self-selection starts, it would be useful to know why people enrolled in One Care chose a specific plan.
- A question was asked in regards to whether eligible individuals with substance abuse would be considered C2 or C1?
  - Approximately 70% of eligible One Care enrollees have behavioral health issues. Certain factors, such as diagnoses, will determine whether individuals with behavioral health issues will be categorized as C1 or C2. Certain diagnoses have been determined to be high behavioral health needs (C2), including: schizophrenia, bipolar disorder, alcohol and substance abuse.
- A council member noted that the Council is interested in the MassHealth's capacity to move forward with the implementation.
  - MassHealth noted that final rates were released a few weeks ago and plans are currently deciding if they rates are close enough to what the plans need or believe they will spend to serve their members.

- MassHealth confirmed that five prospective One Care plans continue to be engaged in the process and continue to submit the necessary paper work to remain a One Care plan.
- MassHealth emphasized that the state remains strongly committed to One Care and the implementation of the program.
- In response to a question regarding assurance of long term services and supports under One Care, MassHealth responded that it remains committed to community based services and noted it is not only the preferred service option for many individuals but it is, in most cases, the most cost effective way to provide services as well.

### 3) Implementation Council Budget Presentation

Robin Callahan, MassHealth, presented on the Implementation Council budget and resourcing including the MassHealth budget request to the Centers for Medicare and Medicaid Services (CMS) for Council operations, budget assumptions, and budget experience to date.

- The current requested budget of \$86,384 will cover 21 meetings, 2 hours in length with full staff support for the twelve months beginning February 2013.
- Under this budget, if the Council continues to meet as a full Council monthly, funds would be available for 6 additional subcommittee meetings.
- It was noted that it may be difficult to forecast how many meetings will be needed until later in the implementation process. It may be beneficial to revise the need and budget in a few months.
- There may be opportunities to streamline subcommittees.

### 4) Quality Metrics

The Council discussed early warning indicators that MassHealth should consider during initial phases of One Care.

- Suggestions included:
  - Are enrollees able to access the same long term services and supports through One Care that they used under the fee-for-service (FFS) system or that they need?

- Are One Care enrollees able to maintain relationships with current providers once enrolled?
- What are the demographics of individuals who enroll and disenroll in One Care?
  - Enrollment and disenrollment by disability
  - Enrollment and disenrollment by sexual orientation
  - Enrollment and disenrollment by geographic region
- Why are individuals disenrolling from plans or One Care?
- Do eligible individuals have access to the information they need to make an informed decision?
  - Example: Can I continue to use my current internist if I enroll?
- What percentages of individuals who look into One Care choose not to enroll?
- What are the approval rates for accessing certain services?
- Are plans receiving complaints from enrollees about a lack of accessibility in regards to communication and/or service provision? If so, which plans and how many?
- How does service use change pre and post One Care enrollment? (using claims data)
  - By service
    - Including emergency room utilization, therapy, medication management, durable medical equipment (DME), recovery services, peer supports
  - By service units
  - Trending overtime
- Are enrollees able to access services that are provided through a carve out?
- How many 51a reports are filed (abuse and neglect)?
- What are the average wait times for customer service? Are enrollees experiencing customer service delays?
- Are One Care plans communicating with community-based organizations?
- How many providers are complaining that their ability to provide services is restricted?

- It was noted that a lack of accessibility is a civil rights violations and a violation of the Americans with Disabilities Act (ADA).
  - It was noted that trainings are available to One Care plans and their providers and an upcoming webinar will cover ADA compliance.
- Uniform services codes across One Care plans were suggested to allow for an "apples to apples" comparison. Codes should be specified by MassHealth/CMS.
- A Council member inquired as to whether quality metrics outlined in the MOU would change at all and whether the Council would have access to data collected by the Ombudsman Entity including complaints and common issues.
- The Council noted that an agenda item for the next full Council meeting should be the topic of an independent consumer perspective throughout the monitoring and evaluation process.

### 5) Subcommittee Updates

### Continuity of Care, Access to Providers and Transparency and Monitoring Subcommittee:

Susan Fendell, Mental Health Legal Advisors Committee, provided the Council with a document describing the issue of provider access to mental health information with the use of electronic health records.

- It was noted that due to stigma associated with behavioral healthcare, many consumers do not want their non-behavioral health providers to access their behavioral health information (including diagnosis, medication, treatment plans).
- Mental Health Legal Advisors Committee is currently involved in the Behavioral Health task force established by Chapter 224. The Task Force has been tasked with developing standards for all payers which would include One Care plans and their provider networks. The Task Force has taken up this issue.
- MassHealth noted that the taskforce is a statewide taskforce, not a MassHealth taskforce, and that health plan data systems are built to accommodate all payers, not only MassHealth.

A motion was made that the Implementation Council makes a recommendation to the Behavioral Health Taskforce requiring One Care plans to:

1) Establish electronic health records that segregate psychiatric information, including diagnosis, medication and treatment plans, and;

2) Require consent by the enrollee before psychiatric information is shared with any provider unless the enrollee is unable to give consent.

The motion was seconded.

The motion carries (two abstentions).

### Cultural Competency, Population Specific Quality Metrics Subcommittee:

The subcommittee recommended that the Council consider the recommendation that all One Care plan assessors be trained on cultural competency and how to interview in a sensitive and appropriate manner.

A motion was made that the Council recommends to MassHealth that all One Care assessors receive training on cultural competency and how to interview in a sensitive and appropriate manner.

The motion was seconded.

The motion carries.

#### 6) Discussion with public attendees

An attendee asked if the Council considered monitoring data related to direct line employees.

A motion was made that the Council request average wage and benefit data from Home Care agencies contracted by One Care plans.

• It was noted that One Care plans are contracting with agencies and the agencies will not have an obligation to share this data with the Council but it is important to get a better understanding of wage and benefit ranges across the system.

The motion was seconded.

The motion carries.

### 7) Upcoming Implementation Council meetings:

#### **LTSS Subcommittee Meeting**

Wednesday, June 26, 2013

1:00 PM - 3:00 PM

Thomas Crane Public Library

Community Conference Room

40 Washington St.

Quincy, MA 02169

#### **Implementation Council Meeting**

Friday, July 12, 2013

1:00 PM – 3:00 PM

Transportation Building, Conference Rooms 1, 2, and 3

10 Park Plaza

Boston, MA