

One Care Implementation Council Meeting

March 13, 2015 1 PM – 3 PM

Transportation Building, Rooms 2-3

10 Park Plaza

Boston, MA

Attendees: Suzann Bedrosian, 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: Bruce Bird, Myiesha Demery, Joe Finn, Dale Mitchell, and Vivian Nunez

Handouts: Agenda, Meeting Minutes (1/9/15), Year in Review Summary, Approved Motions Summary Document, One Care update, Encounter Data Workgroup and EIP Survey 2 Update, One Care Ombudsman Presentation, DAAHR Letter. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: April 24, 2015
2:00-4:00pm
1 Ashburton Place, 21st Floor
Boston, MA 02139

1) Welcome

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

A motion was made to approve the minutes from the January 9, 2015 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.

- Prior to the presentation, it was noted that there are not significant impacts on One Care anticipated as a result of the proposed FY16 budget.
- A comment was made that there was a significant cut to chronic and rehabilitation hospitals. While not a benefit cut, it will affect One Care providers.
 - It was noted that structural rates changes such as these will be considered in the rate development process for One Care.
- A Council member commented that it would be helpful to hear from One Care plans on the barriers they are experiencing in providing care through One Care including the financial barriers.

Process to Address Implementation Council Vacancies

- In order to fill current Implementation Council vacancies, MassHealth is proposing a procurement process similar to the original procurement of members in 2012.
- A question was asked regarding whether the procurement information had been posted yet.
 - The procurement documents are anticipated to be posted within the next few weeks. Once posted, an email will be sent to the Council and the broader stakeholder community advertising the opportunity and process for applying for a position on the Implementation Council.
- A comment was made that the Council requested to be involved in the process of addressing Council vacancies.
 - MassHealth will develop an opportunity for Implementation Council input on the new Council member selection. It is recommended that no more and 3 Council members are invited to review the applications and provide input to

the procurement team. Members of this small group would be required to sign the same non-disclosure agreement as the procurement review team.

- A question was asked regarding whether current members would need to reapply.
 - MassHealth noted that the original procurement of Council members was for the duration of the Demonstration, which runs through December 2016. Current Council members need not reapply.
- A question was raised as to whether the Secretary of EOHHS would be the final appointer of new Council members.
 - It is expected that the Secretary of EOHHS will have final say over Implementation Council appointments, however some of the internal processes around the procurement are still under development.
- The Chair noted that the Council would like to convene a subcommittee to discuss the Implementation Council vacancies and priorities of the Council.

Work Plan Development

- The Implementation Council Annual Report and Work Plan are due to MassHealth by May 29, 2015. MassHealth recommends that the April Implementation Council meeting be dedicated to a facilitated discussion around the Implementation Council work plan.
- A comment was made that the timeline of the demonstration and the goals to be accomplished within the timeline should be a consideration in the work plan development.
- A comment was made that it is important that MassHealth be involved in the development of the work plan in order to ensure that goals outlined in the work plan are supported by MassHealth.

One Care Ombudsman Collaboration

- After a year of operation and experience fielding requests for One Care Ombudsman (OCO) assistance, MassHealth will be working with OCO staff to identify common themes of requests and issues.
- Additional collaborative activities with the OCO will include the development of a shared definition of “systematic issues” and suggested revisions to the federal reporting metrics for duals demonstration ombudsman programs.

Additional Comments and Questions

- A question was asked regarding current enrollment and whether enrollment would be voluntary or passive in the remainder of 2015.
 - MassHealth is currently having internal discussions on future plans for auto-assignments waves. MassHealth is looking into plan capacity and lessons learned over the past year.
 - Opportunities to promote self-selection are also under discussion by MassHealth. MassHealth welcomes suggestions from the Council on how to reengage eligible members.
- A comment was made that the Council would not be in support of future rounds of auto-assignment because of the capacity of One Care plans.

3) Workgroup Updates

Dennis Heaphy led workgroup updates.

Procurement of New Council Members Subcommittee & Behavioral Health Privacy

- The Behavioral Health Privacy Workgroup remains active and is currently developing Behavioral Health Privacy Principles that will be shared with Council in the near future.
- It was also noted that a future subcommittee would be convened to discuss Council member vacancies and gaps in expertise and diversity.

Encounter Data Workgroup & Early Indicators Project (EIP)

Olivia Richard provided updates on the Early Indicators Project Workgroup and the newly convened Encounter Data Workgroup.

- It was noted that Encounter Data workgroup members are not working directly with encounter data and do not have access to individual-level information.
- A comment was made that it will be important for MassHealth to develop ways to conduct comparisons across plans given that One Care plans report some services in different ways.
- The Early Indicators Project has completed Survey 2 data collection.
- Council members were invited to a recent EIP meeting to provide suggestions of data analysis.
- A comment was made that further analysis should include enrollee age to uncover potential instances of ageism.

- It was noted that confusion exists around eligibility for One Care after age 65. Current One Care members may remain on One Care after turning 65 if they remain eligible for MassHealth standard.
- It was clarified that individuals cannot enroll in One Care if they are 65 or older. The Senior Care Options (SCO) is an integrated care option for individuals 65 and older at time of enrollment.

4) New Business

One Care Ombudsman Update

Burt Pusch, the One Care Ombudsman Director introduced the OCO staff. Bill Griffin, OCO Deputy Director, presented on the OCO's recent activities including outreach and enrollee contact. Presentation questions and comments are included below.

- A question was asked regarding whether the OCO has heard of instances from enrollees where either they or their providers have not been reimbursed for services.
 - It was noted that a few enrollees have called regarding individual or provider reimbursement.
 - MassHealth noted that a member should next receive a bill for services.
- A question was asked as to whether the OCO was actively recruiting One Care enrollees through outreach efforts.
 - OCO staff commented that their goal in outreach efforts is to inform enrollees about OCO services and how the OCO may be able to assist them, not to promote awareness about One Care generally.
 - It was noted that the recent OCO outreach efforts resulted from the finding that many individuals were unaware of One Care. As a result, the OCO has been collaborating with MassHealth on events to raise awareness about both One Care and the One Care Ombudsman services.
- A member of the audience commented that many individuals who were auto-assigned into One Care were not aware of the program and the resulting change in their provider network. This change in enrollment affected his ability to get care from his providers and likely affected many other enrollees in a similar way.
- A member of the audience noted that he lived in Barnstable county and receives health care services in the Boston area. He noted that he received information on One Care in the mail and asked whether the program would eventually be available in Barnstable county.

- MassHealth noted that One Care does not currently serve Barnstable County. It was noted that the original plan was for One Care to be available statewide, however when several prospective plans choose not to participate in the demonstration, several counties, including Barnstable, were not covered by the demonstration. It was noted that One Care plans have the flexibility to expand their geographic reach, however there are no current plans to do so.
- A member of the audience asked if the OCO had connected with Aging Services Access Points (ASAPs). It was noted that many ASAPs are responsible for the LTS Coordination role and are unclear on the role of the OCO.
- A suggestion was made to include family organizations, recovery learning communities, Club Houses and senior centers in One Care Ombudsman outreach efforts.
- A comment was made that traditional outreach efforts will not work for certain target populations and the approach to outreach should be adjusted to reach more people who don't know about One Care but may benefit from the program.
- The OCO concluded their presentation with several recommendations:
 - A review or assessment of current One Care outreach efforts should be conducted.
 - The OCO should be empowered to build on current relationships with community partners and conduct more general outreach about One Care.
 - Increase awareness of the OCO to One Care enrollees through the following strategies:
 - Twice a year mailings to all enrollees regarding the OCO and the services it provides
 - Include information on the OCO on the One Care plan websites, the MassHealth One Care website and in One Care enrollment material
 - Gather input from Implementation Council members on messaging used to promote the OCO in future outreach efforts
 - The endorsement of the development of a systematics issue reporting system.
- A question was asked regarding whether OCO promotional materials such as posters or brochures were available. Several Council members stated that they could use materials at their sites.
 - Printed material on the OCO is available.

5) Guest Presentations

PCORI Grant Update

Kimberley Warsett from the Disability Policy Consortium presented on the Patient-Centered Outcomes Research Initiative (PCORI) Project.

- The goal of the PCORI project is to gather information about the quality of care from enrollees in One Care. Quality metrics are being derived from direct input from enrollees using focus groups, a survey, and real time feedback loops using a website portal.
- PCORI Project staff will seek assistance from the Council in conducting outreach to their networks regarding opportunities to give feedback on the quality of their care.
- It was clarified that the PCORI project is not measuring the quality of One Care, but is testing consumer-driven metrics. Individuals with disabilities involved in the study will continually assess their care and feed this information back to their providers.
- A question was asked regarding the difference between the Early Indicators Project and the PCORI project goals.
 - The initiatives use different tools, questions and funding entities. While the EIP focuses entirely on One Care enrollees' early experiences with One Care, the PCORI Project scope is broader than One Care.

Letter from DAAHR

Bill Henning, from Disability Advocates Advancing Healthcare Rights (DAAHR) and the Boston Center for Independent Living (BCIL), presented a letter from DAAHR to Sec. Sudders of the Executive Office of Health and Human Services, and the Implementation Council Co-Chairs regarding concerns around One Care.

- An additional concern raised was the lack of integration of LTSS and medical care according to reports from LTS Coordinators.
 - It was suggested that MassHealth convene a group of LTS Coordinators to hear directly from coordinators on their experience with integrating LTSS into care plans and working with One Care care teams.
- A question was asked in regards to the DAAHR letter and whether concern around the Ombudsman data was related to the ability of the OCO to share data with the public.
 - It was noted that it is not clear after communication with the OCO whether they can share information on systematic issues observed through their work.

- The OCO clarified that the OCO is currently working with MassHealth on coming up with shared definitions of the systematic issues and that the OCO does not feel censored in their ability to share information.
- MassHealth expressed concern around the communication of One Care issues. MassHealth data and communication does not always reflect anecdotal evidence shared at Implementation Council and stakeholder meetings.
- A Council member commented that if systematic issues are identified by the OCO or MassHealth, they should be shared with the Implementation Council to assist in resolving those issues.
- A comment was made that many consumers do not understand how One Care plans work and the differences across One Care plans.

6) Comments from Attendees

- A member of the audience commented that his care was disrupted when he was auto-assigned to a One Care plan and he was temporarily unable to see his health care providers. It was noted better and more targeted outreach efforts are needed to reach diverse communities. These efforts should include more diversity among Implementation Council members and members of the audience.
 - It was noted that MassHealth and the Implementation Council will be working to fill vacancies on the Implementation Council soon and the diversity of Council members will be a key consideration in adding new members.
- A comment was made endorsing the concerns around coordination and integration in One Care since these features are central to the success of the program. It was noted that caution should be used in making generalizations about issues and that communication and coordination in One Care is especially challenging due to the complexity of the program and the number of providers involved.

Next Open Council Meeting:

Friday April 24, 2015
2:00-4:00pm
1 Ashburton Place, 21st Floor
Boston, MA

Friday May 29, 2015
1:00-3:00pm
1 Ashburton Place, 21st Floor
Boston. MA