

One Care Implementation Council Meeting

March 28 2014 11 PM – 1 PM

1 Ashburton Place, 21st Floor

Boston, MA

Council Members Present: Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Anne Fracht, Rebecca Gutman, Dennis Heaphy (Chair) (by phone), Audrey Higbee, Denise Karuth (by phone), Jeff Keilson, Dan McHale, David Matteodo, Jorge Pagan-Ramos (by phone), Olivia Richard, Peter Tallas (by phone), Howard Trachtman (Co-Chair), and Florette Willis (Co-Chair)

Council Members Absent: Myiesha Demery, Joe Finn, Dale Mitchell, Vivian Nunez, Bob Rousseau

Handouts: Agenda, Meeting Minutes (2/28/14), Approved Motions Summary Document, Early Indicators Project update presentation, Implementation Council Priorities document, MassHealth Priority areas for Implementation Council, and Ombudsman Presentation. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday April 25th, 2014 10:00am-12:00pm
State Transportation Building
10 Park Plaza – Conference Rooms 1-3
Boston, MA

1) Welcome and Review of Agenda

Howard Trachtman facilitated the meeting. The meeting began with introductions and a review of agenda items. Approval of meeting minutes from the February Council meeting was delayed until a quorum was reached.

2) One Care Update

Corri Altman Moore, Director of Policy at MassHealth, provided an update on recent One Care activities, the Implementation Council priorities meeting, enrollment update, round two auto-assignment, the LTS Coordinator role, mailing to additional members, and provider engagement strategy.

- Coverage for the second round of auto-assigned members is due to begin April 1, 2014.
- MassHealth requests input from the Implementation Council regarding the third phase of auto-assignment, enrollment effective date July 1, 2014, by the end of March 2014. This timeframe would allow MassHealth to process feedback in time for 60-day notices distribution due to be mailed by April 28.
- MassHealth plans to develop training on the LTS Coordinator role for a broad audience. The goal of the training is to develop common information to describe what the role is, how it can be used, and how it brings value.
- MassHealth requested Implementation Council assistance with outreach to Council member networks in regards to the additional One Care mailing to approximately 13,000 newly eligible members.
- MassHealth has included a new insert in the mailings to newly eligible members on the One Care Part D benefit. The addition of the insert is in response to some confusion experienced by members who receive notices of cancellation from their Part D providers after signing up or being enrolled in One Care.
 - Clarification was provided that in joining One Care, members receive the Medicare Part D prescription drug benefit from their One Care plan and no longer have a separate Part D provider.
 - A question was asked as to whether the confusion over the Part D benefit was accounting for some of the One Care opt-outs?

- MassHealth noted that confusion has been expressed about the Part D benefit due to notices from Part D plans; however, the current data available on opt-outs does not contain that level of detailed information.
- MassHealth has provided information on the Part D benefits through One Care and how members will not experience a gap in coverage when transitioning to the program to both SHINE and MassHealth Customer Service.
- A question was asked in regards to the accessibility of the additional One Care mailings. It was noted that a member who is blind received a print version of the One Care mailing after requesting a braille version and has yet to receive the requested braille version.
 - MassHealth noted that their standard practice was to send mailings primarily in print English, or in Spanish if the member's primary language was noted as Spanish on file, and that alternate versions such as Braille, large print are available upon request. MassHealth noted that staff would look into the issue raised.
- A question was asked in regards to the status of the approximately 67,000 members who have not yet been auto-assigned or opted in or out of the program.
 - MassHealth noted that some of the eligible individuals who have not taken action live in counties that do not have two or more One Care plans available and, therefore, will not experience auto-assignment.
 - MassHealth noted that discussion would begin shortly on how to reengage non-responders to provide additional information on One Care.

3) Approval of Meeting Minutes

Motion: A motion was made to approve the Implementation Council meeting minutes from the 2-28-14 Council meeting.

The motion was seconded.

Discussion:

- A comment was made that the word "Nays" in the provided version of the minutes was misspelled.
- The Council moved to accept minutes with suggested spelling change.

The motion passed unanimously.

4) Early Indicators Project (EIP) Workgroup Updates

Olivia Richard, Implementation Council and EIP Workgroup member, provided an update on the activities of the EIP Workgroup.

- It was noted that the EIP workgroup would use a random sampling technique for the first wave of Survey 2. Sampling techniques could be revised for the second and third waves of Survey 2 if disparities in types of respondents are identified.
 - It was noted that the EIP workgroup looked at rates of opting-out for the total group of eligible members and by each rating category. The workgroup did not see large differences of people opting-out by rating category but will keep tracking this going forward.
- A comment was made that the EIP presentation could involve more graphics to depict trends overtime.
 - It was noted that the monthly data reports the EIP Workgroup provides MassHealth include graphics and trends overtime.

5) Council Priorities

Dennis Heaphy, Implementation Council Chair, provided a recap of a recent meeting with MassHealth regarding the Implementation Council priorities for 2014.

- It was noted that the Council Priorities workgroup had a productive and positive meeting with MassHealth.
- At the meeting, MassHealth requested that the Council produce a work plan by May 31st 2014 to guide their 2014 activities.
 - It was proposed that the Priorities workgroup take the lead on this activity and report back to the Council at the April Council meeting.
- A request was made for a timeline on quality data to be collected by MassHealth as well as quarterly reports from One Care plans.
- Council members welcome input from the stakeholder community. The Chair requested that input provided be actionable by the Council.
- The Council has also been tasked with the development of an Annual Report. Comments from Council members will be requested for inclusion in the report.
- The Council heard comments a stakeholder regarding member privacy and access to electronic health records.

- It was noted the topic of electronic health records and privacy is very important and is currently being monitoring by several groups statewide.
- It was also noted that the issue of privacy is a complex issue that involves stigma. It was recommended that the Council acquire more education on the topic before taking action.
- The topic of enrollee privacy was included among the Council priorities and therefore it was recommended the Priorities subgroup take on this issue for further discussion.

Motion: A motion was made that the Chair and the Priorities Workgroup develop a workplan proposal to be presented to the Council at the April 25, 2014 Council meeting.

The motion was seconded.

The motion passed unanimously.

6) Ombudsman Presentation

Burt Pusch, One Care Ombudsman Director, presented on the One Care Ombudsman, a partnership of the Disability Policy Consortium, Health Care for All, and Consumer Quality Initiatives.

- It was noted that the Ombudsman is an independent agent available to One Care members to help find solutions, provide information, make referrals, investigate, discuss options, mediate, help find representation during a grievance or appeals process, help identify system-wide issues, and to listen.
 - It was noted that the Ombudsman cannot provide One Care members with legal representation during a grievance or appeals process.
- A grant has been submitted by EOHHS in order to provide enhanced funding to support an Ombudsman staff member located in a Worcester office location and Spanish speaking/bilingual Ombudsman.
- The One Care Ombudsman office has received 7 inquiries to date.
- To date the Ombudsman has worked with One Care plans on issues relating to provider access and possible solutions to accessibility issues.

- It was noted by a Council member that some consumers have expressed hesitation in filing a formal complaint. It was emphasized that the Ombudsman keeps all consumer information confidential.
- A question was asked as to whether the Ombudsman would be reporting regularly to the Implementation Council on data gathered by the Ombudsman Office.
 - The EIP Workgroup will be gathering quarterly data from the Ombudsman Office and reporting the data back to the Council in the form of a report and dashboard with additional One Care data.
 - The metrics to be collected from the Ombudsman were developed in conjunction with the EIP workgroup and include aggregate level data.
- A question was asked in regards to the Ombudsman Office's ability to field inquiries and requests for assistance from non-English speaking consumers.
 - The Ombudsman Office helpline staffed by Health Care for All has Spanish-speaking counselors on staff and the Ombudsman Office has contracts with organizations that provide bi-lingual services.
- A question was asked in regards to how the Ombudsman Office is advertising their services to consumers and providers.
 - The Ombudsman Office is currently working on an outreach plan and will be working to coordinate outreach efforts with EOHHS.
 - Flyers on the One Care Ombudsman have been developed and the office is currently working on dissemination strategies.
 - It was noted that the Stavros Springfield office serves a large Spanish-speaking population that could be a target of Ombudsman outreach.
- It was noted that providing consumers with examples of how the One Care Ombudsman can help them might help consumers to feel comfortable with contacting the Ombudsman Office.
- A question was asked as to whether the Ombudsman had the ability to access consumer's health information such as their current providers.
 - The One Care Ombudsman complies with all privacy laws and HIPAA regulations. The Ombudsman would need to get permission from the enrollee to investigate their case and contact a plan or providers.
 - If the consumer does not grant permission, the Ombudman will try to address the issue raised by the consumer on a systematic level.

- A comment was made that the Serving the Health Information Needs of Everyone (SHINE) Program has received calls with complaints and issues as well. It was noted that further coordination would be useful.
 - It was also noted that SHINE has a staff member performing outreach to Latino communities who could be an important resource in Ombudsman Outreach efforts.
- It was noted that the One Care Ombudsman can be a resource to One Care plans as well as consumers.

Motion: A motion was made that the Implementation Council Chair send a letter of support to the Centers for Medicare and Medicaid Services (CMS) on behalf of the Council, supporting the Ombudsman Office request for additional staff through the duration of the demonstration.

The motion was seconded.

The motion passes unanimously.

7) Comments from Attendees

- An audience member commented that the stakeholder group on the LTS Coordinator has met twice to date. The advocacy community has heard that the number of referrals for LTS assessments has increased significantly in recent weeks; however, more work is needed to ensure a successful implementation of the LTS Coordinator role.

Next Implementation Council Meetings

Friday April 25, 2014 10:00-12:00pm
State Transportation Building, Rooms 1-3
Boston, MA

Friday May 30, 2014 1:00 – 3:00pm
State Transportation Building, Rooms 1-3
Boston, MA