

**One Care Implementation Council Meeting**

**May 13, 2016 1:00 PM – 3:00PM**

**1 Ashburton Place, 21<sup>st</sup> Floor**

**Boston, MA**

**Attendees:** Suzann Bedrosian, Bruce Bird, Lydia Brown (by phone), Joe Finn, Rebecca Gutman, Dennis Heaphy (Chair), Remon Jourdan (by phone), Jeff Keilson, Moses Mallard, Dan McHale, Dale Mitchell, Olivia Richard (by phone), Bob Rousseau, Paul Styczko, Howard Trachtman (Co-Chair), Sara Willig, Florette Willis (Co-Chair)

**Unable to Attend:** Denise Karuth, David Matteodo, Vivian Nunez

**Handouts:** Agenda; Meeting Minutes from 4-15-16 (Draft); Annual Report & Handout; One Care Update; Three-Way Contract Suggestions presentation, LTSS Subcommittee Meeting Summary from 4-29-16. Documents will be available online at [www.mass.gov/masshealth/onecare](http://www.mass.gov/masshealth/onecare).

**Next Open Council Meeting:** June 17, 2016  
1:00-3:00 PM  
250 Washington St., 2<sup>nd</sup> Floor  
Boston, MA

## **1) Welcome, Review of Agenda, and Approval of Meeting Minutes**

*Howard Trachtman, co-chair welcomed attendees and opened with meeting announcements.*

- It was noted that Secretary Sudders was unable to attend the Council meeting as scheduled due to a last minute trip to Washington D.C.. The Secretary will be invited to attend a Council meeting later in the summer.
- An announcement was made regarding the convening of a new Implementation Council subcommittee on the topic of behavioral health. The first subcommittee meeting will be held Thursday May 26<sup>th</sup> from 3:00-4:30pm at the Boston Resource Center.

A motion was made to approve the meeting minutes from the April 15th, 2016 Implementation Council meeting.

The motion passed unanimously.

## **2) Approval of Annual Report**

*Dennis Heaphy led a discussion on the 2015 Annual Report including One Care successes and challenges.*

- It was noted that the format of the 2015 Annual Report had been changed to reflect challenges and opportunities.

A motion was made to approve the 2015 Annual Report.

The motion passed.

- A comment was made regarding the “Looking ahead” section of the Annual Report. It was noted that this section would be a good opportunity to reference the importance of working with MassHealth in planning for One Care after the original demonstration ends and in the event that new plans are invited to respond to an RFP to participate in One Care.
  - Suggested language was provided: “The Council looks forward to working with EOHHS on the future phases of health care reform, including alternative payment methods, Accountable Care Organizations, as well as any future phase of One Care, including a possible re-procurement which we believe will bring stability as well as additional choices for One Care members.”
  - MassHealth staff commented that the demonstration is not ending and that MassHealth has submitted a request for a two-year extension of the demonstration.

A motion was made to approve the Annual Report with the addition of a reference to working with MassHealth on the future of One Care.

The motion passed unanimously.

### **3) One Care Update**

*Corri Altman Moore, Roseanne Mitrano and Jennifer Maynard provided an update on One Care.*

- A question was asked regarding the lower opt out rates in the most recent phase of auto-assignment and whether the lower rate of opt out could be attributed to matching enrollees with plans that include their PCP within network.
  - It was noted that the pool of enrollees for which MassHealth can make intelligent assignment based on provider matches is growing smaller with each auto-assignment round. It is unknown what factors contributed to lowering the opt out rate in the most recent auto-assignment round, however MassHealth is hopeful that the outreach events in Suffolk and Worcester contributed to the trend.
- A comment was made that the opt out rate would be lower if the 13% of enrollees whose enrollment was canceled due to incorrect addresses or a loss of eligibility were excluded.
  - MassHealth noted that the statistics as shown were calculated the same way in previous rounds of auto-assignment.
- A comment was made that previous recommendations from Council members around outreach have included going into community-settings and spaces to talk to people about the program. The Council member offered to provide assistance in using these types of outreach strategies to reach enrollees.
- A question was asked regarding how many One Care enrollees or potential enrollees are deaf.
  - It was noted that data to be able to tell if an enrollee is deaf may not be available. MassHealth staff noted that they could explore whether claims for a specific service could be used as proxy to determine if an enrollee was deaf.
  - A comment was made that the assessment tool, the Minimum Data Set (MDS), includes a question relating to deafness or being hard of hearing.
  - It was noted that data from the MDS is not available until an individual has been enrolled and has received a comprehensive assessment.
- A comment was made that future outreach strategies should include use of peers who have expertise in reaching and working with the target populations. Peers and recovery

coaches could make contact with enrollees, provide material, talk about One Care, and assist individuals with enrolling in the program if they are interested.

- MassHealth staff commented that the Council has provided great suggestions on auto-assignment and outreach. It was noted that it would be a great idea to include these suggestions in the Implementation Council Annual Report.
- A Council member suggested that the Council should review the survey developed for former FTC enrollees.
  - It was noted that the FTC exit survey was modeled after the Early Indicators Project (EIP) survey which was developed with Council member input.
- A suggestion was made to inform providers and other stakeholders about the FTC survey so that they can pass information along to enrollees.
- A request was made to limit the number of acronyms used during Implementation Council meetings.
- A question was asked regarding how many individuals previously enrolled in FTC later enrolled in Tufts or CCA after the close of FTC.
  - Approximately 500 enrollees enrolled in Tufts, and approximately 150 enrollees in CCA. The balance of enrollees transitioned back the MassHealth fee-for-service system or other options.
- A Council member made a suggestion to compare financial and quality data from the Senior Care Options (SCO) program to the same type of data from One Care.
  - A comment was made that the baseline comparison data would be very different but that it would be interesting to see.

A motion was made requesting that MassHealth meet internally to discuss the opportunity to conduct a comparison of One Care and the Senior Care Options (SCO) program using quality, utilization and financial data, and report back to the Council in September 2016.

#### Discussion:

- A Council member commented that it would be equally important to collect data directly from enrollees.
- It was noted that quality data would likely include satisfaction data.
- MassHealth commented that the SCO program is administered under the Office of Long Term Services and Supports (OLTSS) and that the new OLTSS director is beginning in her new position shortly which may delay MassHealth's ability to work with their partners at OLTSS right away.
- The importance of including consumer voice in evaluation efforts was emphasized by several Council members.

The motion passed unanimously.

A motion was made requesting that MassHealth conduct outreach efforts to marginalized and underserved individuals for the purpose of providing the opportunity to enroll in One Care and to assess the quality of care reported by current members of the program. It is recommended that peers with lived experience be engaged and hired to assist in these outreach efforts.

Discussion:

- It was noted that the upcoming Behavioral Health Subcommittee meeting would be an ideal time to discuss consumer-involved outreach strategies.
- MassHealth staff noted that they are beginning to think about broader enrollment opportunities in the near future. Future planning is just beginning and MassHealth will plan to share a schedule of planned events once available.

Ayes: 8

Nays: 0

Abstentions: 4

The motion passed.

#### **4) Workgroup Updates**

*Dennis Heaphy provided an overview of the Council's recommended three-way contract amendments. Bruce Bird provided an update on the most recent meeting of the Encounter Data workgroup.*

##### *Three-Way Contract Suggestions*

- A comment was made regarding issues of delayed payment to PCAs when individuals enroll in One Care due to a lag in authorization.
  - MassHealth noted that if PCAs are experiencing a lag in authorization or payment that exceeds the requirement of timely authorizations, MassHealth should be alerted about the issue.
- An additional comment was made that discussion around an enrollee's care team should include a conversation around the option of PCAs playing a role on the care team with an enrollee's consent.
- A Council member spoke to her recent experience of becoming ineligible for One Care, being removed from the program and the resulting issues in filling medication prescriptions.

- MassHealth noted that the Council member's experience was unusual and they would plan to work with her One Care plan to ensure they can resolve the issues that caused the gap in services.
- A question was asked regarding whether MassHealth had data available on the number of One Care enrollees who experience a loss of eligibility for the program.
  - It was noted that few members experience gaps in eligibility in One Care since enrollment in the program is month to month.
  - It was noted that One Care enrollees receive a letter in the mail when they are close to losing their eligibility. One Care plans also receive a data file with the same information and reach out to member to help resolve any eligibility issues they can.
  - A comment was made that it would be interesting to see data on churn and continuity of care within One Care.
- A question was asked regarding the process for sending the suggested three-way contract amendments to MassHealth and whether a motion would be needed.
- A comment was made regarding the suggestion for stronger encouragement of use of Alternative Payment Models (APMs). It was noted that if providers are pushed into a situation in which they must bare more risk than they are comfortable with, they may choose not to participate.
  - It was noted that the current guidance around APMs in the contract is not clear enough and that it would remain up to the plans to determine how to arrange APMs with providers.
- A comment was made that the Council has not yet discussed any issue of overcharging by providers as noted on the last slide of the three-way contract presentation. It was recommended that this item be stricken as the Council has not discussed the issue as a group.
- A Council member commented that more time was needed to thoroughly review the contract and provide suggestions.
- MassHealth staff noted that they are most interested in hearing feedback regarding the following topics within the three-way contract: 1) homelessness issues; 2) service authorizations and requests; 3) and care plan development. It was suggested that the Council prioritize these three issues.
- A comment was made that the contract amendment will not be the last opportunity to influence the demonstration extension.

A motion was made to approve the current three-way contract edits with a strike of references to mitigation of overcharges by providers and authorized the Chair to incorporate the additional suggestions of Council members that are recommended before the contract amendment deadline.

Ayes: 10

Nays: 1

Abstention: 1

The motion passed.

#### *Encounter Data Update*

- A Council member noted that the Council appreciated seeing initial encounter data shared by MassHealth and looks forward to seeing more data as it becomes available.

#### **5) Comments from Stakeholders**

- Clarification was requested on MassHealth's request regarding the suggested focus on service request processes in the three-way contract.
  - MassHealth noted the suggestion was in regards to making sure the contract is clear about what constitutes a service request, what plans obligations are once they receive it, and how plans document the request.
- A member of the audience noted that an initiative called YES Health: Your Experience Speak Up for Better Health Care is underway and is an opportunity for enrollees to share their experiences with One Care.
- A representative from the One Care Ombudsman Office noted that the current version of the three-way contract does not include the One Care Ombudsman among organizations with which One Care plans are required to work. It was also noted that the contract lacks a references to transparency requirements of One Care plans.
- A representative from the OCO also commented on the importance of providing enrollees with more information about their role in One Care and on care teams.
- It was recommended that the OCO brochure and magnet be included in mailings to enrollees.
- A member of the audience commented that at the first LTSS subcommittee of the year, an issue was raised about whether the expanded PCA service option of cueing and monitoring is being offered to enrollees.
  - It was noted that an update on the LTSS subcommittee will be provided at the next Council meeting.

**Next Council Meetings:**

**Implementation Council**

June 17, 2016

1:00-3:00 PM

250 Washington St., 2<sup>nd</sup> Floor

Boston, MA

**Implementation Council**

July, 22, 2016

1:00-3:00 PM

1 Ashburton Place, 21<sup>st</sup> Floor

Boston, MA