One Care Implementation Council Meeting

May 29, 2015 1 PM – 3 PM

1 Ashburton Place – 21st Floor

Boston, MA

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

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

Handouts: Agenda, Meeting Minutes (4/24/15), 2014 Annual Report (Final Draft), EIP Presentation, One Care Update. Documents will be available online at <u>www.mass.gov/masshealth/onecare</u>.

Next Open Council Meeting: Friday June 19, 2015 1:00-3:00pm 1 Ashburton Place -21st Floor Boston, MA

1) Welcome

Howard Trachtman, Implementation Council (Council) Co-Chair, led introductions.

Before the a motion was made to approve the previous Council meeting minutes, a Council member made suggested edits to the work plan discussion section of the notes.

- The suggestion was made that the Council, rather than an outside group, convene a workgroup around the topic of homelessness among One Care enrollees.
 - It was stated that the notes regarding the workgroup to be convened was written more broadly so that members outside the Council, such as One Care plan representatives and MassHealth staff, could be included.
- A Council member sought clarification in regards to whether measuring health literacy and health activation was a role of Certified Peer Specialists or Community Health Workers (CHWs).
 - It was recommended that health literacy and activation be considered within the domain of CHWs, CPSs, and other independent living specialists involved in healthcare engagement.
- A suggestion was made to make note of the above two comments in the May 29, 2015 meeting minutes.

A motion was made to approve the minutes from the April 24, 2015 Implementation Council meeting.

The motion was approved unanimously.

2) Old Business

Dennis Heaphy, Implementation Council Chair, presented the 2014 Implementation Council Annual Report for approval by the Council.

A motion was made to accept the 2014 Implementation Council Annual Report for submission to the Executive Office of Health and Human Services (EOHHS).

The motion was approved unanimously.

• It was noted that members of the Council will continue to work with MassHealth to finalize the 2015 Implementation Council Work Plan.

3) Subcommittee and Workgroup Updates

Early Indicators Project Update and Presentation - Michele Goody presented findings from the One Care Member Experience Survey with Dorothée Alsentzer and Alexis Henry. The final report can be found on the One Care website under the "News and Community" link. Questions and comments on the presentation and survey results are included below.

- A comment was made that the recommendation around the care team ensuring that substance abuse services are assessed, may not be reflective of the data on the need for substance abuse services as only 9% of respondents reported having a substance use disorder. A Council member asked if workgroup members believed that survey participants were underreporting substance use disorders.
 - It was noted that under-reporting may be a factor in survey results, however that the recommendation was in regards to highlighting the integrated care models and joint responsibility of care team members to assess for substance use disorders.
- A Council member asked if it would be possible to track respondents in order to conduct follow-up surveys for longitudinal study purposes.
 - At this time the EIP Workgroup is not anticipating follow-up surveys.
- The Council Chair recommended that a small group of Council members convene to respond to the survey results and make recommendations.
- A comment was made that more information is needed on the role of care coordinators and whether care coordinators are involved in an individual's mental and physical health care.
- A Council member asked if a response on the survey results was anticipated from the One Care plans.

A motion was made to request that the One Care plans make a formal response to issues raised in the Early Indicators Project report, including what they plan to do in response to the findings during the September Implementation Council meeting.

Discussion:

- It was noted that the One Care plans should be asked to respond to the survey results and the Council recommendations that will be made by the small workgroup as well.
- A Council member expressed appreciation for including sexual orientation in the EIP Survey questions. It was noted that enrollees responded to the question.
- It was noted that CBOs charged with providing Independent Living and Long Term Services and Supports (LTS) Coordination need funds and resources to enhance LTS capacity and training.

 It was noted that many small CBOs do not have sufficient capital to invest in developing a new service such as LTS Coordination.

The motion was seconded.

The motion passed unanimously.

Encounter Data Workgroup Update - Bruce Bird provided an update on the Encounter Data Workgroup.

- The Encounter Data Workgroup includes representatives from the Implementation Council and MassHealth staff. The workgroup met recently to discuss suggestions around service utilization data.
- Workgroup members expressed interest in further analysis around diversionary service utilization, PCA, and durable medical equipment, especially assistive technology.
- The workgroup also discussed looking at trends in data such as what service utilization patterns correlate with reduced hospitalizations and emergency room (ER) visits.
- The workgroup is tracking encounter data analysis suggestions and would like to gather additional suggestions from Council members and other stakeholders.
- A comment was made that longitudinal data will be important in identifying trends in service utilization, especially around increasing community services and LTSS and decreasing hospitalizations and ER visits.

4) One Care Update

Corri Altman Moore, Roseanne Mitrano and Jennifer Maynard, all of MassHealth, provided a One Care update. Presentation material included a PowerPoint presentation and three Assessment and LTS Referral Reports.

- An update was provided on the Implementation Council involvement in the procurement of new members. Council representatives will provide subject matter expertise on the review of applications.
- The Council chair commented that Council members should reach out to their networks to let them know about the opportunity to apply to the open Council positions.
- A Council member noted that primary care providers are not currently represented on the Council and could be a good addition to the provider representatives.
 - It was noted that there are openings on the Council for provider representatives and that at least half of the up to six open Council positions must be filled by consumer representatives.

Jennifer Maynard presented on the One Care Enrollee Assessment and LTS-Coordinator Referral Quarterly Report.

- MassHealth intends to provide quarterly reports on the Assessment and LTS-C referral data.
- A question was asked regarding assessments conducted after the 90-day assessment period and how MassHealth was tracking assessments that may not be captured within each quarter of data.
 - It was noted that MassHealth has data on each plan from the beginning of the program, however current reports that are being presented are organized within 120 day periods.
 - It was noted that cumulative data is very important especially in regards to assessing the effects of increased enrollment as a result of auto-assignment. It was suggested that in future reports MassHealth include cumulative data on assessments completed.
- A comment was made that Certified Peer Specialists could be a valuable resource to One Care plans in their attempts to engage difficult to reach members.
- It was noted that overall the assessment and referral data shows great improvement by One Care plans over time.
 - A comment was made that the data presented does not provide an apples to apples comparison as some quarters of data were during auto-assignment phases and some were not.
 - It was noted that auto-assignment periods are currently flagged within the data.
- A question was asked regarding whether the time periods of the administration of the EIP survey lined up with any of the quarterly assessment and referral reports for point in time comparisons of data.
- A question was asked regarding how One Care plans differentiate between the role of the LTS Coordinator and other coordinators offered by plans.
 - It was noted that information included in the assessment reports are plan reported and is therefore specific to the LTS Coordinator function.

Corri Altman Moore presented on a future round of Auto-Assignment

• Council members requested clarification on why MassHealth was conducting another round of auto-assignment.

- It was noted that Tufts Health Plan Network Health has chosen a slower approach to growth in enrollment compared to the other two One Care plans. It was noted that the assessment data reflects that the plan is doing well with completing assessments. These data, along with information gathered through contract monitoring processes, make MassHealth comfortable that Tufts Health Plan Network Health is ready to take on additional enrollees.
- A Council member noted that no clear objective measures have been provided to demonstrate that the plans are prepared to take on new members.
- A Council member questioned why the program could not be grown through voluntary enrollment. If the program is running well, individuals who are aware of their choice to enroll in One Care should be enrolling. It was noted that the Senior Care Options programs grew without auto-assignment.
- A question was asked regarding whether the upcoming auto-assignment to Tufts Health Plan Network Health was intended to support the plan's financial viability.
 - A representative from Tufts Health Plan Network Health commented that their slower approach to auto-assignment was intended to prioritize the member experience. At this time, the plan is ready for new members, while during previous auto-assignment phases the plan was not.
- A comment was made that the auto-assignment process being used for One Care is not reflective of the auto-assignment process for other MassHealth processes where members are evenly distributed across health plans.
 - It was noted that the auto-assignment process is documented in the three-way contract between MassHealth, the One Care plans and the Centers for Medicare and Medicaid Services (CMS).
- A Council member commented that an objective method was needed to determine future rounds of auto-assignment.

Next Council Meeting:

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