One Care Implementation Council Meeting May 30, 2014 1 PM – 3 PM 1 Ashburton Place, 21st Floor Boston, MA

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

Council Members Absent: Myiesha Demery, Rebecca Gutman, Vivian Nunez, Jorge Pagan Ramos, Bob Rousseau

Guest Attendees: Secretary John Polanowicz, Executive Office of Health and Human Services; Leanne Berge, Commonwealth Care Alliance; Kathleen Connolly, Network Health; Dan Rome, Fallon Total Care

Handouts: Agenda, Meeting Minutes (4/25/14), Approved Motions Summary Document, Final 2013 Annual Report & Final 2014 Implementation Council Workplan for Council Approval, EIP Update, DAAHR and Implementation Council letters. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday June 27, 2014 1:00-3:00pm 1 Ashburton Place, 21st Floor Boston, MA

1) Welcome

Howard Trachtman and Florette Willis, Implementation Council Co-Chairs, facilitated the meeting. The meeting began with the introduction of Secretary Polanowicz who provided opening remarks about One Care and the importance of the Implementation Council.

2) Guest Presentations

Florette Willis introduced representatives in attendance from each of the three One Care plans and invited them to share their plan's experiences to date, including: common unmet needs of the members prior to enrollment in One Care, strategies for addressing unmet needs, strategies used to reach difficult to find enrollees, and other successes and/or challenges the plans would like to share.

- One Care plan representatives noted current unmet needs of One Care enrollees around housing, primary care, substance abuse and behavioral health needs, transportation and information about the program.
- Common strengths noted by One Care plans representatives included face to face meetings between enrollees by One Care plan staff, use of centralized enrollee records, use of coordination and enrollee advocacy, engagement with community-based organizations (CBOs) and family members, and building trust
- Common challenges included making initial contact with enrollees whose contact information is incorrect and the lack of information on or awareness of One Care among some enrollees and potential enrollees in One Care. Plans noted strategies that included use of pharmacy claims, emergency rooms, other key partners,
- Each plan acknowledged strong and collaborative working relationships with MassHealth staff through the implementation of One Care as a strength of the program.

Comments and Questions

- A question was asked of all plans as to whether the educational need around One Care had to do with a lack of awareness of the program or misperceptions of the program.
 - It was noted that both a lack of awareness and misperceptions are currently an issue among One Care enrollees. One Care plan representatives agreed that many potential enrollees are anxious about trying a brand new program such as One Care. It was noted as especially concerning for enrollees or potential enrollees whose current providers are not contracting with One Care plans as many enrollees and potential enrollees have spent significant time developing a network of providers to meet their needs.

- It was noted that the lack of awareness is particularly prevalent among enrollees assigned to plans during auto-assignment.
- An additional issue around knowledge of the program is in regards to a lack of awareness of One Care among providers, especially front line providers, who may be contracting with One Care through their provider group or practice.
- Concern was noted by a Council member about the centralized enrollee record mechanisms for enrollee privacy, especially in regards to behavioral health information.
- A plan noted that the LTSS assessment is conducted for all enrollees to gather as much information about the enrollee as possible in order to be proactive and comprehensive in care planning.
- MassHealth and the One Care plans were commended for transparency in data-sharing. A question was asked as to whether it was possible to report on One Care plan expenditures to monitor whether any funds are being shifted from LTSS utilization to health care services under One Care.
 - MassHealth noted that One Care expenditures are a component of monitoring activities.
- It was suggested that One Care plans tap into the connections of the CBOs in their service areas to better reach difficult to contact populations. Many CBOs have connections and current contact information for One Care enrollees.
- It was noted that a way to more easily and quickly understand the difference between One Care plans is needed. Both CBOs and their clients have difficulty differentiating between One Care plans using the currently available information.
- A clarification was asked in regards to a plan representative's reference to a shortage of behavioral health providers and whether this was reflective of the lack of behavioral health providers serving MassHealth members, or if it was specific to One Care.
 - It was noted that the reference to a shortage of behavioral health providers for diversionary services and providers that provide urgent care.
- A question was asked in regards to whether plans are experiencing enrollees choosing not to enroll as a result of their Primary Care Physician (PCP) not being available through One Care or their plan.
 - It was noted that statistics were not available on the number of potential enrollees who declined enrollment due to provider availability. It was noted that plans are aware of enrollees choosing to disenroll after learning that their provider is not available through One Care.

3) Approval of the Meeting Minutes

A motion was made to approve the meeting minutes from the 4-25-14 Implementation Council meeting.

The motion as seconded.

The motion was passed unanimously.

4) Approval of 2013 Annual Report and 2014 Workplan

The 2013 Annual Report and 2014 Workplan have been revised to incorporate all feedback received from Council members and were distributed to the Council for final review on May 23rd.

A motion was made to approve the 2013 One Care Implementation Council Annual Report.

The motion was seconded.

The motion passed unanimously.

A motion was made to approve the 2014 Implementation Council Workplan.

The motion was seconded.

The motion was passed unanimously.

5) One Care Update and Presentation on Quality and Monitoring.

Corri Altman Moore, Director of Policy at MassHealth, and Sharon Hanson, Director of Provider and Plans at MassHealth, provided updates on One Care and presented on One Care quality and monitoring.

- A question was asked as to whether is possible to see a breakdown of One Care enrollment by county.
 - It was noted that previous enrollment updates have provided a breakdown in enrollment by county and penetration rates and that this information will be available in the full enrollment report published, and updated monthly, on the One Care website.
- It was clarified that MassHealth is using data on provider relationships to make autoassignments to One Care plans.
- A comment was made by an Implementation Council member that not many providers appear to be available in Western Massachusetts. Additional provider outreach could be beneficial.

- A question was asked as to when the next round of LTSS assessment data will be available from MassHealth.
 - LTS Coordinator data will be available quarterly.
- A question was asked as to whether plans were using strategies to reengage members who previously refused an LTS Coordinator and whether enrollees with LTSS need who were initially not offered an LTS Coordinator would be offered a LTS Coordinator at a future date?
 - Plans have been discussing LTS Coordinators with enrollees at several different phases of the onboarding process. A primary goal of the member document on the LTS Coordinator is ensure that the role is presented in standardized way. MassHealth is also working to understand how the role is currently being explained to enrollees.

A motion was made that at a near future meeting, MassHealth report on plan strategies to educate members on the LTS Coordinator role and provide updated LTS Coordinator data.

The motion was seconded.

The motion passed unanimously.

6) New Business

Dennis Heaphy, Council Chair, provided an update on a recent letter to the Implementation Council from Disability Advocates Advancing Health Care Rights (DAAHR).

- In the letter from DAAHR distributed to Council member via email, DAAHR outlines several concerns in regards to the Implementation of One Care.
- The Council chairs discussed the letter and drafted a response to the letter from DAAHR. Feedback from Council members on the response letter was requested by June 6th.

7) Report from Workgroups

Olivia Richards, Council member and EIP workgroup member, provided an update on the EIP workgroup activities and findings.

- In addition to the findings covered in the EIP presentation, the EIP workgroup developed a dashboard of One Care data compiled from various entities. The dashboard is available on the One Care website under "News and Events".
- A Council member commented that the feedback received from enrollees regarding One Care material not including enough information was interesting. Workgroups involved in the development of One Care information material attempted to simplify the information as to not overwhelm enrollees with too much information at once.

- A question was asked regarding whether individuals who took part in One Care focus groups were paid for their participation.
 - It was noted that EIP focus group participants were provided stipends, lunch and transportation assistance, as needed.
- A question was asked as to whether any focus group participants were Deaf.
 - It was noted that no Deaf enrollees participated. Only a limited number of individuals participated and not all subpopulations were represented.

8) Comments from Attendees

- A member of the audience noted that as a One Care member she has experienced challenges in obtaining a LTS Coordinator due to limited providers in the Worcester county area. She was provided with two CBOs and one of the CBOs is no longer accepting referrals for LTS Coordinators due to capacity issues and the other organization is an elder service organization which is not the preference of the audience member based on her needs.
- A member of the audience noted he is in the process of submitting a level two appeal to MassHealth in regards to his experience with One Care. He is working with the One Care Ombudsman.

Next Implementation Council Meetings

Friday June 27, 2014 1:00-3:00pm 1 Ashburton Place, 21st Floor Boston, MA

Friday July 25, 2014 1:00-3:00pm 1 Ashburton Place, 21st Floor Boston, MA