

One Care Implementation Council Meeting

October 14, 2016 1:00 PM – 3:00PM

50 Milk Street, 8th Floor

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Lydia Brown, Rebecca Gutman (by phone), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Dan McHale, Dale Mitchell, Olivia Richard, Paul Styczko, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair) (by phone)

Unable to Attend: Joe Finn, Remon Jourdan, Denise Karuth, Marc (Moses) Mallard, Vivian Nunez, Bob Rousseau, Sara Willig

Guests: Lisa McGlinchy, Senior Project Director, University of Massachusetts Medical School

Handouts: Agenda; Meeting Minutes from 9-15-16 (Draft); One Care Update, Behavioral Health Subcommittee Meeting Summary, One Care Shared Learning discussion Handout. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Implementation Council Meeting: Implementation Council Meeting
Friday, November 18, 2016
1:00 PM – 3:00 PM
Department of Public Health,
Public Health Conference Room
250 Washington St, 2nd Floor
Boston, MA

1) Welcome & Review of Agenda

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

2) One Care Update

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

Annual Evaluation Report, Demonstration Year 1

- A Council member suggested that the RTI Prepared Massachusetts Evaluation Design Plan (<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MassEvalPlan.pdf>) might be a good supplementary material to read alongside the Evaluation Report, because it outlines plans for analysis.
 - Note that this Evaluation Design Plan was created in 2013 and not updated since, so there is some variation in the evaluations, but the Evaluation Design does give additional context to the Evaluation Report.

October Auto-Assignment Debrief

- MassHealth noted that of the 1,040 individuals who were included in auto-assignment
 - 59.5% stayed with CCA for the May 1 enrollment date
 - 0.5% decided to enroll in CCA for an earlier effective date
 - 5.0% switched plans
 - 13.5% opted out of One Care
 - 21.5% were cancelled for various reasons (e.g. no longer eligible, or notices came back undeliverable)
 - MassHealth noted that the cancellations were about 5-10% higher than that they normally see for cancellations.
- A Council member asked whether the 21.5% of members who cancelled for various reasons had anything to do with newer procedures to double check MassHealth eligibility.
 - MassHealth said it is possible, but that a deeper dive in to the data would be required to get additional information.
- A Council member noted that the number of individuals who opted out of One Care appears to be lower for this round of auto assignment.

January 2017 Auto-Assignment

- MassHealth noted that the new enrollment strategy would include both passively enrolling members who are currently eligible for One Care, and passively enrolling MassHealth members, who become newly eligible for Medicare on a quarterly basis.

- MassHealth anticipates approximately 1,580 new members for the January 1st round of auto-assignment. Approximately 780 members auto-assigned to CCA (across all covered counties), and 800 members auto-assigned to Tufts (in Suffolk county only).
- A Council member expressed a concern about whether plans are prepared for the large influx of new One Care members in 2017.

A motion was made to approve the meeting minutes from the September 16, 2016 Implementation Council meeting.

The motion was seconded.

The motion passed unanimously.

- A Council member asked what constitutes a person becoming newly eligible for Medicare.
 - MassHealth noted that Medicare sends MassHealth notification of new Medicare enrollees to MassHealth a few months ahead of time, because Medicare enrollment impacts MassHealth eligibility.
- MassHealth went over the additional benefits for newly eligible members, who would be transitioned to One Care, instead of moving to MassHealth fee for service when becoming eligible for Medicare.
 - Some of these benefits include, care coordination, a 90-day transition period, and maintenance of access to diversionary behavioral health services.
- A Council member asked for clarification on the timing of notifications of auto-assignment to both newly eligible and current duals.
 - MassHealth clarified that both groups are being auto-assigned on the same timeline (quarterly) and both will be getting 60 and 30 day notices.
- A Council member asked for a copy of the 60 and 30 day notices for both newly eligible enrollees, and for current duals who will be auto-assigned to One Care.
- A Council member asked that the 60 and 30 day notices also be pushed out to providers and provider associations, since there are many providers eager to assist with enrolling members in One Care, but they aren't aware of when passive enrollment is happening.
- A Council member asked for copies of the One Care Facts and Figures Brochure.
- A Council member asked whether we know anything about the experiences of other states in enrolling newly eligible members to their duals plans.
- A Council member asked that MassHealth report back to the council on the tracking of this round of auto-assignment, especially for the newly eligible population, and report back to the council on findings.

3) Workgroup Updates

a) Quality Workgroup Update

Dennis Heaphy provided an update on the Quality Workgroup

- The workgroup discussed the HEDIS measures that they would like to prioritize for data reports to the council.
- The workgroup is interested in the ability to demonstrate and evaluate trends and data on certain topics to see if there are any changes over time.
- The workgroup also asked questions about how MassHealth and the plans utilize data.
- The workgroup asked about the capability to compare One Care data to similar populations in Fee for Services, to duals programs in other states, and to compare the two plans to one another.
- The workgroup is seeking clarifications on the Quality of Life Surveys, and will provide feedback after they know more about how the surveys are developed and used.
- The workgroup hopes to have a presentation on their feedback for the next Council meeting.

b) Behavioral Health Subcommittee Update

Paul Styczko provided an update on the Behavioral Health Subcommittee.

- The committee met early last month to discuss opportunities and challenges to behavioral health access.
- Some of the items of concern were:
 - Confusion about allowable services for DMH members.
 - Some difficulties with handoffs between the people doing the assessments and the care management teams.
 - The possibility of including peer specialists as part of the care teams.
 - The limited choice of behavioral health clinicians.
- *Recommendations:*
 - Further defining behavioral health subpopulations to adapt certified peer specialist strategies to each subpopulation. Subpopulations identified included individuals who are unreachable by the plans, individuals who are well engaged in their care, and individuals who are somewhere in between reachable but not optimally engaged.
 - Conducting a small pilot within each one care plan to determine if there are benefits to having assessments completed concurrently with RNS, LTS-Cs, and other professionals, as needed, with measurable outcomes.
 - The Council is following up with the plans on how to develop these pilots.

- Engaging David Matteodo to determine how to improve engagement of One Care plan staff during hospital discharge to improve care transitions.
 - David Matteodo reached out to hospitals, but found one challenge was that some hospitals did not have a critical mass of One Care members to comment on this issue. A Worcester hospital did note that it found One Care staff helpful in coordinating discharge planning.
 - David offered assistance in bridging connections between one care plans and hospitals if the One Care plans are having issues with the front line staff of the hospitals.
 - A Council member asked if David could ask about whether certified peer specialists and recovery coaches are being integrated in to the care being provided at hospitals.
- The Behavioral Health Subcommittee also discussed the issue that RLCs that have signed up to have LTS support coordinators have not really had any referrals. This is an ongoing issue that the subcommittee has addressed with CCA and Tufts and the issue is being looked into.
 - Another suggestion from the subcommittee was to have some certified peer specialists serve as LTS-coordinators. There was positive feedback about that.
- The Subcommittee also discussed limited access to psychiatrists that accept the One Care plans, and how this leads to limits in individual choice. The difficulty in having enough psychiatrists appears to be a system-wide, and perhaps a practice-wide issue, with many members paying out of pocket to see psychiatrists, and with limited inpatient and outpatient capacity.
 - The Council suggested a future Subcommittee meeting by the end of 2016 where they will ask Massachusetts Psychiatric Society and/or Association for Behavioral Healthcare to come to the meeting to discuss the shortage issue further.
- A Council member asked whether there are any initiatives for tuition forgiveness for psychiatric nurse practitioners and psychiatrists to encourage more individuals to enter the field.
 - A Council member noted that there are some programs to do this, but the settings where it is available are limited, so access to this is challenging.
- A Council member asked whether para-professionals or other peer specialists could be trained to help cover some of the gaps in service.
- A Council member asked whether psychiatrist availability/service options are better for One Care members than they are for other MassHealth programs.

- A Council member noted that Health Home programs being run for some MassHealth members with mental health needs who get additional services were seeing reductions in emergency department visits.
- A Council member referenced recent changes to Home Health regulations, and emphasized the need to ensure that individuals who need Home Health continue to have access to it.
 - A Council member agreed and also noted that nursing delegation tends to work well for members with disabilities, and that it should be explored as an option to ensure that Home Health is used in a sustainable way for those who need it.

4) One Care Online Learning Topics Discussion

Lisa McGlinchy, Senior Project Director, University of Massachusetts Medical School

- Over the last 3 years, Shared Learning has produced 15 webinars, and 5 modules on a number of different topics which included:
 - What is One Care; the ADA, Behavioral Health Recovery and Peers; LTSCs; Co-occurring Mental Health and SUD; Health Activations; BH Principles in One Care; Disability Etiquette and Self-Direction.
- In FY 2017, Shared Learning will develop 3 webinars or modules (see below). Lisa is looking for feedback on key themes for the topics proposed, and any key information that will help in their development:
 - **Engaging Enrollees in Assessments and Care Planning**
 - *Key Themes:*
 - Best practices in outreach and engagement for care/LTS coordination
 - Understanding and communicating medical necessity/challenges
 - The use of flexible services in LTS/care coordination/planning, including MCO benefits and community support services (ex: gym memberships, and non-medical transportation)
 - How LTS-C fits in the care coordination and planning
 - Active listening and verifying understanding of member communications
 - The importance of socialization planning for the mental health community (i.e. how certain services that might not make sense for other members are necessary for members with mental health diagnoses—like non-medical transportation to a community event/church)
 - **The Role of Peers in One Care**
 - Council members suggested that both members and One Care plan staff/providers could use information about the different types of peers, their functions, and how they can improve member experience.

- Council members expressed some interest in helping to develop this webinar.
- Council members expressed an interest in including some peers with diverse lived experience, including deaf peers, LGBT peers, and peers with mental health diagnoses.
- *Key Themes:*
 - Recovery learning communities
 - Recovery coaches
 - How peers operate in the community and hospital setting
 - Information from certified peer specialists and peer programs on types of peers, peer functions and benefits to the member
 - How to use peers
- **How to Get the Most Out of Your One Care**
 - *Key Themes:*
 - Services that a member has a right to access
 - Community Support Services/MCO benefits
 - How medical necessity works (what can members ask for, how decisions on medical necessity are made)
 - This topic is unusual because its intended audience is One Care members; one Council member asked how MassHealth intends to publicize this information.
 - One suggestion was to be sure to put this out on YouTube, Facebook, and Twitter (and other social networks).
 - YouTube publication could be optimized by creating a public channel on the YouTube site, and be sure to name the video with clear language.
 - Another suggestion was to post this on Mass.gov.
 - Council members highlighted the importance of considering the digital divide, and asked that MassHealth consider that some people are not able to, or cannot afford to access the internet. Members asked that MassHealth consider alternative ways to distribute this information (perhaps by DVD).
 - An overall suggestion from Council members included ensuring there is a diversity of members in videos from the many different communities that the One Care plans serve. Community groups include: individuals who are deaf or hard of hearing, diverse ethnic backgrounds, diverse diagnoses including individuals with mental health diagnoses.

5) Action Steps

- MassHealth to provide follow up information on the next round of auto-assignment, especially outcomes for newly eligible members.

- Schedule a follow up Behavioral Health Subcommittee meeting before the end of the year to discuss outstanding issues, including limited number of psychiatrists participating in One Care.
- Quality workgroup to provide further feedback to MassHealth on quality measures and quality of life surveys.
- Connect council members who wish to participate on the Shared Learning development with Lisa McGlinchy.

6) Next Council Meetings:

Implementation Council Meeting
Friday, November 18, 2016
1:00 PM – 3:00 PM
Department of Public Health
250 Washington St. – Public Health
Conference Room, 2nd Fl
Boston, MA

Implementation Council Meeting
Friday, December 16, 2016
1:00 PM – 3:00 PM
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