One Care Implementation Council Meeting

September 12, 2014 1 PM – 3 PM

1 Ashburton Place, 21st Floor

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Joe Finn, Anne Fracht, Dennis Heaphy (Chair) Audrey Higbee, Rebecca Gutman, Denise Karuth (by phone), Jeff Keilson, David Matteodo, Dan McHale, Dale Mitchell, Olivia Richard, Bob Rousseau, Howard Trachtman (Co-Chair) (by phone), Florette Willis (Co-Chair) (by phone)

Unable to Attend: Theodore Chelmow, Myiesha Demery, Vivian Nunez, Jorge Pagan-Ramos, Peter Tallas

Guest: William Griffin, One Care Ombudsman Deputy Director

Handouts: Agenda, Meeting Minutes (7/25/14), Approved Motions Summary Document, MassHealth Presentation, Ombudsman Presentation, Quarterly Reporting by One Care Plans, EIP/Quality Presentation, Implementation Council Consumer Meeting Notes, One Care Provider Feedback Survey Results and Instrument. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday October 17, 2014 1:00-3:00pm
State Transportation Building
10 Park Plaza
Boston, MA

1) Welcome

Dennis Heaphy, Implementation Council Chair, facilitated the meeting and led introductions.

2) One Care Update

Michele Goody, Director of Cross Agency Integrated Care Coordination, and Roseanne Mitrano, Director of One Care at MassHealth provided updates on One Care. Updates were provided on enrollment data as of September 1, 2014, LTS Coordinator training encounter data, and contract management and monitoring.

Enrollment Update

- A question was asked regarding how the determination was made in the assignment of 1,300 enrollees to Network Health, effective November 1, 2014.
    - MassHealth worked closely with Network Health to match members based on their relationship with primary care, behavioral health and long term services and supports providers.
    - Network Health did not participate in one the earlier rounds of auto assignment and therefore was the only plan to participate in this round.
- A comment was made that the Council needs data about how auto assignment numbers and mix of categories is determined in order to fulfill its task of monitoring the program and advising MassHealth on the implementation of One Care.
- A question was asked as to how many enrollees had been reassigned or upgraded to higher rating categories following the comprehensive assessment.
    - MassHealth noted that this information will be available in future reports anticipated in the first quarter of 2015.
- A question was asked regarding whether the current enrollment numbers reflect the anticipated enrollment rate for this one year mark of the demonstration.
    - It was noted that plan enrollment appears to be approximately on target with plan and MassHealth goals.
- A question was asked as to whether future rounds of auto-assignment would be conducted after November 1, 2014.
    - It was noted that individuals will continue to have the option to self-select into a One Care plan, however future rounds of auto-assignment will not be determined until full data, including encounter data, is available in the first quarter 2015.

Encounter Data

- A question was asked about future financing of the demonstration and the use of dual eligible population-based data rather than general Medicare population actuarial data.
    - MassHealth reported that the same actuarial data used to determine rates for the first year of the demonstration will be used in the second year.
- A question was asked about the use of encounter data and what types of data would be used for rate determination purposes.
    - MassHealth is in the process of reviewing how other programs and product lines are using and reporting encounter data.
    - MassHealth is interested in hearing from the Implementation Council on specific areas within encounter data to focus on.
        - The Council is interested in viewing data over time. The Council is particularly interested in seeing data on PCA utilization before One Care, in the Fee-For-Service (FFS) system and during One Care.
        - It was noted that individuals eligible for One Care who have not enrolled in the program may provide a comparison group for FFS utilization and utilization of particular services when enrolled in One Care.
- A comment was made that it is important to use population specific data when setting rates since the One Care population does not reflect the general Medicaid population.
- A question was asked regarding whether plans are offering and reporting on cueing and monitoring as part of PCA services.
    - MassHealth has confirmed with plans that they are offering cueing and monitoring as part of PCA services.
- A question was asked in regards to how it was determined that in enrollee would be moved from a C1 rating category to a higher rating category (C2 or C3).
    - It was clarified that a nurse from the One Care plan completes a comprehensive assessment with each enrollee within 90 days of enrolling in One Care. The comprehensive assessment determines the rating category of the enrollee. It was noted that enrollees should not experience any changes as a result of changing rating categories.

Behavioral Health Privacy

- A question was asked whether the scope of the Behavioral Health Privacy workgroup could be expanded to include how plans are working with Recovery Learning Communities, including Certified Peer Specialists, in their networks.

2) New Business

One Care Ombudsman Update

William Griffin, the One Care Ombudsman (OCO) Deputy Director, provided an update on One Care enrollee contact themes to date.

- It was noted that the low call volume does not allow for the identification of trends in One Care enrollee experiences, however themes among calls received by the OCO may indicate issues for further review MassHealth and the Implementation Council.
- A question was asked about the reason for the low call volume to the OCO so far.
    - Low call volume is likely a result of lack of knowledge about the OCO. The OCO has been conducting outreach and an informational document on the program was sent to all One Care enrollees and the office has seen an increase in call volume recently.
    - It was also noted that the One Care plans are required to inform enrollees about the OCO as a part of their onboarding process.
- Questions were posed to the Implementation Council for discussion.
    - A comment was made that data is needed to increase transparency within the program. It was noted that issues regarding prescriptions and pharmacy benefits are being experienced by One Care enrollees.
    - It was suggested that Implementation Council members who are providers make OCO materials available to their clients. Another suggestion was that the OCO follow up with Council members to find opportunities to for additional outreach events within Council member networks.
- A question was asked regarding how the OCO maintains objectivity when working with several parties and providers.
    - It was noted that the OCO is a neutral and independent third party. The OCO first seeks information on a complaint or grievance directly from the enrollee and then directly from all parties involved in order to investigate all sides of the situation.

- A comment was made that the OCO should continue to provide updates to the Council. It was noted that the OCOC should engage the Council if it encounters any need for additional support or to raise an issue of concern.

Outline for One Care Plan Quarterly Reporting

Dennis Heaphy, Chair, presented a draft set of benchmarks proposed as reporting metrics from One Care plans.

- The purpose of the benchmarks was noted as a way for the Council, an independent voice convened to represent enrollees and other One Care stakeholders, to fulfill its responsibility to ensure that One Care plans are providing the full range of services enrollees are entitled to (with quality of care).
- It was noted that benchmarks and report card should be used to guide passive enrollment and determine auto assignments.
- It was noted that the goal of the benchmarks is not to create additional administrative burdens on the One Care plans to but provide the Council with enough information to properly monitor the program.
- It was noted that MassHealth could supply some of the data that was requested in the draft document. Concern was noted about increasing the administrative burden of the One Care plans.
- A comment was made by a Council member that the data included in the draft benchmarks documents appears to be data that is likely collected by MassHealth and then reported to the Implementation Council. It was noted that the Council lacks the resources to analyze complex data if it is reported directly to the Council.
- It was also noted that community-based long-term services and supports should be measured by more than PCA utilization.

A motion was made that the Implementation Council should convene a workgroup on performance data. The Workgroup will include Implementation Council Members, MassHealth and the One Care Plans and will recommend a data set, including financial data, be submitted to the Council on a regular basis. The workgroup will meet prior to October meeting.

The motion was seconded.

The motion passed unanimously.

- The following Implementation Council members volunteered to participate in the newly formed workgroup on One Care plan reporting: Anne Fracht, Dennis Heaphy, Audrey Higbee, Jeff Keilson, Dan McHale, Dale Mitchell, and Bob Rousseau.

3) Workgroup Updates

Provider Strategy Workgroup

Bruce Bird provided an update and reviewed the results of the One Care Provider Feedback Survey.

- It was noted that the survey had a disappointingly low response rate. Several provider types were not represented among survey respondents.
    - The workgroup is committed to conducting the survey again and will be working on larger response rate.
- Though conclusions from the survey are tempered due to the low response rate, two themes that arose from the respondents were concerns with billing processes and One Care plan communication. These concerns reflect anecdotal evidence that members of the workgroup have heard from the field.
- Positive responses from survey respondents included the expansion of LTSS and coordinated services to individuals under age 65.

The workgroup recommends that the topics of One Care billing and plan communication be raised to the One Care plans for discussion when the plans are next invited to provide an update to the Implementation Council.

4) Old Business

Report back on Meeting with MassHealth

Jeff Keilson provided an update on a recent meeting with MassHealth to discuss priorities and topics of concern to the Implementation Council.

- The Council would like to engage in a more collaborative relationship with MassHealth. Suggestions to foster this relationship include ongoing discussion with Robin Callahan, Sharon Hanson and other MassHealth staff.
- The Council is interested in examining data beyond enrollment statistics and having discussions on what the data may mean to the program.
- The Council remains interested in learning what quantitative information is used to determine how many auto-assignments each One Care plan receives during the auto-assignment process.

- A comment was made that the successful integration of behavioral health and primary care also remains a priority of the Council. This should include Recovery Learning Communities and partnerships with community-based behavioral health services.

5) Approval of the Meeting Minutes

A motion was made to approve the meeting minutes from the 7-25-14 Implementation Council meeting.

- The motion was seconded.
- The motion passed unanimously.

6) Comments from Stakeholders

- A stakeholder supported the Council's request for more data to inform their work and suggested that the Council prioritize the data that is already available from MassHealth, particularly the utilization of community-based behavioral health services in order to monitor the integration of primary and behavioral health care.

Next Implementation Council Meetings

October 17, 2014 1:00 – 3:00pm
State Transportation Building
10 Park Plaza
Boston, MA