One Care Implementation Council Meeting

September 16, 2016 1:00 PM – 3:00PM

1 Ashburton Place, 21st Floor

Boston, MA

Attendees: Suzann Bedrosian, Bruce Bird, Lydia Brown, Rebecca Gutman, Dennis Heaphy (Chair), Remon Jourdan Jeff Keilson, Marc (Moses) Mallard, 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, Denise Karuth, Vivian Nunez, Bob Rousseau, Sara Willig

Guests: Burt Pusch, Director, & Scott McManus, One Care Ombudsman (OCO) Office

Handouts: Agenda; Meeting Minutes from 7-22-16 (Draft); One Care Update, One Care Ombudsman Presentation, LTSS Subcommittee Meeting Summary from 8-11-16. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Implementation Council Meeting:

Implementation Council Meeting
Friday, October 14, 2016
1:00 PM – 3:00 PM
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

1) Welcome & Review of Agenda

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

- The Council welcomed Josh Krintzman and Maggie Carey from the University of Massachusetts Medical School who will be providing staff support the Implementation Council. Wendy Trafton and Kate Russell will be transitioning to new roles with MassHealth.

2) One Care Update

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

Outreach Events

- A Council member suggested that One Care enrollment forms be available at the Abilities Expo, a free three-day event for people with disabilities.
- It was also recommended that Braille versions of One Care material be available at the event.

Growth Strategies and Changes for 2017

- In response to the announcement of upcoming passive enrollment of individuals who are newly eligible for Medicare, including those in counties with only one One Care plan, a Council member asked if this approach went against the terms of the three-way contract.
    - It was noted that passive enrollment in counties with only one plan is now an option as the result of a recent change in federal regulation and that the approach does not violate the terms of the three-way contract.
- MassHealth noted that the new enrollment strategy would include passively enrolling MassHealth members, who become eligible for Medicare on a quarterly basis.
    - MassHealth anticipates approximately 400-400 members will become eligible for Medicare during each month scheduled for passive enrollment, bringing the total number of individuals passively enrolled over the next year to approximately 1,800.
- A Council member asked if MassHealth could better predict what percentage of those passively enrolled may choose to opt out of the program due to variables such as their providers not being in a One Care plan's network.
- A Council member asked if the plans had the capacity to take on the total number of individuals who would be passively enrolled during each quarter.

- A Council member asked if upcoming notices to be sent to populations who are anticipated to become eligible for Medicare, in counties with more than one plan, would include a reference to the availability of the other plan in the enrollee's county.
    - MassHealth noted that when possible the letter will reference if the enrollee's Primary Care Provider (PCP) is in the plan. The notice will look similar to passive enrollment letters.
- A Council member asked if MassHealth was aware of pending Medicare eligibility 60 days in advance of the eligibility change.
    - MassHealth noted that they staff can usually tell 3-4 months in advance of a member becoming eligible for Medicare. MassHealth noted that they plan to test the process of determining Medicare eligibility before beginning the enrollment process.
- A Council member requested clarification as to whether MassHealth would only be enrolling individuals in counties with only one One Care plan if the individual's PCP was in the One Care plans network.
    - MassHealth noted that some enrollees will be enrolled into a plan that does not include their PCP, however, when possible, the enrollment would be to a plan that includes the enrollee's current PCP within their network.
    - MassHealth noted that One Care would remain a voluntary program and enrollees would maintain the option to opt out of the program.
- A Council member commented that many individuals with disabilities have important relationships with their specialists in addition to their PCPs. It was noted that the importance of checking if one's specialist is in a One Care network before making a decision should be communicated to enrollees.
- A question was asked regarding whether there would be deadline before which an enrollee must make a decision about leaving the program after being passively enrolled.
    - MassHealth noted that individual can choose to opt out until the first day of enrollment and once enrolled, an individual can choose to disenroll from the program at any time.
- A Council member asked if MassHealth would be using matching methods to enroll individuals with pre-existing relationships with PCPs and other organizations that provide care management.
    - MassHealth noted that they have heard from many enrollees that their primary provider relationship is not always their PCP, but is often their behavioral health provider or another specialist. MassHealth has chosen to prioritize the PCP provider match for first pass provider matches.

- A Council member requested clarification regarding whether an individual would be passively enrolled if they missed a mailed notice regarding their upcoming passive enrollment into a One Care plan.
    - MassHealth noted that letters regarding passive enrollment would be mailed to enrollees several times and each letter includes a stamped and addressed envelope to send responses back to MassHealth. It was noted that enrollees all have access to a continuity of care period where individuals can access their current providers for the first 90 days or until an individual care plan has been developed and approved by the enrollee.
- A Council member was asked how individuals where informed about their continuity of care period protections and how plans work with enrollees to identify new PCPs if their current PCP is not in the One Care plan network.
    - MassHealth noted that the experience of enrollees should remain the same up until the care planning process, during which the plan should be explaining their care model. The enrollee would retain the option to disenroll if the model or the care plan was not a good fit.
- A Council member asked if there was a way to prioritize enrollment mailings to potential enrollees who have relationships with PCPs who are currently a part of Tufts and CCA's network of providers.
- A Council member commented that in his experience with One Care passive enrollment, he was assigned to a PCP at a clinic that was not near this house and this arrangement did not work for him. He asked if others who experienced passive enrollment would experience a similar situation.
    - MassHealth noted that the One Care plans should be working with enrollees to identify PCPs that are a good fit for them.
- A Council member asked what would be expected to happen in a situation where an enrollee wanted to stay in One Care but their PCP who they wanted to remain with was not in the One Care plan's network.
    - A Council member spoke to his personal experience of changing PCPs within a One Care plan. The Council member noted that in addition to provided and PCP networks, the increased access to additional services a great benefit of One Care.
- A Council member expressed concern for situations when an individual may be passively enrolled into a One Care, may not have received or may not have understood the notice about passive enrollment, and then are unable to access their providers after the continuity of care period.
    - A Council member commented that individuals are more likely to experience provider network issues in areas with only one One Care plan.

- A question was asked regarding how many counties were currently covered by only one One Care plan.
    - MassHealth noted that One Care is currently available in nine Counties. Both CCA and Tufts are available in Worcester and Suffolk County and in the remaining seven counties, CCA is the only One Care plan available.

A motion was made recommending that before MassHealth proceeds with passive enrollment in areas with only one One Care plan, the issue is revisited with the Implementation Council with considerations given to the concerns raised by the Council.

The motion was seconded.

The motion passed unanimously.

A motion was made to approve the meeting minutes from the July 22nd, 2016 Implementation Council meeting.

The motion was seconded.

The motion passed unanimously.

3) One Care Ombudsman Presentation

Burt Pusch, One Care Ombudsman Director, and Scott McManus, One Care Ombudsman, provided an update on the One Care Ombudsman Office.

- It was noted that the slide deck accompanying the presentation included cumulative tallies of contacts the OCO received between April 2014 and August 2016. The OCO additionally shared numbers from the most recent 1.5 months.
- It was noted that as result of a recent mailing about the OCO, the average number of contacts went from about 33 a month to about 170 calls in the past 1.5 months.
- A Council member inquired as to what the OCO considered a resolved case.
    - The OCO noted that the term resolved referred to an inquiry or complaint that was handled to the satisfaction of the member who contacted the OCO.
- A Council member asked for clarification regarding the prior authorization for medications compliant.
    - The OCO noted that they received a number of calls from enrollees whose prior authorization for a prescription was not available. It was noted that this occurrence happened most frequently with behavioral modification medications.
    - A Council member noted that these types of prescriptions require more frequent renewals than other prescriptions.

    - A Council member commented that it is important for some medications to stay built up in one's system and that even a few days without a medication can result in unnecessary hospital stays.
- A Council member inquired about how the inquiry theme "quality of care/clinical issues" was defined.
    - The OCO provided examples of inquiries that were considered quality of care/clinical issues, including confusion around who an enrollee's care coordinator was, who their PCP was, communication issues and unreturned phone calls.
    - MassHealth recommended further refining the "quality of care/clinical issues" category to further define the issues that are captured in this category that may not directly link to quality or access of care.
    - The OCO noted that the categories were a part of federal reporting requirements but that the OCO could include sub categories to provide more detail.
    - A Council member recommended that the Customer Service category also be further defined or broken out.
- A Council member asked if the OCO tracked data on the number of calls related to psychotropic medications.
    - The OCO noted that they do not collect data on the type or prescription a member calls about.
- A Council member asked if the OCO tracked the amount of time it takes to resolve cases and if they had an average resolution time.
    - The OCO noted that they will be better able to track this level of detail in a soon to be implemented data collection system.
    - Additionally, the OCO will be implementing a customer satisfaction survey.
- A Council member asked what kind of transportation issues One Care enrollees contacted the OCO about.
    - Typical issues were noted as delays and scheduling issues. It was noted that a majority of the noted issues were around pick up times and resulting missed appointments because of transportation delays.
- A Council member asked if the OCO had a way of assisting enrollees who may have time sensitive or emergency medication issues.
    - The OCO noted that in an emergency situation, the OCO would call 911, however, the OCO also has a way to get in immediate contact with One Care plans to address issues and can typically receive a response within an hour for time sensitive request.

- A Council member recommended further tracking inquires around care coordination and care team awareness to measure changes in the number of contacts about these topics over time.
- A Council member asked if complaints and inquires by plan were adjusted to reflect the number of enrollees served by each plan.
    - The OCO noted that they would likely be better able to answer this question in December when the new data system is in place.
- A Council member asked if One Care plans were required to work with the OCO.
    - The OCO noted that they have strong working relationships with both One Care plans but that other state's Ombudsman programs have trouble communicating with health plans in states where there a large number of plans.
    - MassHealth noted that there is not a current requirement of the One Care plans to work with the OCO. However, MassHealth is supportive of the recommendation to include requirements to work with OCO in future three-way contract agreements.
    - MassHealth noted that it is the MassHealth Contract Management team's responsibility that the OCO receive the communication they need from the One Care plans.

4) Workgroup Updates

Dale Mitchell provided an update on the Long Term Services and Supports Subcommittee.

Long Term Services and Supports Subcommittee

- Attendees of the LTSS Subcommittee on August 11th made the following recommendation to the Implementation Council:
    1. All enrollees should be assessed for LTSS needs by an LTS-C who can explain their role directly to the enrollee.
    2. LTS-Cs should be more formally integrated onto the One Care care teams, similar to the GSSC role on SCO program care teams.
    3. One Care plan materials explaining the LTS-C role should be enhanced to be culturally and linguistically appropriate for enrollees.
- MassHealth noted that it is important to consider each One Care enrollee's choice and preference when it comes to the roles of LTS-Cs. Additionally, it was noted that MassHealth hears consistent concerns around network capacity of the LTS-Cs and that this should be considered when recommending all enrollees should receive an LTSS assessment by an LTS-C.
    - A Council member commented and expressed agreement with the importance of member choice. The Council member noted that many stakeholders had hoped

that the choice of having an LTS-C on one's care team could happen after the enrollee had a chance to meet an LTS-C who could explain their role.

- A Council member commented that the topic of the LTS-C role was also raised at the Implementation Council's Behavioral Health Subcommittee meeting. It was noted that the subcommittee recommended that the LTS-C and/or a peer specialist or recovery coach be a part of the assessment process.
- A Council member commented that current LTS-Cs are overbooked and that if an influx of new enrollment is being considered through passive enrollment, the community-based organizations that employ LTS-Cs should be financially supported to build their capacity to serve more enrollees.
- A Council member referenced interest in conducting a small pilot of including LTS-Cs in the assessment process.
- MassHealth recommended that the issues of communication about the role be initially addressed by revisiting the member-facing document developed to describe the role of the LTS-C.
    - A Council member called for the reconvening of the MassHealth LTS-C workgroup.
- A Council member commented that operational issues should not be confused with policy issues. It was noted that the policy issues is a request for an informed choice regarding the LTS-C role. It was also noted that the availability issue is a market question, rather than a policy question.
- A comment was made that Certified Peer Specialist and Recovery Coaches can assist members in living, growing and recovering in the community and should be considered in the discussion as well.
- A recommendation was made to continue the discussion around LTS-C policy and operational issues at the next LTSS Subcommittee meeting.

Next Council Meetings:

Implementation Council Meeting
Friday, October 14, 2016
1:00 PM – 3:00 PM
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA

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