

One Care Implementation Council Meeting

July 12, 2013 1 PM – 3 PM

State Transportation Building

Conference Rooms 1, 2, & 3

Council Members Present: Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Myiesha Demery (by phone), Joseph Finn, Rebecca Gutman, Dennis Heaphy (Chair), Denise Karuth (by phone), Jeffrey Keilson, David Matteodo, Dan McHale, Vivian Nunez (by phone), Olivia Richard, Robert Rousseau, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Council Members Absent: Anne Fracht, Dale Mitchell, Audrey Higbee, Jorge Pagan-Ramos, Peter Tallas

Handouts: Agenda, Meeting Minutes (6/7/13), Approved Motions Summary Document, LTSS Subcommittee Meeting Summary, MassHealth Quality Metrics Presentation, Early Warning Indicators Recommendations Document, One Care Public Awareness materials. Documents will be available online at www.mass.gov/masshealth/duals.

Next Open Council Meeting: Thursday August 15, 2013 from 1 PM – 3 PM, 1 Ashburton Place, 21st Floor, Boston

- 1) Due to a full meeting agenda the Council agreed to delay the discussion on Home Care Agency direct care worker wages until the next meeting.

2) Approval of Meeting Minutes

A motion was made to approve the Implementation Council meeting minutes from the 7-12-13 Council meeting.

The motion was seconded.

Ayes: 16

Nahs: 0

Abstentions: 0

The motion carried.

2) MassHealth Presentation on Quality

Michele Goody, Director of Cross Agency of Integration for MassHealth, and Sharon Hanson, Director of Providers and Plans for MassHealth, presented on One Care Quality Measures.

- MassHealth noted that through stakeholder engagement it was recommended that MassHealth not collect data on disability type and should collect data on enrollees' functional status instead.
- A question was asked in regards to whether enrollee housing status would be gathered in data collection and whether the variable of homelessness was being integrated into outcomes measures.
 - The comprehensive assessment is meant to identify care needs and social support needs, including housing needs.
 - If data is collected on homelessness, this variable can be stratified to look at outcomes associated with homelessness.
- A question was asked in regards to how the quality metrics previewed in the presentation would be reported and made public.
 - The contract that each plan enters includes a set of core indicators that will be available to the public.
 - MassHealth will look into what reports may be made available to the Council.

- A question was asked as to whether interviews would be conducted with providers in addition to enrollees. It was noted that providers may have valuable direct insight into how care is being provided and coordinated.
- A question was asked in regards to how accessibility would be measured. It was noted that some providers may consider their practice to be accessible if they have a Hoyer lift, however they may not provide assistance to individuals who need to be lifted onto an exam table.
 - It was noted that one way to gather this type of information would be through enrollee interviews.
- A question was asked as to whether the community-based organizations who are hiring the LTS Coordinators could be a part of the quality metric process. It is important to understand LTS Coordinator skills which will need to be both experiential and soft skills such as empathic skills.
- A question was asked as to whether the LTSS surveys conducted by plans will be standardized and, if not, how it will be ensured that access to services is not measured as one time use but a number of units per unduplicated recipient.
 - The LTSS Surveys will be standardized.
- A question was asked in regards to quality withholds and whether they would be applied as a result of metrics associated with the LTS Coordinator position. It was noted that rolling out the new position may take time to become fully operational.
 - MassHealth noted that quality withholds are not meant to punish plans, especially not during the first year of the program. Instead, quality withholds will be tied to process outcomes in regards to rollout, staffing, collaboration with community groups, etc.
- A question was asked in regards to when the Implementation Council could gain access to preliminary quality metrics results.
 - MassHealth noted that it will be important to have complete information to make informed decisions. Opportunities to share preliminary information with the Council will be investigated.

3) Facilitated Quality Metrics Discussion

Dr. Lisa Iezzoni, from the Mongan Institute for Health Policy, facilitated a discussion on the development of health care quality metrics in regards to providing care for individuals with disabilities.

- Dr. Iezzoni noted that as a general observation, individuals with disabilities tend to get less complete care for a variety of reasons. These reasons are often structural.
- It was noted that it is very important to verify reports on quality, especially in regards to accessibility. Data may be advertently and inadvertently manipulated as in an example provided on hospital mortality rates.
- Risk adjustment on quality metrics should be taken into consideration.
 - This will be especially important during the self-selection phase of the program where enrollees may be disproportionately distributed across plans.
 - For example, one plan may have a larger population of enrollees with a certain functional limitation due to a selection bias. Such as in a case when individuals enroll in a certain plan due to the plan's expertise. This plan may then be significantly disadvantaged if the quality metrics do not take into account the fact the plan has enrolled a disproportional number of enrollees with severe disabilities.
- The importance of using representative and random samples of enrollees in any survey used for quality metrics reported was highlighted.
- The audience was encouraged to consider what improvement to clinician or plan practices could be made or recommended based on the results of each developed metric.
 - An example was provided of a plan who may receive a disproportionate number of enrollees who do not have secure housing. The plan may refer individuals to a housing authority or housing specialists, but ultimately the plan should not be penalized by the limitations of those providers to provide stable housing options to individuals enrolled in the plan.
- MassHealth noted that quality withholds will only be used for process measures in the first year for the very reasons discussed by Dr. Iezzoni.

4) Early Warning Indicators

The Council developed a preliminary list of early warning indicators for discussion with MassHealth.

- MassHealth noted that several of the indicators recommended by the Council may be longer term quality metrics. Examples of information that could be collected early in implementation include:
 - Are people getting responses to their questions?
 - Are people getting access to decision support services?
 - Are people calling customer service with questions?
 - Are complaints being received?
 - What happens when an individual gets enrolled in a plan?
 - Are enrollees hearing back from plans in appropriate timeframe?
 - Are enrollees getting access to appointments?
 - What initial grievances are being received?
 - What are the results of early Ombudsman reports?
 - What are the reasons behind early opt outs?
- Some indicators developed by the Implementation Council should be considered critical incidents that should never happen.
 - However, it will be important to take into consideration the phenomena of outliers that are not early warning indicators of trends.
 - One event cannot be an indicator in and of itself; however one event can trigger a review to better understand why it happened.
- The Council asked MassHealth to develop a draft of early warning indicators that MassHealth believes are important to the initial processes of the program. The Council would like to review the draft prior to the next Implementation Council meeting.
- It was also recommended that the Disabled Person Protection Commission (DPPC) reports be considered in the development of early warning indicators.
- It was noted the SHINE Counselors will be available to provide assistance to individuals as they make decisions about enrolling or not enrolling in a plan. SHINE Counselors document measures related to how the discussion goes and whether the individual opts in or opts out, whether they need more information, etc.

5) Ombudsman Entity RFR

The Executive Office of Health and Human Services recently released a Request for Responses (RFR) for an Ombudsman Entity. After the release of the Ombudsman RFR, a grant opportunity for the solicitation for an Ombudsman entity was released by the Centers for Medicare and Medicaid Services (CMS). The Council raised to MassHealth, concerns that have arisen in regards to the RFR and the recent federal grant opportunity.

- The Council asked if amendments would be made to the Massachusetts Ombudsman Entity RFR if conflicts are discovered between the MA RFR and the CMS Ombudsman guidelines. Members mentioned that there were restrictions in the RFR that precluded some organizations from responding to the solicitation.
 - MassHealth noted that the Ombudsman RFR is in a procurement phase and could not be discussed at this time.

6) Subcommittee Updates

The Long Term Services and Supports (LTSS) Subcommittee provided an update of the Subcommittee activities.

- The LTSS Subcommittee recommended that the Council request that all services currently considered “Flexible Services” that may be included in the Individualized Care Plan be considered “Expanded Services”.
- MassHealth noted that previously the term ‘flexible’ was used to describe the set of services that are neither MassHealth or Medicare required services, but are newly available to a broader population under One Care.
 - Many of these services are community support services that, when used in the context of an individual’s care plan, may help individuals avoid the need for higher cost, less desirable services such as emergency department utilization, hospitalizations, etc.
 - Plans are required to be able to provide all of the services originally listed as ‘flexible’. These services should be used as tools in a care plan tool box based on the needs of the enrollee.
 - It was noted that ‘flexible’ in the original terminology did not refer to the service, but to the systematic ability the flexibility of service options provides.
 - In response to a question about limits to the types of services or resources that can be provided, it was clarified that One Care plans are able to provide any services that would meet the needs of the member as determined through the care planning process.

Motion: The Council recommends the Support Service Providers (SSP) be included in the scope of One Care plan flexible support services.

The motion was seconded.

Discussion:

- A question was asked in regards to the SSPs service.
 - SSPs work with individuals who are DeafBlind in the community and support mainly instrumental activities of daily living such as food shopping, transportation and translation services. SSPs are similar to PCAs in some cases.
- It was clarified that this type of service could be paid for by One Care plans under the current circumstances.
- MassHealth noted that contracts went out to plans for signature today with a list of required MassHealth and Medicare services and community support services. SSP was not on the list, however there are no restrictions in regards to providing this service.
 - Enrollees or other care team members may request that a service such as SSP be included in their care plan.

Ayes: 9

Nahs: 0

Abstentions: 2

Motion: The Council recommends the addition of both sexual orientation and gender identity to the assessment conducted by all One Care plans.

The motion was seconded.

Discussion:

- The question would be asked along with other demographic questions and would be voluntary.
- The purpose of requiring plans to collect data on sexual orientation and gender identity would, in part, be to track health disparities experienced by the LGBT community.

Ayes: 9

Nahs: 0

Abstentions: 2

7) One Care Updates

- The three-way contracts with the three One Care plans continuing with the readiness review have been distributed to be returned by close of business 7/12/13.
- Preview public awareness material was distributed to Council members in the meeting packets.

Next Implementation Council Meeting

Thursday, August 15, 2013

1:00 PM – 3:00 PM

1 Ashburton Place – 21st Floor

Boston, MA