

# Meeting Minutes January 12, 2021 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** January 12, 2021 10:00 AM – 12:00 PM

**Council Member attendees:** Suzann Bedrosian, Crystal Evans (Co Vice-Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Dan McHale, Paul Styczko (Co Vice-Chair), Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Sophie Hansen (CCA), Henri McGill (MassHealth), Ken Preede (CCA), Dr. Kathy Sanders (Department of Mental Health), Alysa St. Charles (UMass), Bea Thibedeau (Tufts), Danielle Westermann (Tufts).

**Presentations/Discussions:** Agenda; December 8<sup>th</sup> IC meeting minutes; motions for approval; MassHealth Presentation titled *One Care Implementation Council Meeting, January 12, 2021*; two Implementation Council presentations, titled *Massachusetts Data Profile for Dually Eligible Individuals and the Health Plans Serving Them: Key Findings and Summary* and *One Care Implementation Council and Massachusetts Dept of Mental Health*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review December 8th Meeting Minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the December 2020 meeting. The motion was seconded and carried.

### Motions

Three motions (detailed below) were presented for approval by Paul Styczko, IC Vice Co-Chair. Crystal Evans, IC Vice Co-Chair, moved to approve the motions with a second by IC member. The motions were approved unanimously by the Council.

### Implementation Council Presentation – Data Profile for Massachusetts Dual Eligibles

Dennis Heaphy, Implementation Council Chair, presented *Massachusetts Data Profile for Dually Eligible Individuals and the Health Plans Serving Them: Key Findings and Summary*, to summarize data and provide recommendations from a report compiled by the Integrated Care Resource Center (ICRC), an initiative by CMS and coordinated by Mathematica and the Center for Healthcare Strategies. This presentation included data on Demographics, Chronic Conditions, Enrollment and Coverage, D-SNP Oversight: Quality Measures, and Recommendations to MassHealth based on the Key Findings.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care at MassHealth presented *One Care Implementation Council Meeting, January 12, 2021*, reviewing Integrated Care Team COVID Data Update and One Care Contract Language for DMH Engagement.

### Department of Mental Health

Kathy Sanders, MD, Department of Mental Health (DMH) Deputy Commissioner, presented *One Care Implementation Council Meeting: DMH Presentation, January 12, 2021*, reviewing DMH Mission and Vision, DMH Statistics, DMH Service Authorization, Eligibility for DMH Services, and an overview of DMH Services. Dennis Heaphy, Implementation Council Chair, shared questions for DMH in the presentation titled *One Care Implementation Council and Massachusetts Dept of Mental Health*.

### Motions

The following motions were unanimously approved:

1. The IC to establish a quality measure task force that will start in March and run until June 2021.
  - The task force will include experts in the field of quality measures science. The task force will be charged with the responsibility of making recommendations to MassHealth and CMS on a quality measure set.
  - We request MassHealth to provide the task force with information needed to carry out this responsibility. This includes providing the task force with all current quality measure instruments; consumer survey questions and most up-to-date plan quality performance.
2. IC exec to work with MH on biannual or quarterly reporting which includes:

- providing a timeframe for a status report on current quality measures between March 1 and June 30, 2021 to be presented at a Council meeting;
  - plan progress in addressing corrective actions;
  - plan progress on developing and implementing actions to address health equity; and
  - reducing hospitalizations/ED visits through community support.
  - Reports go to the IC.
  - Work to be completed by June 2021
3. The IC will work with MassHealth and One Care plans to help the IC better understand the programmatic strategies of rebalancing priorities away from medical services to community-based services and how they measure this in dollar amounts
- Work to be completed by June 2021

## Meeting Minutes:

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  - Work to be completed by June 2021

### Questions/Comments:

- IC member in support of the motions stated that it would be very helpful for MassHealth to report on the current quality measures used in One Care and how plans are performing in meeting them.

### Implementation Council Presentation – Data Profile for Massachusetts Dual Eligibles

Dennis Heaphy, Implementation Council Chair, presented *Massachusetts Data Profile for Dually Eligible Individuals and the Health Plans Serving Them: Key Findings and Summary*, to summarize data and provide recommendations from a report compiled by the Integrated Care Resource Center (ICRC). (The

ICRC is an initiative by CMS and coordinated by Mathematica and the Center for Healthcare Strategies). This presentation included data on Demographics, Chronic Conditions, Enrollment and Coverage, and Dual Eligible Special Needs Plans (D-SNP) Oversight and Quality Measures.

#### Questions/Comments:

- MassHealth stated that the ICRC data presented is from 2012 and suggested looking at other available data that may be more recent and accurate in assessing Senior Care Options (SCO) programs such as Health Effectiveness Data and Information Set (HEDIS) measures, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures and Medicare Star Ratings.
- CMS clarified that the data does not necessarily show that the CCA member population has more complex needs than other plans.
- MassHealth stated that they are currently looking at how to collect and improve equity data collection across all programs to get a better understanding of the populations being served. MassHealth further stated that the Duals 2.0 Request for Responses (RFR) included that the IC and plans will work together to select equity metrics and focus areas.
- IC Chair asked whether there are concerns about bundling the One Care and SCO administrative budgets, especially transparency in service authorizations and utilization management decisions.
  - MassHealth stated that each program will have their own contract and that there is no bundling of administrative functions for SCO and One Care.
  - CMS stated the next demonstration is positioned to be a better strategy for serving One Care and SCO, sharing learning across programs. CMS also reiterated that it will be a dual initiative within a single demonstration, but with separate plans and separate administrative oversight.
  - IC member asked if this separation between SCO and One Care plan processes would include the grievance and appeal process.
  - CMS stated yes.
  - CMS stated that, for the purposes of understanding Duals 2.0, One Care will continue to be a Medicare/Medicaid Plan (MMP) and SCO will continue to be a D-SNP or Medicare Advantage plan, and each of the plan types will continue as they are today.
- MassHealth stated they are intending to be more specific about outcomes and individual care planning in the future contract for One Care under the Duals 2.0 demonstration. MassHealth further stated they are appreciative of the Council's input on that topic and welcome more ideas.
- IC member asked how it can be ensured that plans are rewarded with expansion for quality of care rather than capacity for care.
  - MassHealth replied that there are quality metrics in the current One Care contract along with metrics that are not in the contract that are used to track the quality of the plans. MassHealth stated they intend to continue strengthening these metrics over time and welcome input from the IC.
  - MassHealth further stated that one future goal is to work with the plans to decrease the number of emergency department visits and hospitalizations.

- IC member asked how MassHealth makes sure plans are rebalancing spending by contributing savings from better health outcomes into community supports.
  - MassHealth stated that they receive quarterly financial reports from the plans. MassHealth stated that encounter data that One Care has is not currently very useful – but that they are hoping to improve reporting on services going forward. MassHealth added that SCO encounter data is already up to date and useful.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting, January 12, 2021*, reviewing the Integrated Care Team COVID Data Update and One Care Contract Language for DMH Engagement. Dennis Heaphy, Implementation Council Chair, presented a presentation of questions for DMH, titled *One Care Implementation Council and Massachusetts Dept of Mental Health*.

### Questions / Comments:

- IC member asked if MassHealth compared the morbidity and mortality data of their programs to the morbidity and mortality rates of the general population.
  - MassHealth stated they have not done this because the data in the presentation is unofficial data self-reported by the plans. MassHealth stated that official morbidity and mortality data would be found in claims data which lags behind in reporting.
- IC member asked why there is a disproportionately high number of COVID-19 cases and subsequent deaths for members of the PACE program.
  - MassHealth stated that while the PACE program is open to enrollees 55 and older, the PACE population tends to be the oldest of the three programs (SCO, One Care, and PACE) and PACE eligibility requires enrollees to be clinically eligible for nursing facility level of care making these enrollees more vulnerable. MassHealth further stated that many of the COVID-19 related deaths in PACE occurred earlier in the pandemic, during April, which disproportionately affected those in congregate settings.
  - MassHealth stated that many PACE infections were identified in clusters from places such as churches.
  - MassHealth emphasized that the data makes more sense when looked at in a chronological fashion.

### Department of Mental Health

Kathy Sanders, MD, Department of Mental Health (DMH) Deputy Commissioner, presented *One Care Implementation Council Meeting: DMH Presentation, January 12, 2021*, reviewing DMH Mission and Vision, DMH Statistics, DMH Service Authorization, Eligibility for DMH Services, and an overview of DMH Services.

### Questions/Comments:

- IC member asked whether there are populations that the IC should be concerned about that are not getting the services they need.

- DMH stated that increasing enrollment in One Care would be helpful in meeting mental health needs.
- IC member stated that the Council wants to better understand the relationship between DMH, Department of Developmental Services (DDS) and the Bureau of Substance Addiction Services (BSAS).
  - DMH stated that people are eligible for DDS services if a person has a diagnosis of autism through the DDS Autism Waiver Service Program; for all others, eligibility is based on a clinical assessment of intellectual disability.
  - DMH confirmed that eligibility requirements for DMH are high – mental health conditions must be severe, persistent, and cause functional impairment.
- IC member asked if a person with autism can get DMH services when already working with DDS and if so – who would initiate the process to be dual enrolled.
  - DMH stated that at least 25% of people with autism also have behavioral health diagnosis, and if it is found that the mental health condition contributes to the functional impairment then the person will be eligible for services through both agencies.
  - DMH added that people can also have dual coverage through BSAS.
  - DMH stated that a wide variety of people can initiate the eligibility process, ranging from the care team to a provider, a guardian or the potential enrollee themselves.
- IC member asked how the IC can help members not eligible for DMH get similar services through One Care.
  - DMH stated that One Care can work to create supportive rehabilitative services for members.
- IC member asked how many people who are in DMH are also enrolled in One Care.
  - DMH replied that many people in their programs are “duals” with Medicaid and Medicare coverage but only a fraction of those duals DMH members are enrolled in One Care.
- IC member asked what ways the Council can support encouraging enrollment in One Care for DMH clients who are eligible for One Care but are in a fee for service plan.
  - DMH stated that the most frequent reason they hear about why eligible members do not enroll in One Care is because they want to keep their current health care providers – including mental health providers.
- IC member asked what DMH does to promote the role of certified peer specialists (CPS) and Recovery Learning Centers (RLC).
  - DMH stated that the use of CPSs and RLCs is built into the fabric of all DMH programming including at their Boston Office and at their clubhouses. DMH stated that case managers and Adult Community Clinic Services (ACCS) staff also encourage clients to work with CPSs and RLSs.
- IC member asked what a Well Recovery Action Plan (WRAP) is.
  - IC member explained that WRAP is a plan that people create after going through a crisis to identify what helped them get through the current crisis and plan for supports to help with future crises.
  - DMH stated that the WRAP planning process is led by peers.

- IC member asked if DMH employs certified peer specialists or recovery coaches.
  - DMH stated there are recovery coaches staffed in the DMH hospitals, outpatient clinics, and RLCs and that one of their budget lines and priorities is training and providing educational programming for CPSs.
- IC member asked if DMH staff feel included in the planning process for individuals on One Care.
  - DMH stated that the relationship between One Care and DMH staff is very collaborative.
  - They also said the relationship between DMH and CCA is a positive and cooperative relationship and that they are working on reducing extended emergency department boarding for those needing behavioral health services.
- IC member asked if the plans know how many One Care members are also receiving services from DMH.
  - CCA replied there are approximately 150 One Care members who also receive DMH services, a number based on the 150 enrollees in the Programs of Assertive Community Treatment (PACT) program. CCA further stated they are still working to improve identification of those enrolled in both DMH and One Care as well as encouraging eligible enrollees to apply for DMH.
- IC member asked if member engagement in the planning process increases when the plan encounters someone in the hospital through the PACT program, and how CCA finds out someone has DMH services.
  - CCA stated they cannot duplicate DMH services so they provide complimentary services and provide outreach and referrals for members who need a behavioral health facility.
- IC member stated that that sounds like a big opportunity to encourage enrollment in both programs.
  - CCA stated they would like to expand access to DMH for One Care members who meet the criteria for DMH.
- IC Chair asked for Tufts' input.
  - Tufts stated they ideally engage with DMH as soon as a member identifies involvement with DMH and that they also engage members about DMH during transitions of care – to determine what services are available.
  - Tufts further stated that they use CPSs to work with members and increase engagement with RLCs and Clubhouses.
- IC member asked for Tufts enrollment numbers for One Care members also receiving DMH services.
  - Tufts stated there are 163 enrolled in both Tufts and DMH and that 86 of those live in Suffolk and Middlesex Counties.
- IC member asked if all the members with DMH services had case managers through DMH.
  - Tufts stated some of their members on DMH do not have DMH case managers but that they are still able to benefit from DMH services such as accessing RLCs and Club Houses.
- IC member asked if it was possible for MassHealth to provide DMH status of members prior to enrollment in One Care.
  - MassHealth stated that claims data should show DMH involvement for all members but that the data can be delayed. MassHealth agreed that identifying DMH involvement

during enrollment and disenrollment would be useful and they will investigate better ways to identify enrollees who also receive DMH services.

- MassHealth stated that there is an internal “flag” in the MassHealth data system indicating DMH agency involvement but that it is not reliable.
- IC member suggested a DMH case manager might be in the best position to talk to members with dual eligibility about the benefits of enrolling in One Care.
  - MassHealth agreed that DMH case managers would be a good resource to talk about One Care and stated that Options Counselors at SHINE can help walk One Care members through this as well.
  - DMH stated that insurance coverage is not typically on the minds of on-site DMH staff and there are ongoing efforts to bolster this, especially in relation to supporting the One Care program.

The meeting was adjourned.