

Meeting Minutes February 9, 2021 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: February 9, 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), Julie Fine (CCA), Henri McGill (MassHealth), Brooke Doyle (Department of Mental Health), Alysa St. Charles (UMass), Thomas McDermott (CMS), Mark Margiotta (Tufts), Leslie Diaz (My Ombudsman).

Presentations/Discussions: Agenda; January 12th IC meeting minutes; MassHealth Presentation titled *One Care Implementation Council Meeting, February 9, 2021*; My Ombudsman Presentation titled *One Care Implementation Council, February 9, 2021*; open dialogue with DMH.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/Review January 12th Meeting Minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the January 2021 meeting. The motion was seconded and carried.

My Ombudsman Presentation

Leslie Diaz, Director of My Ombudsman, presented *One Care Implementation Council, February 9, 2021*, reviewing My Ombudsman's Mission, Review of Quarter 4 data for One Care Plans, including One Care Health Plan Inquiries, Complaints, and Assistance, Examples of Common Complaints, including COVID-19 related complaints, and Outreach Data.

MassHealth Update

Corri Altman Moore, Director of Integrated Care and Henri McGill, One Care Program Manager at MassHealth presented *One Care Implementation Council Meeting, February 9, 2021*, reviewing January 2021 One Care Enrollment and DMH Affiliation, One Care Rating Category Definitions, One Care Contract Negotiations/Readiness Reviews, One Care Plan Clinical Audit Update, One Care Current Quality Withhold Metrics, and Additional One Care Quality Areas.

Department of Mental Health

Brooke Doyle, Department of Mental Health (DMH) Commissioner, facilitated an open dialogue with the IC and One Care stakeholders about DMH services, eligibility, and care coordination. Commissioner Doyle, the IC, MassHealth, and other stakeholders worked through better ways to access DMH members who are eligible for One Care and enroll them in One Care plans. The Commissioner also discussed opportunities for service improvement for both One Care and DMH.

Meeting Minutes:

Welcome/Review January 12th Meeting Minutes

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Questions/Comments:

- IC member asked whether care coordinators can help with dental services if denied.
 - My Ombudsman (MYO) stated that there are inconsistencies with this, largely because there may be less familiarity with dental services compared to Long Term Services and Supports (LTSS) or Personal Care Assistant (PCA) services.
- IC member stated that MYO is underutilized and the Council wants to promote its services.
- IC member expressed frustration over communication delays and lack of follow up from care coordinators. IC member further stated that MYO is an important part of making sure members are heard and that the importance of members being aware of the services MYO offers.
- IC member thanked MYO for adding accessibility features to their website and offered to test or provide input on any new features.
- CMS asked MYO if they ask if members have reached out to their plan or care coordinator before contacting MYO.
 - MYO answered yes.
- CMS stated that in looking at the ratio of calls in one month to a plan (more than 800) versus calls to MYO (466), there is a disparity in the frequency of calls. CMS suggested that care coordinators be more active.
 - MassHealth stated that call numbers are different because needing plan customer service is different than a member reaching out to MYO.
- MYO stated that it seemed easier to get in touch with care partners directly in the past, but today communication with care partners seems to be routed through the centralized plan Member Services line.
- IC member asked if MYO has data comparing One Care calls to other programs such as Program of All-Inclusive Care for the Elderly (PACE), and Senior Care Options (SCO).
 - MYO stated they do not have that information today but will provide it in the future.
 - IC member stated that they often call Member Services several times about things that would not be relevant to MYO.

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2021 One Care Enrollment and DMH Affiliation, One Care Rating Category Definitions, One Care Contract Negotiations/Readiness Reviews, One Care Plan Clinical Audit Update, One Care Current Quality Withhold Metrics, and Additional One Care Quality Areas.

Questions / Comments:

- IC member asked if the F1 category includes members residing in group homes.
 - MassHealth stated that it does not.
- IC member asked if CCA and Tufts are the only One Care plans available.
 - MassHealth confirmed CCA and Tufts are the current One Care plans.
- IC member asked about 90-day and first year opt out rates for members with DMH affiliation, or mental health diagnosis in general. IC member stated this information might help the IC better understand One Care satisfaction rates.
 - MassHealth stated they will bring that data to the next meeting.
- IC member asked if the 2018 quality withhold data is available online.
 - CMS posted the online location of the 2018 quality withhold results in the chat: <https://www.cms.gov/files/document/qualitywithholdresultsreportmady5.pdf>
- IC member asked about the status of the MOU.
 - MassHealth stated that the MOU process was delayed due to COVID and MassHealth will share the MOU publicly as soon as it is available.

Department of Mental Health

Brooke Doyle, Department of Mental Health (DMH) Commissioner, facilitated an open dialogue with the IC and One Care stakeholders about DMH services, eligibility, and care coordination. Commissioner Doyle, the IC, MassHealth, and other stakeholders worked through better ways to access DMH members who are eligible for One Care and enroll them in One Care plans. The Commissioner also discussed opportunities for service improvement for both One Care and DMH.

Commissioner Doyle spoke about the importance of establishing a mutual partnership with One Care to serve the overlapping members. The Commissioner reported similar numbers to MassHealth for cross-affiliation between DMH and One Care (3,081). DMH has also identified approximately 6,883 dual eligible individuals (One Care and DMH) who are not currently in One Care.

In addition, the Commissioner suggested that one reason DMH members may be hesitant to enroll in One Care is perceived concern about network adequacy; DMH members have expressed to DMH they do not want to join One Care if they must change their medical or behavioral health providers.

According to the Commissioner, many DMH members join One Care to assist with high LTSS needs, but DMH members without LTSS needs are more hesitant to join because the One Care benefit may not be as clear. The Commissioner shared that DMH members may assume One Care's care coordination model means interfering with their healthcare decisions, rather than assisting with person-centered care.

Questions/Comments:

- IC member asked the Commissioner to clarify the difference between care managing and care coordination.
 - The Commissioner stated that at the individual level there is not always a distinction and some potential One Care enrollees have the perception that care coordinators will make decisions for them.
 - The Commissioner stated that targeted care management from a DMH care manager could exist alongside a One Care or Community Partner (from the ACO program) care coordinator.
- IC member asked how DMH facilitates Certified Peer Specialists (CPS) and recovery coaches within a care team.
 - The Commissioner replied that CPSs and recovery coaches are important to DMH and have been part of DMH treatment teams for a while now, and that DMH funds CPS training.
 - The Commissioner stated that it is important that the member has the option of accessing peer supports regularly and not just during moment of stress.
- IC member asked for ways to engage One Care-eligible DMH members.
 - The Commissioner agreed with the importance of the collaboration between One Care and DMH. DMH added that One Care benefits include care coordination, navigation, and more comprehensive benefits, but that DMH members express concerns about losing their provider network and personal autonomy.
- IC member asked if it is possible to use the DMH model to better incorporate CPSs and recovery coaches into One Care.
- IC member stated that One Care would be a good option for people who do not qualify for DMH but would benefit from additional mental health support.
- IC member stated that a family had once declined One Care because they were concerned about losing their primary care and specialist providers. IC member further stated that a more comprehensive approach to enrollee education about what One Care has to offer would be beneficial.
 - MassHealth stated that existing rules specify that plans cannot reach out to a potential One Care enrollee until 30 days before they join. MassHealth stated a letter is sent out at 60 days before enrollment, and that MassHealth is working to change this limitation on One Care plan outreach.
 - The Commissioner stated that discussing One Care with a trusted person would make a difference. The Commissioner further stated that referrals to DMH from behavioral health community partners and One Care plans have been lower than expected.
- IC member stated that written information from the plans needs to be at a more appropriate reading level for the One Care population.
 - The Commissioner agreed that ease of communication is more important than availability of communication. The Commissioner further stated that written communication may be necessary, but the ability to have a dialogue with people is equally important.

- IC member stated that written communication for some Deaf or hard of hearing people can be difficult because English is a second language, so more visual information would be helpful.
- IC member asked what makes someone eligible for DMH.
 - The Commissioner stated that, generally, eligibility requires a qualifying diagnosis (such as depression) plus a level of functional impairment attributable to the qualifying diagnosis.
- IC member asked how to engage potential members who have behavioral health needs as well as disability needs who may not be aware there are more services available to them.
 - The Commissioner stated that some DMH members may be burned out and therefore it can be difficult to enroll in new services or plans. The Commissioner further stated that peer supports can be helpful in these situations.
- IC member asked how DMH is responding to COVID-19 for their Deaf or hard of hearing members, especially in the case of members needing hospitalization.
 - The Commissioner stated that they have internally increased interpreter services and can provide their own interpreters for meetings. DMH also has care managers for Deaf and hard of hearing clients in different regions of the state who can be contacted directly when someone needs service.
 - The Commissioner stated that all offices have remained open during COVID-19 and that DMH works diligently to connect any individuals who reach out for resources.
- MassHealth stated that One Care plans have expanded their provider networks in the last year, then asked what MassHealth could do to get information out to people who considered One Care when it was smaller.
 - The Commissioner replied that conversations with trusted people and word of mouth are important ways of relaying information.
 - MassHealth suggested DMH and MassHealth can work together to identify trusted community sources and reeducate the public on what One Care plans can offer.
- IC member stated that it would be beneficial for MassHealth, the plans, and DMH to work together to assess what steps hospitals should take to support One Care enrollment.
- CCA stated they have worked on fostering their relationship with DMH offices and regional managers to boost referrals.
- CCA stated there has been a particular focus on expanding behavioral health network adequacy, particularly in emergency services. CCA also stated that the highest level of potential membership is found in in-patient services where members are evaluated for DMH eligibility.
- Tufts stated that there are two parts to network adequacy: the actual provider network and then the marketing of that network to One Care members.
- IC member stated that DMH is invited to continue this work with One Care, perhaps as a workgroup or subcommittee, to bridge the gap between DMH and One Care.
- MassHealth stated that the data warehouse has been sending plans a list of all passive enrollment members who are already in DMH. MassHealth further stated that internal communication about ways to identify One Care members with DMH eligibility has increased.

The meeting was adjourned.