

## Meeting Minutes April 13, 2021 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** April 13, 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, Sara Willig.

**Unable to attend:** Chris White, Darrell Wright

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Hilary Deignan (UMass), Sophie Hansen (CCA), Alysa St. Charles (UMass), Linda Long-Bellil (UMMS), Jillian Richard-Daniels (MassHealth), Paul Kirby (MassHealth), Lisa Fulchino (Tufts).

**Presentations/Discussions:** Agenda; March 9th IC meeting minutes; Implementation Council Presentation titled *One Care Implementation Council Quality Metric Task Force, April 13, 2021*, MassHealth Presentation titled *One Care Implementation Council Meeting, April 13, 2021*, MassHealth Presentation titled *One Care Quality Performance Implementation Council*, and *Findings from 2017-2019 One Care Disenrollment Survey*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review March 9th Meeting Minutes

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

### Implementation Council Quality Metric Task Force Update

Dennis Heaphy, Implementation Council Chair, presented *One Care Implementation Council Quality Metric Task Force, April 13, 2021*, and discussed Task Force Goals, Purpose, Increase Rebalancing in Priorities and Spending, Areas to be Addressed, Participants and Expert Advisors, and Process Timeline.

### MassHealth Updates and Data Presentations

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting, April 13, 2021*, reviewing Updates: Procurement for One Care Plans and Duals 2.0, and Updates: Duals Demo 2.0 and SCO.

Jillian Richard-Daniels, Deputy Director at MassHealth Quality Office, and Paul Kirby, Quality Manager at MassHealth Quality Office, presented *One Care Quality Performance Implementation Council*, summarizing the Quality Data Performance, Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS), and Healthcare Effectiveness Data and Information Set (HEDIS).

Linda Long-Bellil, Assistant Professor of Family Medicine and Community Health at Commonwealth Medicine, UMass Medical School, presented *Findings from 2017-2019 One Care Disenrollment Survey* outlining the data from the voluntary disenrollee survey. It is a survey sent to members who voluntarily chose to disenroll from One Care. The Implementation Council was presented with the following survey category data: Experience with the Care Team, Medical Services, Long-Term Services and Supports, Enrollment Method, Enrollment Duration, and Main Reason for Disenrolling.

## Meeting Minutes:

### Welcome/Review March 9th Meeting Minutes

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### Implementation Council Quality Metric Task Force Update

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### MassHealth Updates and Data Presentations

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### Questions / Comments:

- IC member asked for the timeline on the Memorandum of Understanding (MOU).
  - MassHealth stated that at this time the timeline is to be determined due to changes at the federal administration level, but that MassHealth will follow up with the Council as soon as they know when to expect a response.
  - IC member asked what MassHealth will do to update the contract language to address the delay.
  - MassHealth stated they are looking into an official extension to ensure there are no gaps in the One Care program.
  - MassHealth stated that they are waiting on the MOU.
- MassHealth further stated that they are taking steps to ensure plans will not combine One Care data with Senior Care Option (SCO) data as they are two separate, defined programs.
  - IC member stated that the One Care plans have previously shared that they cannot disaggregate SCO data from One Care data.
  - MassHealth replied that the data the plans report to MassHealth are program specific, as required by the contract but may, while discussing programmatic elements such as care coordination or provider outreach, occasionally combine the numbers.
- IC member stated that One Care and SCO payment structures are different and care coordination models should reflect this difference.
  - MassHealth stated that plan care coordination models for One Care and SCO are different and uniquely defined within their separate contracts. MassHealth further stated that care model data submitted to CMS reflect the difference in One Care and SCO population needs and that the two programs remain separate.
  - CMS stated that there will continue to be different contract numbers for One Care and SCO under the upcoming demonstration, so CMS will continue to have separated quality data for One Care and SCO.

- IC member asked if One Care members age into SCO at age 65 and can no longer be One Care members.
  - IC Chair stated that plans should not pressure any members to move from one program to another and that My Ombudsman can help a member respond if there is any pressure.
  - MassHealth stated that there may be situations where someone in One Care turns 65, is eligible for SCO, and voluntarily opts into SCO because that makes sense for that person. MassHealth further stated that current members do not age out of One Care and can continue as a One Care member after age 65 if a member remains eligible.

Jillian Richard-Daniels, Deputy Director at MassHealth Quality Office, and Paul Kirby, Quality Manager at MassHealth Quality Office, presented *One Care Quality Performance Implementation Council*, summarizing the Quality Data Performance, Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS), and Healthcare Effectiveness Data and Information Set (HEDIS).

#### Questions / Comments:

- IC member asked what a composite is.
  - MassHealth stated that a composite is a summarizing data points determined through combining the findings from a series of survey questions to identify data trends.
- IC member asked if the downward trends in plan performance are statistically significant.
  - MassHealth stated that this data was not tested to assess statistical significance, but that these trends are common for CAHPS data sets.
- IC member asked why the Medicare Advantage average and Medicare-Medicaid Program average (MMP) was selected as the comparison set to One Care CAHPS findings.
  - MassHealth stated that because One Care is part of a unique demonstration, there are not many comparable programs and so comparison data is limited.
  - CMS agreed and stated the MMP average for CAHPS is often used to understand how relevant program plans are performing, and that the Medicare Advantage average presented is not as a comparison point, but rather as data for consideration.

Linda Long-Bellil, Assistant Professor of Family Medicine and Community Health at Commonwealth Medicine, UMass Medical School, presented *Findings from 2017-2019 One Care Disenrollment Survey* outlining the data from the voluntary disenrollee survey. It is a survey sent to members who voluntarily chose to disenroll from One Care. The Implementation Council was presented with the following survey category data: Experience with the Care Team, Medical Services, Long-Term Services and Supports, Enrollment Method, Enrollment Duration, and Main Reason for Disenrolling.

#### Questions / Comments:

- IC member asked whether the disenrollment data could be disaggregated by plan.
  - UMMS stated that the sample size was very small so it would have been difficult to identify trends in the data.
- IC member asked what MassHealth is doing to address One Care member dissatisfaction with care coordination in the new One Care / Duals 2.0 contracts.

- MassHealth stated that they are working through the care coordination contract recommendations that the Council had provided previously, including data on care coordinator turnover and the number of members in care coordinators' caseloads.
- UMMS stated that the voluntarily disenrolled One Care members surveyed who had a care coordinator, often reported that they were satisfied with their care coordinator.
- IC member clarified that all One Care members should have a care coordinator.
- MassHealth confirmed that the One Care program ensures every One Care member receives a care coordinator. MassHealth further stated that Long Term Support Coordinators (LTS-C) are a separate position than the care coordinator, and not all members have an LTS-C.
- MassHealth agreed that it is a concern that the surveyed members who voluntarily disenrolled stated they did not have a care coordinator.
- MassHealth stated they are working with UMMS on gathering the data from the One Care Member Experience survey which will give a better idea of enrolled One Care members experiences and satisfaction with care coordination within One Care.
- UMMS stated that the One Care Member Experience survey data reports higher numbers of members with care coordinators.
- IC member asked MassHealth if there were any surprises in the voluntary disenrollee or CAHPS and HEDIS data presented.
  - MassHealth stated that 70% of those eligible for One Care have a behavioral health diagnosis and further work is needed to address the needs of One Care members with Substance Use Disorder (SUD) and behavioral health needs.
    - MassHealth stated across the Commonwealth, MassHealth plans do not do well on the SUD measures and that they are trying to determine what is causing the lower scores on SUD response, including determining whether it is an issue of the timeliness of interventions.
  - MassHealth stated that in the past One Care plans had been national leaders in CAHPS quality measures, but the last few years that has not been the case and that they hope to return to the previous levels.
    - CMS stated that there is room for improvement for One Care to return to the high scores on CAHPS measures seen in 2014 and 2015. CMS further stated that in 2014 and 2015, there were few MMPs to compare to One Care.
  - MassHealth stated that they expected hospitalization rates to decline for members in the One Care program, but instead the quality measures data shows One Care above the Medicaid benchmark for hospitalizations, ED visits, and length of stay.
- IC member asked if it is possible to have the voluntary disenrollment data broken down by One Care rating category.
  - MassHealth stated that it is challenging to break down the current data by rating category, but One Care plans are going to be asked to report more program data by rating category going forward.
- IC member asked if rating category data is available for ED visits.
  - MassHealth stated that SCO plans report data by rating category for ED visits, so it is possible for One Care as well.

- IC member asked if hospital readmission data is broken down by rating category, especially for readmissions for SUD.
  - MassHealth stated that the HEDIS measure for readmissions exclude behavioral health diagnoses and so tracking SUD as a cause of readmission is not possible.
  - MassHealth stated that once they are able to access encounter data from One Care plans (like they can with SCO plans) they might be able to track BH readmissions.
- IC member asked for the next steps MassHealth and the plans are taking after seeing this quality measure and disenrollment data.
  - IC member further stated that a common reason eligible people do not enroll in One Care may be due to a limited primary care provider network within One Care.
  - IC member also stated that a more robust onboarding seems needed for passively enrolled One Care members and suggested that a stronger care coordination support system can help accomplish that.
- IC member stated it is important to know the goals of the upcoming One Care demonstration (Duals 2.0), including the ratio of care coordinators to members, MassHealth passive enrollment strategy, and stronger plan intake processes for new members.
- IC member stated that the new One Care demonstration (Duals 2.0), starting in January 2022, should include incentivizing primary care providers to participate in the program, especially considering the administrative burden providers face when different plans have different billing rules and credentialing requirements.
  - MassHealth stated that One Care plans can offer single case agreements to existing providers for new One Care members and that MassHealth expects plans to continue to outreach to providers to grow plan networks for the next demonstration.

The meeting was adjourned.