

Meeting Minutes June 8, 2021 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: June 8, 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.

Unable to attend: Darrell Wright.

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Kathy Chin (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Linda Long-Bellil (UMMS), Alysa St. Charles (UMass).

Presentations/Discussions: Agenda; May 11th IC meeting minutes; MassHealth Presentation titled *One Care Implementation Council Meeting, June 8, 2021*, UMMS Presentation titled *Findings from One Care Member Experience Surveys 2017-2019*, Implementation Council Presentation titled *One Care Implementation Council Motions – June 2021*.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/Review May 11th Meeting Minutes

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

MassHealth Updates

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting, June 8, 2021*, providing an overview of the Implementation Council Annual Leadership Determination.

Member Experience Survey Review

Linda Long-Bellil, Assistant Professor of Family Medicine and Community Health at Commonwealth Medicine, UMass Medical School (UMMS), presented *Findings from One Care Member Experience Surveys 2017-2019* outlining the data from the voluntary member survey. One Care members are surveyed on Member Experience once a year through the mail and follow up phone calls. The Member Experience Survey aims to measure member satisfaction with One Care services. UMMS reviewed survey results from 2017, 2018, and 2019.

The Implementation Council was presented with the following categories of data from the Member Experience Survey: Enrolling in One Care, Experience with the Care Team, Assessment Process and Individual Care Plan, Use of Need for Medical Services, Needs for Long-term Services and Supports (LTSS), and Overall Experience in One Care.

Implementation Council Motions

Dennis Heaphy, Implementation Council Chair, presented *One Care Implementation Council Motions – June 2021*, reviewing four motions that were put forward for approval. They were tabled for review at the next meeting.

- Motion #1: Increased One Care Member Knowledge of My Ombudsman;
- Motion #2: Grievances (Complaints) and Appeals;
- Motion #3: Increasing Involvement of Plan Members in the Implementation Council, and;
- Motion #4: CAC Engagement with the Implementation Council.

Meeting Minutes:

Welcome/Review May 11th Meeting Minutes

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Questions/Comments

- IC Chair stated the information presented by UMMS is helpful for making future recommendations for how the survey can better capture the One Care program and to identify future quality measures. IC Chair further stated that the survey data presentations by UMMS can be used to support the work of the Council and to promote collaboration among the Council, MassHealth, Centers for Medicare and Medicaid Services (CMS), and the plans to improve One Care.
- IC member stated that [the ARC](#) offers a survey that is available in multiple formats, increasing accessibility of the survey.
- IC member asked why survey responses declined over time and what can be done to ensure the sample size remains consistent over time. (Slide 9, Survey Methodology).
 - UMMS stated that receiving responses from 30% of those surveyed is strong but noted that there was a definite decline in response to the surveys over the three years.
- IC member stated that all One Care members are required to have a care coordinator but only 78% reported having one (which was down from the highest, 82%, in 2017). IC member stated they are concerned about the 22% of survey respondents who reported they do not have a care coordinator (Slide 16, Care Coordinator).
 - UMMS stated that conducting interviews with One Care members as part of the survey process may help explain results that are not clear.

- UMMS noted that during focus groups conducted when One Care began, some members stated that they did not know what a care coordinator was or stated that they did not need a care coordinator to manage their care.
 - UMMS clarified that the drop from 82% to 78% of members surveyed who reported having a care coordinator is not statistically significant in this context.
- IC member asked why the number of survey respondents reporting having a long-term support coordinator (LTS-C) dropped from 37% in 2017 to 24% in 2019 (Slide 17, LTS Coordinator).
 - UMMS stated it might be helpful to ask the plans about how LTS-Cs have been used over time to see if they have insight into the change in utilization. UMMS further stated it is possible that members may not understand the difference between a care coordinator and an LTS-C.
 - IC member stated that the Council is concerned that One Care members continue to be unclear about the One Care model and benefits.
- IC member stated that survey results saying that only 71% of respondents reported being assessed for oral health is too low (Slide 20, Assessment for Medical Needs).
 - UMMS agreed that the number of survey respondents who reported an oral health assessment is low.
 - IC member stated that members may not receive proper education about the oral care benefits in One Care.
 - IC member suggested that future surveys include asking additional questions about oral health care to better understand issues with access and utilization of oral health benefits.
- IC member stated that One Care supports the needs of members with substance use disorder (SUD), yet the surveys indicate that a low number of people were asked about SUD needs (Slide 20, Assessment for Medical Needs, and Slide 26, Use or Need for Medical Services).
 - UMMS agreed that when compared to other assessment and utilization rates, treatment for SUD is low.
 - IC member stated that members may have SUD but may not indicate they need SUD treatment during assessments.
- IC member stated the Council would like to see higher utilization rates for all service categories, including prescription drugs, medical transportation, mental health services, specialty care, and dental care (Slide 26, Use or Need for Medical Services).
- IC member asked if the data about the service needs met are valid (Slide 27, One Care Met Members' Needs for Medical Services (Very Well)) since the percentage of members who were assessed for services was low (Slide 20, Assessment for Medical Needs).
 - UMMS stated this is possibly a shortcoming of the way the survey was built.
- IC member stated that only 54% of One Care members surveyed indicated they have an individualized care plan (ICP) (Slide 24, Experience with Individualized Care Plan), and yet an ICP is a contractually required part of the One Care care model. IC member further asked if the data that assesses satisfaction with the ICP is valid when so few members indicated having one.
 - UMMS stated the satisfaction data is valid for the respondents who said they have an ICP.
- IC member stated it would be helpful to have follow up questions on future surveys about key parts of the One Care model, such as the ICP and care coordinator, to better understand how One Care is meeting member needs.

- IC member stated that the Member Experience Survey responses show that One Care members may not understand the importance of a care coordinator or ICP.
 - UMMS stated that it may be helpful to ask the plans for data on ICPs.
- IC member stated that the Member Experience Survey does not seem to capture the strengths of the One Care care model. IC member further stated that the Council hopes to address this with the upcoming quality measure task force.
 - IC member stated that the quality measure task force would like to assist in collecting data on usage of One Care services like recovery coaches, certified peer specialists, nonmedical transportation, and over-the-counter medications.
 - IC member stated it would be helpful if survey reports not only highlight what works well in One Care, but also indicates where there is room for improvement.
- IC member asked what the definition of *significant* is within the context of the Member Experience Survey presentation.
 - UMMS stated that the use of the term *significant* in this presentation indicates *statistical significance*, which means that there was a meaningful change in the data that was not caused by chance or other superficial factors.
- IC member asked that the Council request data in a timelier manner in the future.
 - IC member stated that CCA and Tufts have changed care models since the Member Experience Survey data was collected so the survey data does not accurately measure current member satisfaction.
- IC member suggested that the demographics of the Member Experience Survey respondents (including older adults, women, and members with high-school level education that were overrepresented when compared to One Care’s at-large population) should be considered when determining the significance of data results. (Slides 46-48, Member Characteristics: Age, Race and Ethnicity, and Education and Gender).
 - UMMS stated that the response rate of different age groups may be due to survey methodology and that outreach efforts did not adequately reach younger adults.
 - IC member stated older adults may feel more compelled to respond to surveys than younger adults depending on the survey look and format.
 - IC member stated that the education demographics may indicate that members are not given information about One Care in a format that all members can easily access and understand.
- IC member stated that it may be beneficial to have a higher response rate than 30%. IC member asked how outreach was done (Slide 9, Survey Methodology).
 - UMMS stated that there were two mailings and five telephone outreaches to the phone number MassHealth has on record (Slide 9, Survey Methodology).
- IC member stated that an online survey could be done on a member’s own time and tends to be more accessible than hard copy or telephone call.
 - IC member stated that survey cold calling is inconvenient because it interrupts daily tasks. IC member added that completing paper surveys cuts into personal care assistant (PCA) hours.
 - IC member stated that it is important to contact members with depression or initiation issues for survey responses. IC member further stated that many people are wary of calls from numbers they do not recognize.

- IC member stated that relying on landlines during survey response collection can be flawed because cell phones are now more common than landlines.
- IC member stated it would be beneficial to have assistive technology clearly defined in the consumer portal and consumer handbook.
 - UMMS stated that assistive technology was clearly defined on the survey.
- IC member stated they would like more information about utilization of and satisfaction with nonmedical transportation.
 - UMMS stated that transportation to the community for LTSS services was included in the Long Term Services and Supports (LTSS) section of the Member Experience Survey (Slide 29-30).
 - IC member stated that it would be helpful to have more context in future surveys about nonmedical transportation.
- IC member suggested that future surveys also include focus groups to provide better understanding of survey data.
 - UMMS agreed and stated focus groups allow for deep dives into reasoning behind quantitative data.
- IC member stated that the Implementation Council wants to help promote survey tools like the Member Experience Survey to better understand how One Care impacts its members.
- IC member suggested that displaying side-by-side comparisons of the data, such as percentage of needs reported (i.e., Slides 20 and 21) alongside percentage of needs met (i.e., Slides 27 and 30), would provide a better flow of information.
- CCA stated that the data presented by UMMS will help the plans improve One Care and that they may be able to assist with survey outreach, like they did with focus groups for Community Catalyst.
- Tufts stated that the data presented at this meeting is important historical data and agreed with the Council that more up-to-date data would be more actionable. Tufts further stated they would be willing to assist with focus groups and sharing the current data
- CMS thanked the IC for raising important questions about the data presented by UMMS.
- MassHealth stated the data presented by UMMS is a helpful starting point for substantive discussions about One Care as it grows.

Implementation Council Motions

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Questions/Comments

- IC member stated that they had missed these motions at earlier meetings and would like to discuss them.

- IC Chair stated that these motions were presented at the May 11, 2021 IC Meeting and May 25, 2021 IC Planning Committee meeting.
- IC member stated that it would be beneficial to include the word “consent” in Motion #2 regarding whether a member consented to modifications of their care plan. This change was made live during the meeting and IC member said that they were comfortable with the motions with that change.
- MassHealth stated it would be helpful to create target goals and expectations for these motions.
 - IC member asked if MassHealth could define an appropriate goal for member calls to My Ombudsman (MYO).
 - MassHealth stated that they will ask MYO to get an idea of an appropriate utilization rate of MYO services and report back to the IC.
 - IC member stated it is important that the care coordinator and the plans work with MYO because members may not feel empowered to initiate the appeals process without support.
 - IC member stated it is important that plan outreach efforts and communications be person-centered and available in accessible formats and not just by mail or phone.
 - IC member stated that secure mail is burdensome, inaccessible, and difficult to use in screen readers.
- IC member stated it is important to preserve One Care’s current levels of hospital and provider service access and improve upon them.
 - IC member stated that there is an administrative burden for providers working with multiple plans. IC member further stated they would like to know the incentives for hospitals to expand provider networks.
 - IC member stated that hospitals will be looking to Duals 2.0 to determine the effects the new demonstration will have on financing and provider networks. IC member further stated that hospitals have raised concerns about MassHealth and CMS capping hospital and physician payments.
 - IC member stated that the Council is prioritizing statewide hospital access for One Care members going forward.
 - MassHealth stated that member choice is protected by contractual requirements, and network adequacy is reviewed during the procurement process and will not change in Duals 2.0. MassHealth further stated that member choice in hospitals, providers, PCAs, and other services is a priority that is taken into consideration during the procurement and readiness review process as well.

The meeting was adjourned.