# One Care Implementation Council Meeting AARP Conference Room, 1 Beacon St., 23 ${ }^{\text {rd }}$ Floor <br> Boston, MA <br> November 14, 2017 10:00 am - 12:00pm noon 

Council Meeting attendees: Suzann L. Bedrosian, Crystal Evans, Jeffrey Keilson, David Matteodo, Dan McHale, Dale Mitchell, Paul Styczko, Howard Trachtman (participated by phone), Sara Willig, and Florette Willis.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass Support), Daniel Cohen (MassHealth), Raymond Gomez (Tufts), Joshua Krintzman (Commonwealth Care Alliance), Scott McManus (One Care Ombudsman Office), Roseanne Mitrano (MassHealth), John Ruiz (Commonwealth Care Alliance).

Unable to Attend: Lydia Brown, Dennis Heaphy and Henri McGill

Handouts: Agenda, Meeting Minutes from 10-10-17, MassHealth presentation, IC Presentation on Listening Sessions and One Care Listening Session, Save the Date for December 8 ${ }^{\text {th }}$.

Documents will be available online at http://www.mass.gov/masshealth/duals.

## 1) Welcome and Review of Agenda

- One Care Implementation Council Vice Chair Howard Trachtman opened the meeting and reviewed the agenda.


## 2) Housekeeping Notes

## Physical Space:

- The aisle on the left-hand side of the room has a wider clearance for accessibility.
- The space is limited on the right-hand side of the room, so please be careful walking.
- Please keep both aisles clear of bags, backpacks, etc.
- Please be careful of any wires on the floor.


## Using Microphones:

- When speaking, please always introduce yourself, and always use the microphones to enable the people on the phone to hear.
- Please do not touch any buttons on the microphones.
- The microphones have been strategically placed throughout the room and please use the microphones closest to the space where you are sitting.
o The room has been divided into the right and left halves - 2 microphones per half.
- There is also a wireless microphone for use by the ASL interpreters.
- If there is a problem with the microphones or anything else in the room, please let Donna know and she will assist you.


## Calling in to the Meeting:

- When calling in, please keep your phone on mute until you would like to speak, so everyone on the phone can hear the meeting.


## 3) Approval of Meeting Minutes

- October $10^{\text {th }}$ Implementation Council meeting minutes were approved by unanimous motion.


## 4) Icebreaker Exercise

- Implementation Council members engaged in an icebreaker exercise, led by Vice Chair Florette Willis.


## 5) December 8 Town Hall Listening Session

- IC member Jeff Keilson introduced slides describing the purpose of, logistics of and roles for the council to prepare for the Dec 8th Town Hall Listening Sessions in:
o Boston: The UMass Center located at 1 Beacon St,
o Boston: The Health Policy Commission located at 50 Milk St,
o Worcester: Worcester Public Library located at 3 Salem Square, and


## o Springfield: The UMass Center located at1500 Main St.

- Jeff noted that it is important for Implementation Council members to attend these listening sessions in person if possible.
- The role of Implementation Council members at the listening sessions is to listen to the lived experience of other One Care members.
- A major role of the Implementation Council is to help publicize the listening sessions by contacting community organizations and individuals that they know. The Council developed the following list of organizations that they plan to reach out to through personal contacts. It was requested that Council members cc (copy) the One Care email address (OneCare@state.ma.us) when reaching out to individuals at these organizations:
o Crystal and Sara
o Facebook groups
for people w disabilities, PCA groups, etc.
o Crystal
o CCC Clinic
(Commonwealth
Community Care
Clinic)
o BMC inpatient CCA service
o Mass office on Disability
o Sara
o St Francis House
0 Paul
o Recovery Learning
Community in
metro Boston
o Mental Health
Collaborative this
Friday
o Elder Mental
Health
Collaborative
o Henri
o Healthcare for the Homeless
o Pine Street
o Dale
o ASAPs / ADRCs
o Roseanne
o Tradewinds Clubhouse
o Florette
o Clubhouse Coalition
o ILCs
o Multicultural independence living center
o Rec centers
o City of Worcester's Diversity Council
o Neighborhood groups
o Task forces
o Nonprofits for minorities
o MRC
o NAMI and its 22
affiliates across MA
o DMH
o DPH
o Bill Henning
o ILCs

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o Jeff
o Autism
    advocacy
            groups
o Providers'
    Council
o MA DDS
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o Dennis
o DDAHR
o Sara
o MA Autism advocacy
o Scott
o Disability Policy
Consortium

## - Questions raised during the meeting:

o A council member asked whether these listening sessions were meant to explain to potential members what One Care is or to find out what kinds of interactions members are having with their One Care.

- The sessions are intended to hear from individuals on their experience with One Care. There may be other issues that come up during the sessions, but those people will be directed to the right person to address their questions.
o A council member asked whether there will be translation available at these listening sessions.
- ASL translation will be available in person at all sites. At this time Spanish translation is arranged for the Springfield site, and the invitations will also include contact information for any person to request translation or any accommodations needed at a specific site.
- A council member also suggested that they consider partnering with some community groups that serve diverse people who speak other languages for some assistance in gauging language support needed.
o A council member raised the concern that broad outreach might mean that MassHealth members who are not One Care members might attend, unaware that these sessions are focused on One Care experiences from current members.
- The save the date will be edited to add information about One Care, and the council will consider whether to attach the one pager describing One Care, and whether to add the logos for the two One Care plans to the notice and other One Care identifiers, for example including the fact that One Care serves the 21-64 age group.
o A community member noted that the save the date does not reference LTSS Care Coordinators.
- The save the date will be edited to ensure that they are included.
o A council member advised that the meeting invite should be much simpler and include clear information, and should clarify that the listening sessions are intended to hear from Massachusetts One Care members.
- This will be worked on in the revision of the materials.

0 A council member recommended that community centers and providers be contacted to provide assistance with publicizing the event.
o A community member advised that if the goal of the meeting is to solicit lived experience from individuals-that the invite and agenda be revised to provide some examples of the kinds of lived experience that we are hoping to hear, and include a way to pull people in (such as refreshments). Another suggestion was to revise the agenda to allow some participation by individuals who show up in person earlier on in the meeting.

- IC members will discuss revisions to the save the date and agenda offline in order to implement these suggestions including consideration of the kinds of incentives that can be offered, and whether to include them on the save the date.


## 6) Update from MassHealth

- Corri reminded the council that the One Care Open Meeting was being held on 11/14 from $2 \mathrm{pm}-4 \mathrm{pm}$ at 1 Ashburton to go over quality data and financial performance.
- MassHealth extended the deadline for the Ombudsman procurement to 4 pm on $12 / 11 / 17$. This procurement does cover the One Care Ombudsman function, and will also serve other populations.
o The MassHealth Health Plan Ombudsman Request for Responses (RFR) is available on the state procurement website COMMBUYS (https://www.commbuys.com) as Document Number: 18LCEHSOMBUDSMANRFR
- There are upcoming drop-in One Care outreach events coming up in December, and MassHealth will send along the flyer.
o Hampden County:
- Wednesday, December 13th, 8:00 a.m. - 12:00 p.m.
- Friends of the Homeless Resource Center/Shelter
- 755 Worthington St., Springfield, MA
o Middlesex County:
- Thursday, December 14th, 8:30 a.m. - 12:30 p.m.
- Harvard Vanguard Medical Associates - Atrius
- 40 Holland St. in Davis Square, Somerville, MA
- Corri also sought feedback from the council on how to improve the targeted outreach events. How are these events going? Any suggested adjustments? Cori noted that MassHealth welcomes additional thoughts on this, especially whether these events are worthwhile investments.
- Questions and comments raised during the meeting:
o A council member asked what was different about the Springfield Friends of the Homeless Resource Center that attracted so many people?
- Corri- It's a crowded place and we were set up in front of cafeteria-high volume of people going back and forth. We also have great communication/integration in the community, people there knew about it.
o Given the previous comment, a council member asked whether we can do the same thing at Pine Street or another similar location.
o Another council member suggested hosting drop in outreach events at the clubhouses, since they also feed people daily and have a good amount of food traffic.
o A community member noted that events that target homeless populations tend to have the most response. We know from onboarding, and ongoing issues that one of the hardest things is homeless outreach. These events seem to be successful in reaching this difficult to reach population.
o A council member also suggested that MassHealth consider doing outreach at some of the big holiday events held by the ILCs in November and December.
0 Another council member suggested Rosie's Place as an outreach location-in addition to being a shelter, they also provide lunch to the public daily and have good foot traffic.
o Other suggestions included: On Your Feet, and local Social Security offices.


## 7) Public Input \& other comments

- Jennifer Baron provided an update regarding enrollment data for other duals demonstrations in other states, including the opt-out rates requested in the October $10^{\text {th }}$ Implementation Council Meeting.
- Jennifer noted that some of the important factors to look at when considering the data from other states includes:
o In some other states (but not MA) individual who are duals must be in managed care for Medicaid, so enrollment in other states drastically different in other states (no fee for service Medicaid in other states like OH and CA IL)
o MassHealth has done a good job of reporting on enrollment and are clear on how they define opt-outs (other states started later and provided diff definitions for opt out
- Note: MassHealth's definition for opt out is the most expansive definition and includes individuals who opt out even if they are not passive enrollment eligible.
- Data reported includes:
o Ohio, a state with mandatory Medicaid managed care has an opt out rate of about $30 \%$.
o MassHealth, from their October opt out report, had an opt out rate of about 34\%.
o California has an opt out rate of about $50 \%$ overall. This was highly influenced by a provider led opt out campaign in L.A. COUNTY.
o Virginia, a state where their duals demonstration is ending soon, also had a higher opt out rate than Massachusetts, but it is important to know that their duals demonstration project is ending December 31, 2017, and their rate was influenced by members leaving the demonstration early.
- Questions and comments raised during the meeting:
o A council member asked if other states have the option of individuals opting in after they initially opt out of the duals demonstration.
- Jennifer explained that someone initially opting out will not get another passive enrollment notice for a certain period of time, but they can opt back in at a later date.
o A council member asked whether the community first choice in California impacts these numbers.
- Jennifer explained that she was uncertain, but that they have not heard much about a correlation.
o A council member asked whether Virginia's ending of their duals demonstration was politically motivated.
- Jennifer explained that Virginia's demonstration was scheduled to end at the end of 2017and the program that the demonstration is transitioning to will look a lot like the demonstration and will still include integrated Medicare and Medicaid managed care through the existing Medicare advantage program, through what are called dual eligible special needs plans similar to the senior care options program in Massachusetts.
o A community member asked whether the demonstrations that are ending (VA) or others will have any reports with lessons learned.
- CMS expects to see the first evaluation reports from Ohio and Illinois, which will be coming out, and the evaluations of other demonstrations that are still running are expected (like One Care) because we want to prioritize learning more about that are still up and running. The Virginia demonstration will absolutely be evaluated and will have the same type of evaluation as all the other demonstrations.
o A council member asked what the determination and measurement process for QM and efficiency are and cost benefit for other states. Do all states do this the same way? Are they mandated to look at certain things? Are they consistent?
- There are a number of standards required across demonstrations, there are some that are in the 3 way contract, some are standard Medicare measures, and all other demos report those. CMS has published some of that information, and Jennifer sent the relative links:
CA: http://calduals.org/wp-content/uploads/2017/10/September-2017-CMC-Enrollment-Dashboard.pdf
NY: https://www.health.ny.gov/health care/managed care/reports/enrollment/monthly/ (does not include opt out rates)
MI:http://www.michigan.gov/documents/mdhhs/MI Health Link Public Dashboard 502731 7.pdf (does not include opt out rates)
OH:http://www.medicaid.ohio.gov/Portals/0/Initiatives/MLTSS/MyCare Ohio Progress Report 2017.pdf
SC: https://msp.scdhhs.gov/SCDue2/site-page/program-data (does not include opt out rates)
VA: http://www.dmas.virginia.gov/content atchs/altc/Monthly\%20Dashboard\%20-\%20092017.pdf
Jennifer also offered more resources:
- This Kaiser brief from Dec. 2015 provides estimated demonstration eligibility by state (Table 1). Some of the information is a bit outdated, but provides a general sense:

0 https://www.kff.org/medicaid/issue-brief/financial-alignment-demonstrations-for-dual-eligible-beneficiaries-compared/

- CMS released January 2017 demonstration enrollment by state in our 2016 Report to Congress (Table 2), and will include updated figures in our 2017 Report to Congress expected in early 2018:
o https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO 2016 RTC.pdf

There are also CMS funded evaluations, which are taking a standardized look across all the demonstrations, some reports coming out early next year. Looking at how Medicare and Medicaid costs change under the demonstrations. Also CMS encourage states to conduct any desired nonstandard approaches, and encourages states to do additional evaluations of their programs that are tailored to their needs.

## 9) Upcoming Meetings:

- Tuesday, December 12, 2017, 10:00 AM-12:00 PM at the Non-Profit Center, West Room - 4th floor, 89 South St., Boston, MA
- Tuesday, January 9, 2018, 10:00 AM - 12:00 PM, Health Policy Commission (HPC), 50 Milk St., 8th Floor, Boston, MA

