

One Care Implementation Council Meeting

November 15, 2013 1 PM – 3 PM

One Ashburton Place, 21st Floor

Boston, MA

Council Members Present: Suzann Bedrosian, Bruce Bird, Theodore Chelmow, Myiesha Demery, Joe Finn, Anne Fracht, Dennis Heaphy (Chair), Audrey Higbee, Denise Karuth, David Matteodo, Dan McHale, Olivia Richard, Peter Tallas, Howard Trachtman (Co-Chair), Florette Willis (Co-Chair)

Council Members Absent: Jeff Keilson, Rebecca Gutman, Dale Mitchell, Vivian Nunez, Jorge Pagan-Ramos, Bob Rousseau

Handouts: Agenda, Operating Guidelines, Meeting Minutes (10/25/13), Approved Motions Summary Document, MassHealth Update Presentation, Outreach Discussion Document. Documents will be available online at www.mass.gov/masshealth/onecare.

Next Open Council Meeting: Friday, December 20, 2013 1:00-3:00pm
State Transportation Building - Conference Rooms 1-3
10 Park Plaza
Boston, MA

1) Approval of Meeting Minutes

A motion was made to approve the Implementation Council meeting minutes from the 10-25-13 Council meeting.

The motion was seconded.

Ayes: 15

Nahs: 0

Abstentions: 0

The motion carried.

2) Operating Guidelines

Dennis Heaphy, Chair, reviewed the newly presented meeting Operating Guidelines.

3) MassHealth Updates

Robin Callahan, Deputy Medicaid Director, presented on One Care enrollment as of November 1, 2013.

- MassHealth intends to issue monthly reports on enrollment mid-month. The reports will be available on the One Care website (www.mass.gov/masshealth/onecare)
- November Enrollment and Opts Outs:
 - Enrollment as of November 1: 3,786
 - Opt-outs as of November 1: 10,588
- Approximately 13% of the One Care eligible population, who were mailed enrollment packets, chose to opt-out of the program.
- A majority of the eligible One Care population (~80-85%) have not yet acted – either to opt out or opt in.
 - MassHealth noted that many individuals appear to still be in the decision-making process as indicated by the number of calls being received by MassHealth Customer Service and SHINE and by attendance at the Community Information Sessions and Health Fairs.

Questions and Comments

- A question was asked in regards to whether data was available on the number of homeless members who have opted in or out of the program.
 - MassHealth data include an indicator for homelessness that staff can use to investigate this question. However, it was noted that the indicator is at times inaccurate due to frequent changes in housing status.
- It was noted that individuals who are homeless may be being encouraged to opt out due to the potential to lose housing benefits through CSPECH (Community Support Program for People Experiencing Chronic Homelessness).
 - MassHealth noted that individuals that are eligible for One Care typically would not have access to CSPECH which is available for individuals in MassHealth managed care through the Massachusetts Behavioral Health Partnership.
- A question was asked as to whether the response rate among potential enrollees to date is reflective of other MassHealth enrollment experiences. There is no precedent for comparison because the enrollment process is different from other managed care programs.
- A question was asked about whether the number of individuals in rating category C3 who have enrolled so far are proportional to the total population eligible for One Care who are projected to be in rating in category C3.
 - MassHealth noted that the proportion of C3 enrollees (14%) is likely smaller than the eligible population but not far off.
- A question was asked regarding whether One Care plans are reporting many shifts in rating categories.
 - Plans have noted some changes in rating categories once the Minimum Data Set- Home Care (MDS-HC) assessments have been completed. Plans have 90 days to complete the assessment to determine the most accurate rating category.
- A council member noted that many potential enrollees still appear to be undecided. Community members have reported several reasons for their hesitation including:
 - Not feeling as though they have enough information to make an informed decision.

- Needing more individual attention and the opportunity to talk to representative at health fairs and community information sessions one-on-one.
- Feeling as though the representatives at the One Care outreach sessions did not reflect their community in terms of race, class, and disability.
- Being encouraged to opt out by certain providers who are not aware of or uninformed about One Care.
- MassHealth recognizes that enrolling is a significant decision for many and that individuals will have time and opportunity to enroll in the program as One Care is only in the early stages of enrollment.
- It was noted that many people may choose to opt out before learning more about the program and the benefits to enrolling. A question was asked as to whether this group would be included in future outreach efforts in order to ensure this group has another opportunity to enroll if interested.
 - At this time MassHealth is respecting individuals' decision to opt out by not continuing to contact these individuals and by excluding them from the auto-assignment process. However, MassHealth will be engaging in efforts to better understand why individuals chose to opt out as part of the early indicators project and hopes that these results will assist in future marketing efforts to this population.
- Cindy Phillips, the Director of SHINE (Serving the Health Insurance Needs of Everyone), noted that many enrollees are getting confused by termination notices they are receiving from their Part D plans once they enroll in One Care.
 - MassHealth noted that One Care includes all Medicare benefits, including Part D benefits, therefore an individual's Part D plan will be discontinued once the individual enrolls in One Care. MassHealth also noted they Part D plans are independent entities that MassHealth has no affiliation with and therefore cannot control the communications that are distributed by these plans.
 - It was suggested that One Care communications, such as One Care Plan welcome letters could note that individuals may receive notices from their Part D plan and reassure members that the One Care plans provide their pharmacy benefit.
- A question was asked about whether One Care plans covered brand name drugs or only generic.

- It was noted that each One Care plan has a list of drugs it covers and enrollees are encouraged to contact plans directly to check if their medication is covered.

3) Outreach and Provider Strategy Discussion

Dennis Heaphy introduced Roxanne Reddington-Wilde, a community member with significant experience with community organizing and outreach. Roxanne facilitated a discussion on One Care outreach.

- Notes from the facilitated discussion can be found in the appendix (pgs. 7-8) attached.

Additional Comments Regarding Outreach

- It was noted that the enrollment material and much of the outreach material available is confusing and doesn't seem to highlight the benefits of the program.
- A council member expressed concern that the current One Care outreach efforts are not reaching important parts of the population eligible for One Care.
 - Grass-roots organizing methods were suggested as an option to reach these communities and populations, including going directly into the community and meeting with community groups and religious organizations.

4) Planning for the Next Council Meeting

- It was requested that at the next meeting Joe Finn, or a proxy who is knowledgeable about the issue of homelessness, provide a brief presentation to the Council about the issue.

Motion: A motion was made to include a discussion on the Implementation Council priorities and an update from the Early Indicators Project workgroup at the next Council Meeting.

Motion seconded.

Ayes: 14

Nahs: 0

Abstentions: 0

Next Implementation Council Meetings

Friday, December 20, 2013 1:00-3:00pm

State Transportation Building, Conference Room 1-3

10 Park Plaza

Boston, MA

Friday, January 31, 2014 12:00-2:00pm

1 Ashburton Place – 21st Floor

Boston, MA

**Appendix: Outreach Discussion
Implementation Council Meeting**

November 15, 2013

Outreach to multiple populations/target groups. Approach should ensure individuals hear the message from multiple sources and some sources must be trusted sources.

- Dually eligible individuals
- Health and human service providers
- Communities and Organizations

Make additional information readily available

- Provider manuals should be easy to find
- Information for consumers about how to get their providers to join is needed

Messaging

- Positive messaging
- Simplified messaging
- Assurance to consumers that you will get what you need
- You can order a 3 month supply of prescription medication

Which organizations or provider types should be included in the approach?

- Critical MASS (enddisparities.org)
- Community Health Centers
 - Mass League of Community Health Centers (massleague.org)
- Community Action Agencies (masscap.org)
 - Action for Boston Community Development
 - Valley Opportunity Council
- Community Development Corporations (macdc.org)
- SAMHSA Grantees
- Fiscal Intermediaries (send information in PCA checks)
- Shelters
 - Massachusetts Housing and Shelter Alliance
 - <http://www.mass.gov/hed/economic/eohed/dhcd/contacts/shelter-resource-listing.html>
- Public Housing
 - Boston Housing Authority - Elderly/Disabled Resident Services Program
 - <http://www.bostonhousing.org/detpages/rservices122.html>
 - Tenant Organizations
 - Mass Alliance of HUD Tenants (www.saveourhomes.org/maht)
- Union of Minority Neighborhoods (unionofminorityneighborhoods.org)
- Provider's Council (providers.org)

- Continuum of Care providers
- ADDP (addp.org)
- ARC (arcmass.org)
- NA MI (namimass.org)
- Independent Living Centers (masilc.org)
- Emergency Service Providers (ESP program -MBHP)
- Transformation Centers (transformation-center.org)
- Nurse Practitioners
- Community Health Workers
 - Massachusetts Association of Community Health Workers (machw.org)
 - Department of Public Health
 - <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/healthcare-workforce-center/comm-health-wkrs/>
- Visiting Nurse Associations
- National Association of Social Workers (socialworkers.org)
- Massachusetts Medical Society (massmed.org)
- Certified Application Counselors
 - <https://bettermahealthconnector.org/get-help/certified-application-counselor-directory/>

What types of events should be leveraged?

- Physician/Grand Rounds
- MassHealth Training Forum
- Deaf Community Events
- “Tabling” events
 - Clubhouses
 - Community Centers
 - Recovery Learning Communities
 - Peer Recovery Centers
 - Colleges
 - Stores
 - Laundromats

What approaches are needed?

- Have coffee/food available if you expect people to show up
- Implementation Council members acting as “door openers” for plans, MassHealth
- “Ambassadors” to reach wide range of communities (geography, culture, etc.)
- Determine if there are areas/zip codes with high numbers of eligible enrollees
- Survey providers for help with messaging
- Train consumers
- Train –the-trainer or Inform-the-informer technique