

## Meeting Minutes January 11, 2022 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** January 11, 2022 10:00 AM – 12:00 PM

**Council Member attendees:** Suzann Bedrosian, Crystal Evans (Co-Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Paul Styczko (Co-Vice Chair), Kestrell Verlager, Sara Willig, Darrell Wright.

**Unable to attend:** Dan McHale, Chris White.

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Maggie Carey (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Leslie Diaz (My Ombudsman), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Cori Leech (United), Henri McGill (MassHealth), Deanna Simonds (United), Anna Williams (CMS).

**Presentations/Discussions:** Agenda; November 9th Implementation Council (IC) meeting minutes; MassHealth presentation *One Care Implementation Council Meeting January 11, 2022*; and IC presentation *One Care IC Town Hall Debrief January 11, 2022*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review November 9th IC Meeting Minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and confirmed that the November 9<sup>th</sup> IC meeting minutes were approved as written.

### MassHealth Updates – Care Model Focus Initiative (CMFI)

Corri Altman Moore, Director of Integrated Care, presented *One Care Implementation Council Meeting January 11, 2022*, providing updates on the One Care Enrollment Approach and the Care Model Focus Initiative Overview (CMFI). With the addition of United Health Plan to One Care, there is a choice of two or more plans available in 10 of 12 counties in the Commonwealth as of January 1, 2022.

MassHealth shared that on January 6, 2022, the Centers for Medicare & Medicaid Services (CMS) shared a news release entitled "CMS Takes Action to Lower Out of Pocket Medicare Part D Prescription Drug Costs" which outlines CMS' vision for increasing transparency and the overall experience of care for dual eligible members who are enrolled in Dual Eligible Special Needs Plans (D-SNPs). The rule proposes to transition Medicare-Medicaid Plans (MMPs) like One Care to D-SNPs. It was stated that the Executive Office of Health and Human Services (EOHHS) does not know how this proposed rule will impact the One Care demonstration status, but that EOHHS remains committed to the principles and care model of One Care, and to providing integrated care and delivery system options to dual eligible members. EOHHS will share updates as they come.

### December Town Hall themes / discussion

Dennis Heaphy, IC Chair, shared the presentation *One Care IC Town Hall Debrief January 11, 2022* reviewing the themes heard during the December One Care IC Town Hall meeting.

## Discussion with My Ombudsman

Leslie Diaz, Director of My Ombudsman (MYO), lead a discussion on the outreach strategy to reach marginalized communities and to build trust so that diverse communities feel comfortable reaching out for assistance without fear of backlash.

The MYO approach to outreach is based on relationship building through community organizations that have existing relationships within communities. MYO uses their relationships with these organizations to build a bridge connecting them to diverse communities.

MYO is also focused on building relationships with communities they are not yet reaching through their work with organizations that carry a focus on health equity and social justice. MYO added that a potential challenge with this collaborative approach can be that MYO doesn't always get a response when they call an organization that they do not have prior relationships or personal connections established.

MYO is constantly evolving their strategy by looking at who they are reaching, who they are *not* reaching, and looking at what outreach strategies have been effective in the past.

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### Questions/Comments

- MassHealth clarified that One Care is not a D-SNP at this time.

### December Town Hall themes / discussion

Dennis Heaphy, IC Chair, shared the presentation *One Care IC Town Hall Debrief January 11, 2022*, reviewing the themes heard during the December One Care IC Town Hall meeting.

### Questions/Comments

- IC member expressed concern about some of the negative feedback about members experiences with One Care at the December Town Hall. Member stated that they felt the Town Hall logistically went well and that they would like to hear from the plans about how they felt about the feedback from One Care members.

- IC member appreciated hearing from members about their experiences with One Care. IC member stated that they heard a lot about what was NOT happening with CCA care planning, and that things were taking too long to get done by the plans. IC member stated that in the future it might be helpful to have even more polling questions during Town Hall meetings. IC member added that a few participants shared good stories about their experiences with Tufts.
- IC member stated that they would be interested to hear Tufts and CCA comments on how they will address participants concerns that were shared at the Town Hall.
- IC member stated that a lot of the issues that participants shared during the Town Hall were the same problems that they have with their own care.
- IC member stated that improving overall access to services is important, especially access to sign language technology.
- IC member was very pleased with the high turnout at the town hall. IC member stated that what people identified in their stories were common themes that align with the work being done by the IC now.
- Member stated it is always a challenge to get participation in forums like the Town Hall and it was good to see and hear from new voices who haven't spoken at past forums. IC member added that it would be great to keep the momentum going for future Town Halls with continued help from the plans and MYO to get the word out.
- IC member stated that the polling questions shared during the Town Hall were a beneficial way to hear from more people. Member stated they are always looking for ways to increase access generally for meetings but felt that this Town Hall was excellent. IC member stated that despite the difficulties of using technology and taking time to spotlight speakers as they share, member would love to see more town halls.
- IC member appreciated hearing about a variety of different issues from the consumers who shared at the Town Hall.

- IC member was pleased with the turnout and the polling questions at the Town Hall. IC member added that they would have liked to see more outreach by Community Based Organizations (CBOs) such as Recovery Learning Centers (RLCs) to reach more voices from people in the behavioral health (BH) community.
- IC member stated that the themes provided during the Town Hall resonate with what has been heard at past Disability Advocates Advance Healthcare Rights (DAAHR) forums so there is consistency in feedback. IC member offered that there is an opportunity now to create a *whole person-centered model* together.
- CCA stated that they reached out in person to those who spoke of individual issues with CCA and also are looking at systematic opportunities for improvement. CCA stated that they would look at how outreach was done for this Town Hall and determine what was most effective to replicate for future events. CCA added that they did find that some people who identified as CCA members were not found in their member system so there might be some need for education among consumers about MassHealth v. One Care v. other enrollment.
- Tufts stated they appreciated the Town Hall and getting to hear from diverse voices. Tufts stated that the themes they heard were most about supporting members in their care, building trust with the care manager, and ensuring there is continuity, education and support offered by the care manager. Tufts stated it was helpful to hear the wide swath of experiences participant shared at the Town Hall and stated there would be value in hearing more deeply from folks about these issues. Tufts stated they are also interested in hearing more about the experiences of One Care members with BH diagnosis including substance use disorder. Tufts stated they would like to continue to identify a variety of modalities to get deeper feedback and would be interested in partnering on this in the future (with the Town Hall continuing to be one modality).

- United Health stated that the themes they heard at the Town Hall were consistent with what they have heard in earlier One Care stakeholder, such as the importance of the care coordinator, the need for program education, and issues with appeals and complaints.
- MassHealth stated that two things they appreciated at the Town Hall were the range of experiences shared and hearing from some new voices. MassHealth suggested that the IC might consider holding a Town Hall at an alternative time such as a weekend or evening to reach the voices of working One Care members and family members. MassHealth stated they are also considering additional ways to solicit feedback from One Care members such as through targeted questions posted on the website.
- CMS stated that it was useful to hear from new voices during the IC Town Hall and noted that the stories reaffirmed what has been shared in previous forums about One Care member struggles.
- IC member stated that having a CBO sponsor or partner with the IC in holding a Town Hall may impact turnout.
- MYO stated that most of their team attended the town hall to hear from One Care members in a different forum than the calls they receive directly. MYO stated that when they can engage a care coordinator to assist with an issue that a One Care member is calling about, the problem is usually easier and faster to resolve. MYO suggested that improving the relationships between care coordinator and members could improve member experience with One Care. MYO stated that they are interested to see how future Town Halls can open up to include more One Care members from diverse backgrounds.
  - IC member stated that they reached out to organizations in the western part of the state to increase participation and the feedback that they received was that members did not want to engage in the Town Hall because they both feared there could be consequences of sharing experiences publicly and because

- members also felt that speaking publicly of experiences won't change care.
- IC member stated that members who have a good care coordinator relationship fare better with the One Care plan model.
  - University of Massachusetts Chan Medical School (UMCMS) stated that member responses to the Member Experience surveys given to One Care members support the importance of continuity of care with a care coordinator and the importance of care coordination.
  - IC member stated that the themes that were identified during the Town Hall resonate with what is being heard nationally.
  - IC member stated that a next step will be to think about who wasn't at the Town Hall and how we can better engage those One Care members through CBOs for future Town Halls.
    - Tufts suggested that different CBOs could co-sponsor future Town Halls that focus on different populations or topics.
    - MassHealth suggested the IC consider holding a Town Hall on the weekend or evening increased participation.
    - IC member stated that they plan to outreach in the future to trade organizations as well as Long Term Service and Support (LTSS) vendors that serve large numbers of One Care members to reach even more One Care members.

### Discussion with My Ombudsman

Leslie Diaz, Director of My Ombudsman (MYO), lead a discussion on the outreach strategy to reach marginalized communities and to build trust so that diverse communities feel comfortable reaching out for assistance without fear of backlash.

The MYO approach to outreach is based on relationship building through community organizations that have existing relationships within



communities. MYO uses their relationships with these organizations to build a bridge connecting them to diverse communities.

MYO is also focused on building relationships with communities they are not yet reaching through their work with organizations that carry a focus on health equity and social justice. MYO added that a potential challenge with this collaborative approach can be that MYO doesn't always get a response when they call an organization that they do not have prior relationships or personal connections established.

MYO is constantly evolving their strategy by looking at who they are reaching, who they are *not* reaching, and looking at what outreach strategies have been effective in the past.

### Questions / Comments

- IC member stated that it is very complicated for members to manage the complex healthcare system, such as managing prior authorizations and getting medications for medication assisted treatment of opioid use disorder. IC member stated that many people know about MYO but would like to see a more regular advertisement of what MYO can help a member with.
- IC member stated that MassHealth routinely sends out notices and that including MYO information with these notices might be useful.
- IC member stated that they would be able to connect MYO to [SSI/SSDI, Outreach, Access and Recovery \(SOAR\)](#) (an organization that connects all recovery organizations in the Commonwealth) to increase outreach to the recovery community.
  - MYO stated that working with people who have relationships with existing organizations is helpful in making connections.
- IC member stated that for many One Care members having to contact MYO for assistance can feel like “one more thing” and can be overwhelming. IC member stated that the magnet with MYO

information is useful but that having to open mail to get to the magnet can be too much for some members.

- IC member stated that it can be hard to reach One Care members who speak languages other than English.
- IC member stated that [Asperger / Autism Network of New England \(AANE\)](#) is a good autism organization for MYO to connect with.
- IC member stated that many of the MYO outreach is not accessible for people who are blind or low vision including flyers and the magnet. IC member stated that the [MA Commission for the Blind \(MCB\)](#) has a website that is accessible and that MYO could ask if MCB would be willing to put the MYO information on their accessible page. IC member stated that other resources for people that are blind use include:
  - [National Federation of the Blind \(NFB\) Newslines](#), which doesn't require membership.
  - [Bay State Council for the Blind \(BSCB\)](#), which has radio programs; and
  - The [National Braille Press](#), which is in Boston.
- MYO stated they have started doing an online recording and podcasts to reach more blind members and stated they are also creating accessible materials to post online.
- MYO stated that they are looking to create more outreach documents in picture-related formats that will be useful for those who are Deaf, hard of hearing, not able to read English, or are a linguistic minority.
- MYO stated that their Director of Deaf Services Department is working with organizations to identify the needs of Deaf and hard of hearing members. MYO stated that some things that they are doing in response to those conversations include creating vlogs that explain MassHealth services in American Sign Language (ASL) as well as creating flyers that are visual for those who aren't fluent in English.
- The SHINE Director stated they would encourage MYO to join the [SHINE council meetings](#) as a way to meet other LTSS providers. The SHINE

director stated that housing partnership meetings might also be a good place for MYO to meet additional resources.

- IC member stated that they will be outreaching the provider community and family support centers to provide information about MYO. IC member said that some of the councils they will outreach include: [the MA Developmental Disabilities Council \(MDDC\)](#) and [ARC](#).
- IC member stated that they encourage anyone they know with issues with MassHealth to reach out to MYO for support but shared that one barrier is that members who have had issues that were not able to be resolved through MYO in the past are hesitant to try again. IC member stated that reaching out to MYO when already trying to maintain a complex medical condition can feel like a barrier.
  - MYO stated that they understand that expecting members to constantly reach out to MYO when they are experiencing difficulties with care can become a burden and a barrier. MYO stated that finding a way for their office to engage with members from the start and having the ability to reach out to members might be of benefit.
  - IC member stated that MYO reached out to them recently to check in on the status of outstanding issues that MYO is assisting the member with.
- IC member stated participants who use MYO and have negative experience (due to long wait times to access services) are frustrated and do not want to reach out to MYO.
  - MYO stated that they are looking to find a way to be directly accessible to people with complex medical challenges.
- MYO stated they are working to improve their data collection and to make sure that demographic data can be tracked. MYO stated that it can be challenging to get people to agree to report demographic data so they don't ask for this information until they are closing a case and a relationship has been developed. MYO also stated they are starting to collect data on Social Determinants of Health (SDOH) even when it doesn't relate to the complaint.

- IC member stated that if members knew that MYO was collecting information to combat and address xenophobia, homophobia, transphobia, sexism, or racism they might feel more comfortable sharing this information with MYO.
- IC member asked if MYO was advertising on trains or buses or other public transportation.
- MassHealth stated that they are looking forward to seeing MYO data in a more public way. MassHealth stated that they also appreciate that magnets and paper outreach aren't effective outreach for everyone and would appreciate hearing about ways to remove barriers to accessing information.

The meeting was adjourned.