



One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

March 9, 2021 10:00 AM – 12:00 PM

Virtual Meeting via Zoom



Topics to be discussed...

- **Vaccination Approach for Health Plans**
- MassHealth Vaccination Incentives for Health Plans
- In-home Vaccination Program

MassHealth has been meeting regularly with Managed Care Entities (MCEs), including One Care plans, in preparation for vaccine rollout



1 Share information

- MassHealth **shares materials and resources** from the Commonwealth (e.g., job aids to assist appointment scheduling, phase information, etc.) as they become available

2 Set expectations

- MCEs were instructed to do **everything in their power to support vaccination efforts**, including:
 - Keep all members informed and engaged
 - Identify and outreach to those eligible
 - Assist eligible members with making and keeping appointments
 - Deploy in-home vaccination for individuals who cannot leave home without ambulance or a two person transfer
 - Proactively track vaccination

3 Provide data and support

- MassHealth is collaborating with MCEs to stand up **regular tracking and reporting** that will allow for **benchmarking and comparison of vaccination rates across plans**, including by race/ethnicity where available



- Up-to-date information about **vaccine sites, vaccine safety and efficacy, and vaccine roll-out phases** can be found on the Commonwealth's COVID-19 vaccine website, <https://www.mass.gov/covid-19-vaccine>
- MassHealth has provided and will re-circulate **job aids and additional materials**, including in multiple languages, to guide MCEs and provider systems in **supporting eligible members with making vaccine appointments**
- The state will provide over-the-phone support to eligible individuals who don't have access to the internet to book an appointment through the **2-1-1 line. MCEs should serve as the first line of support for their members, primarily directing members to their own customer service lines**



MCEs should do everything in their power to keep all members informed and engaged, and to identify and outreach to those eligible

- **Cover the vaccine**, in line with state and DOI directives (e.g., including OON qualified provider)
- Provide **broad outreach to all enrollees** on vaccine safety, efficacy, and latest available information on phases
 - MassHealth will support **expedited 24-48h sign-off** on member-facing materials
- Provide **targeted outreach to members who are currently eligible** in each phase, **directing them to affiliated providers, MCE call centers** and other resources that can support them with setting up appointments
- Develop and implement **further targeted strategies for outreach, education, and “white glove” support**, for populations such as:
 - Communities that are a priority from an **equity/ disparities** standpoint
 - Communities that have been **disproportionately impacted by COVID-19**
 - Members who may face **structural barriers** (e.g. limited computer or phone access) to understanding they are eligible or acquiring appointments
 - **Members who are homebound**



MCEs should do everything in their power to assist eligible members with making and keeping appointments, and should proactively track vaccination

- MCE call centers should be staffed and trained to **support eligible members with setting up appointments** and, if needed, **transportation** and other supports
 - MassHealth has provided **job aids and additional materials** on this topic
 - MCE call centers should **coordinate with any affiliated provider systems** about appointment availability to support vaccine delivery by members' providers where it might be more convenient for members than a mass vaccination site
- **One Care covers transportation** to medical appointments, and MassHealth clarified that One Care plans are expected to provide transportation to vaccine appointments and must reduce barriers to access and promote their ability to assist with transportation
- MCEs should leverage **all available information** (e.g. health records) to **track which eligible members have received** 1st and 2nd (if applicable) vaccinations
 - **MCEs should not wait for MIIS information to develop tracking tools and workflows**



- MassHealth has provided each plan with a **list of members eligible** in each phase. Each plan will be expected to crosswalk against any internal data/ lists and **provide MassHealth with an updated list shortly after**, along with **regular reporting to support joint tracking**.
- MassHealth is coordinating with DPH to provide the Commonwealth's health plans with **some form of access to vaccination information in MIIS**, and will share updates as they become available. **MCEs should not wait for this information to develop tracking tools and workflows**
- MassHealth intends to collaborate with MCEs over the coming weeks to stand up **regular tracking and reporting** that will allow for **benchmarking and comparison of vaccination rates across plans**, including by race/ethnicity, where available



- MassHealth will distribute the information and materials this document references to each plan as new materials become available
- MassHealth has sent each plan a **set of more detailed questions** about how the plan is meeting (or intends to meet) the expectations laid out in this document
 - Each plan has completed and returned the document in advance of individual meetings between plans and MassHealth staff
 - For health plans with multiple products (e.g., One Care, SCO, ACO products), **responses are specific to each product** recognizing the different populations of each product and different dates of vaccine eligibility
 - MassHealth has completed first round discussions with all health plans and has begun a second wave of meeting to receive updates on vaccination progress.
- MassHealth convenes regular all-MCE technical assistance calls; MCEs across programs have begun presenting on their best practices for connecting members to vaccines and addressing vaccine hesitancy



Topics to be discussed...

- Vaccination Approach for Health Plans
- **MassHealth Vaccination Incentives for Health Plans**
- In-home Vaccination Program

Vaccine Incentives Program: Covid-19 vaccine administration context



Massachusetts COVID-19 vaccine:

- MCEs are key partners in effort to get MassHealth members vaccinated and ensure they have access to accurate information about the COVID-19 vaccines
 - MCEs are expected to perform critical care coordination, care navigation, and care management
 - COVID-19 vaccines will be one of the most important care undertakings by our MCEs in RY21

ACOs/MCOs/One Care Plans/SCOs are already collaborating with MassHealth on a number of COVID-19 vaccine efforts including:

- Vaccine reporting
- Vaccine outreach messaging
- Share strategies on outreach and coordination

The Baker-Polito Administration has identified 20 Massachusetts cities and towns (“20 cities”) most disproportionately impacted by the pandemic:

- Boston, Brockton, Chelsea, Everett, Fall River, Fitchburg, Framingham, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Randolph, Revere, Springfield, Worcester

MassHealth wants to build upon this collaboration to support members living in cities and towns disproportionately impacted by the pandemic to receive COVID-19 vaccines

To this end, MassHealth is creating a **\$500k incentive*** for ACOs/MCOs/One Care Plans/SCOs that meet high rates of vaccination among this target population

**Managed care contracts will be updated to reflect this incentive payment; subject to CMS approval*



Vaccine Incentives Program Cont.

- The Baker-Polito Administration launched this outreach initiative in 20 cities and towns most disproportionately impacted by COVID-19 and to support enhanced awareness and equitable vaccination of community residents.
- The Department of Public Health is investing resources directly in the 20 cities and towns to increase awareness of the vaccine's safety and efficacy and to reduce barriers to vaccination. DPH will assist each city or town by working with local leaders and community- and faith-based groups to strengthen existing efforts focused on awareness and overcoming barriers so that residents will get vaccinated when it's their turn.
- The initiative will focus on 20 cities and towns with the greatest COVID-19 case burden, taking into account social determinants of health and the disproportionate impact of COVID-19 on Black, Indigenous, and People of Color (BIPOC).
- The list of 20 communities is a subset of the cities and towns that met the Massachusetts COVID Advisory Group recommendation to prioritize communities using the CDC's Social Vulnerability Index (SVI) and COVID-19 case rates since the start of the pandemic. Those communities were then ranked by average daily COVID-19 case rates in each city and town (excluding cases in long-term care and correctional facilities and communities with under 30,000 residents). From this ranked list by case rate, the top 17 cities and towns with the highest percentage of people of color were identified. The list of 20 cities and towns includes three additional communities to capture the top 15 communities with the highest daily COVID case rates.

**Managed care contracts will be updated to reflect this incentive payment; subject to CMS approval*



Incentive structure – One Care

	One Care
Sizing	\$500K per One Care plan awarded
Incentive structure	Bonus earned if One Care plan achieves 80% vaccination rate among members residing in the 20 cities by June 30 th , 2021
Details	<ul style="list-style-type: none">▪ Exclude institutional populations from count▪ Member considered vaccinated if full regimen is completed (i.e. 2 doses for Moderna / Pfizer, 1 dose of Johnson & Johnson)▪ Vaccination rate = # vaccinated members in the 20 cities / total # vaccine-eligible members in the 20 cities; by SCO as of June 30st, 2021
Pricing Design	<ul style="list-style-type: none">▪ Retrospective lump-sum payment not included in risk sharing▪ Use data available (encounters, MIIS)

All initiatives discussed are subject to CMS approval



One Care Vaccination rates calculation

Vaccination rate = # vaccinated members in the 20 cities / total # vaccine-eligible members in the 20 cities; by One Care plan

Definitions:

Vaccine-eligible population pool:

1. Members living in the 20 cities and enrolled in plan as of June 30th, 2021 (summed across the 20 cities)
2. Exclude members that are in Institutional rating categories as of January 1st, 2021 (Rating category F1)

Vaccinated members:

1. Members living in the 20 cities based as of June 30th, 2021 (summed across the 20 cities); and
2. Members completed full vaccination as of June 30th, 2021; and
3. Exclude completely vaccinated members that are in Institutional rating categories as of January 1st, 2021 (Rating category F1)

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Incentive structure – SCO

	SCO
Sizing	\$500K per SCO awarded
Incentive structure	<p>Bonus earned if, by May 31st, 2021 SCO either:</p> <ul style="list-style-type: none">▪ (1) achieves 80% vaccination rate among members residing in the 20 cities;▪ OR (2) is one of top 2 SCOs if vaccination rate is $\geq 50\%$ members residing in the 20 cities
Details	<ul style="list-style-type: none">▪ Exclude institutional populations from count▪ Member considered vaccinated if full regimen is completed (i.e. 2 doses for Moderna / Pfizer, 1 dose of Johnson & Johnson)▪ Vaccination rate = # vaccinated members in the 20 cities / total # vaccine-eligible members in the 20 cities; by SCO as of May 31st, 2021
Pricing Design	<ul style="list-style-type: none">▪ Retrospective lump-sum payment not included in risk sharing▪ Use data available (encounters, MIIS)

All initiatives discussed are subject to CMS approval

Incentive structure – ACPP, PCACO, MCO



	ACPP, PCACO, MCO
Sizing	\$500K per ACO/MCO awarded
Incentive structure	<p>Bonus earned if, by July 31st, 2021 ACO/MCO either:</p> <ul style="list-style-type: none"> ▪ (1) achieves 80% vaccination rate among members 18 years and older residing in the 20 cities; ▪ OR (2) is one of the top 4 ACO/MCOs and vaccination rate is \geq 50% among members 18 years and older residing in the 20 cities <p>Eligible ACO/MCO must have at least 1000 members total across the 20 cities</p>
Details	<ul style="list-style-type: none"> ▪ Only include members who are 18 and older as of July 1st, 2021 ▪ Member considered vaccinated if full regimen is completed (i.e. 2 doses for Moderna / Pfizer, 1 dose of Johnson & Johnson) ▪ Vaccination rate = # vaccinated members in the 20 cities/ total # vaccine-eligible members in the 20 cities, by ACO/MCO, as of July 31, 2021
Pricing Design	<ul style="list-style-type: none"> ▪ Retrospective lump-sum payment not included in risk sharing ▪ Use data available (claims/encounters, MIIS)

All initiatives discussed are subject to CMS approval



SCO Vaccination rates calculation

Vaccination rate = # vaccinated members in the 20 cities / total # vaccine-eligible members in the 20 cities; by SCO

Definitions:

Vaccine-eligible population pool:

1. Members living in the 20 cities and enrolled in plan as of May 31st, 2021 (summed across the 20 cities)
2. Exclude members that are in Institutional rating categories as of January 1st, 2021 (Institutional rating categories 1, 2, and 3)

Vaccinated members:

1. Members living in the 20 cities based as of May 31st (summed across the 20 cities); and
2. Members completed full vaccination as of May 31st, 2021; and
3. Exclude completely vaccinated members that are in Institutional rating categories as of January 1st, 2021 (Institutional rating categories 1, 2, and 3)

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ACO/MCO Vaccination rate calculation

Vaccination rate = # vaccinated members in the 20 cities / total # vaccine-eligible members in the 20 cities; by plan

Definitions:

Vaccine-eligible population pool:

1. Members living in the 20 cities and enrolled in the plan as of July 31st, 2021 (summed across the 20 cities)
2. Exclude members that are younger than 18 years old as of July 1st, 2021

Vaccinated members:

1. Members living in the 20 cities as of July 31st, 2021 (summed across the 20 cities); and
2. Members completed full vaccination as of July 31st, 2021
3. Exclude members who are vaccinated but are younger than 18 years

**All initiatives discussed are
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Topics to be discussed...

- Vaccination Approach for Health Plans
- MassHealth Vaccination Incentives for Health Plans
- **In-home Vaccination Program**



The Commonwealth is committed to ensuring everyone has access to the vaccine, including individuals who are homebound and cannot go to a vaccination site

- **Local Boards of Health (LBOH) understand the needs of their community and are a trusted resource with strong cultural and linguistic competencies**
- **LBOH play a vital role in identifying and serving vulnerable populations in their communities**
- Homebound individuals who are unable to leave their house and cannot access a vaccination site even with transportation assistance are at risk because they will not be vaccinated unless they receive the vaccine in their home

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- Municipalities are encouraged to provide in-home vaccination and support when capacity allows
 - Given the complexity of providing in-home vaccinations, LBOH will be able to choose from two options to vaccinate residents who are homebound:

- 1 - **LBOH chooses to take responsibility for in-home vaccinations for the whole municipality**
- 2 - **LBOH chooses to use State In-Home Vaccination Program to manage and administer in-home vaccinations.**



Appropriateness for an in-home vaccine: Who meets the definition and who does not

- In-home vaccination is intended for individuals who would not be able to be vaccinated unless they receive the vaccine in their home.
- It does not include populations that are temporarily homebound and/or are able to leave the home with adequate assistance.

	Definition	Examples
Meet definition for in-home vaccination program	<ul style="list-style-type: none"> ▪ Individuals who are not able to leave their home to get to a vaccination site without significant assistance ▪ These individuals either: <ol style="list-style-type: none"> 1. Require ambulance or two person assist to leave the home 2. Not able to leave the home for medical appointments under normal circumstances 3. Have considerable difficulty and/or require significant support to leave the home for medical appointments 	<p>Unable to leave the home because:</p> <ul style="list-style-type: none"> ▪ “Bedbound” ▪ Significant cognitive or behavioral needs (dementia, panic disorder) ▪ Frail individual who can barely leave home and requires significant support to do so ▪ Individual with significant, ongoing mobility issues who has trouble getting to the doctor
Do not meet definition for in-home vaccination program	<ul style="list-style-type: none"> ▪ Individuals who can access a vaccination site with transportation support, even if they prefer in-home vaccination ▪ Individuals who are short-term/ temporarily homebound ▪ Individuals who reside in a Long Term Care facility 	<ul style="list-style-type: none"> ▪ Individual who fear leaving their home due to the virus ▪ Individual with a broken leg ▪ Individual who has PCA / related supports but is able to leave home with their support person ▪ Individual who leaves home for medical appointments but is concerned about going to a vaccination site

- Notes:**
- Homebound individuals are eligible for in-home vaccination when they become eligible based on the State’s overall vaccine phases
 - **Unvaccinated household members** who are **currently eligible** for vaccination based on the State’s overall vaccine phases may be vaccinated at the same time

Impact on One Care Members and Plans



- The In-home Vaccination initiative is an additional way to get vaccines to individuals as they become eligible
 - Meeting the definition of needing an in-home vaccination does not represent a new vaccine eligibility category
 - Individuals who meet the definition for in-home vaccination are eligible if they meet the criteria laid out by the Commonwealth in phases, for example, being over 65 years of age or having certain medical conditions
- One Care plans should continue outreach and vaccine coordination for **all** of their members. The LBOH collaboration options described in this presentation are intended to complement, and not replace, those efforts.
- One Care members may receive in-home vaccinations from their plan directly, from a LBOH partnership, or through another provider as coordinated by their plan



LBOH have two options to vaccinate residents who are homebound

- LBOH are encouraged to support homebound/ in-home vaccination in the following ways:
 - Provide **education** to address vaccine confidence
 - **Identify** members of the community who have **transportation and medical barriers** to getting vaccines
 - Match qualified **volunteers** with individuals who need help **navigating the vaccination site**
 - **Refer** individuals to right resource
- In addition, **LBOH can select one of two options** for supporting homebound individuals:

Option 1:
LBOH assumes responsibility for all in-home vaccinations within the municipality



LBOH

Option 2:
LBOH partners with the State In-Home Vaccination Program to manage and administer in-home vaccinations



State in-home
vaccination program

Note: Some individual providers (e.g., hospitals, health centers) and health plans have already begun to provide in-home vaccination for their existing homebound patients. That is welcome and encouraged to continue under either option – as a complement or in partnership with LBOH efforts.



Option 1:

LBOH assumes responsibility for in-home vaccinations in their municipality

- **LBOH commits to directly oversee and run in-home vaccination for homebound individuals in their municipality**
- **LBOH responsible for managing or overseeing all aspects** of in-home vaccination administration
 - Identify and screen community members to determine their need for in-home vaccination
 - Be prepared to handle intake and screening of homebound individuals in their municipality (i.e., residents in their municipality who call into State In-Home Vaccination Program would be referred to LBOH)
 - Create appropriate intake formats for community members (phone, web, email, etc.)
 - Handle scheduling, consent, administration, MIIS reporting, and billing of all vaccine administration
 - Administer the vaccine
- **LBOH may partner with providers that already receive vaccine allocation** (e.g., local hospitals, health centers)
- **LBOH may also choose to request allocation directly from DPH**
 - The same parameters apply to all vaccine allocations: ongoing 85% use threshold and reporting in MIIS within 24 hours of administration in order to be eligible for subsequent allocations
 - Excess doses caused by the minimum shipping quantities should be administered to other eligible individuals, and all vaccinators shall implement a zero waste policy



Option 2:

LBOH partners with the State In-Home Vaccination Program to manage and administer in-home vaccinations

- LBOH can choose to partner with and utilize the State In-Home Vaccination Program
- **State Program** will be responsible for **all aspects** of in-home vaccination administration (including intake, screening/eligibility, scheduling, vaccine allocation, staffing, in-home administration, reporting, billing)
- LBOH directs individuals to the State Program intake line (tentatively scheduled for March 22)
- **In addition, LBOH may work more directly with State Program before the full launch:**
 - LBOH can create “call back” lists of individuals believed to be homebound until the State Program call line opens (tentatively scheduled for March 22)
 - The State Program will reach out to these individuals the weeks of March 15th and March 22nd
 - It may take several weeks for an in-home appointment to be available

How the State In-Home Vaccination Program works as a resource



- Residents in municipalities where the LBOH is partnering with the State In-Home Vaccination Program will have access to a statewide vaccinator and intake/ call center

- **Central intake call center:** Homebound individuals or their caregivers call a State call center
 - They will speak to a live representative who will walk them through a basic screening tool to ensure appropriateness for in-home vaccination
 - If In-Home-vaccination is appropriate, the State call center will refer them to the Statewide In-Home Vaccinator

- The **Statewide In-Home Vaccination vendor (Commonwealth Care Alliance)** will provide:
 - Direct communications with individuals
 - Trained vaccinator staff
 - Scheduling appointments (geo-mapping and routing), consent, confirmations, reschedules
 - In-home vaccination (including monitoring individuals, usually 15 mins)
 - Reporting

- **The Statewide Vaccinator will adhere to allocation criteria:**
 - Manage centralized allocation (and meet an ongoing 85% use threshold)
 - Distribute vaccination out to regional hubs / individual vaccinators by day
 - MIIIS reporting within 24 hours



One Care
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