

Meeting Minutes April 14, 2020 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: April 14, 2020 10:00 AM – 12:00 PM

Council Member attendees: Crystal Evans, Dennis Heaphy, Paul Styczko, Jeff Keilson, Sara Willig, David Matteodo, Darrell Wright, Francesca Abby, Elizabeth Jasse, Kestrell Verlager.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Laura Black (CCA), Maggie Carey (UMMS), Daniel Cohen (MassHealth), Hilary Deignan (UMMS), Sean Macaluso (UMMS), Henri McGill (MassHealth), Mark Margiotta (Tufts), Ken Preede (CCA).

Unable to attend: Cathleen Connell, Suzann Bedrosian, Dan McHale, Chris White

Handouts: *Agenda; Draft minutes from March 10, 2020 IC meeting, IC Key Ideas for COVID Final*

[Documents available online](#)

Executive Summary and Action Items:

Welcome / review February 11th meeting minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting. The Vice Co-Chair asked for a motion to approve the minutes from the March 2020 meeting. The motion was seconded and carried.

MassHealth Updates

Corri Altman Moore, Director of Integrated Care for MassHealth, updated the Council on COVID-19 related developments at MassHealth. Main points were:

1. Due to the global pandemic, the start date for One Care plans procured for Duals 2.0 has been delayed from January 1, 2021 to January 1, 2022. MassHealth is working with CMS to extend the contracts for currently enrolled plans for one additional year to ensure continuance of services.
2. MassHealth has issued provider specific guidance on telephonic care management, flexibility requirements for fee for service programs, and screening protocols for in-person assessments.
3. MassHealth has also issued guidance for food service programs and ensuring food / meal access with special consideration for those who received meals during day programs that are currently not running.
4. MassHealth members who receive homecare and other particular services can receive personal protective equipment (PPE) for themselves and their in-home care providers if the MassHealth members has a documented case or presumptive positive case of COVID-19.
5. The state command center has established a free online healthcare tool to self-assess potential COVID-19 symptoms that can be accessed through the MA Department of Public Health website or directly at <http://www.buoy.com>. The website recommends next steps based on symptoms and risk level and includes the option to connect through telehealth to a medical provider. This is not meant to take the place of medical advice from a primary care physician.
6. COVID-19 text alerts are now available in Spanish.
7. The mobile testing program for long-term assistive living residents and group homes went live on March 31st and allows for safe on-site testing of symptomatic residents of nursing and rest homes. Since commencement, there have been 3,700 tests conducted at 221 facilities.
8. The MA Department of Public Health issued an order to include demographic data when reporting statewide COVID-19 cases.

Questions / Comments:

- IC member suggested that MassHealth consider face masks that include a clear plastic shields that allows those who are hard of hearing and/or deaf to read lips.
 - MassHealth representative stated they will take this back to discuss with the MassHealth team. Representative recommended that anyone with design suggestions email the One Care (Onecare@MassMail.State.MA.US).

- IC member expressed anger and concern that some are taking the pandemic as an opportunity to promote the “eugenics message” that elders and those with disabilities should be sacrificed for the “productive youth.” IC member asked for a united message from the State to counter this rhetoric.
- IC member also expressed concern about the dangerous rhetoric that elders and people with disabilities should be sacrificed for the economy during the pandemic. IC member expressed frustration at not having heard from their new Care Coordinator through City Block – especially with the state of emergency. Member stated they felt like they were being left behind.
- IC member asked if MassHealth members will have the option of telehealth appointments with their primary care physicians.
 - MassHealth representative replied that while it will depend on the provider’s capabilities, MassHealth has encouraged contracted providers to make this service available whenever possible.
- IC member asked if MassHealth has considered allowing plans that had been selected through the recent One Care 2.0 procurement to re-engage with MassHealth about becoming One Care plans in 2022 – now that the timeline has been extended.
 - MassHealth representative stated that contract negotiations had just begun before the state of emergency began so there will be an opportunity for previously selected entities to “withdraw their withdrawal” and reconsider becoming One Care plans.
- IC Chair asked for a copy of the MassHealth guidance for plans to help the IC better understand what the expectations are for plans around outreach and support.
 - MassHealth representative stated that the guidance is available on the MassHealth website but that they will send it to the Chair along with the PPE guidance after the meeting.
- IC Chair asked if MassHealth has considered best practices for plans to use when communicating COVID-19 risk factors with members.
 - MassHealth representative replied that the best practice would be for members to work with their primary care providers for personalized support.
 - IC Chair clarified that their question was about proactive approaches for the plans to take rather than the member.
 - MassHealth representative replied that they have instructed all One Care plans to have COVID-19 information on their website and to communicate in other ways.
 - MassHealth representative replied that the MA Department of Public Health’s “buoy app” is meant as a resource for the member to use independently – prior to contacting their PCP. Members can always work with their PCP to address specific symptoms.
- IC Chair asked what PPE materials are included in the PPE package from MassHealth.
 - MassHealth representative stated they believe that the package includes a two-week supply of gloves, masks, and gowns – with instructions on how to use these pieces of equipment.

- MassHealth representative reiterated that these packages are only available for enrollee populations who have tested positive for COVID-19 and have specific home services.
- IC member asked if masks are standard protocol for PCAs.
 - MassHealth representative responded that masks are recommended for anyone when in public but that MassHealth is only able to provide N95 masks to PCAs of COVID positive members due to a current shortage of PPE. Representative added that MassHealth would like to provide this to all PCAs but cannot do this because of the shortage of resources.
- IC member asked why MassHealth has not authorized members to get 90-day supplies of medical supplies if they have authorized 90-day supplies of medication.
 - MassHealth representative stated that some integrated care issues are driven by Medicare rules and regulations – with prescriptions being one of those areas – but stated they will bring this concern back to their team.
- IC Chair added that there are shortages of other necessary medications and medical supplies due to COVID-19 such as the nutritional formula for members with G-tubes, alcohol swabs and wipes, and albuterol inhalers. IC Chair suggested that these issues should be considered when making policy going forward.

Centers for Medicare & Medicaid Services Update

Jennifer Baron, Senior Advisor, Centers for Medicare & Medicaid Services (CMS), updated the Council on developments at CMS.

1. Due to the COVID-19 pandemic there have been changes made to reporting requirements for quality measures across the entire Medicare advantage program.
2. CMS has eliminated the requirement to submit Healthcare Effectiveness Data and Information Set (HEDIS) data in 2020 – the data detailing clinical measures on effectiveness of care and access to care.
3. Additionally, Consumer Assessment of Healthcare Providers and Systems (**CAHPS**) survey data – the survey on enrollee’s experience of care – will not be required for 2020.
4. Finally, the Health Outcome Survey is being moved to late summer of 2020.

IC Key Ideas for COVID

Dennis Heaphy, Implementation Council Chair, presented the Council’s recommendations for dealing with the state of emergency and global pandemic in *IC Key Ideas for COVID*.

Questions / Comments:

- IC member added that medication, medical supplies, and PPE should be provided in larger quantities (60 or 90 day supplies) to mitigate the stress and the urgency of having to acquire necessary medical supplies during the state of emergency. Care Coordinators should be aware of this worry for members.
- IC Chair stated that CDC guidelines for COVID-19 testing are not always appropriate for One Care members and people with complex care needs (for example, people on prednisone don’t always exhibit fevers with infections).

- IC member stated that there needs to be more proactive steps to keep people who are at high risk in community settings. Member shared that despite being a vent user they were unable to get a 90-day supply of medical supplies during this time and were told they are ineligible for a home health aide.
- IC member shared that they have not yet spoken to their Care Coordinator but have spoken to their 'Behavioral Health Outreach Worker' during the isolation period of COVID. Member stated that they are not high risk and do not mind being in isolation from other people but that it is hard to keep up with all the additional steps you must take on a daily basis for COVID [washing hands for 20 seconds, wiping down door knobs and counters, wearing a mask, not touching face] when also dealing with depression.
- IC member stated that other than an intake interview over the phone with City Block a month ago, they have not heard from any representative of their plan.
- IC member expressed concern that they have not heard from their Care Coordinator since the beginning of the pandemic. Member stated that they worry that for some people with ADHD, depression and other disabilities it might be difficult to take all the necessary COVID precautions as all times.
- IC member would like to know the plans' method for triaging interventions for individuals who are most at risk during this time and how outreach is being done to those with the most complex needs.
- IC member stated that it is incredibly important to have direct phone numbers for PCPs during the state of emergency. IC member added that in their role as a recovery coach they have been providing services through video calls and over the phone and that people can still access Medication Assisted Treatment (MAT) as they are able to bring medication home to cover longer time periods (to avoid daily visits). They stated, however, that this is not as easy for those who are homeless or living in shelters. IC member stated that they have heard anecdotally that alcohol sales are up 700% in the Commonwealth and that they have been discussing the increased isolation with those in the recovery coach community.
- IC member stated that SAMHSA has resources including a phone number people can call to help with isolation. IC Chair asked CMS representative to share their thoughts on the discussion.
- CMS representative stated they are interested in the impact the state of emergency is having on people with Substance Use Disorder (SUD) and would like to continue this conversation between CMS, plan representatives, and enrollees.
- MassHealth representative thanked IC members for sharing experiences and insights. MassHealth representative stated they took notes to bring them back to their team especially around emergency supplies and infection control training before entering homes. MassHealth representative added that they would like to explore further the impact of isolation for those with SUD and OUD and the impact of isolation on recovery.
- IC Chair asked plan representatives if there has been an uptick in the use of certified peer specialists or recovery coaches in coordination with One Care plans. (This was not answered).

CCA Updates

Laura Black, Senior Vice President, Care Management and Clinical Services at Commonwealth Care Alliance, presented on highlights of CCA's organizational response to the COVID-19 pandemic.

- CCA representative gave the following updates:
 1. CCA has made several critical pivots and redesigned their model over the past month in order to meet the needs of their enrollees.
 2. CCA identified adult day closures as an issue to focus on and created a specific script inside of their care management system to reach out to members and identify if there was a discharge or disruption in long-term support and services.
 3. CCA made a similar change to look at members with critical DME needs and oxygen to ensure they have adequate supplies.
 4. CCA made a change to look at two very significant areas - food and medicine security.
 5. CCA was able to collect data and outreach was made to 10,000 members of which between 1,100 and 1,200 had been successful. Of those, CCA was able to reach 95% who reported they have access to an adequate supply of food and medicine. Despite this, CCA is still intent on focusing on the 5% that is in need.
 6. To address the remaining 5% CCA has created a command center around food security staffed by outreach workers aimed to help identify community resources and leverage transportation.
 7. CCA is anticipating disruption of some services such as homemaking and companion services so they are working with the appropriate members to find a work around substitute.
 8. CCA is working on creating a safe discharge plan and realize they need to expand their transition of care team.
 9. CCA has expanded their internal triage unit with a 24/7 call in line with double staffing.
 10. CCA is planning on launching a new program to provide temporary access to home needs including cleaning supplies, PPE, and shelf-stable food.
 11. CCA has stratified membership to ensure they are reaching out first to members who are at high risk of either contracting COVID or would have worse health outcomes after contracting COVID.
 12. CCA has implemented telehealth with advanced practice clinicians and behavioral health specialists.
 13. CCA has a small team that is going out into the communities they serve.

Questions / Comments:

- IC Chair stated that they received a call from a social worker that they did not know (and never had spoken to), who identified themselves as a member of their care team. IC Chair asked why people are not hearing directly from their Care Coordinators.
 - CCA representative responded that their model, which is largely community based with many CCA members in the field, had to be altered due to the COVID virus in anticipation

- of increased need. They said clinicians are being trained as Care Coordinators which can result in members hearing from people they have not heard from before.
- IC Chair asked CCA if they have brought on more Care Coordinators to deal with unmanageable caseload and whether those that are being brought on have the same skill set at the traditional Care Coordinator.
 - CCA representative replied that they are using existing community partners from the field including registered nurses and social workers and training them to serve as Care Coordinators.
 - IC Chair asked what was being done to outreach to members with mental health diagnoses and substance use disorder.
 - CCA representative answered that those who are high risk are flagged in the system and CCA is looking to connect these members to resources in the community.
 - CCA representative added that CCA was able to identify members with behavioral health diagnoses through claims data. These are identified as highest risk for relapse. CCA representative said the plan has two addiction specialists reaching out to members in concert with the Care Coordinators. Additionally, CCA tracks successful engagement of members every 90 days. From the third week of January until the current day, CCA had engaged with 76% of the population.

Tufts Updates

Mark Margiotta, Director, Product Strategy at Tufts Public Health Plan, presented highlights of Tuft's organizational response to the COVID-19 pandemic.

- Tufts representative gave the following updates:
 1. Tufts adjusted their model to a more telephonic based delivery system in order to best serve their members.
 2. One of Tufts first steps was identifying high risk members to triage and prioritize outreach efforts. Of these members around 50% were successfully contacted.
 3. Tufts had previously informed the Implementation Council of their new model in which their population and care models are more tightly aligned with acuity level. This change in care model was beneficial in prioritizing outreach to members in this emergency. Tufts has had internal conversations on how to better leverage this model.
 4. Tufts built specific capabilities around acute resource needs and began screening for specific care gaps including pharmacy and food insecurity.
 5. Tufts has a community relations team that will work with provider offices and team members in the community. They are helping with triaging specific community issues, especially around food. Tufts is using staff members who typically do not work in care management but are very familiar with the community and community-based resources to bolster capabilities of the existing team. Tufts has had a lower than anticipated level of disruption in PCA services.
 6. Tufts had several members who were affected by adult day health closures; the LTSS providers have stepped up to deal with the issue.

My Ombudsman

- IC Chair and My Ombudsman representative suggested that any member that is having issues in this difficult time reach out to one of the My Ombudsman contact lines. Either: (800) 243-4636 or info@myombudsman.org.

Public Input

IC Vice Co-Chair Crystal Evans invited members of the public to speak.

- Member of the public shared their experience (with CCA) where payment for a low-cost preventative medical supply was unexpectedly denied during this crisis - despite being covered by CCA previously.