

Meeting Minutes April 11, 2023 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: April 11, 2023, 10:00 AM – 12:00 PM

Council Member attendees: Crystal Evans (Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.

Council Members not in attendance: Suzann Bedrosian, David Matteodo, Dan McHale, Chris White.

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Ben Chin (CMS), Daniel Cohen (MassHealth), Tony Dodek (UHC), Hannah Gardner (MassHealth), Henri McGill (MassHealth), Deanna Simonds (UHC), Meghan Harrington (UHC), Keyla Williams (UHC), Lisa Fulchino (THU), Jess Colangelo (THU), Mark Waggoner (CCA), Kelli Barrieau (CCA), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Kasey Delgado, Cassidy DiRamio, Catie Geary, Maddy Vinton.

Presentations

- Tufts Health Plan / Cityblock Care Coordination
- UHC Care Coordination Model Overview
- CMFI: Care Coordination – CCA Model and CY23 Enhancements
- One Care: Implementation Council Meeting April 11, 2023

Additional Meeting Materials

- April 11 IC Meeting Agenda
- March 14 IC Meeting Minutes

[Meeting Materials available online](#)

April 11, 2023, Implementation Council Meeting Minutes

Welcome / Approve Meeting Minutes

Crystal Evans, Implementation Council (IC) Vice Chair, opened the meeting and confirmed that the March 14, 2023, IC meeting minutes were approved as written.

Tufts Health Unify (THU) / Cityblock Care Coordination Update

Lisa Fulchino, Senior Manager, Product Strategy at THU and Jess Colangelo, Director of Care Management at Cityblock presented *Tufts Health Plan / Cityblock Care Coordination*.

Main Points for Discussion:

- Cityblock Values & Principles
- How does Cityblock break the mold in providing care?
- Care Coordination
- How we operationalize the Care Coordination role
- Care Team / Care Coordinator:
 - Process and Profile
 - Training
- Mobile Integrated Care (MIC) program
- Member Story

Questions and Comments

- Does each member have a name and direct phone number for their dedicated care team advocate?
 - Each member gets one point of contact on their care team that Cityblock refers to as the “Primary Care Team Member.” The member must call the Member Services Department and then will be connected through to the care team member. This process is in place so that

Cityblock can screen the call to make sure that the member is not in need of urgent medical or behavioral health care.

- IC member who has personal experience has been pleased with the efficiency and dedication of their care coordinator and appreciates the strong relationship.
- How easy or how complicated is it for a member to have someone come to their home for pain management?
 - For pain management and coordination of services, there are a few ways for the situation to be approached but ultimately comes down to what will make the member feel supported and most comfortable in terms of intervention or the care plan going forward. The care coordinator would have these conversations with the member through the assessment and ongoing care coordination.
- If a member wants to change their care coordinator, how are they supported in doing that?
 - Cityblock tries to match a member with the appropriate care coordinator after the initial assessment and gives the member the opportunity to voice any preferences they may have. The care coordinator may be a nurse, behavioral health care manager, or a community health partner based on the member's needs.
 - After each interaction with a care coordinator, the member has an opportunity to voice their opinion about the interaction through a survey. Cityblock keeps a nurse, community health partner, and a behavioral health specialist on every care team so that if the member is in a position where they need a new care coordinator, there is someone that is familiar with the member's case.

UnitedHealthcare (UHC) Care Coordination Update

Meghan Harrington, Associate Director of Community Partnerships, and Keyla Williams, Manager of Care Management, presented *UHC Care Coordination Model Overview*.

Main Points for Discussion:

- Overview of the Care Coordinator Role
- Aspects already in alignment with CMFI
- Training and Oversight
- Aspects that have been revitalized & any new processes
- Member Examples

Questions and Comments

- If a member wants to change their care coordinator, how are they supported in doing that?
 - UHC considers the specific needs of a member but tries to match members with a care coordinator based on geographic location so that the member can be referred to community resources where applicable. UHC has a diverse staff with specific areas of expertise, so based on the annual assessment, members are matched to a care coordinator with the expertise that best fits the member's needs.
 - If a member requests a new care coordinator, the request is escalated to a management team member and the member is matched with a care coordinator who is better suited for them.
 - UHC also partners with CareBridge so that members can access clinicians 24/7 for questions or medical issues.
- What training around housing assistance do the care coordinators have?

- The housing advocate who is employed by the plan provides some training to care coordinators, but in the particular case shared during the presentation, the housing advocate took the lead in obtaining resources for the member. The housing advocate has specialized housing training.

Commonwealth Care Alliance (CCA) Care Coordinator Update

Kelli Barrieau, Vice President of Clinical Services, presented *CMFI: Care Coordination – CCA Model and CY23 Enhancements*.

Main Points for Discussion:

- What is a Care Partner?
- Aspects already in alignment with CMFI
- Recent Enhancements to CCA's Model
- Flexible Benefits
- Overview of the Care Coordinator Role:
 - Finding New Provider
 - Care Plan
 - Care Partner Empowerment
- New Processes Developed to Support CMFI
- Training
- How Does CCA Ensure Quality Care
- Improvement in Member Complaints
- Member Examples

Questions and Comments

- If a member wants to change their care partner¹, how are they supported in doing that?

¹ "Care partner" is the term CCA uses for care coordinator.

- All of the care partners at CCA are either nurses or behavioral health clinicians, so the member is matched based on whether their primary need is a medical need or a behavioral health need. If a member has more social determinants concerns or has low medical complexity, they may be matched with a community health worker. CCA also tries to match the member to a care partner based on geographic location.
- If a member wants to change their care partner, CCA investigates whether it is because the member does not have a good relationship with the care coordinator or if it is due to an issue of services being fulfilled. Depending on the reason, CCA will either change the care coordinator or provide support on the issue.
- Are you looking at the nurse's background to see if they are the appropriate care partner for certain populations?
 - Since nurses in the role of care partner do not all have the same clinical training and background, it is difficult to match them to the specific needs of a member, but they will all be knowledgeable of the community case management side of care planning. CCA partners with Visiting Nurse Associations (VNAs) and other agencies who can provide the clinical support that a member may need.
- The example about Durable Medical Equipment (DME) in the presentation was important because so many people struggle with getting appropriate DME.

MassHealth Update

Henri McGill, Senior One Care Program Manager, presented *One Care: Implementation Council Meeting April 11, 2023*.

Main Points for Discussion:

- Care Coordinator Shared Learning
 - Key Accomplishments
 - Upcoming Activities
 - Overview of Modules

The meeting was adjourned.