

Meeting Minutes May 10, 2022 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: May 10, 2022 10:00 AM – 12:00 PM

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

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Sophie Hansen (CCA), Leslie Diaz (My Ombudsman), Tony Dodek (United), Lisa Fulchino (Tufts), Cori Leech, (United), Henri McGill (MassHealth), Jillian Richard-Daniels (MassHealth), Deanna Simonds (United), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Rebecca Elliott, Catie Geary, Olivia O'Brien, Maddy Vinton.

Presentations/Discussions: Agenda; April 12, 2022 Implementation Council (IC) meeting minutes; MassHealth presentation *One Care Implementation Council Meeting May 10, 2022*; and United Healthcare presentation *UHC One Care Clinical Model*.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/review April 12, 2022 meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the April 12th IC meeting minutes were approved as written.

One Care Updates

Dennis Heaphy, IC Chair, shared updates on One Care including that One Care is expected to move from a Medicare Medicaid Plan to a Dual Eligible Special Needs Plan (D-SNP) in or around 2025 and there will be a procurement for Implementation Council (IC) members coming up soon.

MassHealth Updates

Corri Altman Moore, Director of Integrated Care, and Jillian Richard-Daniels, Deputy Director of MassHealth Quality Office Presented *One Care Implementation Council Meeting May 10, 2022*, providing information on the CMS Final Rule, Medicare Medicaid Plan (MMP) to Dual Eligible Special Needs Plan (D-SNP) and the One Care Health Equity Initiative.

United Healthcare One Care Model and Discussion

United Healthcare (United) presenters Cori Leech, Health Services Director, and Tony Dodek, Medical Director, shared *UCH One Care Clinical Model* providing an overview of the model of care used in UHC One Care.

My Ombudsman Updates

Leslie Diaz from My Ombudsman (MYO) will present quarterly report next month.

Meeting Minutes:

Welcome/review April 12, 2022 meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the April 12th IC meeting minutes were approved as written.

One Care Updates

Dennis Heaphy, IC Chair, shared updates on One Care including that One Care is expected to move from a [Medicare-Medicaid Plan](#) to a [Dual Eligible Special Needs Plan](#) (D-SNP) in or around 2025 and there will be a procurement for Implementation Council (IC) members coming up in the next year.

MassHealth Updates

Corri Altman Moore, Director of Integrated Care, and Jillian Richard-Daniels, Deputy Director of MassHealth Quality Office, presented *One Care Implementation Council Meeting May 10, 2022*, providing information on the Center for Medicare and Medicaid Services (CMS) Final Rule, Medicare Medicaid Plan (MMP) to Dual Eligible Special Needs Plan (D-SNP) and the One Care Health Equity Initiative.

Questions/Comments

- EOHHS Response to CMS Proposed Medicare Rule – March 7, 2022 can be found here: <https://www.mass.gov/service-details/one-care-related-information>
- IC member stated that the council has been interested in equity for a long time and they are glad that MassHealth is making it a priority.
- IC member asked how equity differs from disparity.
 - MassHealth stated that equity is looking at making sure populations are receiving the services needed to ensure equal access to the health care system, where disparity is talking about the differences in care that populations are receiving. MassHealth stated that one example of disparity is seen when looking at who is getting timely colorectal screening.
- IC member suggested that it would be beneficial to create quality measures across all MassHealth programs including Accountable Care Organizations (ACO), Senior Care Options (SCO), and One Care, as well as measures that are specific to the One Care population.
 - MassHealth agreed that the Executive Office of Health and Human Services (EOHHS) would like to have alignment across the MassHealth programs as well as measures created specifically for special populations.
 - MassHealth stated they have been working on a quality strategy with EOHHS and that strategy has been posted for public comment. MassHealth stated that they want to ensure that the equity quality measures are also in alignment.
- IC member stated that many of the measures currently used are preventative or screening measures and suggested things like infection prevention might be a good measure for people with disabilities, looking for things like recurrent urinary tract infections (UTIs).

- MassHealth agreed that engaging the IC will be an important part of determining quality measures to use with the One Care population. MassHealth asked what other metrics the IC wants to look at and get stratified data on.
- IC member asked if MassHealth has considered using metrics or quality measures that look at whether people with rare diseases are able to access care despite how uncommon their condition is.
 - MassHealth stated that this could be done by first defining rare diseases and then identifying the diagnosis codes for the conditions. MassHealth stated that the IC will be useful in identifying rare diseases and how to measure access to care for rare diseases. MassHealth suggested starting by looking at what data is already being collected in this area.
- IC member asked how to best bundle rare diseases together to create a larger pool to follow for quality data.
- IC member suggested that measures that would be meaningful to the One Care population should be measured instead of measures that are needed by MassHealth for CMS reporting or requirements.
 - IC member suggested examples of meaningful measures might include infection rates and looking at the numbers of people who are discharged to homeless shelters from inpatient psychiatric hospital stays and looking at how gender and race impact this data.
- IC member stated that people with conditions impacting executive function and mood disorders can need support with instrumental activities of daily living (IADLs) and activities of daily living (ADLs) and evaluating this should be part of the assessment for this population.
- IC member stated that using hospitalizations as a benchmark can end up leaving behind people who avoid hospitals.
- IC member stated that intersectionality is not discussed enough when looking at health risk or diagnosis and the collective weight of multiple diagnosis or conditions can determine the impact of a disorder.
- IC member stated that collecting data will help people share health equity information in a way that feels comfortable and safe and added that the analysis and stratification of this data may take time to fully understand what the data is saying for providers, payers, and MassHealth.
- IC member stated that they would like future conversations to identify quality measures for the One Care population such as measures for person-centered care and looking at how frequently people are rehospitalized due to failures in transitioning between settings.
- IC member stated it is important to implement a process to determine what measures are important to One Care members versus what measures are important to MassHealth.
- IC member stated that it is important to look at access to behavioral health by race / ethnicity and disability for both inpatient and outpatient settings. IC member stated that based on anecdotal evidence they believe there may be gaps in access to inpatient psychiatric hospitalizations for people of color.
- IC member noted that it is important to recognize the connection and intersectionality between racism and ableism.
- IC member stated that the IC should take the lead to identify measures that can become part of the EOHHS equity quality measures. IC member stated that some issues that might be useful to

measure would include isolation across the One Care population and health access and outcomes for women and POC and to determine how to set benchmarks on these topics.

- UMass Chan stated that the One Care Member Experience and Quality of Care surveys could shed light on some of the questions of equity and disparity being introduced.
- MassHealth stated they would like to see the One Care team and the IC lead the way in developing measures on equity across all EOHHS programs with a focus on disability and race.

United Healthcare One Care Model and Discussion

United Healthcare (United) presenters Cori Leech, Health Services Director, and Tony Dodek, Medical Director, shared *UCH One Care Clinical Model* providing an overview of the model of care used in UHC One Care.

Questions/Comments

- IC member asked if members have access to a care coordinator that the member can contact directly.
 - United stated that the members do have direct access to their care coordinator but that they cannot guarantee that the care coordinator will be available at the time of every call. There is also a toll free (800) number that members can call.
- IC member stated that denying durable medical equipment (DME) because it can be used for “non disabled” people is a problem and asked if United would consider redefining DME so that it would not be denied for this reason.
 - United stated that the contract definition of DME is not made by the plan, it is determined by EOHHS.
- MassHealth stated that the intent is that plans go beyond the DME definitions that MassHealth created in the contract. MassHealth added that draft language is under development for a future contract amendment that would expand the Assistive Technology definition and resolve the issue that the IC member is speaking to.
- IC member stated that it is helpful to encourage members to create their own care team and suggested it might be useful to add “member support” to the list of key care team members to signify the person with the role of supporting the member in running their own care.
- IC member asked if providers or members were the intended audience for the town hall meetings United stated they planned to hold in the future.
 - United stated they intended to have town halls for both providers and members but that they would not likely hold them at the same time.
- IC member stated they would like to hear about the streamlined member experience with direct access with the care coordinator.
- IC member asked if United had been able to staff for the BH care coordinator role. IC member stated that having a peer and a good BH support during discharge from an inpatient hospitalization is most important for success.
 - United stated that they struggled with staffing both the BH and the community health worker role but that they are fully staffed for One Care.
- IC member asked how the care coordinator and the care team contact the member.

- United stated that the care coordinator is able to meet with the member in the community, at their home, by telehealth or by telephone depending on member needs but stated that the care coordinator meets with all members in person at least one time per year.
- United stated that care coordinators are able to meet members in person more than once a year and that they will do so whenever it is needed. United added that other members of the care team can also meet the member in person as needed.
- IC member asked what the care coordinator ratio to member looks like.
 - United stated that acuity of the member impacts that ratio and stated that United ensures that the care coordinator case load allows for the care coordinator to provide for all of the members in their care.
- IC member asked for more information about how United planned to meet with providers given the challenges with meeting with providers.
 - United stated that putting together provider committees is not too challenging as many providers are dedicated to working with populations with complex needs and providers are usually happy to share information and it is invaluable to the plan to gather that information.
- IC member stated that whenever anyone presents on a population, that population should make up a super majority (75%) of the people at the table. IC member also stated that “Special Needs” terminology should not be used anymore (referring to the D-SNPs name).
 - United stated that they welcome feedback from the One Care community.
- IC member asked about United’s policy for language resources for people who are Deaf / Blind, Deaf, blind or hard of hearing.
 - United stated that they have an accessibility and accommodation officer that ensures members access to language services and accessible documents are available and United also has staff that speak numerous languages.
- IC member asked if it would be possible for United to provide accessible materials on the website including American Sign Language (ASL) vlogs. IC member added that many people who are Deaf require a person who is fluent in ASL to access healthcare.
 - United stated that they do have ASL interpreters that can work with the members as part of the care planning process and attend physician visits.
- IC member stated that it would be helpful to have a way to look at the different plans side by side to help members determine which plan is best for their specific needs.
 - MassHealth stated that they are starting to work with MYO to look at how existing One Care documents can be updated. MassHealth stated that it would be helpful to hear what specific things members are interested in so plans can describe their programs in their own words.

My Ombudsman Updates

Leslie Diaz from My Ombudsman will present quarterly report next month.

- MYO stated that they are continuing to get inquiries about United Healthcare’s plan from potential members and suggested that a training from United on the plan for MYO staff would be beneficial.