

## Meeting Minutes May 11, 2021 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** May 11, 2021 10:00 AM – 12:00 PM

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

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMass), Kathy Chin (UMass), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Leslie Diaz (My Ombudsman), Lisa Fulchino (Tufts), Alysa St. Charles (UMass), Ken Preede (CCA).

**Presentations/Discussions:** Agenda; April 13th IC meeting minutes; MassHealth Presentation titled *One Care Implementation Council Meeting, May 11, 2021*, My Ombudsman presentation titled *My Ombudsman, May 11 2021*, Tufts presentation titled *Tufts COVID Approach, May 11, 2021*, CCA presentation titled *CCA Response to Implementation Council's Request for Information, May 11, 2021*, and Implementation Council presentation titled *Implementation Council Proposed Motions, May 11, 2021*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review April 13th Meeting Minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the April 2021 meeting. The motion was seconded and carried.

### My Ombudsman Quarterly Update

Leslie Diaz, Director of My Ombudsman, presented *My Ombudsman, May 11, 2021*, reviewing One Care Health Plan Inquiries, One Care Health Plan Complaints, One Care Individuals Assisted, Commonalities in Top Q1 Complaints, Outreach, and Member Feedback, Member Highlights.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting, May 11, 2021*, reviewing Care Coordinator to Member Ratio, including Percentage of FTE Care Coordinators Who Were Assigned to Care Management and Conducting Assessments, and Percentage of FTE Care Coordinators Who Left the Plan During the Reporting Period.

Daniel Cohen, Deputy Director of Integrated Care at MassHealth reviewed Integrated Care Plan-reported COVID-Positive Cases and Deaths, Integrated Care Plans – Monthly COVID-Positive Cases and Deaths, Morbidity and Mortality - What is the difference, Integrated Care Plans – COVID-19 Morbidity and Mortality Rates.

## One Care Plans COVID-19 Vaccine Outreach Data

Lisa Fulchino, Senior Manager, Product Strategy at Tufts Health Plan, presented *Tufts COVID Approach, May 11, 2021*, reviewing Tufts COVID Analytical Approach, Covid Data by Subcategories, COVID Data by Reported Race, Numbers of Vaccinations, Access, and Transparency, Communication Strategies, Data and Analysis, and Care Coordination.

Ken Preede, Vice President Government Relations at Commonwealth Care Alliance (CCA), presented *CCA's Response to Implementation Council's Request for Information, May 11, 2021*, reviewing Impact of COVID-19 on Enrollees and One Care Vaccinations.

## Implementation Council Proposed Motions

Dennis Heaphy, Implementation Council Chair, presented Implementation Council Proposed Motions, May 11, 2021, reviewing Motion #1: Increased One Care Enrollee Knowledge of My Ombudsman, Motion #2: Enhancing Enrollee Education about the Implementation Council, Motion #3: Grievances and Appeals, MassHealth Oversight, and Status Update on Motions Passed May 8, 2018. Motions #1-3 were discussed and not yet put forward for approval.

## Meeting Minutes:

### Welcome/Review April 13th Meeting Minutes

Paul Styczko, Implementation Council (IC) Vice Co-Chair, opened the meeting and asked for a motion to approve the minutes from the April 2021 meeting. The motion was seconded and carried.

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### Questions / Comments:

- IC member asked about outreach My Ombudsman (MYO) efforts to One Care members.
  - MYO stated that they get the word out about their services through presentations to partner organizations such as [SHINE](#) and the [National Council on Aging](#), who often have overlapping audiences with One Care membership.
  - MYO further stated they plan to work with the One Care plans so that care coordinators can support members by referring them to MYO when appropriate.
- IC member stated it would be helpful to also know negative experiences of One Care members, either with MYO or the plans, and not just successes.

- IC member invited MYO to an upcoming Implementation Council Planning Committee meeting to learn more details about MYO outreach to members.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care at MassHealth, presented *One Care Implementation Council Meeting, May 11, 2021*, reviewing Care Coordinator to Member Ratio, including Percentage of FTE Care Coordinators Who Were Assigned to Care Management and Conducting Assessments, and Percentage of FTE Care Coordinators Who Left the Plan During the Reporting Period.

### Questions / Comments:

- IC member asked what “FTE” stands for.
  - MassHealth stated “FTE” means “Full-Time Equivalent,” which refers to a full-time staff position in a 40-hour work week.
- IC member asked how the ratio of care coordinators to members compares against complaints about the plans.
  - MassHealth stated that comparing care coordination ratios to member complaints was not prepared for this meeting.
- IC member asked how MassHealth interprets the overall reduction in care coordinators at both Tufts and CCA when the purpose of One Care is person-centered care.
  - MassHealth stated there is no required ratio of care coordinators-to-members and the plans maintain discretion over the number of care coordinators they employ. MassHealth added that many factors influence what the appropriate caseload would be for a care

- coordinator and MassHealth doesn't want a number range or ratio to take the place of this complex decision.
- MassHealth stated that the number of care coordinators may have changed overtime in response to the model of care evolving.
  - MassHealth stated, for example, that in 2015 and 2016, Tuft's care coordinators had increased their caseloads and MassHealth sought to better understand the increase in care coordinator-to-member ratio at CCA for 2019 and 2020.
  - MassHealth further stated they have conversations with the plans about this data annually when it is submitted by the plans.
- IC member asked if there should have been an increase in care coordinators in 2020 due to the complex needs of One Care members and the COVID-19 pandemic.
    - MassHealth stated that COVID-19 likely impacted the 2020 data in numerous ways.
  - IC member asked if data on the time care coordinators spend with members is available to MassHealth.
    - MassHealth stated that is a measurement that has not yet been created but one they would like to see.
  - IC member asked for MassHealth's perspective on the ongoing care coordination staffing changes by plans, particularly around intake assessments and care planning. IC member stated that when assessments are done by the member's care coordinator, it helps establish a trusting bond with a member, which is in line with a person-centered, One Care model.

- MassHealth stated that to assess this they would need to have conversations with the One Care plans to determine the purpose of changes that have been made over time to their care coordination models. MassHealth stated that regarding intake assessments, both plans had the member's care coordinator doing 100% of the assessments earlier in the demonstration, but as time progressed and the plans matured, both plans' models include having different staff complete intake assessments. MassHealth further stated that one potential reason for this change was to ensure assessments are completed in the allotted initial assessment timeframe.
- IC member asked for the context of data spikes in 2018 and 2019 for CCA care coordinator caseloads.
  - MassHealth stated that the increase of care coordinator caseloads should be addressed by CCA directly.
- IC member stated that without context for the data presented on care coordinators it was difficult to make conclusions.
- IC member stated it would be helpful to know what care roles, other than intake assessment, have been outsourced to plan staff outside of the care coordinator.
  - IC member stated it would be helpful to understand what the plans consider to be the key functions of a care coordinator.
  - IC member stated it would also be helpful to know which staff members are doing care planning with members if it is not being done by a care coordinator.
  - MassHealth stated that the care coordinator should have a role in facilitating the development of the member care

plan. MassHealth further stated that it is likely there is variation in how the plans organize the care planning process and reiterated that these questions can better be addressed by the plans directly.

- IC member asked what oversight MassHealth provides to ensure the assessment and care planning process is facilitated by the care team including the care coordinator.
  - MassHealth stated they track the completion of the initial assessments, and if assessments are not regularly completed within the required timeframe, the plans will have limits put on new enrollments through passive enrollment.
  - IC member stated efficiency in care and assessments must be balanced with making sure assessments are done in a way that is effective.

Daniel Cohen, Deputy Director of Integrated Care at MassHealth reviewed Integrated Care Plan-reported COVID-Positive Cases and Deaths, Integrated Care Plans – Monthly COVID-Positive Cases and Deaths, Morbidity and Mortality- What is the difference?, Integrated Care Plans – COVID-19 Morbidity and Mortality Rates.

#### Questions / Comments:

- IC member asked how MassHealth defines death due to COVID-19.
  - MassHealth stated that the plans reported deaths that were determined to be a direct result of active COVID-19 infection.



- IC member asked MassHealth to summarize the data presented.
  - MassHealth stated that trends in COVID-19 cases and death rates within integrated care plans look like overall COVID-19 trends throughout the pandemic in Massachusetts.

### One Care Plans COVID-19 Vaccine Outreach Data

Lisa Fulchino, Senior Manager, Product Strategy at Tufts Health Plan, presented *Tufts COVID Approach, May 11, 2021*, reviewing Tufts COVID Analytical Approach, Covid Data by Subcategories, COVID Data by Reported Race, Numbers of Vaccinations, Access, and Transparency, Communication Strategies, Data and Analysis, and Care Coordination.

Ken Preede, Vice President Government Relations at Commonwealth Care Alliance (CCA), presented *CCA's Response to Implementation Council's Request for Information, May 11, 2021*, reviewing Impact of COVID-19 on Enrollees and One Care Vaccinations.

### Questions / Comments:

- IC member asked CCA why Hampton County had the highest CCA hospitalization numbers for COVID-19.
  - CCA answered that most CCA members live in Springfield (which is in Hampton County) and would account for the higher hospitalization rate.

- IC member asked if higher hospitalizations are due to services being more difficult to access in western Massachusetts.
- CCA stated that while there are less services in Western MA generally, there are more members in Hampton County so there will always be more hospitalizations.
- IC member asked CCA to clarify what was meant in the presentation when it states the majority of CCA members got their vaccines through “external entities.”
  - CCA stated that the majority of CCA members received their COVID-19 vaccines through community sites such as the mass vaccination sites and other community resources and not through the CCA in-home vaccination strategy.
- IC member asked if the members who received at least one vaccination by CCA are in the homebound category.
  - CCA stated yes, but that the homebound definition used by CCA is looser than the one used by the State. CCA stated they determined any CCA member who receives home care to be eligible for the CCA in-home COVID-19 vaccination.
  - Tufts stated that in-home vaccinations offered by Tufts Cityblock were also not limited by the State homebound eligibility criteria and were open to every Tufts Cityblock member.
- IC member stated that there was a lot of information presented today but there was not enough time to prepare comments.
  - IC Chair stated the data at today’s meeting can be revisited at the IC Planning Committee meeting later this month.

- IC member stated that each number presented by MassHealth, CCA, and Tufts represents a person and their life as it was impacted, or taken, by COVID-19.
- IC member stated that masks have been a continuous problem for the Deaf community when it comes to communication access.
- IC member asked if it is possible to standardize the data presented so it is easier to compare trends across both plans.
  - MassHealth stated they can work with the plans to present the data in an aligned format.
- IC member stated that the overall success with vaccine distribution for One Care shows the strength of coordinated care.
- IC member asked MassHealth if it would be possible to compare One Care vaccination rates against the Duals fee-for-service vaccination rates.
  - MassHealth stated they hope to share that comparison with the Council in June.
- IC member stated hospital providers would like to vaccinate members who are hospitalized but are unclear on how to know if someone has previously been vaccinated, or to ensure they receive a second shot in the appropriate timeframe.
  - MassHealth stated the Medicaid Management Information System ([MMIS](#)) is intended to be a database solution to solve these types of issues by compiling COVID-19 vaccine status of MassHealth members to coordinate vaccine distribution.
  - MassHealth further stated that MMIS can be used by any clinical provider in Massachusetts to check if someone

needs vaccination and when they are due for the second shot, if applicable.

- IC member stated it would be helpful to have a data benchmark showing where the general population is compared to One Care plan specific data when MassHealth presents data in the future – including COVID and vaccine data.
- IC member asked what recommendations care providers are making to members with complex medical needs about what setting is best to get the vaccine or which vaccine they should get.
  - CCA stated that those members are encouraged to work with their doctors on vaccine decisions.
  - Tufts stated that their care coordinators should be making sure members understand they should reach out to their clinical care team with medical questions related to getting the COVID vaccine.
- IC member stated that disability status itself needs to be taken as seriously as medical status when creating vaccine eligibility criteria.
- IC member stated it would be helpful to see data on the number of COVID-19 vaccine related calls care coordinators made to One Care members.
- CMS asked the plans if they had a sense of how many members would benefit from in-home vaccinations if the eligibility criteria was broadened to provide greater access to this benefit.
  - CCA stated that 10 to 30% of the SCO population would benefit from receiving an in-home vaccination and that

- they did not have the numbers for One Care members at this time
- Tufts stated they assume that members are interested in in-home vaccination though Cityblock is currently at the end of their current list of members signed up for in-home vaccinations.
  - IC member stated it may be helpful to offer incentives to individuals who may be hesitant to get vaccinated.
  - IC member stated it would be helpful to have a greater understanding of the relationship between actions taken by the plans (such as arranging transportation or setting up a vaccine appointment) and vaccination rates.
  - IC member asked what percentage of folks who requested a ride to their vaccine appointment were given rides.
    - MassHealth stated that 100% of people who request rides for vaccines should be provided rides, so that data should be 1:1.

### Implementation Council Proposed Motions

Dennis Heaphy, Implementation Council Chair, presented *Implementation Council Proposed Motions, May 11, 2021*, reviewing Motion #1: Increased One Care Enrollee Knowledge of My Ombudsman, Motion #2: Enhancing Enrollee Education about the Implementation Council, Motion #3: Grievances and Appeals, MassHealth Oversight, and Status Update on Motions Passed May 8, 2018. Motions #1-3 were discussed and not yet put forward for approval.

## Questions / Comments:

- MassHealth asked for further clarity on whether the motion was asking for plan outreach regarding MYO as a one-time occurrence or whether the Council is requesting it happen more frequently.
  - IC Chair responded it would be helpful to gain clarity on what is required.
  - MassHealth stated that every new enrollee is informed about MYO but that there may not be a requirement that members be reminded of MYO annually, but that could be added to the contract
- MassHealth stated it may be helpful to distinguish between telemedicine and algorithms in the motions because these are separate issues.
  - IC member stated this is in response to concern about algorithms determining who receives telemedicine and who does not.
- MassHealth stated the communication access coordinator position that was in the 2018 motions was addressed in the procurement for Duals 2.0 (One Care / SCO in 2022) and is currently being evaluated in the Readiness Review.
  - IC member asked if this communication access coordinator is a designated, distinct position like an ADA Coordinator or if this position will be rolled into the duties of other plan staff.
  - MassHealth stated that the Council may refer to the procurement language to get an idea of what MassHealth is requiring of the plans rather than the contract.

- IC member asked if the communication access role included services for Deaf and hard of hearing members as well as communication access for non-English speakers.
- MassHealth stated that yes, there are requirements for that level of access in the scope of responsibility for the communication access role.
- IC member asked if it is possible to get more information on communication access for Deaf and hard of hearing people in One Care at the next meeting and suggested that someone who is a native ASL speaker be hired to assist One Care members who use ASL.

The meeting was adjourned.