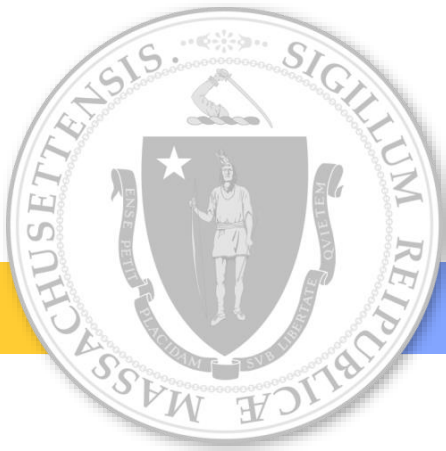


One Care: Implementation Council Meeting



Executive Office of Health & Human Services

MassHealth Demonstration
to Integrate Care for Dual Eligibles

September 8, 2020 10:00 AM – 12:00 PM

Virtual Meeting via Zoom



MassHealth Presentation

- **Plan Engagement with My Ombudsman**
- **Comprehensive Assessment, MDS-HC Assessment, and Individualized Care Plan Requirements**
- **Assessments Completion, Care Plan Completion, and Annual Flu Vaccination Data**
- **Plan-reported COVID-19 data - Integrated Care Programs**



My Ombudsman Scope of Services

My Ombudsman helps resolve Members' issues and concerns in a variety of ways.

■ **My Ombudsman:**

- **Provides information.** **My Ombudsman** answers questions about MassHealth health plans, including information about specific benefits, Member rights, and how to access services.
- **Investigates.** **My Ombudsman** talks to all parties to understand concerns, discuss options, and build solutions.
- **Mediates.** **My Ombudsman** can bring together people who want to solve problems.
- **Discusses options.** **My Ombudsman** can help individuals find and consider options for addressing their concerns.
- **Explains Grievance/Appeal process.** **My Ombudsman** can work with Members and their Plan to try to resolve a concern before filing a Grievance or Appeal. While **My Ombudsman** cannot represent a Member in Grievance or Appeal proceedings, staff members can explain how to file an Appeal and what to expect during the Appeal process.
- **Makes referrals.** **My Ombudsman** can refer individuals to information and problem resolution resources, including formal Grievance and Appeal processes and legal services.

■ **My Ombudsman stays neutral:**

- **My Ombudsman** staff will not judge or decide who is right or wrong or make decisions.
- **My Ombudsman** will not serve in any other role that would compromise their ability to be impartial.
- **My Ombudsman** will not represent a Member in a Grievance or Appeal proceeding.

Additional information can be found at: MyOmbudsman.org



My Ombudsman Three-way Contract Summary of Requirements (See Section 2.5.8.6.)

Plans are required to support Member access to, and work with, the Ombudsman to address Member and eligible beneficiary requests for information, issues, or concerns related to One Care, including:

- Educating Members about the availability of Ombudsman services:
 - On the Plan’s website
 - When Members receive the Member Welcome package when they join One Care
 - At the time of the annual Comprehensive Assessment
 - When Members – or their family or representatives – contact One Care plan staff, including member services and provider staff, with a Grievance or Appeal
- Communicate and cooperate with Ombudsman staff as needed for them to investigate and resolve Member requests for information, issues, or concerns related to One Care, including:
 - Designating a staff person as the Plan’s Ombudsman liaison, who shall work with the Ombudsman to resolve issues raised by Members
 - Providing Ombudsman staff with access to records needed to investigate and resolve complaints (with the Member’s approval)
 - Ensuring ongoing communication and cooperation of Plan staff with Ombudsman staff in working to investigate and resolve Member complaints, including updates on progress made towards resolution, until the complaints have been resolved

See in April 1, 2019 Massachusetts Contract for One Care Plans at www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou

Comprehensive Assessment: Three-way Contract

Summary of Requirements (See Section 2.6.1)



- The purpose of the Comprehensive Assessment is for the Plan and the Member to engage in a person-centered process to understand the Member's needs and goals and to support development of the Member's care plan
- Complete within 90 days of each Enrollee's enrollment date, and within the Continuity of Care period
- Complete at least annually thereafter, as well as whenever an Enrollee experiences a major change
- Includes completion of an assessment tool (can be Plan-developed tool); informed by at least one in-person meeting covering required domains as appropriate for Enrollee to inform care plan
- The Member will be at the center of the assessment and care planning process. The Plan will ensure that the Member receives information about the Comprehensive Assessment, any necessary assistance and accommodations to prepare for and fully participate in the Comprehensive Assessment, the right to initiate Service Requests, and how to request access to the Comprehensive Assessment.
- The Plan will complete the Comprehensive Assessment in a location that meets the needs of the Member, including home-based assessments as appropriate. With the Member's consent the Plan will also gather information from the Member's providers or other sources of support.
- May be done at the same time as the MDS-HC assessment, or at a different time

See in April 1, 2019 Massachusetts Contract for One Care Plans at www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou

MDS-HC Assessment: Three-way Contract Summary of Requirements (See Section 2.6.2)



- The purpose of the MDS-HC is to support assignment to a Rating Category to inform capitated payments from MassHealth to the Plan
- The MDS-HC must be completed in-person by a registered nurse
- Information collected on the MDS-HC must be sent to MassHealth
- The MDS-HC can be incorporated into the Comprehensive Assessment or it can be completed separately
- For individuals in the C1 Rating Category, the MDS-HC is only required to change the Rating Category
- The MDS-HC must be completed for all other individuals in the community, based on time standards in the Contract

See in April 1, 2019 Massachusetts Contract for One Care Plans at www.mass.gov/service-details/one-care-three-way-contract-and-memorandum-of-understanding-mou

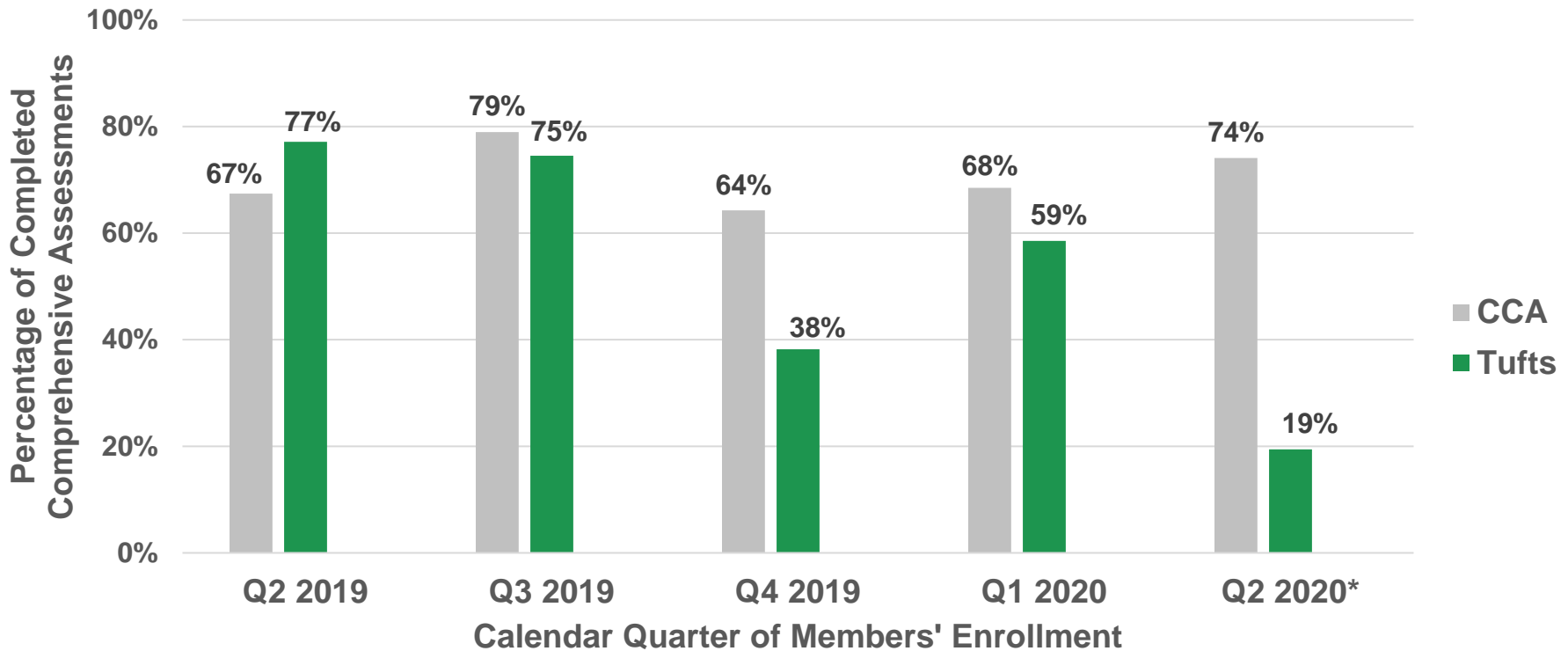


Individualized Care Plan (ICP): Three-way Contract

Summary of Requirements (See Section 2.6.3.)

- Incorporate the results of the Comprehensive Assessment and specify any changes in providers, services, or medications
- Be developed by the care team under the direction of the Member, and in consultation with any specialists caring for the Member, and updated periodically to reflect changing needs identified in Comprehensive Assessments
- The Member will be at the center of the care planning process
- Reflect the Member's preferences and needs. The Plan must ensure that the Member receives any necessary assistance and accommodations to prepare for and fully participate in the care planning process, including the development of the ICP, and that the Member receive clear information about:
 - Their health status
 - How family and social supports can be involved in care planning as the Member chooses
 - Self-direct care options and assistance available to self-direct care
 - Opportunities for educational and vocational activities
 - Available treatment options, supports and/or alternative courses of care
- Describe how services and care will be integrated and coordinated among providers
- The Enrollee has the right to sign or otherwise convey approval of their care plan when it is developed and when it is changed

Comprehensive Assessment Completion within 90 days of Enrollment – CY 2019-2020



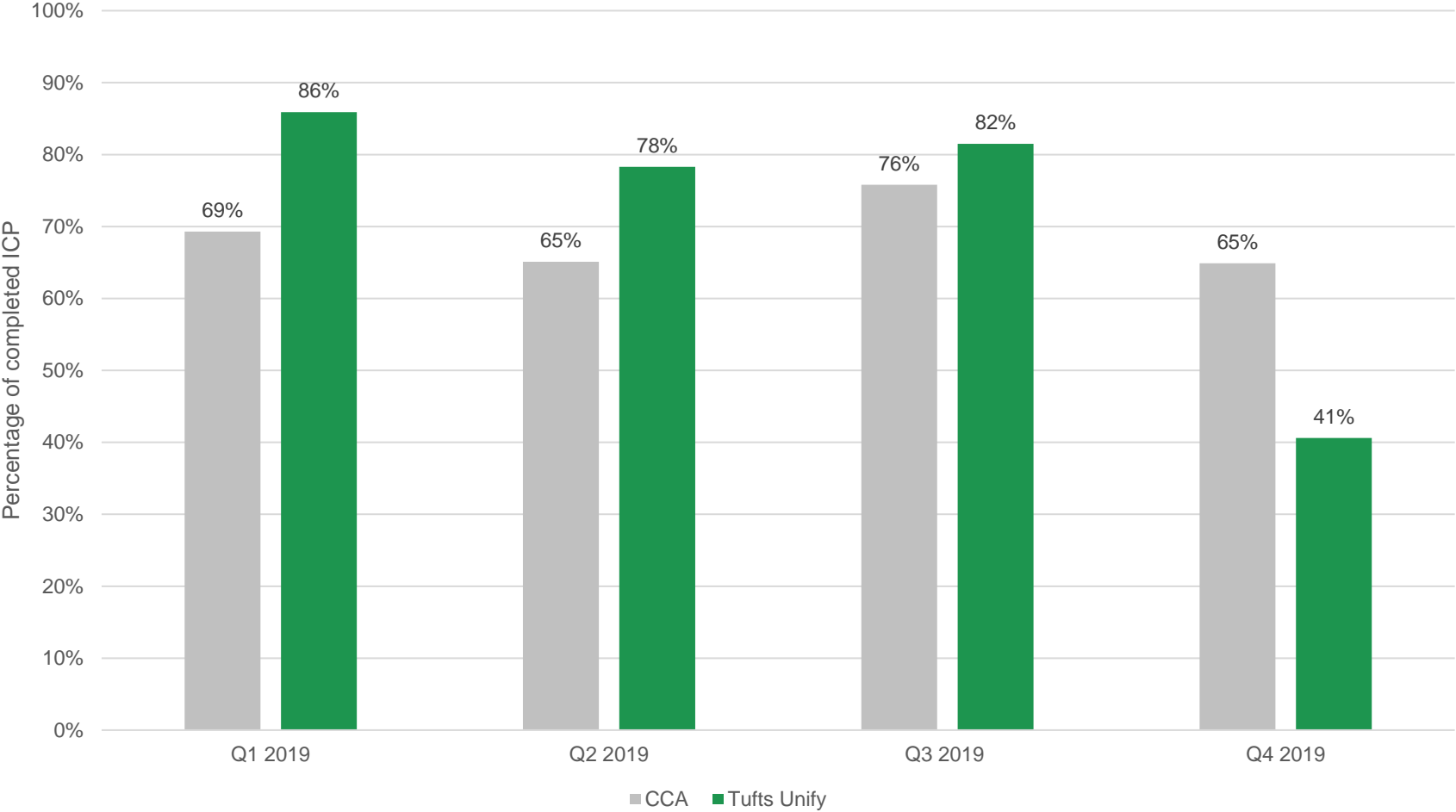
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	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020*
CCA	17%	12%	20%	17%	17%
Tufts	20%	21%	56%	31%	70%

Small variation in unreachable members between the Comprehensive Assessment and ICP may indicate a change in unreachable status

The percent of assessed members is the sum of individuals with enrollment dates in the quarter who were assessed within 90 days after their enrollment, divided by the sum of individuals with enrollment dates in the quarter who were still enrolled in 90 days.

*Q2 2020 represents data from April and May only

Core 2.3 - Individualized Care Plan Completion within 90 Days of Enrollment – CY 2019



Unable to Locate				
	Q1 2019	Q2 2019	Q3 2019	Q4 2019
CCA	22%	18%	11%	27%
Tufts	12%	17%	19%	54%

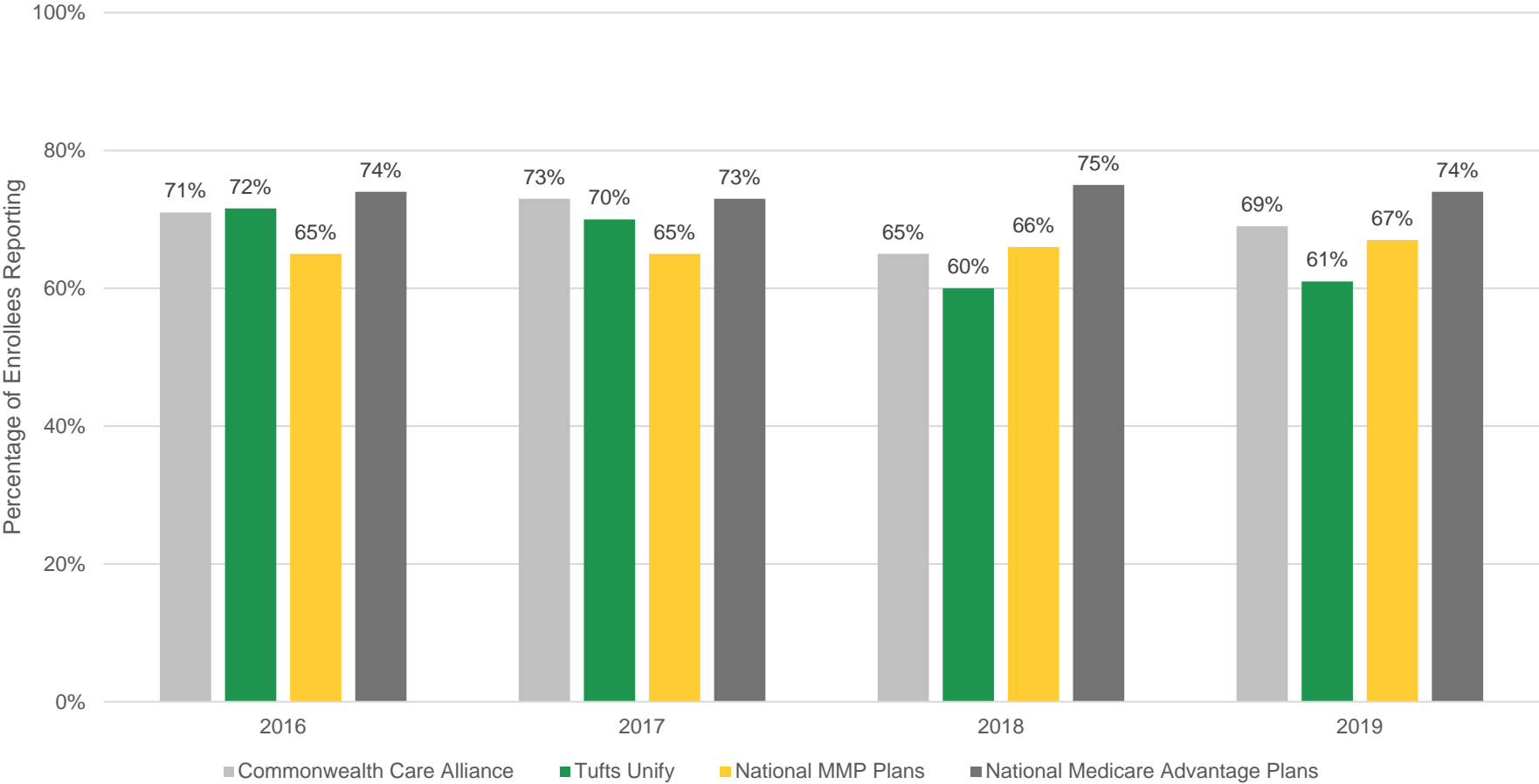
Small variation in unreachable members between the Comprehensive Assessment and ICP may indicate a change in unreachable status

Annual Flu Vaccination One Care Plan Reporting



One Care Plans are required to report the rate of Annual Flu Vaccination for Members through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Annual Flu Vaccinations - CAHPS reporting for One Care Plans

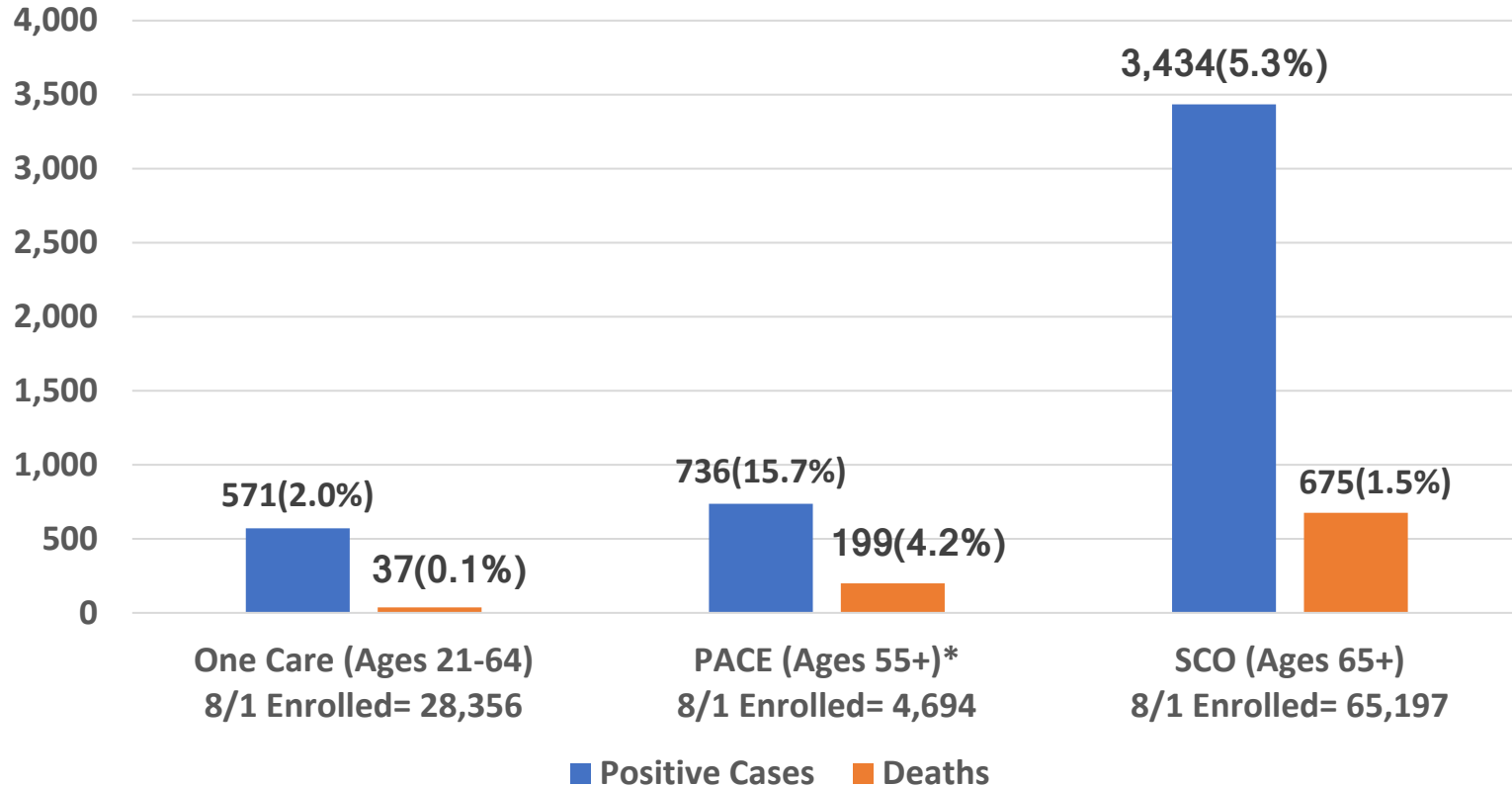




Plan-Reported COVID-19 Cases and Deaths – Integrated Care Plans

For discussion purposes only – this data is plan-reported, unofficial, and preliminary

Integrated Care Plans- COVID Positive Cases and Deaths



Morbidity & Mortality Rate (per 100K pop.) for Integrated Care Plans		
	Morbidity	Mortality
One Care	2,013.7	130.5
PACE	15,679.6	4,239.5
SCO	5,267.1	1,035.3

The above graph displays the cumulative number of positive cases and deaths of Enrollees in Integrated Care Plans through August 31, 2020. Percentages are cases divided by August 1, 2020 enrollments.

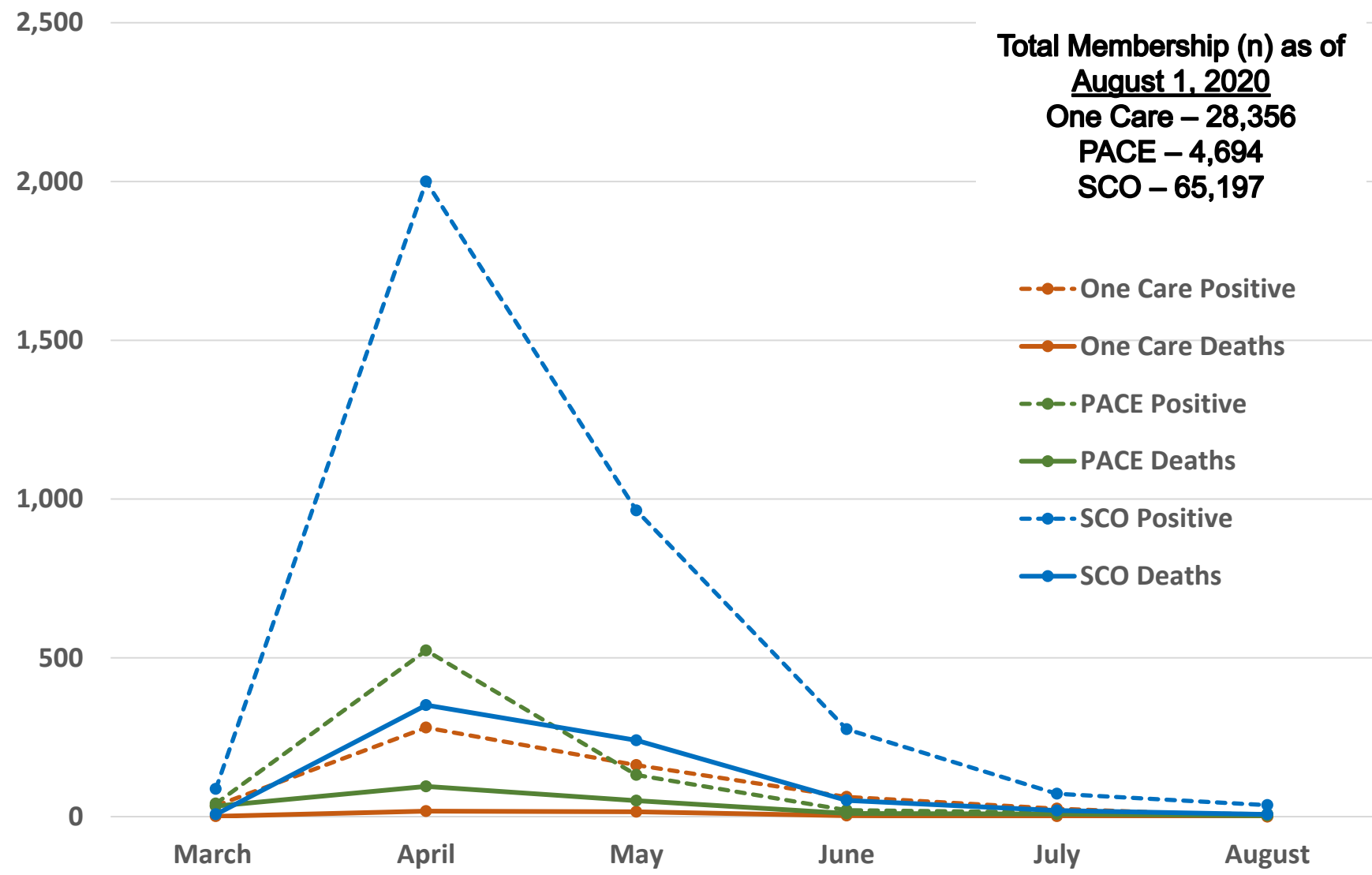
*All PACE participants are at a Nursing Facility Level of Care



Plan-Reported Monthly COVID-19 Cases and Deaths – Integrated Care Plans

For discussion purposes only – this data is plan-reported, unofficial, and preliminary

IC Plans- Monthly COVID Positive Cases and Deaths





One Care

MassHealth+Medicare
Bringing your care together

VISIT US ONLINE

www.mass.gov/one-care

EMAIL US

OneCare@state.ma.us