# Slide 1: One Care Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to Integrate Care for Dual Eligibles

April 11, 2023, 10:00 AM – 12:00 PM

Virtual Meeting via Zoom

# **Slide 2:** Care Coordinator Shared Learning

CMFI determined that addressing challenges in the Care Coordinator role will require promoting effective, accountable, person-centered relationships between Care Coordinators and Enrollees; encouraging ICT representation within the health plan; and ensuring Care Coordinators effectively “navigate” on Enrollees’ behalf.

## **Objectives**

* Establish principles guiding Care Coordinators in executing their roles; connect principles with expected outcomes to drive a goal-oriented approach to the Care Coordinator role
* Develop options to drive person-centeredness in executing the Care Coordinator role

## **Scope**

* Align on and develop principles to which Care Coordinators can refer to successfully execute their roles
* Brainstorm potential materials, programs, and/or exercises to standardize elements of Care Coordinator training across health plans
* Explore and document best practices for Care Coordinator in relating to Enrollees, engaging with Care Teams, and navigating to advance Enrollee goals within the health plan

## **CMFI Deliverable**

* An agreed-upon set of principles and principle-driven outcomes to guide Care Coordinators in person-centered care, ICT leadership, and Enrollee empowerment

# **Slide 3:** Care Coordinator Shared Learning

The Care Coordinator Shared Learning initiative will provide an opportunity to standardize and enhance understanding in how Care Coordinators approach their role through a series of training modules, each woven together with themes from CMFI.

## **Key Accomplishments**

* Aligned on training topics and methods with Care Coordinator Shared Learning work group leads
* Shared Learning initiative is broken into seven modules, each with training objectives aligned to topics identified during CMFI
* Established Care Coordinator Shared Learning Taskforce, a multidisciplinary team comprised of health plan representatives, IC members, and For Health Consulting training leads
* Taskforce will provide input and feedback on training, but will not perform a governance/ oversight role
* Conducted Module 1 and Module 2 live training sessions

## **Upcoming Activities**

* Continue to hold monthly taskforce meetings
  + Next taskforce meeting: April 18, 2023
* Provide Module 1 and Module 2 needs assessment survey data and post-evaluation findings data to One Care Plans.
* Solicit broader training recommendations and expertise from community-based organizations for future modules (i.e. a joint training with Care Coordinators and Long Term Support Coordinators).
* Module 3 (TBD) target training dates are mid to end-May 2023.

# **Slide 4:** Care Coordination Share Learning Module 1

* Module One: Best Practices in Person-Centered Engagement
* Purpose:
  + To maximize Enrollee engagement and enhance person-centered care across One Care plans
* Objectives:
  + Reflect on your current care coordination practices
  + Identify ways that you can improve engagement with Enrollees
  + Examine your unconscious biases
* Three virtual training sessions completed in February 2023
* Two hundred and sixty-one (261) Care Coordinators participated in live trainings

# **Slide 5:** Module 1: Needs Assessment Survey

|  |  |
| --- | --- |
| **Questions** | **Response Options** |
| Are you able to access key historical and current information for a newly enrolled or newly assigned member in the Central Enrollee Record? | All of the time; Most of the time; Some of the time; None of the time |
| What previous information would be most helpful to you prior to engagement with the member? | * Current and previous treatment both inpatient/ outpatient * Current and previous medications * Prior authorizations |
| If current and previous information were available to you prior to the engagement, would you have time in your schedule to review? | Yes; No; Depends on my Schedule; Rarely |
| If you have accessed information prior to an interaction with a member, please rate the overall ease of access in the Central Enrollee Record. | Very difficult; Difficult; Neutral; Easy |
| Please rate your familiarity with the use of open-ended questions when in discussion with a member. (Add a definition of open ended) | Very familiar; Familiar; Some knowledge; Not familiar |
| How often do you find yourself explaining/teaching members what the ‘health care’ terminology means? (e.g., such as their care plan, Care Coordinators, denials, rights, prior authorizations, etc.) | Always; Sometimes; Occasionally; Never |
| Please rate your familiarity with the use of the repeat back technique to affirm understanding when in discussion with a member. (Add definition of repeat back technique) | Very familiar; Familiar; Some knowledge; Not familiar |
| Do you have a reliable technique for encouraging a member to share their health care problems? | Yes; No  Please Describe: |
| Please rate how much current policies/procedures at your health plan create barriers to engage members more fully. | 1 – None; 5 - Some; 10 - All  Please name at least two barriers you experienced |
| Please rate how much current policies/procedures at your health plan create opportunities to engage members more fully. | 1 – None; 5 - Some; 10 - All  Please name at least two opportunities you experienced |
| Please rate your belief you would learn information/skills that would enhance your current knowledge/skills to deepen engagement with a member. | Rate from 1-10 - where 10 is most definitely and 1 is no possibility |
| Do you require special accommodations? | Please Describe: |

# Slide 6: Care Coordination Share Learning Module 2

* Module Two: Best Practices as Enrollee Internal Advocate
* Purpose:
  + To enhance Care Coordinators knowledge and expertise as an internal Enrollee advocate within One Care plans
  + To prepare the Care Coordinator to advocate and support the Enrollee during all phases of the Health Plan specific Service Request processes: Requests, Denials, Appeal levels
* Objectives: Consider the evidence base for advocacy
  + Enhance current knowledge of utilization management and service requests, appeal policies and denials for your plan
  + Enhance knowledge to use flexible services to further meet Enrollee’s social, clinical, functional needs and/or goals
* Three virtual trainings were completed in March 2023

# Slide 7: Module 2 Needs Assessment Survey

| **Questions** | **Response Options** |
| --- | --- |
| In a short statement, how would you describe your role as an advocate for Enrollees? | Please describe: |
| What are the biggest challenges you face as an advocate for Enrollees? | Please describe: |
| Does your health plan have a repository where you can access procedures and policies (e.g., service requests, service notification process, service denials, appeal process for service)? | Yes, No |
| If your health plan has a repository, how easy is it to navigate (i.e., how easy is it to find policies you are seeking)? | Very difficult; Difficult; Neutral; Easy; N/A |
| Please rate how effectively current policies/procedures at your health plan support Care Coordinators serving as internal advocates for assigned Enrollees. | 1 – None; 5 - Some; 10 - All  Please describe: |
| Does your health plan policies and procedures effectively outline the differences between a standard and expedited authorization request? | Yes, No |
| When a service is requested, how often do you communicate updates to Enrollees? | Never; Rarely; Sometimes; All the time; Other - Please describe: |
| How do you monitor pending service requests following submission to utilization management? | Please describe: |
| Please rate how effectively current policies/procedures at your health plan explain how the internal and external appeals processes work. | 1 – None; 5 - Some; 10 - All |
| Please rate your understanding for how to provide support to your Enrollees when assisting them in filing an appeal and following up on the appeal for service. | 1 – None; 5 - Some; 10 - All |
| How often do you verify the Individualized Care Plan (ICP) meets the Enrollee’s needs? | Once a month; Once every 90 days; Once every six months; Once a year; Other - Please describe: |

# Slide 8: One Care MassHealth + Medicare Bringing your care together

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