

Meeting Minutes November 12, 2019 – One Care Implementation Council Meeting

Meeting Location: The Boston Society of Architects – 290 Congress St., Boston, MA

Date: November 12, 2019 10:00 AM – 12:00 PM

Council Member attendees: Crystal Evans, Dennis Heaphy, Paul Styczko, Jeff Keilson, Sara Willig, David Matteodo, Alicia (Kestrell) Verlager, Darrell Wright, Dan McHale, Chris White.

Key Stakeholders and Support Staff attendees: Corri Altman Moore (MassHealth), Jennifer Baron (CMS), Maggie Carey (UMMS), Daniel Cohen (MassHealth), Hilary Deignan (UMMS) by phone, Sophie Hansen (CCA), Sean Macaluso (UMMS), Jennifer Morazes (My Ombudsman), Holly Robinson (CMS) by phone, Bea Thibedeau (Tufts), Danielle Westermann (Tufts).

Unable to attend: Francesca Abbey, Suzann Bedrosian, Cathleen Connell, Henri McGill, Elizabeth Jasse

Handouts: Agenda; Draft minutes from October 8, 2019 IC meeting, *Plan Presentations and Round-Robin discussion on Care Coordination and Non-Medical Transportation in One Care* Presentation, *Council Request of Plans Background* Presentation, *Commonwealth Care Alliance (CCA) One Care Implementation Council Presentation November 12, 2019*, *Tufts Health Plan (Tufts Health Public Plans) Unify Implementation Council Meeting 11/12/19* Presentation, *My Ombudsman 2nd – 3rd Quarter 2019* Presentation.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/ review October 8th meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting. The Co-Vice Chair asked for a motion to approve the minutes from the October 2019 meeting. IC Council member Jeff Keilson made the motion, and IC member Kestrel Verlager seconded. With no objection, the October of 2019 Implementation Council meeting minutes were approved.

Plan Presentations on Care Coordination

Laura Black, Senior Vice President, Care Management and Clinical Services at Commonwealth Care Alliance, presented *One Care Implementation Council Presentation*, summarizing the Care Coordinator role within CCA in partnering with the member with specificity to non-medical transportation.

Bea Thibedeau, Director of Care Management, Public Plans, Tufts Health Plan, presented *THPP Unify Implementation Council Meeting* on non-medical transportation how it is affected by the clinical delivery system within Tufts.

My Ombudsman - general overview

Jennifer Morazes, Director of My Ombudsman, presented the quarterly My Ombudsman program update with the presentation *My Ombudsman 2nd – 3rd Quarter 2019*.

Public Input

IC Co-Vice Chair Crystal Evans invited members of the public to speak.

Meeting Minutes:

Welcome / review October 8th meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting. The Co-Vice Chair asked for a motion to approve the minutes from the October 2019 meeting. IC Council member Jeff Keilson made the motion, and an IC member Kestrel Verlager seconded. With no objection, the October of 2019 Implementation Council meeting minutes were approved.

Dennis Heaphy, Council Chair presented *Council Request of Plans Background* to provide context and background for the plan presentations.

Plan presentations on Care Coordination

Commonwealth Care Alliance Presentation

Laura Black, Senior Vice President, Care Management and Clinical Services at Commonwealth Care Alliance (CCA), presented *One Care Implementation Council Presentation* summarizing the Care Coordinator role within CCA in partnering with the member with specificity to non-medical transportation.

Questions / Comments:

- IC Chair asked the Plan Representative to define utilization management (UM) and explain the impact that it has on the care planning process, especially regarding non-medical transportation.
- Plan Representative stated that a service request is when someone requests any service or piece of equipment of the plan and these requests can come from providers themselves, agencies, or provider practices. There are multiple avenues to make requests through.
- IC Chair asked what the Care Coordinator role is within the care coordination process.
 - Plan Representative responded that the Care Coordinator roles varies. If there is a request from a medical provider for an MRI, the Care Coordinator may have no knowledge of the this – as it would go directly to UM for approval.
- IC Chair asked for further clarification, asking if the Care Coordinator will have knowledge if there is a denial or a modification of the provider request, if they were not included in the original process?
 - Plan Representative stated that the Care Coordinator should be made aware of a denial of services. If the request is approved, however, the Care Coordinator may not be aware.
- IC Chair asked how the Care Coordinator is notified of a service authorization or denial.
 - Plan Representative stated the care management data system sends an alert to the Care Coordinator.
- IC Chair asked how the member is notified of a service authorization.
 - Plan Representative replied that the plan will send a letter to the member informing them.
- IC Chair asked whether that means the Care Coordinator would not necessarily be involved in the process.

- Plan Representative replied it would be contingent on whether the member wants the Care Coordinator to be informed on this process. The standard process for communication with the member on service authorizations is through a letter in the mail.
- IC Member asked if accommodations are made for individuals who are blind or who have conditions that make keeping track of physical letters difficult.
 - Plan Representative answered that the goal is to communicate with members in the best way to meet their needs. If it is appropriate or necessary, then an alternative format would be used.
- IC Chair asked how the care planning process works for members seeking non-medical transportation. For example, a member who expresses interest in going to church or religious services two times a week.
 - Plan Representative replied that if the member wants to go over the allotted 8 one-way trips per month, it must be built into the care plan with a well-documented reason for the request.
- IC Member asked if this is the entirety of the approval process.
 - Plan Representative clarified that a member can have an unlimited number of medical rides per month and 8 one-way non-medical rides per month without doing anything further. Any requests for non-medical transportation above the 8 one-way trips per month would appear in the transportation system as “pending” until the additional trips are approved.
- IC Member asked to clarify that the monthly non-medical transportation benefit includes eight one-way trips within fifty miles of the members location, which is the same as four roundtrips.
 - Plan Representative confirmed that is the standard benefit and anything beyond this would have to stem from the care plan.
- IC Member asked if prior approval is needed to get transportation.
 - Plan Representative stated that if a member goes over the standard ride benefit in a month then the ride request will not be denied – but it will be put in the system as “pending” to allow for the member to talk to the Care Coordinator about getting the additional non-medical transportation needs into the care plan
- IC Member wanted clarification that the amount is eight one-way trips per month.
 - Plan representative confirmed this.
- IC Member stated that the benefit does not allow for many trips per month for members and asked if many people exceed the eight one-way trips per month or if there are other options available to members for things like grocery shopping and trips to the pharmacy.
 - Plan Representative stated there is not a large number of members that exceed this benefit. She stated “in fact out of our 33,000 combined members in SCO and One Care I believe it is less than 300 members” that exceed the limitation. Roughly 25% of the population enrolled in SCO and One Care programs utilize the transportation benefit at this time.

- IC Member suggested that the low percentage of enrollees utilizing the non-medical transportation benefits may stem from negative experiences they may have had with the service. IC Member then asked if it is possible that members may not use the transportation benefit because they are not be aware of it.
 - Plan Representative stated that when enrolling members, the plan nurses make enrollees aware of the transportation benefit during their introductory conversation at the start of the care planning process.

Tufts Health Plan Presentation

Bea Thibedeau, Director of Care Management, Tufts Health Public Plans (THPP), presented *THPP Unify, Implementation Council Meeting* providing an overview of the role and scope of care coordinators, care coordinators and member advocacy, and non-medical transportation.

Questions / Comments:

- IC Chair asked Plan Representative if the care coordinator, as defined by the contract, are responsible for all outside care the member receives.
 - Plan Representative replied that one person on the team is the point of care person for the member. For a member with complicated care needs the case can be escalated to a nurse for facilitation of services.
- IC Chair asked what the role of the Care Coordinator would be for a member whose point of contact person is a community health worker.
 - Plan Representative clarified that in the context of the contract, the Care Coordinator is the primary point of contact for all members. In the example stated, the community health worker would be the Care Coordinator as defined by the contract. A community health worker would only be the Care Coordinator for a very independent member with low care needs.
- IC Member would like to know the number of members who get care coordination from each of the type of care teams as illustrated in *slide 4* of the Tufts presentation.
 - Plan Representative answered that Tufts organizes members into pods of approximately 400 members that require varying intensity care coordination. The Care Coordinator relationship lead is determined based on each member's medical needs, looking at hospital utilization, chronic conditions, and behavioral health conditions. Just under half of the members in each pod are partnered with the Care Coordinator. In each approximately 400 member pod, Care Coordination is provided by an *Accountable RN Care Manager* for approximately 50 member's with high complexity, a *Behavioral Health Manager* or *Community Health Worker* will provide care coordination for around 75 members, and a "*Care Coordinator*" will provide coordination for the remaining 200 or so members with few social and medical needs. Determining which Care Team member fills the Care Coordination role for each member is continually reevaluated.

- IC Chair asked who is responsible for determining whether non-medical transportation benefits become part of a member care plan, and what a member should do if the benefit is modified or denied.
 - Plan Representative stated that the presentation will address this on slide eight.
- IC Member asked what UM stands for?
 - The Plan Representative answered that UM stands for Utilization Management.

Questions / Comments on both Plan Presentations

Paul Styczko, IC Co-Vice Chair, presented the *Plan Presentations and Round-Robin discussion on Care Coordination and Non-Medical Transportation in One Care* and lead the Round-Robin discussion for members of the Council to react to the presentations given by the plans as well as to share personal experiences they have had with Care Coordinators and access to non-medical transportation.

- IC Member described her experiences with Care Coordinators. IC member has had both good and bad experiences with Care Coordinators. The positive Care Coordinator communicated with the member to identify the member's preferences and goals. For example, the Care Coordinator met with the member in person at the member's home and encouraged the member to use the non-medical transportation benefit. The member had a negative experience with her next Care Coordinator who did not take the time to get to know the member or the member's personal health goals. The Care Coordinator suggested that the member select "losing weight" as a care plan goal to help with pain management. which the member felt was a betrayal. IC Member stated that non-medical transportation is a continuing issue. The rides are often unreliable, and Member has missed IC Meetings due to her ride not arriving or arriving too late.
- IC Member stated the need to plan for rides in advance can make it difficult to use non-medical transportation. The member has utilized non-medical transportation, but it is not always realistic to know days in advance that they will need a ride. It is also difficult to be precise on how long trips will take.
- IC Member asked if she can use the non-medical transportation when traveling with her child. For parents to fully utilize this benefit they should be able to bring their children with them on rides – as many parents don't have childcare available and can't leave their child at home during outings.
- IC Member asked the plans how they are educating members about the non-medical transportation benefit and asked about the approval rate for granting requests.
 - Plan Representative from CCA responded that the assessment nurse educates members on both non-medical transportation and medical transportation options during the initial in person planning meeting with the member. As the care plan develops, the Care Coordinator or Care Manager will continue to educate the member on the benefit through ongoing communication. Information on transportation benefits are also available in plan materials and on the CCA website.
 - Plan Representative from Tufts stated that they use a parallel process to inform members about the non-medical transportation benefit.

- IC Member asked plans if they have a cap on how many non-medical transportation rides a member can receive.
 - Plan Representative from Tufts answered that they do not have a specific cap on non-medical transportation – the number of rides approved is determined as part of the care planning process.
- IC Member asked for clarification on whether transportation after a hospital discharge is considered medical or non-medical transportation.
 - Both Plan Representatives responded that discharge from a hospital would be considered part of the *medical transportation* benefit.
- IC Member asked the Tufts Plan Representative what percentage of members access non-medical transportation.
 - Plan Representative from CCA restated that 25% of their members use transportation for medical and non-medical needs. Representative stated that the number of members that use non-medical transportation is around 7% (though the Plan Representative said that they would need to confirm that number for accuracy).
 - Plan Representative from Tufts responded the number of members that use the transportation benefit is small, and that non-medical transportation is less utilized than medical transportation.
- IC Member stated they hope during the next meeting the plans can answer what role the Care Coordinator plays in supporting an individual to access transportation through community resources outside of the transportation benefit through the health plan.
 - Plan Representative from Tufts stated that during the assessment each member is asked how they currently get to appointments and social events and who they rely on for transportation and other needs.
- IC Member shared that having the ability to access non-medical transportation makes them feel validated and that their time is as valuable as anyone else's.
- IC Member expressed that the impact of care coordination in One Care is dependent on the quality of their Care Coordinator. Member stated they have had five Care Coordinators over the past three years and the quality of their care has depended upon how well the coordinators work with the member and the member team.

My Ombudsman – general overview

Jennifer Morazes, Director of My Ombudsman, presented the quarterly My Ombudsman program update with the presentation *My Ombudsman 2nd – 3rd Quarter 2019*. Questions / Comments include

- IC Member asked if My Ombudsman had any ideas about why the presentation stated that some members were not satisfied with the Ombudsman services, even when the Ombudsman was able to help the member resolve the member's issues. Does My Ombudsman feel that the resolutions were fair, and the client was being unrealistic in these situations, or was it something else?
 - My Ombudsman Representative stated she would not say enrollees are being unreasonable, but that there may be instances where the members' aspirations for resolution are not possible or pragmatic.

- Representative of MassHealth commended My Ombudsman for the work they have done with the Deaf, hard of hearing, and deaf / blind community.

Public Input

IC Co-Vice Chair Crystal Evans invited members of the public to speak.

- Member of the public stated that they have had an ongoing issue with their plan that has not been resolved by My Ombudsman or the plan to the member's satisfaction.
 - Plan Representatives asked the speaker if they were available to meet after the close of the meeting to discuss the member concerns.

Upcoming Meetings:

Tuesday November 26, 2019

10 am – 12 pm

IC Member Zoom Conference Call

Dial in phone option

Tuesday December 10, 2019

Monthly IC Meeting

10 am – 12 pm

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210

Tuesday January 14, 2020

Monthly IC Meeting

10 am – 12 pm

Boston Society of Architects (BSA)

290 Congress Street

Suite 200 – Pearl Street Conference Room

Boston, MA 02210