

Meeting Minutes January 10, 2023 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: January 10, 2023, 10:00 AM – 12:00 PM

Council Member attendees: Suzann Bedrosian, Crystal Evans (Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, Dan McHale, Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.
Council Members not in attendance: David Matteodo

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Robin Callahan (CMFI / MassHealth), Tony Dodek (UHC), Henri McGill (MassHealth), Deanna Simonds (UHC), Lisa Fulchino (THU), Mark Waggoner (CCA), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Kasey Delgado, Cassidy DiRamio, Maddy Vinton.

Presentations: *Implementation Council Discussion with CMS*

[Meeting Materials available online](#)

Meeting Minutes:

Conversation with Center for Medicare and Medicaid Services (CMS)

Dennis Heaphy, Implementation Council Chair, led a guided discussion with Tim Engelhardt, Director for the CMS Medicare-Medicaid Coordination Office regarding the transition from Medicare Medicaid Plan to Dual Eligible Special Needs Plan (D-SNP) and what that means for the future of One Care.

Main Points for Discussion

Benefits

Medicare and Medicaid Benefit Integration

- It is important that One Care exists on a legal platform that is sustainable and stable.
- Under the Medicare Medicaid Plan (MMP), One Care could end at any time. Making One Care a D-SNP will remove the need to get regular demonstration renewals.
- In the future state of One Care, MassHealth will have a contract with each of the participating plans. CMS will review the contract to ensure it meets the minimum standards, and hopes to be an active partner, along with the IC, in shaping the contract.

Prescription Drug Benefits

- CMS is unsure if existing prescription drug coverage issues for One Care members, such as being denied prescription coverage due to Medicare guidelines even though the prescription is covered by Medicaid, are a policy matter, execution matter, or something else, but now CMS can be aware of this issue.

Flexible Benefits

- While there is not infinite flexibility, CMS is optimistic that the future state of One Care will include the flexible benefits that the Implementation Council has been working on clarifying.
- CMS needs to communicate effectively with states and plans about the opportunities that are available regarding flexible benefits.
 - As of now, there is not a lot of data collection on the currently provided flexible benefits because existing standardized codes restrict the benefits that plans can bill for directly.
 - Plans need to be held accountable for delivering all covered services required in the benefit packages through delivery oversight and monitoring.

Integration

Integrated Definitions of Terms and Guidelines

- Utilization management and prior authorizations are challenges that CMS will continue to work on so that these processes are not barriers to care in the future state of One Care.

Integrated Communication

- An individual can and should be receiving an integrated denial notice or coverage notice rather than a separate Medicare/Medicaid coverage notice.
- CMS would like to do more to make experience seamless for members.

Oversight

Implementation Council Role

- The work of the council is taken seriously and is well respected by plans, providers, and governmental partners.
- The IC has CMS' support and interest in finding ways to codify the great work the IC has done.
- CMS would like to participate in future Implementation Council meetings and continue to collaborate with the council.

Quality of Care and Reporting

- In future state One Care, there will be federal apparatus related to Medicare star ratings, with it a lot of public posting of specific measures. In One Care, ratings will be specific to One Care participating individuals.

D-SNP Oversight

- CMS instituted requirements to ensure that all Medicare recipients with complex health needs - including D-SNP members - have at least one face-to-face encounter each year with somebody associated with the plan or its providers.
- Regardless of a member's rating category the care plan and care planning process should determine the services a member needs.

Enrollment

- In future state One Care, passive enrollment will not be conducted in the same way as it has been historically due to statutory authority differences.
- CMS anticipates a seamless process for members already enrolled in One Care when January 1, 2026 comes and One Care transitions to a D-SNP.

Questions/Comments

- MassHealth asked how State Medicaid Agency Contracts (SMACs) will ensure contractual management levers for clinical integration.
 - CMS stated it remains a challenge and there is still much work to do in that area.
- IC member stated the policies on prescription refills are restrictive which can be problematic because a disabled person may drop pills or misplace medications, but then cannot renew the prescription to replace the medication.
- IC member stated it is important that medical necessity decisions are not limited to resources designed for people with disabilities, including technologies such as voice-automated lights.
- IC member stated they like the idea of passive enrollment, especially for people with executive functioning, because of the ease of ensuring that people are getting the services they need.

- IC member asked if there will be barriers to pharmacy benefits and prescription drug coverage under D-SNP.
 - CMS stated this is something they need to look into more.
- IC member stated they would like to keep promoting technologies for people with disabilities as a priority, as the pandemic has resulted in an increased availability of technology even to access groceries or connect with friends and family.
- IC member stated MassHealth should address technology with secondary uses in the contract.
- IC member asked how the prior authorization process in the D-SNP model will work with the specific needs of One Care members.
- IC member stated flexible spending on programs that uniquely fit members' needs may reduce other healthcare costs such as hospitalizations.
- IC member stated they hope the One Care website can become fully accessible and equitable to the Deaf community by offering American Sign Language rather than just captioning.
- IC member asked why One Care-type plans can't exist with funds in a separate, integrated account instead of keeping the Medicare and Medicaid monies separate.
 - CMS stated because Medicare is governed by the federal government and congressional decision-making, there are parts of this program that there is not flexibility on. CMS stated since the creation of One Care, they have learned they can do a lot, even within those sets of rules to make the experience more seamless for the people we serve.
 - IC member stated part of the work of the council should be advocacy with Congress as they create many of the program rules that impact flexibility.
- MassHealth stated CMS is working with a number of constraints as they move toward stability for demonstration programs through the D-SNP model. Many of these constraints are coming from Congress, so even though CMS wants to remain involved in IC decisions, there is still advocacy to be done.

The meeting was adjourned.