

# Meeting Minutes March 14, 2023 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** March 14, 2023, 10:00 AM – 12:00 PM

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

**Council Members not in attendance:** Suzann Bedrosian

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Ben Chin (CMS), Kristi Sugarman Coats (CMS), Daniel Cohen (MassHealth), Tony Dodek (UHC), Hannah Gardner (MassHealth), Sam Jordan (Health Care for All), Henri McGill (MassHealth), Alex Sheff (Health Care for All), Deanna Simonds (UHC), Lisa Fulchino (THU), Mark Waggoner (CCA), Anna Williams (CMS), Casey Wilson (Community Catalyst).

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

## Presentations

- Redetermination Social Media Language slide, Implementation Council
- MassHealth Implementation Council Reprocurement
- MassHealth March 2023 Implementation Council
- Community Catalyst, Oral Health Considerations for the Dually Eligible Population
- Health Care for All, Oral Health and One Care: Opportunities for Improvement

## Additional Meeting Materials

- March 14 IC Meeting Agenda
- February 14 IC Meeting Minutes

[Meeting Materials available online](#)

# March 14, 2023, Implementation Council Meeting Minutes

## Welcome / Approve Meeting Minutes

Crystal Evans, Implementation Council (IC) Vice Chair, opened the meeting and confirmed that the February 14, 2023, IC meeting minutes were approved as written.

## IC Updates

Dennis Heaphy, IC Chair, shared recommended *Redetermination Social Media Language*.

## Questions and Comments

- Tufts will be messaging Consumer Advisory Councils (CACs), letting care managers know about the redetermination and will directly reach out to members about redetermination. MassHealth has assistance through their call center and care managers will be working directly with members.
  - Tufts will be using the MassHealth template materials as well as some that gear towards member needs and would like to partner with Community Based Organizations (CBOs) and providers as well to ensure that no members lose coverage.
  - Disability Policy Consortium (DPC) has also put together materials for individuals with different needs that Tufts would also plan to leverage for members with specific needs.
- Commonwealth Care Alliance (CCA) has a very similar approach to Tufts. The highest touch with members is with the clinical workforce and they will be actively discussing this with all of their members regardless of where they are in the process. Care partners will work directly with members and the call center will be listening for these calls and send members to the enrollment team at CCA to work with the members. CCA also plans to work closely with providers and CBOs.
- Representatives from UnitedHealthcare (UHC) are working through all touchpoints to get to the individual through member, provider and CBO facing materials. UHC is flagging members who need assistance with redetermination, and they will be sent to the team who can help. UHC is also doing education and awareness with all the teams that work with members to education.
- Will plans be completing applications with members?
  - All plans stated that they would assist members who needed help with applications for redetermination of benefits.
- If there is a redetermination for a wife and daughter who are still in the same house – would it be easier and more efficient to call MassHealth to help with this redetermination or would it be better to go online?
  - For One Care these letters will be in plain language to provide clear information on who to contact for assistance.
  - Health Care for All has a contract with MassHealth to help with the redeterminations most efficiently for members who are not in One Care. One Care members should be assisted by their care coordinators. MassHealth members can contact the Health Care for All HelpLine at 1-800-272-4232.

- It is important that people who are in psychiatric hospitals do not lose health coverage during this redetermination process. There are many people who are unhoused who end up in facilities for long periods of time as well as other vulnerable populations and they are not getting their mail. This would not likely be people on One Care with care coordinators.

### MassHealth Updates

Henri McGill, Senior One Care Program Manager of MassHealth shared slides on the Medicare Medicaid Plan (MMP) to Dual Eligible Special Needs Plan (D-SNP) Transition/One Care and Senior Care Option (SCO) Stakeholder Meeting.

Daniel Cohen, Director of Integrated Care of MassHealth shared an overview of the Implementation Council Reprourement. MassHealth is hoping to create a rolling procurement so won't need to wait for a full procurement to replace council members when they leave. Once the procurement launches it will be 4 – 6 months to seat the new council.

Anna Williams, Health Insurance Specialist at Centers for Medicare and Medicaid Services (CMS) and Kristi Sugarman Coats, Health Insurance Specialist at CMS shared draft recommendations and instructions for the Coverage Decision Letter (CDL) for D-SNPs that incorporates updates that the IC had provided for the for the Integrated Determination Letter used currently for the One Care MMP. The public comment period for CDL is open until May 1, 2023. Comments can be submitted at the following link [www.regulations.gov](http://www.regulations.gov).

### Main Points for Discussion:

- Stakeholder Forum on March 15, 2023
- Recruitment and Procurement of One Care Implementation Council members
- Coverage Decision Letter for D-SNPs

### Questions and Comments on CMS Coverage Decision Letter updates:

- The Coverage Decision Letters (CDLs) should be in plain language. If there is a denial, the denial should be very clearly stated – “your request for a tilt for your wheelchair was denied.”
  - The instructions for the CDLs require that the decisions are written in plain language as do the instructions documents for the plan. The letter provides the states some flexibility with the letter.
- The CDL does not include denials for Medicare Part D. The Part D notice cannot be modified at this time.
- Will One Care decisions take more time once it becomes a D-SNP and decisions have to be reviewed by Medicaid and Medicare?
  - This is still an integrated process and should be very similar to the process used now. If there is a Medicare denial but Medicaid will cover the service, members should not be getting a denial notice. Members should only receive denials for services that are not covered by either Medicare or Medicaid.
  - The timeframes required for responses to denials and appeals will remain the same as they are now.

- If a medication is covered by Medicare Part D but not Medicare Part B, members will only receive one notice saying that the medication is approved. The denial will only come if Medicare Part B and Medicare Part D medications are denied.
- Do these letters meet the Americans with Disabilities Act (ADA) communication guidelines? The Department of Motor Vehicles (DMV) has gone to plain language which could be a guideline for the plans. There is a website that provides information on recommended plain language at the following link: <https://www.plainlanguage.gov/>
  - CMS encourages IC members and MassHealth employees that want to clarify the plain language or anything else about the CDL to provide feedback to CMS during the comments period.
  - MassHealth included suggested examples of plain language in the sample instructions in the letter template and suggest that comments submitted to CMS point specifically to what members see as strong examples of plain language such as the DMV language.
  - The instructions for the CDL include specific examples of how to use plain language and describe denials that come from Massachusetts.
- Is there contact information in the body of the letters that go to the members, directing the members to a specific division, department, or person to address denials? Denials and modifications should provide very specific contact information for the member to file a complaint and to contact with concerns.

### Oral Health Presentation

Casey Wilson, Senior Policy Analyst at Community Catalyst presented *Oral Health Considerations for the Dually Eligible Population*. Sam Jordan, Oral Health Program Director, and Alex Sheff, Director of Policy and Government Affairs, both from Health Care For All (HCFA), presented *Oral Health and One Care: Opportunities for Improvement*.

### Main Points for Discussion:

- Coverage Considerations
- Impact on Health Outcomes
- Accessibility Considerations and Disparities
- Coalition and Community Concerns

### Questions and Comments:

- MassHealth members do not pay copayments for any doctor appointments including dental care. One Care members do not pay any copayments, so there is no out of pocket payment to visit the dentist and copayments should not be a barrier for dental care.
- In January 2021, the full MassHealth program had dental benefits fully restored. However, One Care has had full dental benefits since it's inception and never had dental benefits cut.
- There is no reason that prior authorization should be a barrier to access to dental care for One Care members.
- Some barriers for One Care members in accessing dental care include issues finding a dentist who can accommodate wheelchair users and providers that don't understand

One Care members medical needs and have stated the members would need to be sedated to get dental care.

- For people who are blind the dental office can be an obstacle course.
- It can be difficult for some members to even make a dental appointment due to anxiety and fear about the dentist.
- A One Care member reported difficulty with a dental office that wouldn't let a partner schedule an appointment for the member.
  - Care coordinators can be helpful in assisting members with making dental appointments.
  - My Ombudsman (MYO) can assist with making a complaint against a dentist if needed.
  - Tufts added that they can also help a member file a grievance regarding an experience with a particular provider.
  - Due to staffing shortages, it could be a training issue in the dental office causing these issues.
- Shared Learning did an Oral Health training in March 2021 for One Care providers, and it highlights a lot of the issues being raised today by members. This is a training that One Care plans and IC members might explore. MassHealth will see if this can be sent out directly to folks.
- Are there any dental resources specifically for people with dual diagnosis?
  - Care coordinators may be helpful in connecting members with specific needs to find an appropriate dental resource. Primary care providers can also help with this.
- For people who have anxiety about going to the dentist, nitrous oxide or sedation can be an option. Is this covered under behavioral health conditions for whom anxiety is a barrier to getting dental care? This would also help people with sensory conditions.
  - It has been harder to find dentists who provide nitrous oxide for dental care, but it is covered for One Care members as well as people in MassHealth fee for service.
  - Sometimes members can have anti-anxiety medications prescribed before dental appointments, either through their behavioral health provider or through the dentist directly.
  - Some dental providers have therapy dogs, weighted blankets, or other resources to help with anxiety.
- There is likely no plan that has network adequacy for dental providers and consideration might be given to mobile visits for basic teeth cleaning.
- MassHealth ["Find a Dentist" website](#) lists if an office reports they have an accessible office. That said some offices are technically wheelchair accessible, but they are not able to transfer a member into the dental chair.
- Current data shows:
  - 22% of members who actively enrolled in Once Care reported that getting better dental care is one of the reasons they enrolled in One Care
  - Of those who reported getting better dental care as a reason for choosing One Care, 85.4% reported a need for oral/dental services
  - Of those who reported getting better dental care as a reason for choosing One Care and reported dental needs, 70% stated their dental needs were very well

met, 22% stated their dental needs were somewhat met, and 8% reported their dental needs were not met at all.

The meeting was adjourned.