

Implementation Case Study

Follow-Up Request to Plans

Upholding the One Care Model

Request: Overview

- Request for information is in response to plan presentations in June 2019
- Goal is to provide IC information needed to support its ability to provide guidance to MassHealth and CMS in developing contracts, quality measures, and guidelines for One Care 2.0
- Information requested has been culled down from 19 questions

Understanding the Role of the Care Coordinator

What role does the Care Coordinator have in:

- Determining medical necessity
- Determining frequency and duration of a benefit
- Explaining both orally and in writing to a person how determination of need was made

Understanding the Context of Decision-Making

- The impact of InterQual prior authorization algorithms on Care Coordinator decision-making processes
- The person's goals
- One Care enhanced care opportunities
- Diagnoses versus identified need
- Medicare versus Medicaid guidelines
- Independent living and recovery principles

Guidelines

- Focus on quantitative data
- Provide data:
 - By rating category
 - Over a 4-year period (July 1, 2015-July 1, 2019) to show trends
- For October and November, please limit the scope of data to requests on slides 9, 10 and 11, 12
- Use qualitative data to provide context:
 - How InterQual impacts Care Coordinator and care team authority to authorized services
 - What policies, practices and procedures define allowable nonmedical transportation *and* evidence-based reason for limitations that may be in place

Care Coordinator Workforce Stability

- # of Care Coordinators
- # of Enrollees
- # of Care Coordinator to enrollee ratio
- Turnover rate per year of Care Coordinators by # and %
- Turnover rate of Care Coordinators for member per year by # and %
- Average years of experience in working with population of enrollees

Care Coordinator: Capacity

- Plan algorithm or methodology for establishing ratio of Care Coordinators to enrollees:
 - Relative weight placed on social determinants of health (SDOH)
 - Number of years of experience of Care Coordinator
 - Other variables (gender, geographic region, etc.)
- Authority in:
 - Assessment of enrollee needs
 - Determining medical necessity
 - Determining frequency and duration of a benefit

Environmental Scan

- Care Coordinator to enrollee relationship
- Determination of need:
 - LTSS
 - Nonmedical transportation
 - Durable Medical Equipment (DME)
 - Medical supplies
 - LTS Coordinators
 - Certified Peer Specialists (CPSs)
 - Recovery Coaches (RCs)

LTSS Options

- # of enrollees receiving LTSS
- # of enrollees receiving Adult Day
- # of enrollees receiving Day Habilitation
- % of LTSS enrollees who are receiving either Adult Day and/or Day Habilitation
- # of enrollees eligible for Adult Day and/or Day Hab who receive alternative personalized community engagement activities (e.g. volunteer)
- % of enrollees eligible for Adult Day and/or Day Hab who receive alternative personalized community engagement activities (e.g. volunteer)

Adult Day and/or Day Hab: Complaints, Grievances and Appeals

Generated by enrollee or on behalf of enrollee	Internal process	MyOmbudsman	MassHealth	Other external entity (DLC, GBLS, MLRI)
Grievance				
Appeals				
Complaints				

Nonmedical Transportation

- **# of requests made by Care Coordinators**
- # of requests made by Care Coordinators that are not subject to prior Authorization (PA)
- % of requests Coordinators make that are not subject to PA
- # of times PA decisions are consistent with the request of the Care Coordinator
- % of PA decisions consistent with request of the Care Coordinator
- # of requests made by Care Coordinator denied by PA
- % of requests made by Coordinator denied by PA
- # of requests made by Care Coordinator modified by PA
- % of requests made by Care Coordinator modified by PA
- # of appeals filed by Care Coordinator in response to denial or modification of request
- % of denials or modifications appealed by Care Coordinator

Nonmedical Transportation: Complaints, Grievances and Appeals

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Grievance				
Appeals				
Complaints				

Durable Medical Equipment (DME)

- **# of requests made by Care Coordinators**
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- # of requests made by Care Coordinator modified by PA
- % of requests made by Care Coordinator modified by PA
- # of appeals filed by Care Coordinator in response to denial or modification of request
- % of denials or modifications appealed by Care Coordinator

DME: Complaints, Grievances and Appeals

Generated by enrollee or on behalf of enrollee	Internal process	MyOmbudsman	MassHealth	Other external entity (DLC, GBLS, MLRI)
Grievance				
Appeals				
Complaints				

Non-Durable Medical Supplies

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Non-Durable Medical Supplies: Complaints, Grievances and Appeals

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Grievance				
Appeals				
Complaints				

LTS Coordinator

- # of LTS Coordinators contracted by plan
- # of requests made by Care Coordinators
- # of requests made by Care Coordinator denied by PA
- % of requests made by coordinator denied by PA
- Reason for denial (themes)

Relationship between LTS Coordinators and RC 3 Enrollees:

- % of RC 3 enrollees that have a relationship with LTS Coordinators, (e.g. stratified by duration of time)
- # of encounters (units, e.g. hours, months) that RC 3 enrollees have with LTS Coordinators

LTS Coordinator: Complaints, Grievances and Appeals

Generated by enrollee or on behalf of enrollee	Internal process	MyOmbudsman	MassHealth	Other external entity (DLC, GBLS, MLRI)
Grievance				
Appeals				
Complaints				

Certified Peer Specialist

- # of CPSs contracted by plan
- # of requests made by Care Coordinators
- # of requests made by Care Coordinator denied by PA
- % of requests made by Coordinator denied by PA
- Reason for denial (themes)

Relationship between CPSs and RC 2 Enrollees:

- % of RC 2 enrollees that have a relationship with CPSs, (e.g. stratified by duration of time)
- # of encounters (units, e.g. hours, months) that RC 2 enrollees have with CPSs

Certified Peer Specialist: Complaints, Grievances and Appeals

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Grievance				
Appeals				
Complaints				

Recovery Coach

- # of Recovery Coaches contracted by plan
- # of requests made by Care Coordinators
- # of requests made by Care Coordinator denied by PA
- % of requests made by Coordinator denied by PA
- Reason for denial (themes)

Relationship between Recovery Coaches and RC 2 Enrollees:

- % of RC 2 enrollees that have a relationship with Recovery Coaches, (e.g. stratified by duration of time)
- # of encounters (units, e.g. hours, months) that RC 2 enrollees have with Recovery Coaches

Recovery Coach: Complaints, Grievances and Appeals

Generated by enrollee or on behalf of enrollee	Internal process	MyOmbudsman	MassHealth	Other external entity (DLC, GBLS, MLRI)
Grievance				
Appeals				
Complaints				