# Slide 1: Implementation Case Study Follow-Up Request to PlansUpholding the One Care Model

# Slide 2: 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

# Slide 3: 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

# Slide 4: 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

# Slide 5: Guidelines

* Focus on quantitative data
* Provide data:
	+ By rating category
	+ Over 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

# Slide 6: 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

# Slide 7: 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

# Slide 8: 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)

# Slide 9: 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)

# Slide 10: Adult Day and/or Day Hab: Complaints, Grievances and Appeals

**Please note:**

This slide contains a formatted table for Plans to fill in with relevant information regarding grievances, appeals and complaints that are generated by an enrollee or on behalf of an enrollee.

The columns across top are:

* Column one header: Generated by enrollee or on behalf of enrollee
* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints

# Slide 11: 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

# Slide 12: Nonmedical Transportation: Complaints, Grievances and Appeals

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints

# Slide 13: Durable Medical Equipment (DME)

* **# of requests made by Care Coordinators**
* # of requests made by Care Coordinators that are not subject to 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

# Slide 14: DME: Complaints, Grievances and Appeals

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints

# Slide 15: Non-Durable Medical Supplies

* # of requests made by Care Coordinators
* # of requests made by Care Coordinators that are not subject to 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

# Slide 16: Non-Durable Medical Supplies: Complaints, Grievances and Appeals

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints

# Slide 17: 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

# Slide 18: LTS Coordinator: Complaints, Grievances and Appeals

This slide contains a formatted table for Plans to fill in with relevant information regarding grievances, appeals and complaints that are generated by an enrollee or on behalf of an enrollee.

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals

# Slide 19: 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

# Slide 20: Certified Peer Specialist: Complaints, Grievances and Appeals

**Please note:** This slide contains a formatted table for Plans to fill in with relevant information regarding grievances, appeals and complaints that are generated by an enrollee or on behalf of an enrollee.

The columns across top are:

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints

# Slide 21: 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

# Slide 22: Recovery Coach: Complaints, Grievances and Appeals

This slide contains a formatted table for Plans to fill in with relevant information regarding grievances, appeals and complaints that are generated by an enrollee or on behalf of an enrollee.

The columns across top are:

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* Column two header: Internal process
* Column three header: MyOmbudsman
* Column four header: MassHealth
* Column five header: Other external entity (DLC, GBLS, MLRI)

The rows are:

* Row 2 header: Grievance
* Row 3 header: Appeals
* Row 4 header: Complaints