

Slide 1: One Care Implementation Council

November 9, 2021

Slide 2: Background

The Council requested plans to provide data on authorizations, authorizations with modifications and denials.

Plans could not provide this information for several reasons:

- some services such as acupuncture do not require prior authorization
- DME items such as wheelchairs are not authorized as a single unit, but each part of the wheelchair may receive a separate authorization or authorization with modification or denial

Slide 3: Next steps

- Enter into further dialogue with plans to determine best ways to gather information to help enrollees understand the authorization process for services and DME.
- Gather information from experts in the field of consumer rights within the insurance industry.
- Increase the number of enrollees sharing their experiences with the IC, My Ombudsman, and other disability advocacy groups to help us understand barriers to care they are facing and potential practices that offset these barriers.

Slide 4: Verbal requests from enrollee:

- How do you educate care coordinators that they cannot just say “no” to a member’s verbal request?
- How do care coordinators document a verbal request?
- What steps are taken to ensure request goes through UM.
 - E.g., "yes, that a covered service which does not require prior authorization, but you do not need it."

Slide 5: Educating & empowering enrollees:

- How do you educate enrollees that requests do not have to be written and that any verbal request for a service to the care coordinator or member of the team is a formal request that can be appealed if the request is denied.
 - E.g., the care coordinator telling an enrollee "we don't cover that service".
- When a member needs or requests a service, how do you help them feel more empowered?
 - This reinforces the importance of including LTS-C and peers into the care team

Slide 6: Educating & empowering enrollees:

- Many enrollees view their care team members as the "experts" or fear repercussions if the question members of

the care team and will not question a denial or file an appeal.

- What ways do you educate enrollees about their rights to services and increase their ability to advocate and achieve the goals?
- All employees in the One Care plan need to let members know of their rights – how is that done, *regardless of titles*?
- Beyond basic education on independent living philosophy, what are specific ways the plan educates all staff on enrollee rights and the broader goals of the three-way contract to support enrollee's achievement of independent living and recovery goals rather than just "medical goals" to prevent enrollees from being reduced to "cost generators?"

Slide 7: Claims data – slide 5

A high percentage of vendors seem to have their claims denied:

- Have there been decreases in the number of vendors for services like massage and acupuncture?
- Has the number of vendors for services (such as acupuncture and massage) decreased in part because of dissatisfaction with payment structures?