**Slide 1**  
One Care:

Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to Integrate Care for Dual Eligibles

May 8, 2018, 10:00 AM – 12:00 PM

Health Policy Commission (HPC)

Conference Room A, 8th Floor

50 Milk St.

Boston, MA

**Slide 2**

* Grievance or Complaint1, 2 (are defined and treated as the same thing)
  + Any complaint or dispute, other than one that constitutes an organization determination\* (42 C.F.R. §422.566), expressing dissatisfaction with any aspect of the Contractor’s or provider’s operations, activities, or behavior, regardless of whether remedial action is requested

\*An organization determination would be a decision by the Plan that a member has a right to appeal

* + In other words, a Grievance or a Complaint is a communication to the plan, a provider, or an oversight entity that you are unhappy about something about One Care
  + Some examples of Grievances/Complaints may include:
    - Quality of care or services provided
    - Concerns about communication with providers or plan staff (i.e., unprofessional behavior)
    - Failure to respect the Enrollee’s rights
* Appeal3
  + An Enrollee’s request for formal review of an Adverse Action of the Contractor in accordance with Section 2.12 of the One Care Three-Way Contract
    - In other words, an Appeal is asking for another look at a plan’s decision

*1Page 7; 2 Page 11 3 Page 5 of the December 28, 2015 contract, available at* [*www.mass.gov/masshealth/duals*](http://www.mass.gov/masshealth/duals) *under “One Care Three-Way Contract and Memorandum of Understanding”*

**Slide 3**

**Requirements for Plans to Provide Information on Grievance and Appeals Process**

* The Three-Way Contract between MassHealth, CMS, and the One Care Plans requires Plans to let members know what their grievance and appeal rights are at multiple points:
  + In the case that a Member’s behavior is preventing the Plan from providing services, the Plan must provide information in writing to each member on their right to use the Plan’s grievance procedures1
  + During care planning process, inform members how to submit a Grievance or Appeal2
  + Care Coordinators must accept Member input, Complaints, and Grievances and communicate these to the appropriate Plan staff3
  + Plans’ Member Handbooks must include information on the steps and timeframes for filing grievances or appeals4
  + Plans must post a link to the electronic Grievance form on the Medicare.gov website on their main web page5
* Plans also must inform Providers about grievance and appeal policies, including:
  + Procedures and timeframes
  + Member’s right to file a grievance or appeal if Providers violate any member rights6

*1 Page 32; 2 Page 65; 3 Page 40; 4 Page 161; 5 Page 132; 6 Page 85 of the December 28, 2015 contract, available at* [*www.mass.gov/masshealth/duals*](http://www.mass.gov/masshealth/duals) *under “One Care Three-Way Contract and Memorandum of Understanding”*

**Slide 4**

**Collecting Grievances and Appeals**

* Plans must have available for Members information about Member Grievances and Appeals
  + Provide reasonable assistance to complete forms or other procedural steps, such as interpreter services and toll-free numbers with TTY/TDD and interpreter capability1
* **Grievances** may be filed at any time with the plan or its providers by calling or writing to the plan or provider2
  + Member or an authorized representative may file grievances
  + The Contract requires plans to have procedures in place for responding to Grievances, subject to approval by MassHealth during readiness review3
  + Plans must provide timely acknowledgment of receipt and timely review of each grievance
* When a member contacts a plan with a complaint, the plan must also inform the member of the availability of Ombudsman services4
* Members also have the option of contacting Medicare or MassHealth directly
* Members have the right to file an internal **Appeal** with their Plan by writing, faxing, or calling within 60 days of receiving a written denial notice5
  + A provider or authorized representative acting on behalf of a member, with the member’s written consent, may file an appeal
  + The plan must allow the member/member’s representative an opportunity to examine the case file
  + The plan must document in writing any verbal requests for a hearing
* A Member must go through the plan-level appeal process before bringing the matter to Medicare or MassHealth

*1 Page 136; 2 Page 137; 3 Page 132; 4 Page 162; 5 Page 137 of the December 28, 2015 contract, available at* [*www.mass.gov/masshealth/duals*](http://www.mass.gov/masshealth/duals) *under “One Care Three-Way Contract and Memorandum of Understanding”*

**Slide 5**

**Reporting Grievances and Appeals**

* Plans are required to submit monthly grievance and appeal reports to MassHealth including written records of all grievance and appeal activities
  + Contains numerical data on amount and type of grievances/appeals as well as appeal decisions
  + Reported by the date the grievance/appeal was brought forward
  + If grievances contain multiple issues, they must be reported as separate complaints
  + Plans must provide more details upon request

|  |  |
| --- | --- |
| **Grievance Reporting Categories** | |
| Benefit Package: Dental, Part C, Medicaid, Supplemental, Part D | Enrollment |
| MassHealth | Medicare |
| Network | Other |
| Plan Management | Plan Marketing Materials |
| Provider | Quality of Care |
| Transportation |  |

|  |  |
| --- | --- |
| **Appeal Reporting Categories** | |
| Specialty Services | LTSS |
| HCBS | Institutional |
| Mental Health | Substance Use |
| Other | Part D |

The following information about the grievance process is depicted in a flow chart consisting of a series of boxes.

The first box is a list of the sources of grievances including:

* Ombudsman\*
* Medicare
* MassHealth
* Office of Civil Rights
* Quality Improvement Organization

\* The Ombudsman can answer questions, mediate disputes, and help members address their concerns; they would work with plans to address complaints they become aware of

When a complaint comes into one of the One Care plans, a monthly report is sent to MassHealth and CMS. This is depicted in the flow chart by two additional boxes.

**Slide 6**

**One Care Member Grievances by Category - October 2017 – March 2018**

**Tufts**

*(The following information is shown in two pie charts. The “Other Categories” in the first pie chart is further broken down in the second pie chart.)*

*1st pie chart:*

Transportation 23%

Other Categories 77%

*2nd pie chart:*

Plan Management 4%

Quality of Care 19%

Dental 4%

Part C, Medicaid, and Supplemental 6%

Part D 4%

Enrollment 7%

Network 8%

Other 25%

**CCA**

*(The following information is shown in two pie charts. The “Other Categories” in the first pie chart is further broken down in the second pie chart.)*

*1st pie chart:*

Transportation 81%

Other Categories 19%

*2nd pie chart:*

Provider 5%

Quality of Care 2%

Dental 1%

Part C, Medicaid, and Supplemental 1%

Part D 0%

Enrollment 0%

Network 0%

Plan Management 10%

**Slide 7**

One Care Member Grievances by Category and Plan

October 2017 – March 2018

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Grievance** | **6 Month Total** | | **Rate per 1,000 Members (rounded to nearest whole number)** | |
| **Tufts** | **CCA** | **Tufts** | **CCA** |
| Dental | 2 | 4 | 1 | 0 |
| Part C, Medicaid, and Supplemental | 3 | 7 | 1 | 0 |
| Part D | 2 | 3 | 1 | 0 |
| Enrollment | 4 | 1 | 1 | 0 |
| MassHealth | 0 | 0 | 0 | 0 |
| Medicare | 0 | 0 | 0 | 0 |
| Network | 4 | 3 | 1 | 0 |
| Other | 13 | 0 | 4 | 0 |
| Plan Management | 2 | 130 | 1 | 8 |
| Plan Marketing Materials | 0 | 0 | 0 | 0 |
| Provider | 0 | 66 | 0 | 4 |
| Quality of Care | 10 | 28 | 3 | 2 |
| Transportation | 12 | 1,034 | 4 | 66 |
| **Total** | **52** | **1,276** | **18** | **81** |

**Slide 8**

**One Care Member Appeals by Service Category, October 2017 – March 2018**

**Tufts**

*(The following information is shown in a pie chart.)*

Part D 26%

Specialty Services 20%

LTSS 6%

HCBS 6%

Mental Health 42%

*(The following information is shown in a bar graph.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Appeal Category** | **Number of Appeals** | | |
| **Adverse Decision** | **Partially Favorable** | **Fully Favorable Decision** |
| Specialty Services | 5 | 1 | 4 |
| LTSS | 3 |  |  |
| HCBS | 3 |  |  |
| Institutional |  |  |  |
| Mental Health | 16 |  | 5 |
| Substance Use |  |  |  |
| Other |  |  |  |
| Part D | 4 |  | 9 |

**CCA**

*(The following information is shown in a pie chart.)*

Part D 25%

Specialty Services 65%

LTSS 9%

HCBS 1%

*(The following information is shown in a bar graph.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Appeal Category** | **Number of Appeals** | | |
| **Adverse Decision** | **Partially Favorable** | **Fully Favorable Decision** |
| Specialty Services | 78 | 20 | 150 |
| LTSS | 20 | 2 | 20 |
| HCBS | 2 |  |  |
| Institutional |  |  |  |
| Mental Health |  |  |  |
| Substance Use |  |  |  |
| Other |  |  |  |
| Part D | 78 |  | 20 |

**Slide 9**

One Care

MassHealth+Medicare

Bringing your care together

**VISIT US ONLINE** [**www.mass.gov/one-care**](http://www.mass.gov/one-care)

**EMAIL US**[**OneCare@state.ma.us**](mailto:OneCare@state.ma.us)