

One Care: Implementation Council Meeting

Executive Office of Health & Human Services

MassHealth Demonstration to
Integrate Care for Dual Eligibles

April 12, 2022, 10:00 AM – 12:00 PM
Virtual Meeting via Zoom

Agenda



- 1. Denials**
- 2. 2019-2021 Disenrollment**
- 3. One Care Contract**



Clear Denials

■ Plans must:

- Provide out-of-network access for any covered service they cannot provide in-network (Section 2.7.1.9.1)
- Support members to identify providers that are accessible/can provide reasonable accommodations to meet the member's needs, and/or identifying alternate arrangements to support the member's access to care
- Provide access to covered services, including alternatives to meet needs when necessary
 - Provider availability is an issue beyond One Care, and has been exacerbated in many areas by the pandemic.

■ Denials should not be issued for these reasons*:

- No providers of covered service in network
- Accessible provider not available, not able to provide reasonable accommodations
- Provider not available timely

*If you have specific case examples of these types of denials, please send them to our team.

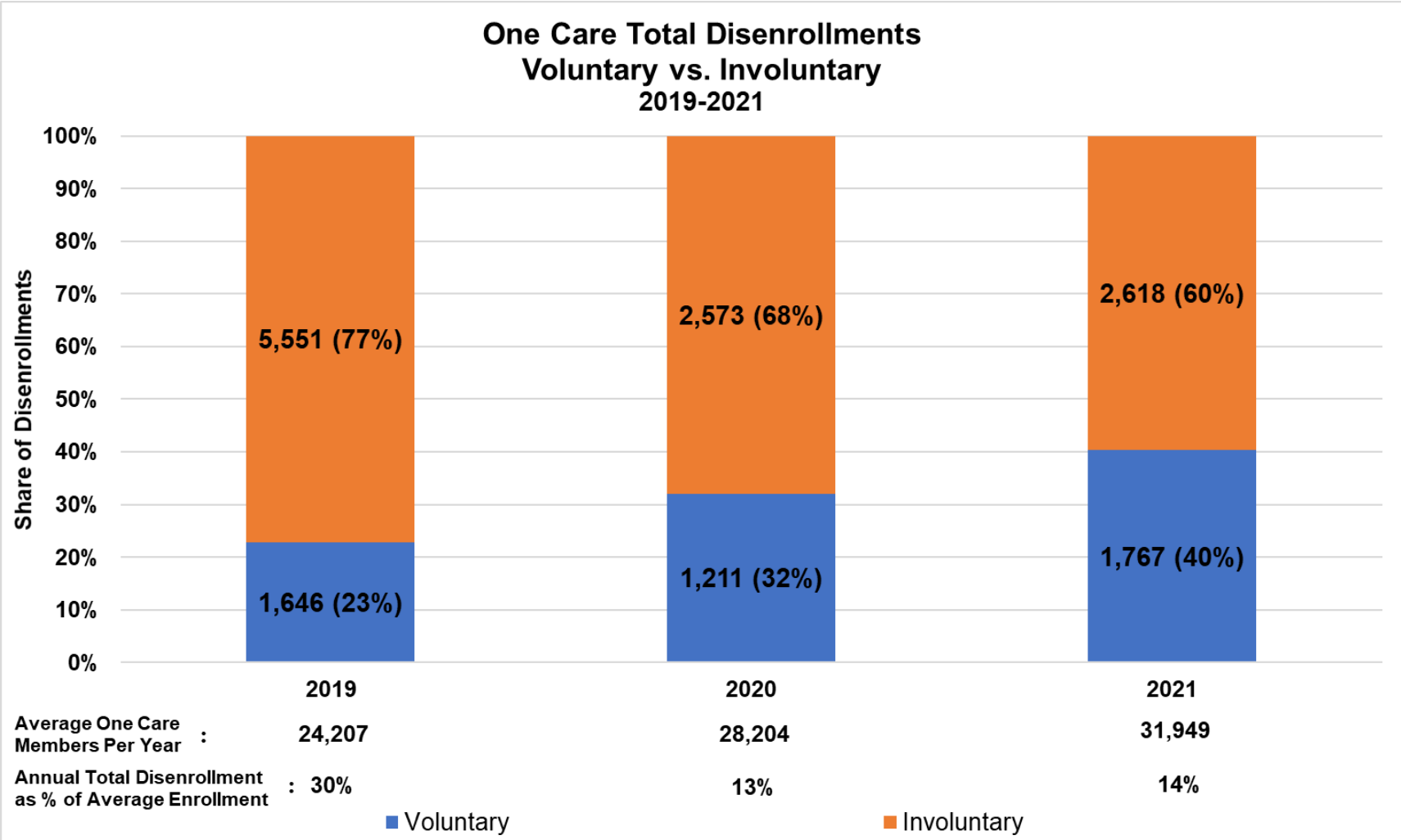


Updating Denial Notice Template

- MassHealth is working with CMS to propose updates to the Integrated Denial Notice template One Care plans use to:
 - Improve clarity, especially for modifications
 - Provide additional details of request
 - More clearly specify rationale for any denials/modifications, including clarifying scope of service considered
 - Describe rationale for changes to previously authorized services or items
- We appreciate the Council's suggestions and feedback, and welcome further discussion for improving member communications.

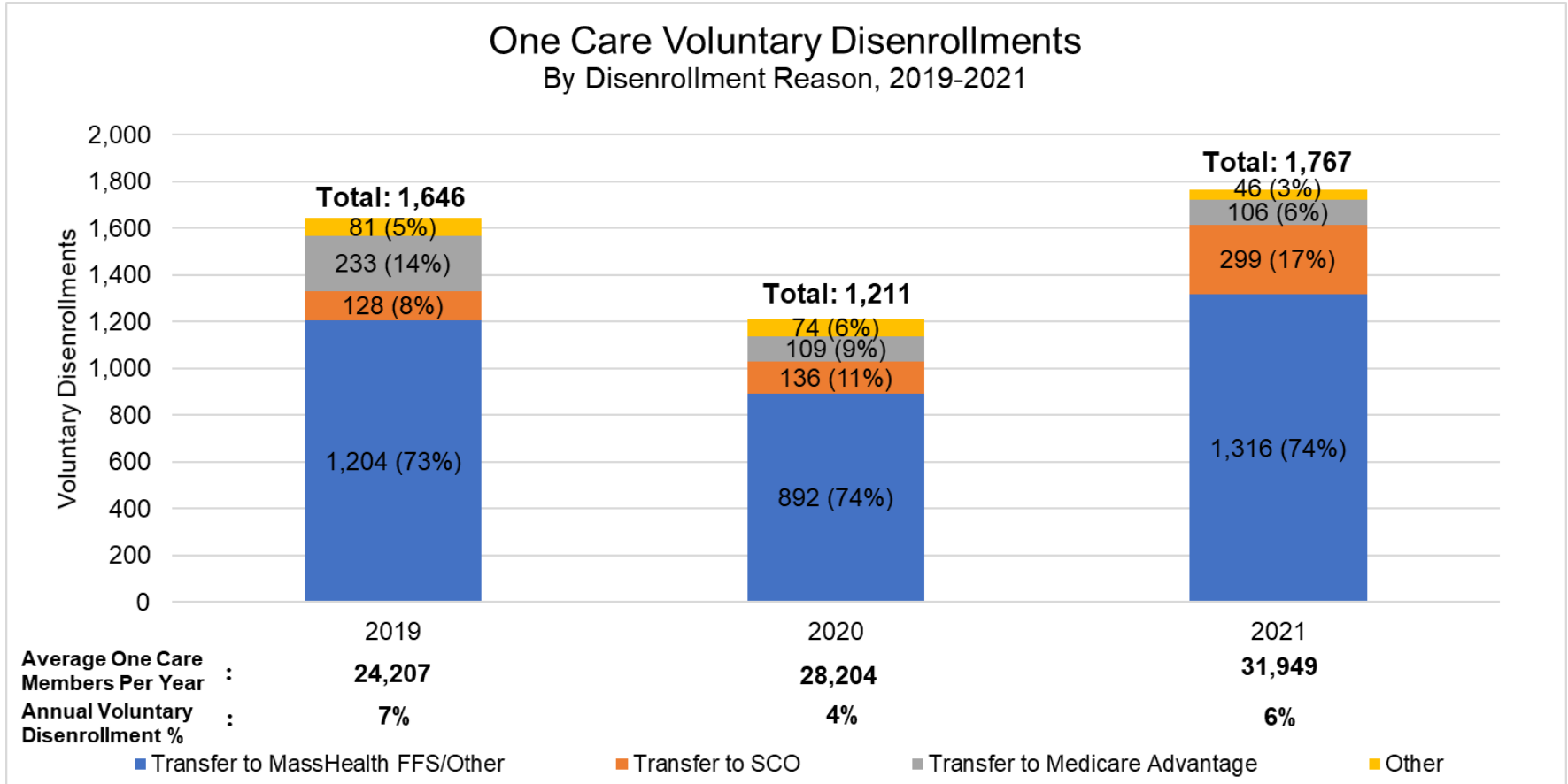


One Care Total Disenrollment For All Rating Categories 2019-2021



Note: Maintenance of Effort (MOE) protections from the federal Public Health Emergency significantly reduced involuntary disenrollments in 2020 and 2021. Voluntary disenrollment numbers may include some individuals who would have been subject to involuntary disenrollment if enrollments were not protected during these periods.

One Care Voluntary Disenrollment For All Rating Categories 2019-2021

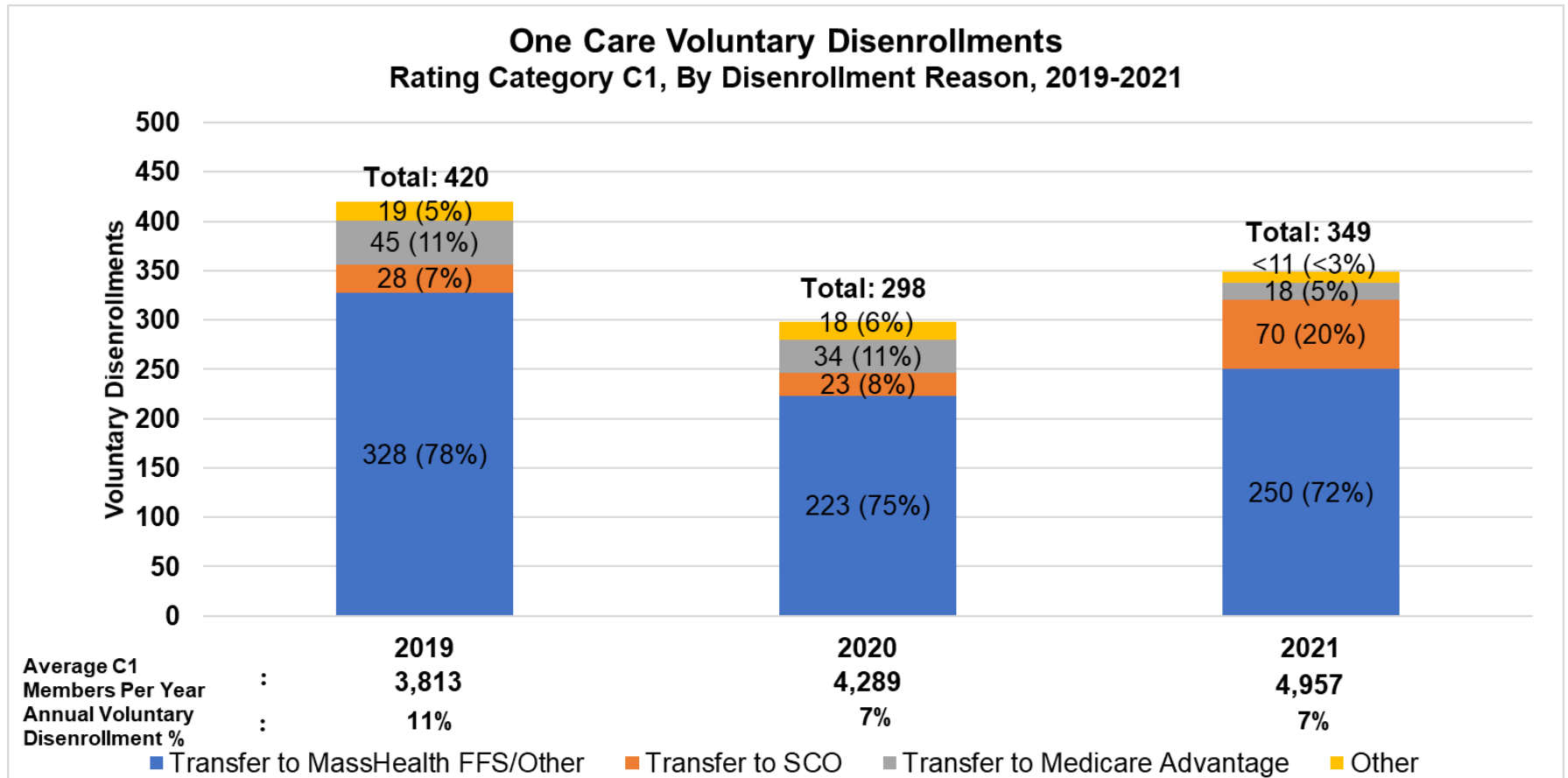


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One Care Voluntary Disenrollment Rating Categories C1, 2019-2021

C1 : Community Tier 1 Community Other

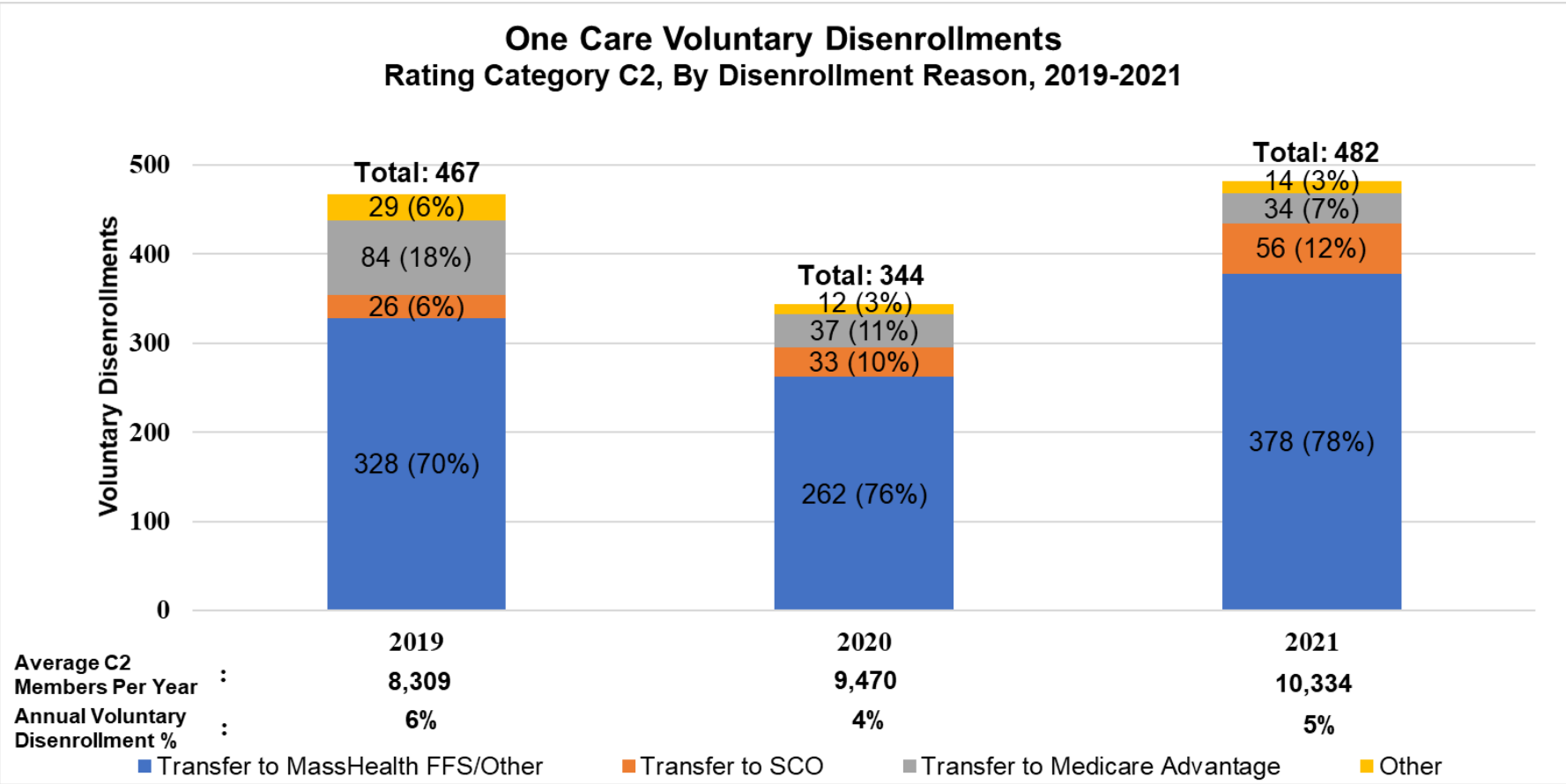


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One Care Voluntary Disenrollment Rating Categories C2, 2019-2021

C2 – Community Tier 2 –High BH Community Need

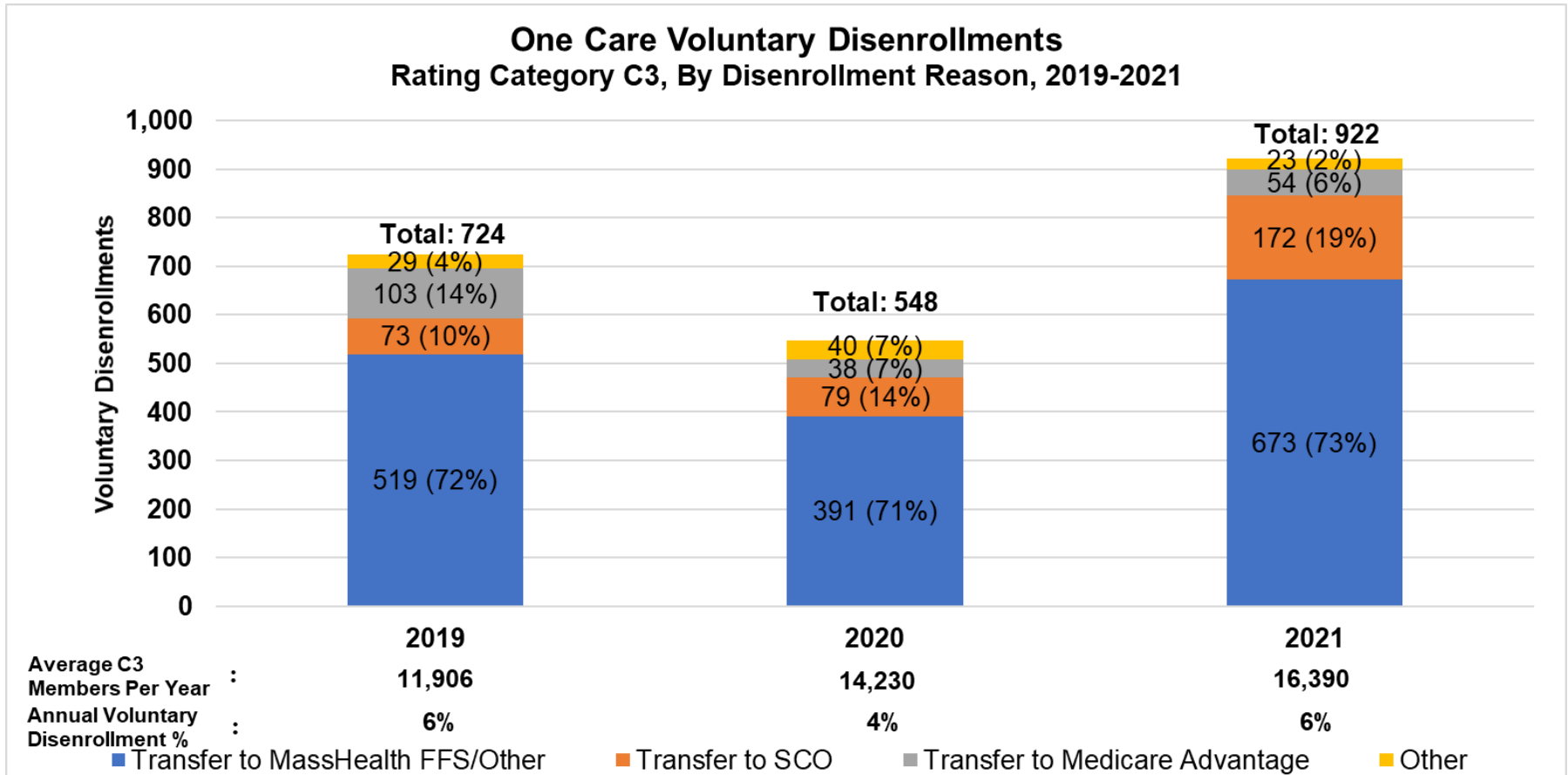


Note: Maintenance of Effort (MOE) protections from the federal Public Health Emergency significantly reduced involuntary disenrollments in 2020 and 2021. Voluntary disenrollment numbers may include some individuals who would have been subject to involuntary disenrollment if enrollments were not protected during these periods.



One Care Voluntary Disenrollment Rating Categories C3, 2019-2021

C3 – Community Tier 3 – High LTSS Community Need



Note: Maintenance of Effort (MOE) protections from the federal Public Health Emergency significantly reduced involuntary disenrollments in 2020 and 2021. Voluntary disenrollment numbers may include some individuals who would have been subject to involuntary disenrollment if enrollments were not protected during these periods.



One Care Three-way Contract

- **The new Three-way Contract for 2022** to implement procurement under the current demo terms has been posted to the One Care Administrative Webpage at the following link:
 - [One Care Three-Way Contract and Memorandum of Understanding \(MOU\) | Mass.gov](#)
 - Effective for 1/1/22; effectively replaces current Contract; will operate for at least 1 year under current Demo, which was extended through 12/31/22



APPENDIX



One Care Rating Category Definitions

- **F1 – Facility-based Care**
Individuals identified as having a long-term facility stay of more than 90 days
- **C3 – Community Tier 3 – High LTSS Community Need**
Individuals who have a daily skilled need; two or more Activities of Daily Living (ADL) limitations AND three days of skilled nursing need; and individuals with 4 or more ADL limitations - In CY2014, C3 split into two subsets: C3B: for C3 individuals with certain diagnoses (e.g., quadriplegia, ALS, Muscular Dystrophy and Respirator dependence) leading to costs considerably above the average for current C3 C3A: for remaining C3 individuals
- **C2 – Community Tier 2 – Community High Behavioral Health**
Individuals who have a chronic and ongoing Behavioral Health diagnosis that indicates a high level of service need - In CY2014, C2 split into two subsets C2B: for C2 individuals with co-occurring diagnoses of substance abuse and serious mental illness C2A: for remaining C2 individuals
- **C1 – Community Tier 1 – Community Other**
Individuals in the community who do not meet F1, C2 or C3 criteria



One Care

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