

Meeting Minutes November 8, 2022 – One Care Implementation Council Meeting

Meeting Location: Zoom

Date: November 8, 2022, 10:00 AM – 12:00 PM

Council Member attendees: Crystal Evans (Vice Chair), Dennis Heaphy (Chair), Jeff Keilson, David Matteodo, Kestrell Verlager, Chris White, Sara Willig, Darrell Wright.

Council Members not in attendance: Suzann Bedrosian, Dan McHale

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Leslie Diaz (My Ombudsman), Tony Dodek (UHC), Henri McGill (MassHealth), Deanna Simonds (UHC), Lisa Fulchino (THU), Mark Waggoner (CCA), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Kasey Delgado, Cassidy DiRamio, Catie Geary, Maddy Vinton.

Presentations/Discussions: Agenda; October 11, 2022, Implementation Council (IC) meeting minutes; IC Updates; Introduction to Certified Peer Specialist Research; MassHealth Updates; My Ombudsman Presentation.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/review October 11, 2022, meeting minutes

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the October 11, 2022, IC meeting minutes were approved as written.

IC Updates

IC Chair stated that MassHealth has asked the IC to submit biographical details for the One Care website prior to Thanksgiving, to help with IC member recruitment. IC Chair stated that the Mission and Disability statements are considered final and will be included in future IC recruitment materials. IC Chair emphasized that the importance of IC members attending the additional third Thursday of the month internal planning meetings when members are able.

Introduction to Certified Peer Specialist Research

Dennis Heaphy, IC Chair, presented *One Care Certified Peer Specialists (CPS) Qualitative Research Study* on behalf of the Disability Policy Consortium (DPC) and the Community Living Policy Center (CLPC) to introduce a research opportunity to get baseline understanding of One Care enrollee experiences working with Certified Peer Specialists (CPSs). The purpose of the research is to disseminate a policy brief to advocates and other stakeholders to strengthen One Care members' experiences working with CPSs.

MassHealth Updates

Henri McGill, One Care Program Manager, presented *One Care Implementation Council Meeting November 8, 2022*, providing an overview of the Integrated Denial Notice updates and how the notice relates to the Long Term Services and Supports (LTSS) denial form and audits.

My Ombudsman Presentation

Leslie Diaz, Director, My Ombudsman, presented data from Quarter 2 and Quarter 3 2022 for One Care plans and updates on My Ombudsman's data analysis.

Meeting Minutes:

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Questions/Comments

- MassHealth asked who at the Department of Mental Health (DMH) has the DPC been working with on the project.
 - IC member stated that they are waiting for input from MassHealth on who DPC should be working with.
 - MassHealth stated they will follow up offline.

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Questions/Comments

- IC member asked when the Council will see the plans' versions of the denial letter.
 - MassHealth stated that the plans' notices need to look identical to MassHealth's template and may include plan-specific logos or headers.
 - MassHealth further stated that some plans may include a cover page to the notice stating that they received member's service request and the decision on that service request is on the next page.
- IC member asked if there will be a reduction of administrative denials.
 - MassHealth stated that one of the goals of implementing the LTSS denial form is to reduce the number of administrative denials.
- IC member asked if the Integrated Denial Notice will be adapted for non-LTSS requests as well.

- MassHealth stated that the Integrated Denial Notice is for all denials related to One Care that require any type of prior authorization.
 - MassHealth further stated that the LTSS denial cover sheet is a separate process that came out of the Care Model Focus Initiative (CMFI).
- IC member asked if the Integrated Denial Notice will maintain the same format when MassHealth transitions from a Medicare Medicaid Plan (MMP) to a Dual Eligible Special Needs Plan (D-SNP).
 - MassHealth stated that they do not know how the denial notice will look when One Care transitions to a D-SNP. MassHealth stated that in Senior Care Options (SCO), (a D-SNP), the templates and noticing requirements are different than those in One Care, as SCO follows Medicare Advantage rules, making member-facing materials simpler, more easily understandable, and do not require the back and forth about Medicare vs. Medicaid coverage.
 - MassHealth stated they do not know if they will be able to make the denial notice look exactly how they want it to, but they will flag this as a priority in the transition process.
 - Centers for Medicare and Medicaid Services (CMS) stated customizability of the integrated denial notice depends on whether there are regulations that allow for customizable One Care notices. CMS stated that they will take this question back internally to see if they can provide any additional information.
- IC member stated changing the Integrated Denial Notice in the transition from a MMP to a D-SNP would undermine the work that MassHealth, the plans, the IC, and others have done. IC member further stated that the notice embodies transparency, simplicity, and integration, which are all important things to maintain in any new notice versions.
 - CMS stated they want to use learnings from One Care and CMFI to move forward, not backward.
- IC member asked how transparency can be maintained across the different ways a member can address a denial or modification.
 - MassHealth stated that the sections of the Integrated Denial Notice that include what is approved, changed, and denied will show what is happening in the plan's internal process and that similar language is also included in the Level One Appeal Denial Notice.
- IC member asked what the role of the care coordinator is in the denial process.
 - MassHealth stated one of the outcomes of (CMFI) was that care coordinators need to be more involved in the denial process, including understanding how a decision is made and how to support the member in an appeal.
- IC member stated that the care coordinator should take the lead in reaching out to the providers when a service is denied or requires an appeal process.
 - MassHealth stated that it is appropriate for a member to request their care coordinator to take the lead on the conversations with providers if the member does not want to manage the process themselves.
 - IC member stated that it would be helpful to codify this.
 - MassHealth stated Robin Callahan will provide an update on CMFI workstreams on December 1, 2022, and that some of these questions will be addressed there.

- IC member stated that the Integrated Denial Notice is good because there is a balance between the formal requirements and what communication methods are important for One Care members.
- IC member stated that they would like the process used to develop this updated notice to improve communication with members in other areas.
- IC member stated this is a great step forward in making information available and making language more understandable.
- IC member asked if there is a possibility of receiving an electronic version of the letter for members with visual disabilities.
 - MassHealth stated they are looking for the One Care plans to intentionally review how they are sharing information with all members based on member preference.
 - MassHealth stated if a member has gone through the reasonable accommodation process with their health plan, then they should be receiving notices electronically.
 - IC member stated care coordinators should make it clear to members that communications can be provided electronically.
 - MassHealth stated accommodations are something that should be discussed between a care coordinator and a member but should also be something that is evaluated during an assessment and discussed during onboarding.
- IC member stated this changed notice shows that MassHealth listened to the feedback from the IC.
- IC member stated sometimes they receive communications about the same topic several times and that more plain language should be used in these communications.
- IC member asked if it is possible to refuse to transition to a D-SNP.
 - MassHealth stated they will come back to questions about the D-SNP transition at another time.
- IC member stated it is important for care coordinators to understand the member in the context of the larger ecosystem. IC member further stated it is important for someone who is helping a member get care to understand the entire situation, including where the member lives and their living conditions.
 - MassHealth stated in person visits were identified by stakeholders in CMFI as something that needs to be provided to members who are open to in home visits. MassHealth stated that they will look into specific requirements around in-person care coordination visits in future rounds of contracting with CMS and the One Care plans.
- IC member asked how care coordinators can interact with the care team for the member considering care coordinators are not the members guardian.
 - This question was not answered.
- IC member stated that plans should ask members about their communication preferences during onboarding rather than having them go through the reasonable accommodations system or waiting for an assessment.
 - MassHealth stated that having members' communication preferences stored in one place for all One Care plan systems is important and that while some member requests will have to go through the reasonable accommodation process, MassHealth does not expect all requests to have to go through the process.

My Ombudsman Presentation

Leslie Diaz, Director, My Ombudsman (MYO), presented data from Quarter 2 and Quarter 3 2022 for One Care plans and updates to My Ombudsman data analysis.

Questions/Comments

- IC member asked what types of issues take the longest time to resolve and why.
 - MYO stated care coordination and LTSS issues are the most common and take the longest to resolve.
- IC member asked what types of issues are the quickest to resolve and why.
 - MYO stated emergency issues related to pharmacy and medication issues tend to be resolved quickly because they are usually related to a prior authorization that has not been submitted.
 - MYO stated administrative issues, such as prescription refills, also get resolved quickly.
- IC member asked if MYO could provide data on the timeframe to achieve resolution for LTSS and pharmacy issues.
 - MYO stated that looking at closed complaints allows them to see the process of resolving issues from beginning to end and they can use closed cases to find the average number of days to resolution for different call subjects.
 - MYO clarified that the most useful piece of data is the number of days it takes an issue to resolve the case and then comparing that to the average days to resolution for that call subject.
- IC member asked what are the different ways that plans can affect the outcome or speed of a member's case.
 - MYO stated one of the most helpful partners in this process are the care coordinators because they can access all the records that a member has requested.
 - MYO stated if they are not able to get in touch with the care coordinator, then they have to reach out to the plan liaison which could take longer than speaking with the care coordinator directly.
- IC member stated that if care coordination is the issue that takes the longest to resolve, how can care coordinators be the most helpful in speeding up the case resolution process.
 - MYO stated the issue that takes the longest to resolve around care coordinators is finding a member a new or a replacement care coordinator, and once the member has a care coordinator, the care coordinator becomes useful in resolving issues.
 - MYO stated that making the care coordinator role more accessible to members and empowering the care coordinator to have access to more resources and systems, processes will become smoother.
- IC member asked if the data presented is on One Care members or on all MassHealth members?
 - MYO stated that the data is only on One Care members.

- IC member stated that if it would be interesting to include data from other MassHealth members in the future to compare their cases to One Care members' cases.
- MYO stated that could be possible and how MYO works with Managed Care Organizations (MCOs) and fee-for-service (FFS) plans is different from One Care so a comparison would be interesting.
- IC member asked if there is data available on whether consistent complaints around one theme have ever resulted in change of policy or practice from the plans and providers.
 - MYO stated this is something that has been challenging to do because MYO is focused on resolving issues at the individual level, but they have no doubt that they have made impacts on a systemic or policy-related level.
- IC member asked how MassHealth or the plans can use this information for ongoing quality improvements.
 - MassHealth stated MYO has made recommendations surrounding contract language and other policies that MassHealth has implemented, and they are open to discussing with MYO any other trends or areas that need to be addressed.
- IC member asked if there is anything the Council can do to help advertise that members can contact MYO.
 - MYO stated that word of mouth and the One Care mailing is the method that requires the least amount of effort with the highest level of return. MYO further stated that they also work with plans and attend community events to build new partnerships with other resource organizations.
- IC member stated they appreciated the way the call subjects and themes were organized and the explanation of how a call can branch into other issues.
- IC member stated the provider directories are notorious for frustrating people in need of behavioral health services and stated that MYO could work with the MCOs to ensure the provider directories are up to date.
 - MYO stated that it seems as though this is a widespread issue.
 - IC member asked if consumers are calling MYO because they are not following the correct process that they should to find a provider or if the process of finding a provider takes a long time.
 - MYO stated the issue is usually that the member is looking for providers with specific services and the provider directory is not up to date and does not provide the level of detail that the member needs. MYO stated even if the member knows what to do, the process is challenging to navigate alone.
 - IC member asked how often the provider directories are updated.
 - MYO stated that they do not know how often provider directories are updated.
- IC member stated it is interesting to think about how many people are going to experience the same issues and never submit a complaint.
- IC member asked if the problem around finding a provider is rooted in accessibility or location.
 - MYO stated it is even harder to find an accessible provider through the provider directory. MYO stated it is hard to pinpoint whether this a network adequacy issue or if it happens more in certain areas of the state.

- MYO stated the main obstacle they found this quarter was that members could not find a provider due to the provider directory being out of date.
- IC member stated a member should be able to find a provider through their care coordinator rather than having to search through a directory.

The meeting was adjourned.