

# Meeting Minutes November 9, 2021 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** November 9, 2021 10:00 AM – 12:00 PM

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

**Unable to attend:** Suzann Bedrosian, Dan McHale

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Lynne Bird (CCA), Maggie Carey (UMass), Susan Ciccariello (MassHealth), Daniel Cohen (MassHealth), Hilary Deignan (UMass), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Kerry Markert (Tufts), Henri McGill (MassHealth), Anna Williams (CMS).

**Presentations/Discussions:** Agenda; October 12th Implementation Council (IC) meeting minutes; MassHealth presentation One Care Implementation Council Meeting November 9, 2021; Commonwealth Care Alliance (CCA) presentation Implementation Council November 9, 2021; Tufts Health Unify presentation Implementation Council November 9, 2021; and IC presentation One Care November Implementation Council Meeting November 9, 2021.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/Review October 12<sup>th</sup> IC Meeting Minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and asked for a motion to approve the minutes from the October 12, 2021 meeting. The motion was seconded and carried.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care, and Susan Ciccariello, Director of the LTSS Continuum and Institutional Programs, presented **One Care Implementation Council Meeting October 12, 2021** providing updates on the One Care Enrollment Approach and the New Discharge Planning Toolkit Published specific to assisting people experiencing homelessness and at risk of homelessness.

### Plan Presentations

Lisa Fulchino, Senior Manager of Project Strategy, and Kerry Markert, Director of Clinical Integration and Transformation, both from Tufts Health Unify, presented the Tufts Health Unify presentation titled **Implementation Council November 9, 2021**. Sophie Hansen, Director of State Government Relations and advocacy, and Lynne Bird, Vice President of Utilization Management, both from Commonwealth Care Alliance (CCA) presented the CCA presentation titled **Implementation Council November 9, 2021**. The plan presentations provided an overview on Utilization Management processes and acupuncture claim data.

### Round Robin discussion / questions for Plans

Crystal Evans, IC Co-Vice Chair, presented **One Care IC Initial Roundtable Response 10/12/21** and led a round robin discussion with the IC and the plans.

## Meeting Minutes:

### Welcome/Review October 12<sup>th</sup> IC Meeting Minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and asked for a motion to approve the minutes from the October 12, 2021, meeting. The motion was seconded and carried.

### MassHealth Update

Corri Altman Moore, Director of Integrated Care, and Susan Ciccariello, Director of the LTSS Continuum and Institutional Programs, both from MassHealth, presented **One Care Implementation Council Meeting October 12, 2021**, providing updates on the One Care Enrollment Approach and the New Discharge Planning Toolkit Published specific to assisting people experiencing homelessness and at risk of homelessness.

### Questions/Comments

- IC member stated that the IC wants to ensure that care planning that is done as part of onboarding to a One Care plan is done in a person-centered way focused on member goals.
  - MassHealth stated that there is ongoing performance oversight being done by MassHealth looking at One Care assessments and care planning to ensure it is done in a way that meets member needs. MassHealth stated that they started this process with the readiness review and will continue to work with the plans into 2022. MassHealth added that they are looking at plan assessment tools, care coordinator training on performing assessments, and the care planning process to ensure these meet the expectations of the One Care model. MassHealth recognized that some of the system level interactions that plans have had with One Care members around care planning has not been where they should be and stated they will continue to work with the plans to remedy this.
- IC member suggested that it would be helpful if there was more transparency around what MassHealth is doing to improve care planning and other One Care model functions.
  - MassHealth agreed that there will be future conversations with the IC on this work.

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Health Unify presentation titled *Implementation Council November 9, 2021*. Sophie Hansen, Director of State Government Relations and advocacy, and Lynne Bird, Vice President of Utilization Management, both from Commonwealth Care Alliance (CCA) presented the CCA presentation titled *Implementation Council November 9, 2021*. The plan presentations provided an overview on Utilization Management processes and acupuncture claim data.

### Round Robin discussion / questions for Plans

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### Questions / Comments

- IC member clarified that acupuncture does not require prior authorization and therefore does not go through utilization management (UM) so the data being presented is on claims that were submitted for services provided. IC member confirmed that denials in this data is a claim denial and not a service denial.
  - Tufts confirmed that the denials in the acupuncture data are claims denials and that the vast majority of claims denials are due to issues with how the claim is submitted procedurally (wrong code, dual submission).
- Tufts explained that in 2017 the acupuncture benefit was expanded to cover more conditions including lower back pain.
- IC member stated surprise that such a small number of people from the C3 rating category<sup>1</sup> request acupuncture. IC member further expressed surprise that only forty Tufts members received acupuncture over the time the data presentation covered.
  - Tufts stated that there are a lot of reasons that impact whether a person chooses to receive acupuncture.
  - Tufts further clarified that if member receives acupuncture as part of another treatment such as substance use disorder (SUD) treatment those claims would not be included in the presented claims data.
  - CCA stated they have a broader definition of medical necessity for acupuncture and provide it for conditions beyond lower back pain. CCA

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<sup>1</sup> **One Care rating category community tier 3 (C3) indicates members with high community need.** This includes 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.

stated that their benefit provides 36 acupuncture visits a year without requiring utilization management (UM) review but that a UM review would be required for visits from the 37<sup>th</sup> visit and beyond.

- IC member asked how the plans document verbal service requests made by members and their care teams.
  - CCA stated that as care partners (care coordinators) are onboarded they are educated about all the benefits available to One Care members as well as the difference between an inquiry (*does CCA cover acupuncture*) and a request (*I would like to receive acupuncture*). A request should be documented in the care management system as a service authorization request and would go to UM if that is required.
  - Tufts stated that the care coordinator would work with a member to get any requested services that are available and if the service requested were not available, they would educate the member on alternative services. Tufts agreed that inquiries and requests are documented differently in the care plan and added that they would confirm with Cityblock how inquiries and requests are documented in their care plans and will bring that back to the IC.
- IC member stated that they would not know whether they were making an inquiry or a service request.
  - CCA clarified that the care partners are trained on these differences and on how to document a service request with supporting medical evidence. CCA stated that a service inquiry would be documented in their system as a note – for example “member requested information on acupuncture.”
- IC member asked MassHealth if they collect information on inquiries.
  - MassHealth stated that they do not necessarily see the breakdown of inquiry versus service request. MassHealth clarified that under the contract the care coordinator is required to document any service request regardless of whether the service goes through a service authorization / UM requirement. MassHealth further stated that if a care coordinator verbally denies a member service request, the member would be entitled to an appeal. MassHealth stated that members can get services that don’t require UM on their own, without consulting the care coordinator.
- IC member asked how the contract deals with differences in how One Care plans authorize covered services such as Tufts and CCA offering different acupuncture benefits.

- MassHealth stated that there are some benefits such as certain behavioral health services that plans are required to provide without any prior authorization or UM process. MassHealth stated that for other services, plans determine what they will offer yearly and as long as the benefit is not more restrictive than what MassHealth requires, there can be differences between plans.
- IC member stated that there was a big different between the Tufts acupuncture benefit and utilization than the CCA benefit.
  - MassHealth stated that Tufts and CCA have very different enrollees and distribution of members by rating category so data might be reflective of these different plan populations.
  - IC member stated that even with the differences in member distribution between plans they were still surprised by the differences between the two plans data.
- IC member asked how plans train care coordinators to empower members.
  - Tufts stated they will check with Cityblock on how care coordinators are trained to empower members specifically.
  - CCA stated they will also have to talk to their clinical partners to identify specific care coordinator trainings.
- IC member expressed concern about health equity and the impact that the nuance between an inquiry and a service request might have on member care.
- IC member stated that service requests made to any provider should be documented, processed as a service request and followed up on to ensure it was provided to the member.
- IC member stated that physical mail is difficult to deal with and that plans should ask members how they prefer to receive plan communications.
  - MassHealth stated that the contract has always required plans to provide information to members in a way that meets their individual communication access needs. MassHealth stated that the expectation of the plans is that information is provided to members in a way that meets their communication access needs and that if members are not getting this they should both talk to their plan and elevate it to My Ombudsman (MYO) or MassHealth.
- IC member stated that their care team is stating (verbally) that specific medical equipment is not covered by One Care when the member handbook states the equipment should be covered.

- MYO stated that when they are informed that a plan has made a verbal service denial, they contact the plan to request a written denial.
- IC member asked if there is any evidence of service providers not wanting to contract with One Care plans due to a lack of payment on vendor claims.
  - Tufts stated that this is not something they have seen.
  - CCA stated that this is also not something they have seen and stated that they work with vendors to educate them if they are submitting claims that are not being approved.
- IC member stated that they were told by a vendor that Medicare has cut reimbursement rates for acupuncture which has led some vendors to shorten the length of acupuncture visits or to stop seeing patients with One Care or other Medicare plans.
- IC member stated that currently there is a workforce crisis that is impacting member care in the behavioral health field.
- IC member stated that many providers do not understand One Care member benefits due to One Care having a smaller footprint than other MassHealth and Medicare programs.
- IC member stated that there are well-known issues across the healthcare system right now and that One Care needs to look at whether there are provider requirements that will make providers reluctant to be part of One Care.

The meeting was adjourned.