

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

Meeting Location: Zoom

Date: February 8, 2022 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.

Unable to attend: Suzann Bedrosian, Dan McHale, Darrell Wright.

Key Stakeholders and Presenters: Corri Altman Moore (MassHealth), Daphney Balan Small (CCA), Leslie Diaz (My Ombudsman) Anton Dodek (United), Duke Dufresne (Tufts), Lisa Fulchino (Tufts), Sophie Hansen (CCA), Douglas Hsu, (CCA), Cori Leech, Health Services Director (United), Henri McGill (MassHealth), Deanna Simonds (United), Anna Williams (CMS).

Meeting Support from UMass Chan Medical School: Hilary Deignan, Rebecca Elliott, Catie Geary, Olivia O'Brien.

Presentations/Discussions: Agenda; January 11, 2022 Implementation Council (IC) meeting minutes; MassHealth presentation *One Care Implementation Council Meeting February 8, 2022*; Commonwealth Care Alliance (CCA) presentation *Utilization Management & Medical Necessity – Durable Medical Equipment, February 8, 2022*; Tufts Health Plan presentation *February 2022 Implementation Council*; United Healthcare presentation *Utilization Management Process: Durable Medical Equipment, February 8, 2022*; and My Ombudsman (MYO) presentation *My Ombudsman, February 8, 2022*.

[Documents available online](#)

Executive Summary and Action Items:

Welcome/review January 11, 2022 meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and confirmed that the January 11th IC meeting minutes were approved as written.

MassHealth Updates

Corri Altman Moore, Director of Integrated Care, presented *One Care Implementation Council Meeting February 8, 2022*, providing updates on One Care Enrollment numbers and the upcoming call with CMS on the proposed Medicare Rule impacting Medicaid Medicare Plans (MMPs).

Plan Presentations on DME / Round Robin

United Healthcare, Tufts Health Plan, and Commonwealth Care Alliance (CCA) each presented on the Utilization Management (UM) process that they go through when evaluating requests for Durable Medical Equipment (DME). The plan presentations included definitions of Medically Necessary and the Determination of Need process used by the plans.

Anton Dodek, Medical Director of United Healthcare presented *Utilization Management Process: Durable Medical Equipment, February 8, 2022*, for United Healthcare.

Duke Dufresne, Medical Director of Tufts Health Plan presented *February 2022 Implementation Council*, for Tufts Health Plan.

Dr. Douglas Hsu, Vice President of Medical Policy and Utilization Review at CCA, and Daphney Balan Small, Vice President of Health Equity at CCA, presented *Utilization Management & Medical Necessity – Durable Medical Equipment, February 8, 2022*, for CCA.

My Ombudsman Quarterly Reporting / Round Robin

Leslie Diaz, Director of My Ombudsman (MYO), presented *My Ombudsman, February 8, 2022* which reviews MYO quarter three and quarter four data for One Care plans.

Meeting Minutes:

Welcome/review January 11, 2022 meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and confirmed that the January 11th IC meeting minutes were approved as written.

MassHealth Updates

Corri Altman Moore, Director of Integrated Care, presented *One Care Implementation Council Meeting February 8, 2022*, providing updates on the One Care Enrollment numbers and the upcoming call with CMS on the proposed Medicare Rule impacting Medicaid Medicare Plans (MMPs).

Questions/Comments

- IC member stated that the proposed rule could have a big impact on the One Care program. Member acknowledged that the purpose of the rule is to help encourage better integration of Medicaid and Medicare however, because One Care is so well integrated already, these changes could hinder the innovation of One Care.
- MassHealth stated that if this rule moves forward as proposed it would impact One Care. MassHealth added that if there are options, such as allowing for demonstrations under the Dual Eligible-Special Needs Plans (D-SNP) rules for example, that would be different, but as proposed the rule will impact One Care.
- MassHealth stated that March 7th is the deadline for written feedback on the proposed rule impacting MMPs.
- MassHealth stated that there is another rule included in CMS' call letter that came out in early February that members could also provide written feedback on. MassHealth clarified that rule includes some proposals for changes to star ratings.
- IC member asked if there is information about the proposed rule that members can look at before the meeting on Thursday.
 - MassHealth provided the link to the webpage where people can read the full proposed rule: <https://www.mass.gov/service-details/one-care-open-meetings> as well as a link to an overview of the proposed rule put out by [Integrated Care Resource Center: Announcing CMS CY 2023 Medicare Advantage and Part D Proposed Rule: ICRC](#)

Plan Presentations on DME / Round Robin

United Healthcare, Tufts Health Plan, and Commonwealth Care Alliance (CCA) each presented on the Utilization Management (UM) process that they go through when evaluating requests for Durable Medical Equipment (DME). The plan presentations included definitions of Medically Necessary and the Determination of Need process used by the plans.

Anton Dodek, Medical Director of United Healthcare presented *Utilization Management Process: Durable Medical Equipment, February 8, 2022*, for United Healthcare.

Duke Dufresne, Medical Director of Tufts Health Plan presented *February 2022 Implementation Council*, for Tufts Health Plan.

Dr. Douglas Hsu, Vice President of Medical Policy and Utilization Review at CCA, and Daphney Balan Small, Vice President of Health Equity at CCA, presented *Utilization Management & Medical Necessity – Durable Medical Equipment, February 8, 2022*, for CCA.

Questions/Comments

- Member of public asked what the expected timeline was for a CCA DME authorization request decision ?
- CCA responded that the contract states that for all plans a standard DME request decisions should be made within 14 days and an urgent request should be made in 72 hours.
- Member of public asked where the physician fits into the DME authorization approval/denial process?
 - CCA responded that from a process standpoint, all DME authorizations are first reviewed by the UM DME team and an authorization does not meet applicable guidelines, the request would then be sent to a utilization review medical director for review.
- Member of the public asked how many formal DME medical necessity guidelines CCA has developed?
 - CCA stated that they have developed approximately twenty formal DME medical necessity guidelines.
- IC member asked for clarification of the DME contract definition that United shared in their presentation.
 - MassHealth stated that United shared the baseline definition that comes from the Massachusetts State Plan. MassHealth added that the current One Care contract expands the coverage of DME to include environmental aids, adaptive technology, training and additional repairs and modifications beyond the traditional Medicaid benefit. An even more expansive DME benefit has been drafted and submitted as a contract amendment but has not yet been incorporated into One Care.
- IC member asked if there is room for consumer and provider input in determining medical necessity for DME needs.
 - United said that all plans here take consumer and provider input into consideration. United added that the definitions for UM are population-based so there are going to be people in One Care who don't fit within the guidelines which is why the process includes conversations with care coordinators and the care team before issuing a service denial. United stated that the One Care population will have different needs than those in the general population.
 - CCA stated that their goal for the DME approval process is to have the care partner involved with all approval processes.
 - United stated that because of the relationships between the care coordinator and the member, the care team should know about DME requests that members have made even if the request is coming directly from a provider or a vendor.
- IC member stated that One Care members are **not sick or ill** they are **disabled** which is *different* and very important for plans to remember.

- IC member stated that the definition of disability should not be about medical need but about supporting members so they can engage with the community.
- IC member noted that in their experience they did not always feel that CCA engaged them in making DME approval determinations.
- MassHealth explained that the language on illness and injury in the DME definition comes from the MassHealth State Plan which is the baseline of services offered for DME, with the One Care expansion benefits offered as well. MassHealth reinforced that care plans goals for One Care should be created by members with a focus on independence and not on medical needs.
- IC member stated that it is still not clear what the plans are doing to go above and beyond the minimum DME requirements – to ensure DME that is truly beneficial for the members goals and independence. IC member stated they would like to continue this conversation.
- IC member stated that they have never used their One Care DME or Assistive Technology (AT) benefit. IC member further stated that they have never read anything about available AT in the member handbook or in other written materials for people who are blind.
 - Tufts clarified that they do cover AT for sensory disabilities.
- IC member asked how the plans are using DME to meet members social determinants of health needs that may not be typically covered but are critical for health. IC member asked if plans factor in the benefits of DME beyond the medical – for example a scooter can help members get to medical appointments but also can increase community engagement. IC member asked conversely, do the plans use data to determine if denials of DME potentially impact engagement with the community.
- IC member stated that as a member dependent on CCA the definition of medical necessity should be set by people with disabilities and determinations for services such as DME should be made by decision committees that include people with disabilities as well. IC member stated that the absence of illness or injury is the basis of many denials.

My Ombudsman Quarterly Reporting / Round Robin

Leslie Diaz, Director of My Ombudsman (MYO), presented *My Ombudsman, February 8, 2022*, which reviewed MYO Quarter three and Quarter four Data for One Care plans.

Questions / Comments

- MYO stated that they are working to collect more demographic data looking at ethnicity, disability, race and other factors to see if there are any correlations. MYO will be using this data to better understand who is using the MYO services to help their outreach strategy to reach more diverse groups of people.
- MYO stated that they will share information on their data collection processes at a future meeting.

The meeting was adjourned.