

## Meeting Minutes March 8, 2022 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** March 8, 2022 10:00 AM – 12:00 PM

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

**Unable to attend:** Suzann Bedrosian, Kestrell Verlager.

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Kelli Barrieau (CCA), Robin Callahan (MassHealth), 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, Maddy Vinton.

**Presentations/Discussions:** Agenda; February 8, 2022 Implementation Council (IC) meeting minutes; MassHealth presentation *One Care Implementation Council Meeting March 8, 2022*; Commonwealth Care Alliance (CCA) presentation *Implementation Council March 8, 2022*; CCA *Approval and Denial Letter Samples*; Tufts Health Plan (Tufts) presentation *Implementation Council March 8, 2022*; Tufts *DME Letter Examples*; and Implementation Council presentation *Durable Medical Equipment (DME), Implementation Council March 8, 2022*.

[Documents available online](#)

## Executive Summary and Action Items:

### Welcome/review February 8, 2022 meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and confirmed that the February 8th IC meeting minutes were approved as written.

### MassHealth Updates

Corri Altman Moore, Director of Integrated Care, presented *One Care Implementation Council Meeting March 8, 2022*, providing updates on One Care Deemed Eligibility and Member Notices.

### Plan Presentations on DME / Round Robin

Duke Dufresne, Medical Director of Tufts Health Plan and Lisa Fulchino, Senior Manager of Product Strategy at Tufts Health Plan presented *Implementation Council March 8, 2022* and Tufts *DME Letter Examples*.

Douglas Hsu, Vice President of Medical Policy and Utilization Review at CCA, and Kelli Barrieau, Vice President of Clinical Services at CCA presented *Implementation Council March 8, 2022* and CCA Approval and Denial Letter Samples

Both plan presentations included data on approvals, denials and approvals with modifications for DME requests between 2018 and 2021 and shared samples of the letters used to notify One Care members of approvals, denials and approvals with modifications for DME.

## Meeting Minutes:

### Welcome/review February 8, 2022 meeting minutes

Paul Styczko, Implementation Council (IC) Co-Vice Chair, opened the meeting and confirmed that the February 8th IC meeting minutes were approved as written.

### MassHealth Updates

Corri Altman Moore, Director of Integrated Care, *One Care Implementation Council Meeting March 8, 2022*, providing updates on One Care Deemed Eligibility and Member Notices.

### Questions/Comments

- IC member asked if the “deemed eligibility” policy presented was part of the public health emergency.
  - MassHealth stated that the “deemed eligibility” policy is part of the 2022 amendment to the One Care Three-Way Contract that has been submitted to CMS and it is not related to the COVID-19 / public health emergency rules.
- IC member stated that the “deemed eligibility” policy will help to reduce churn and improve continuity of care, which will lead to improved care for members. IC member commended MassHealth for pushing this policy through and commended CMS for allowing this policy change to happen.
- IC member asked whether a One Care member with CCA who becomes ineligible for MassHealth would be able to seamlessly move to a Medicare only CCA plan.
  - MassHealth said that members are able to select the plan they want to join.
  - MassHealth clarified that if a person’s insurance status changes they can enroll in plans even if it is not a Medicare enrollment period.
- MassHealth shared that the care management focus initiative (CMFI) is an initiative being led by Robin Callahan at MassHealth, to look at the One Care model and invited anyone who has thoughts to share about care coordination to email Robin Callahan.
- MassHealth shared that the comments on the proposed CMS rule on D-SNPS were due to CMS yesterday and that MassHealth has submitted their own comments that they will share with the public.

### Plan Presentations on DME / Round Robin

Duke Dufresne, Medical Director of Tufts Health Plan and Lisa Fulchino, Senior Manager of Product Strategy at Tufts Health Plan presented *Implementation Council March 8, 2022* and Tufts DME Letter Examples.

Douglas Hsu, Vice President of Medical Policy and Utilization Review at CCA, and Kelli Barrieau, Vice President of Clinical Services at CCA presented *Implementation Council March 8, 2022* and CCA Approval and Denial Letter Samples

Both plan presentations included data on approvals, denials, and approvals with modifications for DME requests between 2018 and 2021 and shared samples of the letters used to notify One Care members of approvals, denials, and approvals with modifications for DME.

### Questions/Comments

- IC member asked why the DME denial rates increased for both Tufts and CCA in 2021.
  - CCA stated that they would have to do a more detailed analysis to know why there were jumps in the number of denials in 2021.
  - Tufts stated they would need to look more closely at the type of DME that is being denied most frequently and other details in the data to identify trends.
- IC member commented that the sample DME approval and denial letters shared by the plans included a lot of information.
- IC members stated that long written notices can be hard for people to process and read.
- IC member asked if authorization and denial letters are available in alternative formats – beyond paper mail.
  - IC member stated that they were glad to see that in the Tufts presentation it stated that letters can be provided in different formats such as electronically.
  - CCA stated that it is a contractual requirement that plans mail members paper letters of denial but clarified that other formats can be provided in addition to the mailed letters if requested.
- IC member stated that having the care coordinator communicate directly to members about authorizations and denials would be useful for many members because mail can be hard for some members to deal with.
- IC member expressed surprise that the denial rate for DME requests from CCA were so low considering that the member's personal number of denials has been high. IC member further stated that it would be helpful if the denial letters included specific information about what documentation the denial was based on to help consumers plan for next steps.
- IC member asked if there have been changes to the utilization management (UM) process that are leading to more denials. (This question was not answered).
- IC member asked what weight the care plan carries in the UM authorization process. IC member also asked what role the care coordinator plays in the care planning and UM decision making and how care coordinators communicate with the care team to help with the authorization process.
  - CCA stated that the care plan is used to determine whether to deny or approve a DME request and stated that the UM team speaks directly to care coordinators to understand the member needs in the UM process.
  - Tufts agreed that the care plan is central to DME authorizations. Tufts stated that they have reduced the number of services that require prior authorization to streamline the authorization of services but for services that need authorization, Tufts uses the care plan to determine service authorizations with the goal of providing the most generous benefit available to the member.

- Tufts stated that as part of the UM process the care coordinator is always asked to follow up with the member regardless of whether there is an approval, modification, or denial.
- Tufts stated that they are limited on what language they can change in the authorization and denial letters due to contractual requirements but that they would like to see if there are any places where they would be able to change language in the letters.
- IC member suggested that denials for DME should include language stating that the requested service is not part of the care plan if that is why it was denied.
- IC member asked how the “maximum lifetime limit” for DME is determined. (This question was not answered).
- IC member asked how CCA counted requests in the DME data. IC member asked if each request was for the complete item (a wheelchair) or if each request is for a part of the wheelchair (elevated seat, wheelchair style, etc.).
  - CCA clarified that the data is reporting on the outcome for each part of the requested item and that the data only includes DME that requires an authorization.
  - Tufts stated that their data also includes each of the individual components of the request as a separate data point.
- IC member stated that there was a big change in the data from year 2018 to 2019 and asked what caused this.
  - CCA stated that the 2018 data reported was just for the months of November and December because of how the data is stored which would impact the data compared to other years.
  - CCA further stated that in 2020 they were getting more requests for DME due to people getting more services in the home with the COVID pandemic which may have caused an increase in requests for that year.
- IC member asked what percent of approvals include modifications. (This question was not answered).
- IC member asked if the care coordinator carries any weight in approvals for DME and stated that reviewing the care plan should be an automatic part of the UM process for DME.
  - Tufts stated that reviewing the care plan is *supposed* to be part of the UM process when making DME determinations but could not say that this happens 100 percent of the time.
- IC member stated that it is important to have a conflict-free person available to help the member with care determinations.
- MassHealth stated that very actionable feedback has been given during this IC meeting.
  - MassHealth noted that the interplay between the care plan and the UM process should be more clear and more interactive, and the care plan needs to be consulted in any UM decision.
  - MassHealth observed that there are data limitations in how denials and partial denials / partial approvals are tracked, which needs to be resolved to understand what DME is truly being approved and denied.
  - MassHealth stated that a better understanding of the relationship between the care plan and the insurance entity needs to be clarified and resolved.

- MassHealth further stated that the feedback on how letters are currently written can be used to make changes to help make letters more understandable and actionable.
- MassHealth stated that they agree that the current appeals process language is overly complicated.
- MassHealth concluded that this was a good and necessary conversation that will help to inform the CMFI work.
- MYO asked how plans notify members about the pending status of an appeal. MYO stated that the reasons provided in denial letters such as not medical necessary that includes regulatory language can be very confusing to members. (This question was not answered).
- MassHealth member asked if there were more opportunities on the MassHealth side to help the plans gather additional data. (This question was not answered).

*Responses to the question: What would make it easier to understand Letters sent to Members Regarding Service Approvals, Denials and Modifications?*

- IC member stated that it would be helpful if the notification of service letters included the name and contact information of a person at the plan that could help the member with next steps.
- IC member stated that the cover page of the notification letter should be written in plain language at no higher than a 5<sup>th</sup> grade reading level that clearly states what has been approved, denied, and why.
- IC member suggested sending a cover letter with an official CMS letter that provides a brief overview of what was requested, what the outcome of that request is (approved, modified, or denied) and why that decision was made. IC member stated that the cover letter should also include contact information for a specific plan contact who can help the member with next steps for the request.
- IC member agreed that the cover letter should include the decision, reasons, the appeal process, and contact information for the care coordinator or someone who will help with the appeal written in the 4<sup>th</sup> or 5<sup>th</sup> grade reading level.
- IC member stated that the letters should use headers to make the information easy to read and reduce the use of long paragraphs. IC member also suggested MYO contact information should be provided in these letters.
- IC member agreed that the letters should be broken up into short phrases, almost like Tweets, and should include very simple language.
- IC member stated that there should be clear explanations of what the plan would need to approve the request and could include information on the source of payment for the requested DME or service (Medicare, MassHealth, Flex dollars).

Meeting was adjourned.