

## Meeting Minutes December 13, 2022 – One Care Implementation Council Meeting

**Meeting Location:** Zoom

**Date:** December 13, 2022, 10:00 AM – 12:00 PM

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

**Council Members not in attendance:** Suzann Bedrosian, Jeff Keilson, Dan McHale

**Key Stakeholders and Presenters:** Corri Altman Moore (MassHealth), Robin Callahan (CMFI Coordinator for 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; November 8, 2022, Implementation Council (IC) meeting minutes; MassHealth Updates; Care Model Focus Initiative (CMFI) Updates.

[Meeting Materials available online](#)

## Executive Summary and Action Items:

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

Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the November 8, 2022, IC meeting minutes were approved as written.

### MassHealth Updates

Henri McGill, One Care Program Manager, presented an update that there will be a Stakeholder Forum on December 15, 2022, from 1:00 pm to 2:00 pm to address the Medicare-Medicaid Plan (MMP) to Dual Eligible Special Needs Plan (D-SNP) transition slated for calendar year 2026.

### Care Model Focus Initiative (CMFI) Updates

Robin Callahan, CMFI Coordinator for MassHealth, provided an overview of the CMFI updates in key areas, including Long Term Services and Supports (LTSS) Denials Escalation Process. Elise Emerson, Deputy Director of Integrated Care presented Key Performance Indicators (KPIs), and Daniel Cohen, Deputy Director of Integrated Care, covered IC Recruitment and Procurement and Member Communications.

## Meeting Minutes:

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Crystal Evans, IC Vice Chair, opened the meeting and confirmed that the November 8, 2022, IC meeting minutes were approved as written.

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### Questions/Comments

- No questions or comments.

### Care Model Focus Initiative (CMFI) Updates

Robin Callahan, CMFI Coordinator for MassHealth, provided an overview of the CMFI updates in key areas, including Long Term Services and Supports (LTSS) Denials Escalation Process. Elise Emerson, Deputy Director of Integrated Care presented Key Performance Indicators (KPIs), and Daniel Cohen, Deputy Director of Integrated Care, covered IC Recruitment and Procurement and Member Communications.

### Questions/Comments

#### *Discussion of Key Performance Indicators (KPIs)*

- IC member asked when MassHealth will be able to start capturing data on race, ethnicity, and gender.
  - MassHealth stated they are thinking about how to better capture demographic measures more comprehensively across the full scope of integrated care reporting outside of as KPIs.
- IC member asked if MassHealth will be monitoring specific services.
  - MassHealth stated they will specifically be looking at member experience, appeals and grievances, and service authorizations and denials.
  - MassHealth stated the appeals noted in the KPIs are captured in different places, for example, member experience complaints and inquiries reflect appeals tracked to My Ombudsman.
- IC member asked if the KPI data reflects all appeals and denials made to MassHealth and MYO combined.
  - MassHealth stated KPI data captures complaints that come from My Ombudsman, plans and other resources but this data does not capture appeals and denials that go to the Board of Appeals.
- IC member asked if MassHealth mandates a uniform training protocol for care coordinators.
  - MassHealth stated there are some contract requirements for training, but there is also work being done under the Care Model Focus Initiative (CMFI)

with the Shared Learning group at UMass Chan that is developing trainings for care coordinators across all three plans.

- IC member asked if MassHealth can perceive how difficult members feel that appealing and grieving is.
  - MassHealth stated that is not captured in KPIs and that a member survey would probably be the best way to gather that information.
- IC member asked the status of the One Care Dashboard and the timeline for that dashboard to go live.
  - MassHealth stated the dashboard is on a longer timeline because they are working with the data warehouse and larger MassHealth analytic teams on what exactly is needed for the dashboard to be built out in Tableau.
- IC member asked if MassHealth is able to collect encounter data for One Care.
  - MassHealth stated they do collect encounter data today and receives both Medicaid and Medicare encounters for One Care.
  - MassHealth stated the finance team has been working with the Integrated Care team to clean up the encounters and ensure the encounter data is accurate and can be used with reliability and confidence.
- IC member asked if MassHealth will be determining people's access to services using encounter data by rating category diagnosis, in addition to race, ethnicity, and gender.
  - MassHealth stated it depends on the extent that MassHealth has collected data on these categories.
  - MassHealth stated they have access to rating category and anticipate they could be able to get to an encounter split by rating category in the future.
  - MassHealth stated race, ethnicity, and language data are harder to analyze right now because the data sets are incomplete and MassHealth has more work to do to make sure they have accurate information on file for members regarding these demographic data points.

#### *Discussion of Long Term Services and Supports Denials Escalation Process*

- IC member stated members are getting multiple copies of the same mailings and feel as though there is lack of communication between departments that result in this issue.
  - MassHealth stated as part of the CMFI process, MassHealth is trying to reduce health plan silos.
  - MassHealth stated plans and care coordinators need to inform members about why decisions are being made.
  - MassHealth stated they are aware that denials are not the only issues with LTSS services, and that there are issues surrounding access and approval of long term services and supports (LTSS) and other services, but that this is the beginning of increasing transparency and giving MassHealth the information base it needs to understand what is going on with One Care.

#### *Discussion of IC Recruitment and Procurement*

- IC member asked if council members will be involved in the procurement process.
  - MassHealth stated they will confirm with the legal department on what the options are to involve IC members into the process.
- IC member asked what criteria will be used in selecting the new members.

- MassHealth stated there will be a small internal team of MassHealth membership employees who have a strong understanding of how the implementation council works today and what its goals are to select the new council members.
- MassHealth stated in terms of objective criteria, there will be consistency in what has been used in the past but there will also be discussion and questions in recruitment about applicants' experience working with and understanding people with disabilities who make up the One Care population as well as experience working with the healthcare system, with different types of disabilities, et cetera.
- MassHealth stated they also intend to provide robust training and orientation for new council members.

### *Discussion of Communications Workstream*

- IC member stated (in response to the presentation on website improvements) that making assumptions about how much time a person spends on a website has a huge bias as far as anyone who is using assistive technology or who has cognitive issues.
  - MassHealth stated they will be taking feedback like this into account as they begin the process.
- IC member asked that there be an accessible website developer contact for questions regarding accessibility issues.
- IC member stated all language should be plain and appropriate for a low reading level.
  - MassHealth stated they started to utilize replacement dictionaries to aid in word choice and are planning to move away from utilizing contract language in descriptions and will instead use plain language to describe things. MassHealth added they will also be using a lot of iconographies and ensure the icons are consistent for those who are unable to engage with written words.
- IC member suggested MassHealth turns to the websites of private organizations to find examples of what the new site could look like.
  - MassHealth stated to the best of their technological ability with the architecture that they have, they are going to try to do as much of that as possible.
  - MassHealth stated they would like to be more thoughtful about linking to the plan websites and to other resources such as places members can get questions answered and to the consumer advisory bodies of the three plans.
- IC member asked when MassHealth anticipates bringing council members into the work.
  - MassHealth stated they want to make sure enough of the background work is complete before bringing in members, but members can expect to be able to participate early in the new year (2023).
- IC member asked if any of the workgroup focus will cover issues within the contract, such as how notifications and information is sent to consumers.
  - MassHealth stated that should be looked into but is out of scope for this project because the focus is on advertising materials. MassHealth further

stated there is an issue with opting out of physical mail because of federal regulations that are beyond MassHealth.

- IC member stated it would make life easier as a consumer and help across disabilities to have a digital option for communications.
- IC member asked how MassHealth is ensuring that there is consistency in advertising on the One Care website and on the websites of the three plans.
  - MassHealth stated their hope is to roll out language requirements about terminology and definitions and ask for consistency across the entire program.

#### *Additional CMFI Workstreams*

- IC member stated that in the care coordinator shared learning course overview, additional modules need to be added on topics such as the differences in disability healthcare from the standard medical model of care, on executive functioning and on adult autism needs. IC member stated it would be helpful if there were a way for MassHealth to loop back to the members of the IC to discuss content areas.
  - MassHealth stated there needs to be feedback loops for all seven CMFI workstreams, and that there is openness for each one of the workstreams to be fully engaged with the IC.
- IC member stated they agree that executive functioning should be covered in trainings for Care Coordinators, as it affects so many kinds of disabilities, including people with various illnesses and impacts people on a day-to-day basis.
- IC member stated they would like to see the trainings for care coordinators focus on how the care coordinator is an internal advocacy agent for the members and that their purpose is to help members navigate difficult and complicated processes.
- IC member stated trainings should be repeated on an annual basis and that care coordinators require continuing education.

#### *Next Steps*

Tim Engelhardt from CMS has been invited to come to the January IC meeting to discuss the transition from MMP to D-SNP.

The meeting was adjourned.