One Care Ombudsman Office: CMS meeting 07/24/15

Critical Issues for CMS

1. Incorporating active listening and the utilization of a member's lived experience instead of principally relying on pre-authorized interventions based on diagnostic categories represents massive system changes on an unprecedented scale to health insurance companies participating in the Duals Demonstration:
   - From what assessment data is collected and how it is used,
   - To how staff identify, interact with, and respond to, member needs,
   - To establishing new IT integrated case planning and health management systems which identify more cost effective approaches to traditional and pre-authorized medical practices,
   - To testing short and long-term cost effective interventions.

   These pioneering companies need the appropriate time and financial resources to accomplish what they recognize as a worthwhile model of care for persons with disabilities who have complex health care needs.

2. What needs to be communicated and what Medicare/Medicaid recipients need to hear are often at odds using standard CMS member messaging protocols. CMS messaging guidelines need to be more member-centric; accommodating the unique communication and information processing needs of the target population. High level, legalistic language only serve to dis-enfranchise, unempower and isolate persons who already perceive themselves as vulnerable, de-valued, and in many cases, rejected members of society. Members who perceive themselves as valued and empowered can become allies in reducing expensive health care choices.

OCO intervention stories:

- A One care plan member contacted the OCO office upon receiving a letter from their One Care plan that their One Care coverage would be cancelled due to turning age 65. Upon investigation, the OCO identified a data entry error and confirmed the member would continue to be eligible for One Care after they turned 65.

- A One Care plan member faced repeated barriers trying to obtain medication at their local pharmacy even after their One Care plan had intervened on multiple occasions. OCO staff mediated a solution between the plan, pharmacy, and member; resolving the matter for the member.

- A One Care member received past due bills - which had been turned over to a collection agency - for dental services. The member had unsuccessfully worked with their plan and the dental provider to resolve the matter. The OCO clarified which dental services were covered and which were not, then escalated the case to the MassHealth contract manager, who resolved the issue.