# **Slide 1:**

# One Care Ombudsman

*Ensuring One Care Works for You.*

## Implementation Council Presentation

## 12-16-16

**Slide 2:**

**One Care Members:   
OCO** **Value Statements**

* *I am deaf and need Interpreter services for medical appointments. I had to schedule an important medical appointment for the next day. The OCO assisted me in working with the plan to ensure an Interpreter was available on short notice. It was such a relief!*
* *My request was denied for a dental crown for a tooth that was more than 50% exposed. I appealed the denial and was denied again. At that point, I contacted the OCO. The OCO worked with my Care Manager and discovered a paperwork error my dentist needed to fix, and then my request was approved. Now I have the new crown that I desperately needed.*

**Slide 3:**

# **Inquiries**

|  |  |
| --- | --- |
| Total Inquiries | 96 |

(9/1/16-11/30/16)

Principal **Inquiry** Themes

|  |  |
| --- | --- |
| **Benefits/Access** | 39 |
| Sub-themes:   * Benefits Coverage * Plan Geographic Availability * Pharmacy/Provider Accessibility or Medication Availability * Quality of Care/Clinical Issues | 25  4  1  9 |

|  |  |
| --- | --- |
| **Enrollment** | 57 |
| Sub-themes:   * MassHealth Mailing (outreach) * MassHealth Auto-Enrollment Ltr * General Interest | 50  4  3 |

Note 1: A single contact may present multiple inquiries

**Slide 4:**

# **Complaints**

|  |  |
| --- | --- |
| Total Complaints | 53 |

(9/1/16-11/30/16)

Principal **Complaint** Topics

|  |  |
| --- | --- |
| **Benefits/Access** | 38 |
| * Quality of Care/Clinical Issues **\*** * Transportation **\*** * Pharmacy/Provider Accessibility or Medication Availability Issue * Access to LTSS | 12  15  6  5 |

\* = Detail on last two slides

|  |  |
| --- | --- |
| **Customer Service** | 15 |
| * Interaction with Care Team * Sponsor/Plan/Pharmacy gave poor or rude customer service * OC Plan Member Services Center | 4  9  2 |

Note 1: A single contact may present multiple complaints

Note 2: Only principal themes are represented

**Slide 5:**

# **Complaint** Topic **Detail**

|  |  |  |
| --- | --- | --- |
| **Quality of Care/Clinical Issues** | **CCA** | **THP** |
| Dissatisfied with Care Team | 5 | 3 |
| Dissatisfied with Care Coordinator | 4 | 0 |
| Sub-Total | 9 | 3 |
| Total | 12 | |

(9/1/16-11/30/16)

**Slide 6:**

# **Complaint** Topic **Detail**

|  |  |  |
| --- | --- | --- |
| **Transportation** | **CCA** | **THP** |
| Transportation service 15 minutes or more late | 6 | 0 |
| Transportation service no show | 1 | 0 |
| Delay in renewing transportation authorization | 3 | 0 |
| Member's request for non-medical transportation outside of 20 mile service area was denied | 4 | 0 |
| Member’s request for out-of-network vendor 40 miles away was denied | 1 | 0 |
|  |  |  |
| Sub-Total | 15 | 0 |
| Total | 15 | |

(9/1/16-11/30/16)