# Slide 1: My Ombudsman MassHealth Health Plans

**Presented By**

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February 14, 2022

# Slide 2: Agenda

* Review of Quarter 4 2022 data for One Care plans
	+ The number of individuals assisted in quarter 4
	+ Inquiries and complaints opened in quarter 4
	+ The themes that emerged from analysis of complaints that were closed in quarter 4
* Summary
* Questions/Comments

# Slide 3: Individuals Assisted in Quarter 4

Quarter 4: October 2022-December 2023

* + 113 individuals submitted a total of 73 inquiries and 81 complaints (154 calls)
	+ 65 new individuals contacted us this quarter

# Slide 4: Inquiries Opened in Quarter 4

# Quarter 4: October – December 31, 2022

|  |  |
| --- | --- |
| **Inquiry Subject​** | **Quarter 4** |
| General Information | 19 |
| Benefits/Access | 14 |
| All others\* (<10 inquiries each)\* | 40 |
| **TOTAL INQUIRIES​** | **73** |

\*Includes inquiry subjects: Physician/Hospital, Pharmacy/Medication, LTSS, Claim/Payment, Care Coordination/Care Manager, CLAS/Accessibility, Appeals/Grievance Process, Transportation, Enrollment/Disenrollment, DME

# Slide 5: Complaints Opened in Quarter 4

# Quarter 2: October– December 31, 2022

|  |  |
| --- | --- |
| **Complaint Subject** | **Quarter 2 – April – June 2022** |
| Benefits/Access | 23 |
| DME | 13 |
| Care Coordination/Care Manager | 10 |
| Other (less than 10 complaints each)\* | 35 |
| **TOTAL COMPLAINTS** | **81** |

\*Includes complaint subjects: Pharmacy/Medication, Transportation, Behavioral Health, Physician/Hospital, Home Health Agency, Confidentiality/HIPAA, LTSS, Claim/Payment, CLAS/Accessibility

# Slide 6: Complaint Subjects Opened in Q4

**Note**: the following information is shown in a pie chart. Pie segment colors are included below in case the speaker refers to them during the presentation.

Benefits/Access (blue): 28%

DME(orange): 16%

Care Coordination/Care Manager (grey): 12%

Other (less than 10 complaints each) (yellow): 43%

# Slide 7: Observations on Complaints Opened in Q4 2022

* In Q4, the top 3 complaint subjects were:
	1. **Benefits/Access**
	2. **DME**
	3. **Care Coordination/Care Manager**
* Most of the **Benefits/Access** complaints were about:
	+ Benefits or services that were denied due to a lack of medical necessity, due to an administrative error, or due to the request not being a covered benefit.
	+ The remaining complaints included:
		- Problems finding an in-network provider
		- Problems with the authorization process (the act of requesting a benefit or service)
		- Dissatisfaction with any general aspect of care
		- Delays in receiving an approved benefit/service

# Slide 8: Observations on Complaints Opened in Q4 2022

* **DME** complaints included:
	+ Members who experienced delays in receiving their approved DME
	+ Members who had problems with the authorization process
	+ Members who wanted to appeal for a denied DME or DME repair
* **Care Coordination** complaints included:
	+ Communication issues or dissatisfaction with care coordination or care team.

# Slide 9: Looking for Themes within Closed Complaints

* Analyzing the complaint subjects opened each quarter has helped us track new and emerging issues. However, this comes with some limitations:
	+ Sometimes a complaint starts off as one subject and turns into multiple subjects by the end of the case.
	+ Not all complaints get resolved in the same quarter they’re opened, so we can’t always report on the outcome of the case.
	+ It is harder to identify recommendations or lessons learned from cases that are still in progress.
* To address these limitations, My Ombudsman’s Data Analyst has started an analysis of closed complaints, starting with Quarter 3.

# Slide 10: Analysis of Closed Complaints

## What is a closed complaint?

* A complaint that has reached its conclusion after providing the member with the plan's resolution
* Member may be referred to a partner organization for further assistance
* Includes complaints that may have been opened in a different quarter

## Why analyze closed complaints?

* Closed complaints provide understanding of the issue from beginning to end.
* Closed complaints contain the most complete data, including demographics, resolution, and member satisfaction
* Open complaints may evolve over time

# Slide 11: Themes - Complaints Closed in Quarter 4

**Note**: the following information is shown in a pie chart. Pie segment colors are included below in case the speaker refers to them during the presentation.

## Theme

* Denial of a benefit/service - purple
Theme occurred 24 times in 91 closed complaints
25%
* Problem with authorization process – orange
Theme occurred 16 times in 91 closed complaints
17%
* Dissatisfaction with any general aspect of care – grey
Theme occurred 14 times in 91 closed complaints
15%
* Delays in receiving an approved benefit/service – yellow
Theme occurred 11 times in 91 closed complaints
12%
* Problem finding an in-network provider – blue
Theme occurred 10 times in 91 closed complaints
11%
* Other (<10 each)\* - green
Theme occurred 19 times in 91 closed complaints
20%

\*Includes any themes that appeared in less than 10 times among all complaints

# Slide 12: Analyzing the top theme within complaints closed in quarter 4

* The most frequently occurring theme **(occurred 24 times)** was the **denial of a benefit or service.**
* These benefits or services were denied due to various reasons including:
	+ Service was not a covered benefit
	+ Lack of medical necessity
	+ An administrative error

# Slide 13: Analyzing the top theme within complaints closed in quarter 4

* In 6 out of 24 complaints, the member filed an appeal and won after the requesting provider submitted additional documentation. This may indicate the need for a greater level of provider education so that initial service/benefit requests are more likely to be approved without entering the appeals process. It may also be helpful for plans to reach out to the provider when it appears that additional documentation could inform the decision.
* In 6 out of 24 complaints, the member filed an appeal, but the outcome was unknown. In most cases, members became unreachable after My Ombudsman helped them file an appeal, so we could not confirm if the member's appeal was overturned or sustained.
* In 12 out of 24 complaints, the member either chose not to file an appeal or filed an appeal and lost. Many of these members had already filed an appeal prior to My Ombudsman and did not want to proceed to the next appeals level.

# Slide 14: Summary

* This quarter, 113 individuals (65 of them were new) contacted My Ombudsman and opened 73 Inquiries and 81 Complaints
* The top subject from complaints that were **opened** in Quarter 4 were Benefits/Access, DME, and Care Coordination.
* The most prominent theme that emerged from complaints that were **closed** in Quarter 4 were related to the denial of a benefit/service (for various reasons). A quarter of these denials were ultimately approved after the member filed an appeal with their provider's support.

# Slide 15: Thank you!

Questions or comments?

# **Slide 16: Contact Us**

My Ombudsman
MassHealth Health Plans

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* **Web:** [**My Ombudsman**](https://umassmed-my.sharepoint.com/personal/angelica_aguirre_umassmed_edu/Documents/Attachments/IC-February2023/www.myombudsman.org)
* Nosotros hablamos Español
* Nou pale Kreyol
* We use ASL.
* We use an interpreter phone service for many other languages as needed.