



My Ombudsman

MassHealth Health Plans

Presented By

Leslie Diaz, Director

November 8, 2022

Agenda



- Review of Quarter 2 and 3 2022 data for One Care plans
 - Individuals assisted; inquiries and complaints received
- Updates to our data analysis
 - Themes, Sub-themes, and Resolution Statuses
- Questions and comments

Data Review - Individuals Assisted in Quarter 2

Quarter 2: April – June 30, 2022



- 98 individuals submitted a total of 35 inquiries and 97 complaints (132 calls)
- 53 new individuals contacted us this quarter

Data Review - Individuals Assisted in Quarter 3

Quarter 3: July – September 30, 2022



- 151 individuals submitted a total of 74 inquiries and 137 complaints (211 calls)
- 105 new individuals contacted us this quarter



Inquiries Opened in Quarter 2

Quarter 2: April – June 30, 2022

Inquiry Subject	Quarter 2 – April – June 2022
Benefits/Access	<11
General Information	<11
Transportation	<11
All others* (<5 inquiries each)*	17
TOTAL INQUIRIES	35

*Includes inquiry subjects: Appeals/Grievance Process, CLAS/Accessibility, Claim/Payment, DME, Enrollment/Disenrollment, LTSS, Physician/Hospital, and Plan Administration



Inquiries Opened in Quarter 3

Quarter 3: July – September 30, 2022

Inquiry Subject	Quarter 3 – July – Sept 2022
General Information	24
Benefits/Access	14
Enrollment/Disenrollment	<11
DME	<11
All others (<5 inquiries each)*	23
TOTAL INQUIRIES	74

*Includes inquiry subjects: Appeals/Grievance Process, Care Coordination/Care Manager, CLAS/Accessibility, Claim/Payment, LTSS, Physician/Hospital, Pharmacy/Medication, Transportation, and Plan Administration

Complaints Opened in Quarter 2

Quarter 2: April – June 30, 2022



Complaint Subject	Quarter 2 – April – June 2022
Benefits/Access	23
LTSS	21
DME	19
Care Coordination/Care Manager	<11
Physician/Hospital	<11
Transportation	<11
Other (less than 10 complaints each)*	15
TOTAL COMPLAINTS	97

*Includes complaint subjects: Appeals/Grievance Process, Claim/Payment, CLAS/Accessibility, Confidentiality/HIPAA, Pharmacy/Medication, Plan Administration

Complaints Opened in Quarter 3

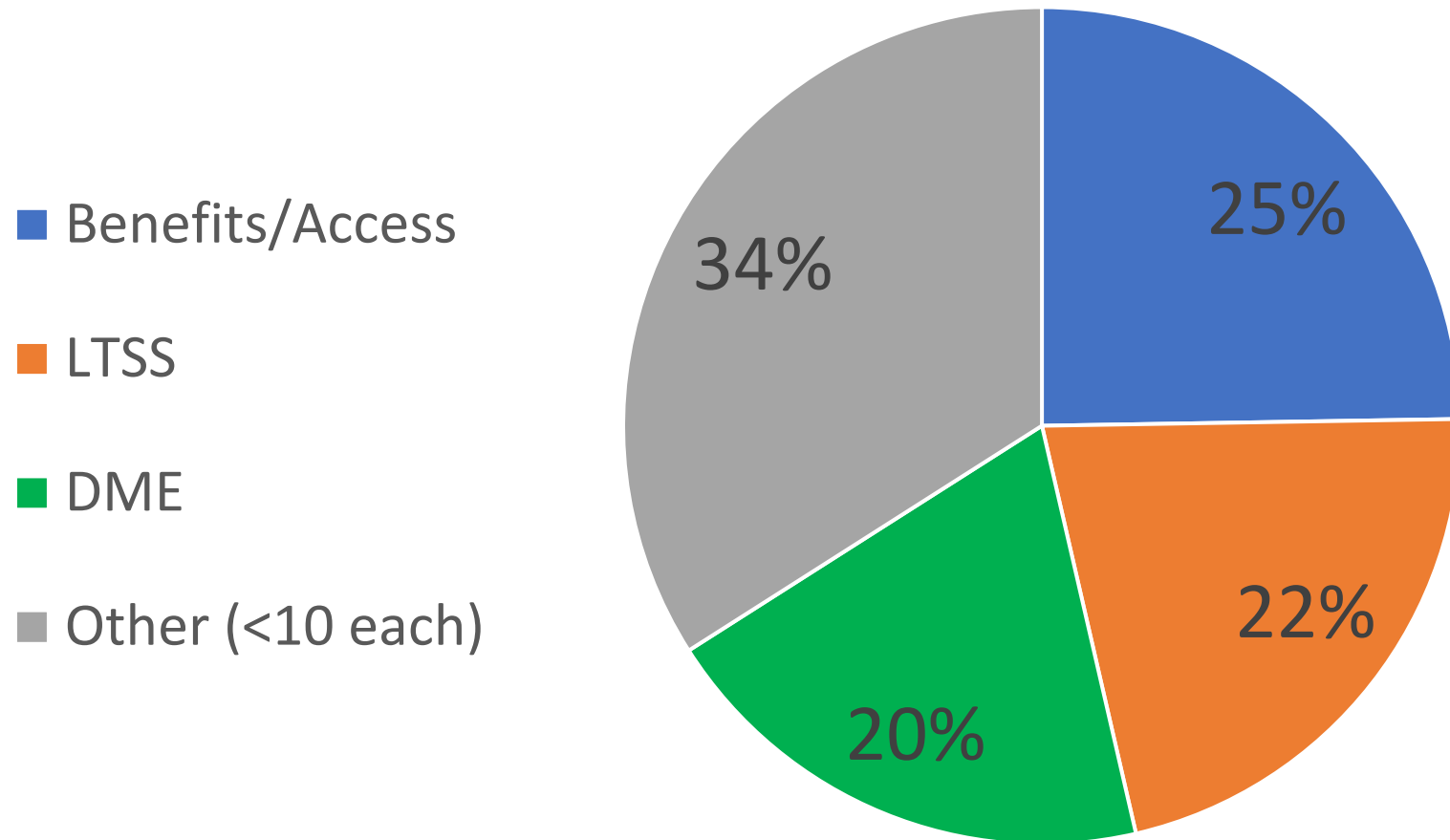
Quarter 3: July – September 30, 2022



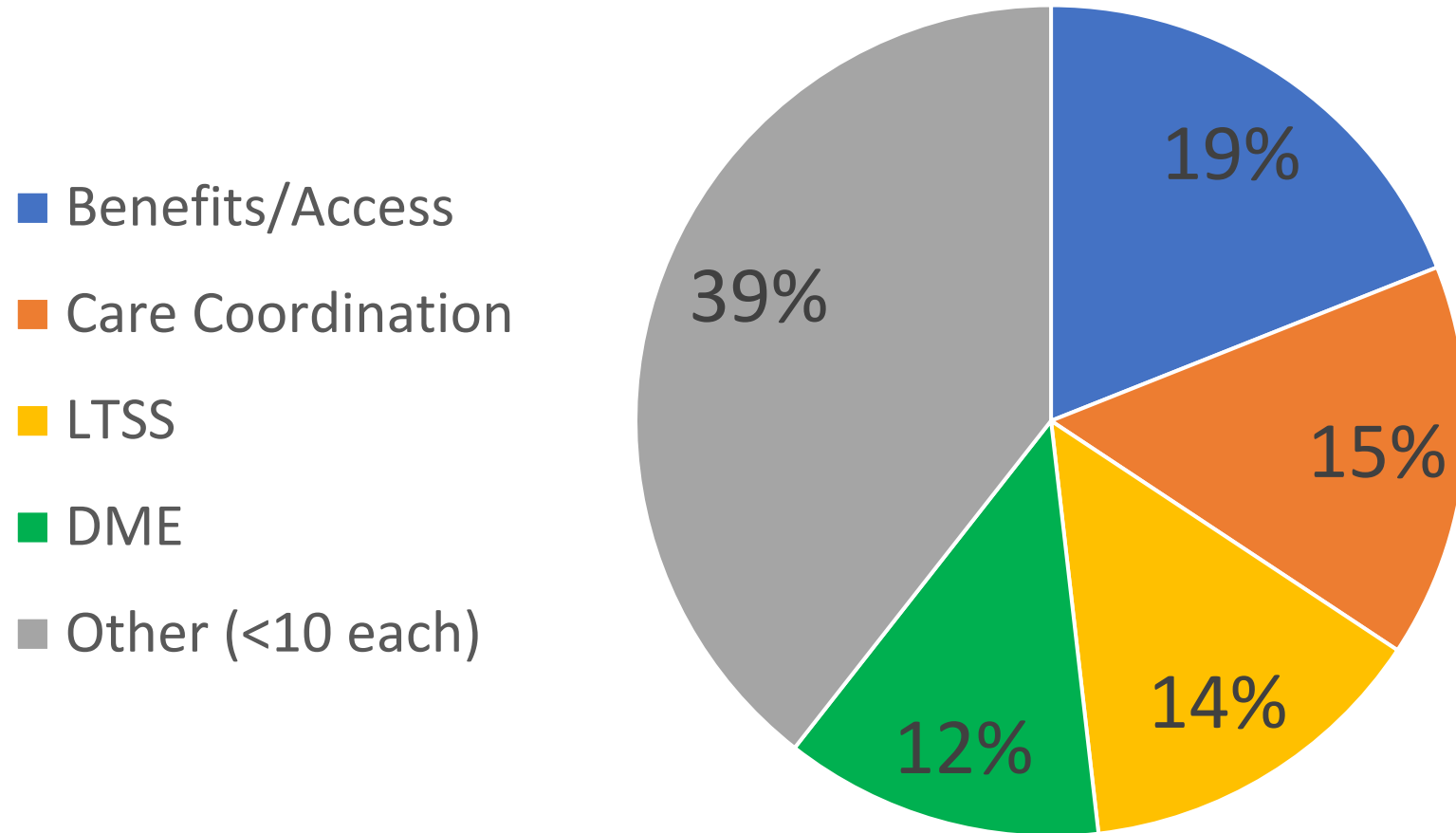
Complaint Subject	Quarter 3 – April – June 2022
Benefits/Access	26
Care Coordination/Care Manager	21
LTSS	19
DME	17
Transportation	12
Other (less than 10 complaints each)*	42
TOTAL COMPLAINTS	137

*Includes complaint subjects: Appeals/Grievance Process, Claim/Payment, CLAS/Accessibility, Confidentiality/HIPAA, Pharmacy/Medication, Plan Administration

Complaint Subjects Opened in Q2



Complaint Subjects Opened in Q3



Observations from Complaints Opened in Q2 and Q3 2022



- In both quarters, the top subjects of new complaints were about Benefits/Access and LTSS. Some of the Benefits/Access complaints were related to dental services (requests and denials) and requests for help finding in-network providers for optical services or physical therapy.
- In Quarter 2, Care Coordination did not appear to be a top new complaint subject. Instead, there were more DME complaints. These involved delays in DME delivery due to administrative issues, or members being unaware of how to get their DME approval or repair started.
- In Quarter 3, Care Coordination re-entered the top 3 complaint subjects. Many members requested changes in Care Coordinators or needed to know how to reach them.

Looking for Themes Across All Call Subjects



- Analyzing call subjects opened each quarter has helped us track new and emerging issues. However, there are some limitations:
 - Sometimes a complaint starts off as one subject and turns into multiple subjects by the end of the case
 - A single call subject may have limited data points and don't allow the identification of widespread issues
- My Ombudsman's Data Analyst has started looking for themes across all complaints regardless of call subject for complaints closed in Quarter 3 (regardless of when they were opened).

Analysis of Closed Complaints

What is a closed complaint?

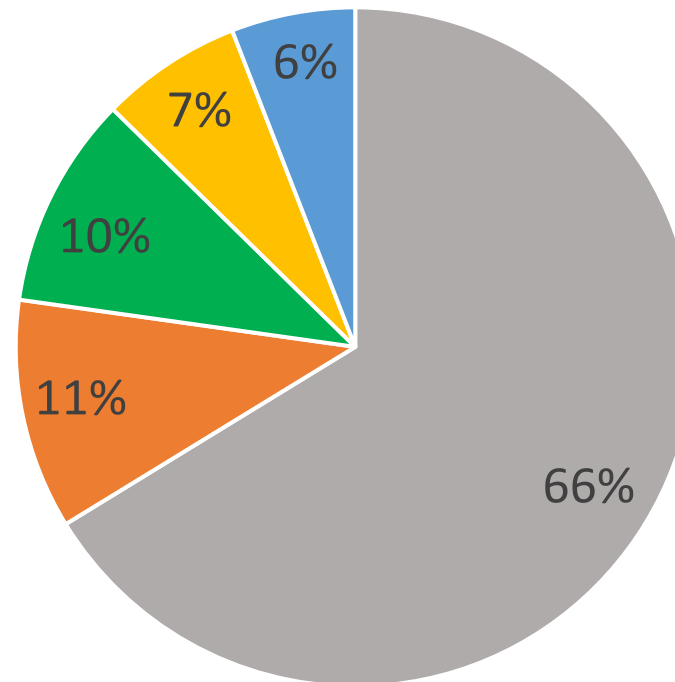
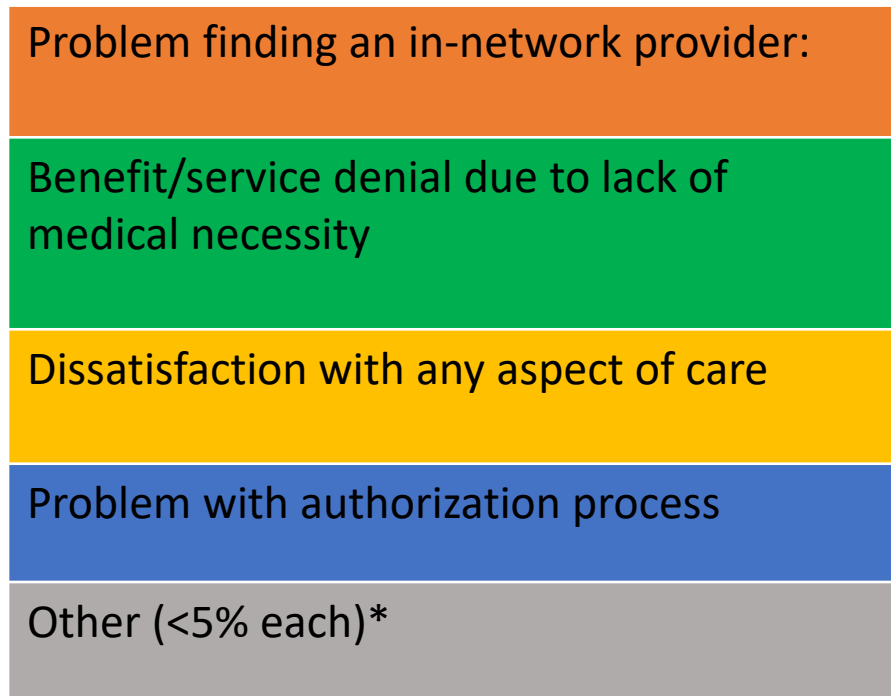
- A complaint that has reached its conclusion after providing the member with the plan's resolution
- Member may be referred to a partner organization for further assistance
- Includes complaints that may have been opened in a different quarter

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.

Across All Call Subjects from Complaints Closed in Quarter 3, These Themes Arose

Theme



■ Other (each <5%) ■ Finding a doctor ■ Service denial ■ Dissatisfaction with care ■ Authorization process issue

Total number of closed complaints = 119

*Includes any themes that appeared in less than 5% of all complaints

Analyzing the top theme: Problems finding an in-network provider

Sub-themes

- Provider directory was not up-to-date
 - Many members tried to look for providers on their own, either using the provider directory or the lists provided by member services. This information was often out-of-date.
- Some of these members needed more "hands-on" support in general
 - Some were overwhelmed by the process in general, or discouraged by the long lists or limited offices taking new patients
- The types of providers varied but most were dental providers, opticians/optometrists, and behavioral health specialists
- In a few cases, members had to use providers that were out-of-network

Summary & Discussion



- Call volume increased from Quarter 2 to Quarter 3, likely due to the One Care mailing by MassHealth in August
- About the complaints **opened** in Quarters 2 and 3
 - In Q2, members' top new complaints were about Benefits/Access, LTSS, and DME.
 - Unlike previous quarters, Care Coordination was not a top complaint in Q2, but re-entered the top 3 complaints subjects in Q2.

Summary & Discussion



- Our new focus on closed complaints regardless of call subject makes it easier to identify themes within our data. It is important to note that the themes we identified in Quarter 3 didn't have a significant call subject variance.
- The top theme that emerged among all the complaints that were closed in Quarter 3 was related to members having problems finding an in-network provider.
 - Many cases revealed that provider directories (both online and in print) were not up-to-date e.g. many providers no longer accepted the plan in question
 - Some members needed more "hands-on" support in general
 - The types of provider needs varied, but most were dental providers, opticians/optometrists, and behavioral health specialists
 - In a few cases, members had to use providers that were out-of-network

Summary & Discussion



- Plans may want to consider updating provider directories more frequently, which would be helpful for members and-care coordinators who have members that need more one-on-one guidance using the directory
- Plans may also want to provide more transparency into how and how often directories are updated
- Plans may also want to consider having Member Services representatives check the provider lists while they have the member on the phone to lessen the burden on the member, especially if they seem overwhelmed



Thank you!

Questions or comments?

Contact Us



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- Nosotros hablamos Español
- Nou pale Kreyol
- We use ASL
- We use an interpreter phone service for many other languages as needed