



# My Ombudsman

**MassHealth** Health Plans

**Presented By**

Leslie Diaz, Director

May 9, 2023

# Agenda



- Review of Quarter 1 2023 data for One Care plans
  - The number of individuals assisted in quarter 1
  - Inquiries and complaints opened in quarter 1
  - The themes that emerged from analysis of complaints that were closed in quarter 1
- Summary
- Questions/Comments

# Individuals Assisted in Quarter 1

## Quarter 1: January 2023-March 2023



- 96 individuals submitted a total of 54 inquiries and 92 complaints (146 calls)
- 57 new individuals contacted us this quarter



# Inquiries Opened in Quarter 1

## Quarter 1: January-March 31, 2023

Inquiry Subject	Quarter 1
General Information	18
Benefits/Access	12
All others* (<10 inquiries each)*	24
<b>TOTAL INQUIRIES</b>	<b>54</b>

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

# Complaints Opened in Quarter 1

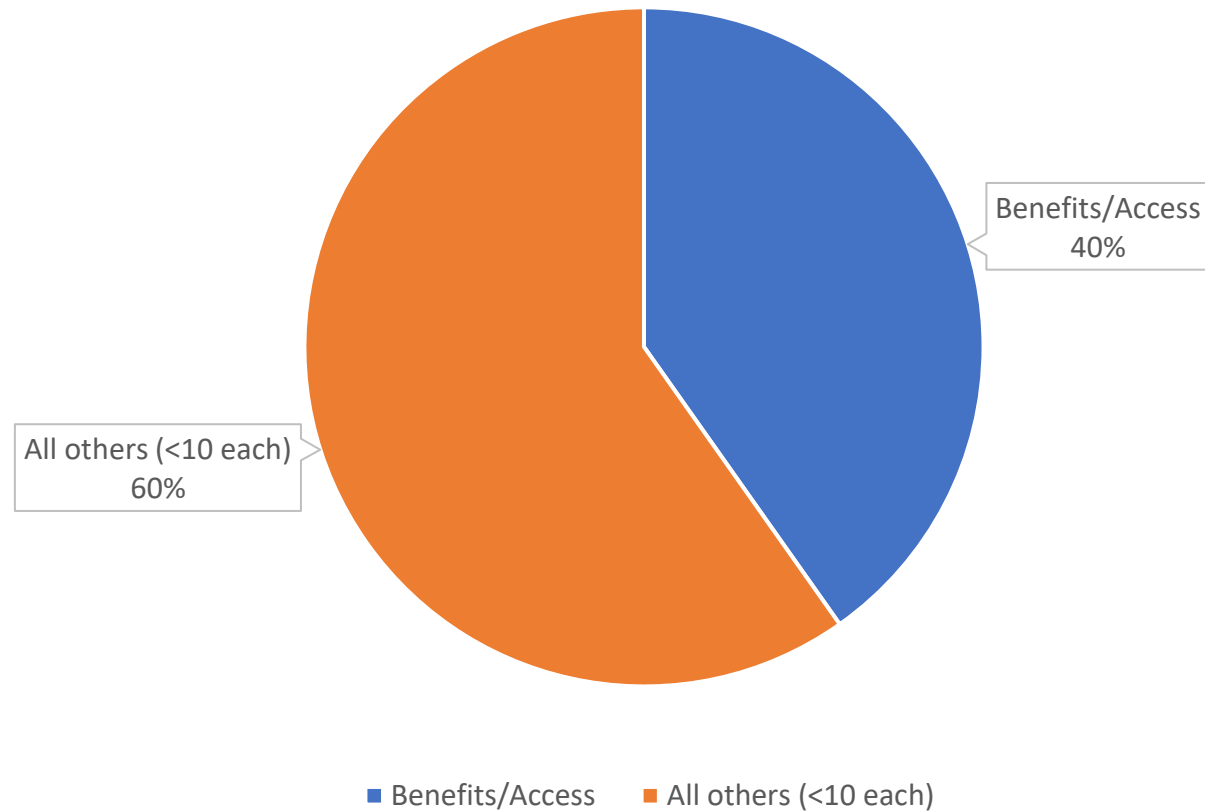
## Quarter 1: January- March 31, 2023



Complaint Subject	Quarter 1
Benefits/Access	37
Other (less than 10 complaints each)*	55
<b>TOTAL COMPLAINTS</b>	<b>92</b>

\*Includes complaint subjects: DME, Pharmacy/Medication, LTSS, Claim/Payment, Care Coordinator/Care Manager, Transportation, Physician/Hospital, CLAS/Accessibility, Home Health Agency, Enrollment/Disenrollment

# Complaint Subjects Opened in Q1





# Observations on Complaints Opened in Q1 2023

- In Q1, the top 3 complaint subjects were
  1. **Benefits/Access**
  2. **DME**
  3. **Pharmacy/Medication**
- The **Benefits/Access** complaints included:
  - Benefits or services that were denied due to a lack of medical necessity, or due to the request not being a covered benefit. The benefits ranged from dental care such as dentures or partials, to lens enhancements, spinal injections, and so on.
  - Needing guidance finding an in-network provider, such as a dentist, an eye doctor, dermatologist, or PCP. Members needed guidance for various reasons, including being unsatisfied with current PCP or provider, prior provider not fully completing a procedure, or that the provider they found not having appointments available for months.
  - Problems or confusions with the authorization process (the act of requesting a benefit or service)

# Observations on Complaints Opened in Q1 2023



- **DME** complaints included:
  - Members experienced delays in receiving their approved DME, for example, due to incorrect orders by the plan, lack of updates from their care team, providers' delay in sending referrals for DME items, and vendors' delay in sending DME items.
  - Members wanted to appeal for a denied DME or DME repair
- **Pharmacy/Medication** complaints included:
  - Members needing assistance getting prescriptions or medications covered by appealing for them or getting the prior authorization for them sorted.

# 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

# Analysis of Closed Complaints

What is a closed complaint?

# Themes - Complaints Closed in Quarter 1 2023



## Theme

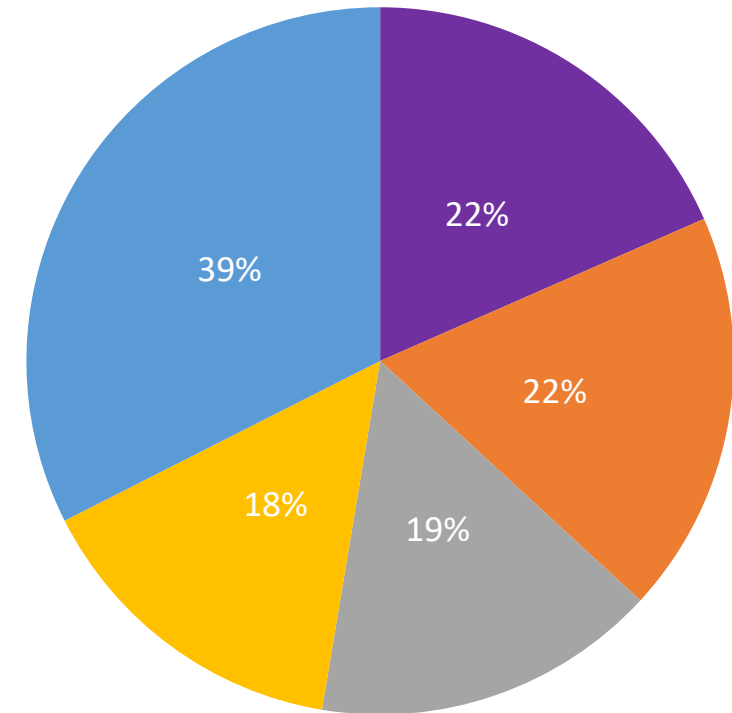
**Delays in receiving an approved benefit or service**  
Theme occurred 21 times in 103 closed complaints

**Dissatisfaction with any general aspect of care**  
Theme occurred 21 times in 103 closed complaints

**Problem with authorization process**  
Theme occurred 18 times in 103 closed complaints

**Denial of a benefit or service**  
Theme occurred 17 times in 103 closed complaints

**Other (<10 each)\***  
Theme occurred 36 times in 103 closed complaints



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



# Analyzing the top themes within complaints closed in quarter 1

- The most frequently occurring themes (**each occurred 21 times across 21 complaints**) were **delays in receiving an approved benefit or service** and **dissatisfaction with any general aspect of care**.
- For complaints that involved themes of **dissatisfaction with any general aspect of care**, there wasn't an apparent trend, members were dissatisfied with their physicians/hospitals, care teams, transportations and so on.
- MYO found that for complaints that involved themes of **delays in receiving an approved benefit or service, communication or performance issues with care coordinators** emerged as an important subtheme.

# Analyzing the Top Themes: Reasons for Delays in Receiving Approved Benefits or Services



- The most prevalent reason for the delays were: **communication or performance issues with care coordination.**
  - Members were having difficulty getting updates from their care partner or care team about their DME, i.e., the care partner was not responsive about the DME orders, repairs and updates.
  - Members were facing difficulty with their care teams being unresponsive about home care services as well.
  - All these complaints were resolved in the member's favor by My Ombudsman.

# Analyzing the Top Themes: Reasons for Delays in Receiving Approved Benefits or Services



Other reasons for the delay of an approved benefit or service included:

- Member had difficulty finding provider or vendor in-network
- The insurance not sending the approval letter or other required documents
- Incorrect order (for DME)
- Communication issues with vendor or provider
- Due to supply chain issues
- Inconclusive reasons

# Summary



- This quarter, 96 individuals (57 of them were new) contacted My Ombudsman and opened 54 Inquiries and 92 Complaints
- The top subject from complaints that were **opened** in Quarter 1 were Benefits/Access, DME, and Pharmacy/Medication.
- The most prominent theme that emerged from complaints that were **closed** in Quarter 1 were related to the **delays in receiving approved benefits/services** (for various reasons) and **dissatisfaction with any general aspect of care**.
- While within the dissatisfaction with any general aspect of care there was not an apparent trend, MYO found that for delays in receiving an approved benefit or service, **Communication or performance issues with care coordinator** emerged as the most important subtheme.



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