# Slide 1: My OmbudsmanMassHealth Health Plans

**Presented By**

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# Slide 2: 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

# Slide 3: 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

# Slide 4: Inquiries Opened in Quarter 1Quarter 1: January-March 31, 2023

**Inquiry Subject​** **Quarter 1**

General Information 18

Benefits/Access 12

All others\* (<10 inquiries each)\* 24

**TOTAL INQUIRIES​** **54**

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

# Slide 5: Complaints Opened in Quarter 1Quarter 1: January- March 31, 2023

**Complaint Subject​** **Quarter 1**

Benefits/Access 37

Other (less than 10 complaints each)\* 55

**TOTAL COMPLAINTS ​** **92**

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

# Slide 6: Complaint Subjects Opened in Q1

*Note: the following data is shown in a pie chart on this slide.*

Benefits/Access 40%

All others (<10 each) 60%

# Slide 7: 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)

# Slide 8: 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.

# 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

# 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 1 2023

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

**Theme**

* Delays in receiving an approved benefit/service – purple
Theme occurred 21 times in 103 closed complaints
22%
* Dissatisfaction with any general aspect of care – orange
Theme occurred 21 times in 103 closed complaints
22%
* Problem with authorization process – grey
Theme occurred 18 times in 103 closed complaints
19%
* Denial of a benefit or service - yellow
Theme occurred 17 times in 103 closed complaints
18%
* Other (<10 each)\* - blue
Theme occurred 36 times in 103 closed complaints
39%

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

# Slide 12: 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.

# Slide 13: 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.

# Slide 14: 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

# Slide 15: 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.

# Slide 16: Thank you! Questions or comments?

# Slide 17: Contact UsMy OmbudsmanMassHealth Health Plans

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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