Slide 1: My Ombudsman MassHealth Health Plans

Presented By
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Slide 2: Agenda

- Review of Quarter 4 2023 data for One Care plans
    - The themes and the details that emerged from our analysis of complaints that were closed in quarter 4
- Key Takeaways
- Questions/Comments

Slide 3: One Care Members Assisted in Quarter 4

(October-December 2023)

Note: the following information is shown in an organization chart on this slide. This note is included in case the structure is referred to during the presentation.

- 52 individuals
- 17 returning
- 35 new

Slide 4: One Care Call Volume in Quarter 4

(October-December 2023)

Note: the following information is shown in an organization chart on this slide. This note is included in case the structure is referred to during the presentation.

- 97 Calls/Emails
- 28 inquiries
- 69 complaints

Slide 5: 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 6: Top themes within Complaints Closed in Q4

- **Themes**
  - Member needed guidance finding in-network providers
- **Frequency**
  - 11

Total number of closed complaints: 69

Slide 7: Top Theme in Q4: Members needed guidance finding an in-network provider

- Members needed guidance finding in-network providers
  Note: Before this sentence, there is a blue icon of a female clinician with a stethoscope around her neck.
- Members needed guidance finding specialized providers, for example: an at-home massage therapist
  Note: Before this sentence, there is a blue icon of a stethoscope.
- Members needed to find a provider according to their cultural needs
  Note: Before this sentence, there is a blue icon of a medical cross symbol.
- For the remaining complaints, there was insufficient information
  Note: Before this sentence, there is a blue icon of a circle with a light blue question mark in the center.

Slide 8: Top Theme in Q4: Outcomes of in-network provider search guidance

- In 7 out of 11 cases, the member was able to find a provider.
- In 4 out of 11 cases, the outcome was inconclusive due to the member being unreachable or discontinuing with the case.

Slide 9: Other themes within Complaints Closed in Q4

Themes

- Denial of a benefit or service
- Delays in receiving an approved benefit or service
- Communication issues with care coordinator
- Member needed help reaching provider to make or confirm an appointment
- Deaf/HOH accessibility issues
- Member needed assistance checking the status of an appeal
- Member needed help with the status of a prior authorization

Total number of closed complaints: 69; each theme occurred less than 10 times

Slide 10: Denial of a benefit or service

- PCA-related denials
  Note: Before this sentence, there is a blue icon of two screens overlapping with the Wifi symbol between them.
- Dental service denials
  Note: Before this sentence, there is a blue icon of a tooth.
- Medication denials
  Note: Before this sentence, there is a blue icon of a pill bottle and a pill.
- Out-of-network provider denials
  Note: Before this sentence, there is a blue icon of a circle five lines coming out of it.
- Insufficient information

Note: Before this sentence, there is a blue icon of a circle with a light blue question mark in the center.

Slide 11: Denial of a Benefit or Service

Denial Reasons

- Due to lack of medical necessity
- Due to administrative issues
- Insufficient information regarding the denial reason
- Not a covered benefit/service
- Other

Outcomes

- In 1 of these cases, member got the outcome they wanted.
- In 7 of these cases, the outcome was inconclusive because member was unreachable.

Slide 12: Delays receiving an approved benefit or service

Delay reasons

- DME delays due to plan's delays
- DME delays due to vendor's unresponsiveness
- DME delay due to vendor's supply chain issues
- Home-making service delays due to care agency staffing issues

Outcomes

- In 6 of these cases, member got the outcome they wanted
- In 1 of these cases, the outcome was inconclusive due to member being unreachable

Slide 13: Care Coordination Issues

Care coordination issues

- Members reported insufficient care coordination or hard to reach care coordinators.
- Members needed assistance contacting their care coordinators about facilitating various services like installing DME, planning a discharge after a surgery, heavy chores services, etc.

Outcomes

- In 4 of these cases, member got the outcome they wanted
- In 1 of these cases, the outcome was inconclusive since the member decided to discontinue with the case

Slide 14: Deaf/Hard-of-Hearing Accessibility Issues

Deaf/HOH Accessibility Issues

- Deaf and Hard-of-Hearing members reported needing help with arranging interpreter services for their appointments, though primarily they needed guidance with the prior authorization process and the appointment system.
- These issues were not related to interpreter availability or access.

Outcomes

- In all these cases, member got the outcome they wanted, meaning that they were able to have an interpreter at their appointments.

Slide 15: Other themes

Assistance with the status of an appeal/prior authorization

- For services such as specialized providers, physical therapy, PCA services, and DME
- In one of these, the member reported that their care coordinator had not provided any updates regarding the status of an appeal

Assistance reaching a provider's office to make or confirm appointments

- Members needed help securing or confirming dental, pain management, or other provider appointments.

Outcomes

- Member received desired outcome in all these cases.

Slide 16: Key Takeaways from Quarter 4 Data:

- The most common theme was related to members needing guidance finding an in-network provider.
- In most cases, members needed guidance navigating the provider directories because they were confusing, or it was difficult to find specialized providers or providers that met their cultural needs using the directory alone.
- Members could benefit from their care coordinators being more directly involved in their provider searches. For example, instead of simply referring to the directory, a care coordinator can begin the search themselves and then share options they found with the member to choose from.

Slide 17: Key Takeaways from Quarter 4 Data:

- Some other themes were related to the denial of PCA services (due to reported lack of medical necessity) and delays in receiving approved DME (due to vendor unresponsiveness and supply chain issues.)
- This quarter, several members, notably members who identified as Deaf/HOH, needed help reaching their provider's office to make appointments and finding out the status of their appeals or prior authorizations. In many of these cases, members reported insufficient care coordination or hard-to-reach care coordinators.
- With MYO's help, some members learned how to find out some of this information independently, and others were connected to their care team for more one-on-one support.

Slide 18: Thank you!

Questions or comments?

Slide 19: Contact Us

My Ombudsman
Need help with your MassHealth benefits? We're here for you.

- **Phone:** 855-781-9898
- **Deaf/Hard of Hearing:** 339-224-6831
- **Email:** info@myombudsman.org
- **Web:** www.myombudsman.org
- Monday-Friday 9am-4pm

- Nosotros hablamos Español

- Nou pale Kreyol
- We use ASL

- We use an interpreter phone service for many other languages as needed