



# MassHealth Ombudsman for Members with Disabilities in Managed and Integrated Care Programs

Executive Office of Health & Human  
Services

April 7, 2017

Boston, MA

# Overview



- Currently, Ombudsman services are available to some MassHealth members based on participation in certain programs (such as One Care), for members in nursing facilities, or for MassHealth accessibility requests
- As MassHealth works towards delivery system reform across managed care programs, the agency would like to provide an independent resource for members in managed and integrated care programs to help address matters related to disability, accessibility, long-term services and supports (LTSS) , and behavioral health (BH) services

# Policy Goals



In the development of this Ombudsman program, MassHealth is focusing on the following policy goals:

- Improving access to care for members living with disabilities, including behavioral health conditions and LTSS needs
- Promoting continuity of care for members
  - Assisting members with access to benefits and maintaining existing provider relationships as they transition from one health plan to another
- Collecting and analyzing data about member-level issues within and across health plans to:
  - better understand the common experiences of members living with disabilities in accessing care and services, and
  - identify any associated trends and patterns to help improve delivery of services for these members.



## Policy Goals (cont.)

- Ensuring members are aware of and can easily access culturally competent Ombudsman services (preferably through a no-wrong door approach)
- Ensuring staff who provide Ombudsman services are experienced and/or trained in the areas with which this population may need assistance
- Ensuring members have accessible medical and diagnostic equipment
- Ensuring that members have timely access to one-on-one assistance

MassHealth wants to avoid duplicating services - general eligibility and enrollment support would continued to be provided by MassHealth's Customer Service Center (CSC)



## Anticipated Scope of Services

This Ombudsman will be expected to:

- Assist members with navigating and accessing covered services, including the following activities:
  - Answering questions about types of benefits and services;
  - Assisting members to resolve complaints and concerns about access to benefits and services, including accommodations and accessibility issues;
  - Facilitating communication between members and their plans;
  - Educating members about fair hearings, grievance and appeal rights and processes within the health plan, and assisting them through the process if needed/requested.\*
- Collect data related to services provided and provide reports on services as requested by EOHHS.

*\*Ombudsman staff will not be permitted to provide legal representation to members*



# Target Populations for Ombudsman Services

- All members, regardless of age, living with disabilities and enrolled in managed or integrated care:
  - One Care
  - Managed Care Organizations (MCOs)
  - Accountable Care Organizations (ACOs)
  - Massachusetts Behavioral Health Partnership (MBHP) (managed BH vendor)
  - Senior Care Organizations (SCO)
  - Program of All-inclusive Care for the Elderly (PACE)
- MassHealth anticipates that this would include approximately 175K - 200K members, including:
  - members with physical disabilities
  - members with intellectual/developmental disabilities
  - members with serious mental illness or substance use disorders
  - members with disabilities with multiple chronic illnesses or functional and cognitive limitations
  - members with disabilities who are homeless or have been homeless



## DRAFT Timeline:

- **Post RFR:** May 2017
- **Bidder Responses Due:** Summer 2017
- **Contract Start Date:** Fall 2017
- **Proposed Service Start Dates:**
  - MCO, ACO, and MBHP - November 2017
  - One Care and SCO – January 2018  
*The contract for the current One Care Ombudsman will run through December 31, 2017*
  - PACE – July 2018



## For Discussion:

*Key considerations: capacity, expertise, consistency in data collection, cost*

- How should this program be structured?
  - Single entity that can serve all members
  - Single entity with subcontractors serving some members
  - Multiple entities and contracts for different groups of members
- How should these services be delivered?
  - Should contracts be able to be separated based on program, geographic region, and/or type of disability?
- What kinds of support are most important to members?
  - Telephonic, in-person, web-based
- What are the most important features of this program or programs?
- Should MassHealth's Disability Accommodation Ombudsman be included in this program?
  - Would need to expand services to members in fee-for-service
- Other considerations?