

Slide 1:
My Ombudsman
MassHealth Health Plans

Presented By
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November 12th 2024

Slide 2:
Agenda

- Overview of the My Ombudsman Program
- Review Quarter 2 & 3 2024 data for One Care plans
 - The top theme that emerged from our analysis of complaints that were closed in Q 2& Q3 2024
- Key Takeaways
- Questions/Comments

Slide 3:
About My Ombudsman
What we do, who we are

Slide 4:

About Us

My Ombudsman is an independent program operated by the Disability Policy Consortium (DPC) through a contract with MassHealth. At My Ombudsman, we empower individuals, including their families and care givers, to exercise their rights and access the services provided by MassHealth.

Our mission is to ensure that MassHealth members understand their healthcare rights and health plan benefits so they can get the care they need.

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What We Do

- We offer **information** about MassHealth-covered benefits, services, and member rights
- We offer **help** accessing covered benefits and services
- We help members **understand** how to exercise their rights
- We provide **support** and encourage **self-advocacy**

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Who We Help

- MassHealth members:
 - Members who get their MassHealth via Fee For Service (FFS), including members who have both Medicare and MassHealth
 - Members enrolled in any MassHealth plan, including:
 - One Care, SCO, or PACE plans
 - ACO and MCO health plans
 - Primary Care Clinician (PCC) plan
 - Massachusetts Behavioral Health Partnership (MBHP)

Slide 7:

My Ombudsman's Role

How we can help

Slide 8:

Working with My Ombudsman

- Collaborative from start to finish
- Member, Community Liaison, Ombudsman, and MassHealth (plus any care providers) work together

- Member is always at the center of the process

Note: this slide includes a graphic illustrating the relationship between the Member and the Ombudsman and how they communicate with the Community Liaison and the Health Plan. Each entity is in an oval with arrows pointing to and from each other illustrating the communication between entities. The Member and Ombudsman ovals are larger, and the Member oval is darker which illustrates the focus on the member.

Slide 9: How We Help

For example, we:

- Answer questions on how to access MassHealth benefits such as PCA services, DME, and other Long-Term Services and Supports (LTSS).
- Help members find providers, as well as behavioral and mental health services
- Help members understand decisions related to prior authorizations, including for example, related to their medication, dental services, or any other benefits by facilitating communication with their plan and/or provider, and help to identify options for moving forward if needed
- Explain how to file appeals or grievances.
- And more

Slide 10:

Keeping the Member Informed

- The Ombudsman keeps the member in the loop on each step taken to resolve their case, including informing the member about where the ombudsman looks for and/or finds certain information
- Maintaining ongoing, clear and consistent communication is critical to providing members with the tools they need to self-advocate in the future.

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How Are We Different?

- My Ombudsman's services focus on providing hands on support to existing MassHealth members who have questions or are having challenges accessing benefits or services
- We **do not** assist with eligibility or enrollment
- We are not a part of MassHealth or any health plan. We stay neutral and look at all sides of the story
- We provide reporting to MassHealth and other stakeholders to help identify opportunities for strengthening or clarifying policies and processes and for

increasing member education, to help improve members' access to health care.

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Data Collection

- Demographic data is collected during the intake stage of a member's case with my ombudsman. Any missing information is collected at the closing stage of the member's case. This information helps My Ombudsman see which members of the community we are able to reach and which communities we need to focus more outreach efforts on.
- Individual case data is reviewed monthly to help My Ombudsman make suggestions to MassHealth regarding any trends that can be seen throughout the cases.
- Data is collected and reviewed with the intention of ensuring all individuals throughout Massachusetts are able to access the benefits provided to them through their health plan, while also understanding their rights.

Slide 13:

Data Analysis from Q2 2024

Slide 14:
One Care Members Assisted in Q2

Note: the following data is shown in an organization chart.

90 total individuals
61 returning
29 new

Slide 15:
One Care Call Volume in Q2

Note: the following data is shown in an organization chart.

143 Calls/Emails
38 inquiries
105 complaints

Slide 16:
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*

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Top Theme in Q2: Denial of a benefit or service

- 75% of the denials were due to lack of medical necessity.
- 13% were due to the member's seeing an out of network provider.
- The remaining did not have sufficient information to determine a reason
- Overall, 22% of the denials were related to dental services

Slide 18:

Top Theme in Q2: Denial of a benefit or service

- 52% of the cases (12 out of 23) were appealed and were resolved in the member's favor.
2 cases were appealed, and the decision was upheld.
- Of the cases that did not go through the appeals process, 2 of the members either decided not to move forward with the appeals process, in 2 cases members providers were able to resubmit the request with additional documentation, preventing the need for an appeal.
- Overall, 74% (17 out of 23) of the denials were resolved in the member's favor with My Ombudsman's help. The remaining were inconclusive due to the member being unreachable or the benefit continuing to be denied after the appeals process.

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Other Themes within Complaints Closed in Q2 2024

Themes	Count
• Problem finding an in-network provider	16
• Member needed guidance or support with initiating a request for a benefit or services	14
• Insufficient/Inadequate Care Coordination	<10

- PCA Payment Issues <10
- Dissatisfaction with any general aspect of care <10
- Member required assistance with the status of a prior authorization <10
- Transportation <5
- Delays in receiving an approved benefit or service <5
- Member received bill from a provider or vendor or had to pay a co-pay <5
- Deaf/HOH Accessibility issues <5
- Other themes <5

Total number of closed complaints: 80

Slide 20:

Problems finding an in-network provider

- These cases included provider searches for dental providers, behavioral health providers, PCP, and other specialists.
- 63% of these cases were related to finding dental providers.
- 81% (13 out of 16 cases) of these provider search cases were resolved.
- The remaining were inconclusive, due to the members becoming unreachable.

Slide 21:
Data Analysis from Q3 2024

Slide 22:
One Care Members Assisted in Q3

Note: the following data is shown in an organization chart.

58 total individuals
31 returning
27 new

Slide 23:
One Care Call Volume in Q3

Note: the following data is shown in an organization chart.

110 Calls/Emails
41 inquiries
69 complaints

Slide 24:

Top Benefit in Q3: Denial of a benefit or service

- 52% of the denials were due to lack of medical necessity, or the benefit not being covered. The remaining did not have sufficient information to determine a reason
- 19% of the denials were related to dental services
- 33% of the cases (9 out of 27) were appealed. 56% of those cases that were appealed (5 out of 9) were resolved in the member's favor. 33% of the cases (3 out of 9) the decision was upheld.
- 33% of the cases (9 out of 27) the members became unreachable. The remaining 33% of the cases (9 out of 27) the members decided either not to move forward with the appeals process, or the provider(s) resubmitted the request again with additional documentation to avoid the appeals process.
- Overall, 70% (19 out of 27) the denials were resolved in the members' favor with MYO's help/guidance.

Slide 25:

Other Themes within Closed Complaints in Q3 2024

Themes

Count

- Member needed guidance or support with initiating a request for a benefit or service. 24
- Dissatisfaction with any general aspect of care <10
- Problem finding an in-network provider <10
- Insufficient/inadequate care coordination <10
- Member received a bill from a provider or vendor or had to pay a co-pay <5
- Member required assistance with the status of a prior authorization <5
- Transportation <5
- Delays in receiving an approved benefit or service <5
- Other <5

Total number of closed complaints: 85

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Member needed guidance or support initiating a benefit or service

- **Benefits or Services included:**
 - 38% of the cases were regarding members needing guidance or support initiating a DME request.
 - The remaining cases were regarding medical records, medication, and LTSS

- **Outcomes**

- 67% (16 out of 24) of the cases were resolved by MYO.
- The remaining were inconclusive, due to members being unreachable at any point during the case.

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Takeaways from Q2 & Q3 2024 top theme

- The most common theme was related to members receiving denials for benefits and services that they had requested, due to lack of medical necessity, or the benefit not being covered.
- These types of complaints indicated the importance of members being able to receive guidance and support from MYO in navigating the appeals process. MYO was able to work at each stage of the process with the members, care teams, insurance plans and vendors/providers, helping to ensure uninterrupted care for the members.

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Thank you!

Questions or comments?

Slide 29:

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