

Slide 1: My Ombudsman MassHealth Health Plans

Presented By

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Slide 2: Our Mission

My Ombudsman is operated by an independent non-profit program (the Disability Policy Consortium). At My Ombudsman, we empower individuals, including their families and caregivers, to exercise their rights and access the services provided by MassHealth and its managed care plans.

We ensure that individuals can exercise their rights and access the benefits they have as a MassHealth member.

Slide 3: Overview

- Review of Quarter 3 and 4 data for One Care plans
 - Individuals assisted, inquiries, complaints, outreach
- Member feedback
- Questions and comments

Slide 4: One Care Individuals Assisted

Quarter 3: July 1 – September 30, 2021

- 144 individuals submitted a total of 65 inquiries and 162 complaints (227 calls)
- 89 new individuals contacted us this quarter

Slide 5: One Care Individuals Assisted

Quarter 4: October 1 – December 31, 2021

- 157 individuals submitted a total of 84 inquiries and 127 complaints (211 calls)
- 125 new individuals contacted us this quarter

Slide 6: One Care Individuals Assisted

Quarter 3 and Quarter 4 2021

Note: *the following data was show in a table format.*

Date Range

Quarter 3

# inquiries	65
# complaints	162
Total Calls	227
# Individuals	144*

Quarter 4

# inquiries	84
# complaints	127
Total Calls	211
# Individuals	157**

*Quarter 3 – 89 new members

**Quarter 4 – 125 new members

Slide 7: One Care Health Plan Inquiries

Quarter 3 and Quarter 4 2021

Note: the following data was show in a table format.

Quarter 3 – July to Sept

Inquiry Subject

General Information	32
Benefits/Access	3
Enrollment/Disenrollment	3
Care Coordination	4
Appeals/Grievance Process	6
Physician/Hospital	6
Transportation	3
LTSS	2
All others*	6
TOTAL INQUIRES	65

Quarter 4 – Oct to Dec**Inquiry Subject**

General Information	36
Benefits/Access	13
Enrollment/Disenrollment	9
Care Coordination	6
Appeals/Grievance Process	4
Physician/Hospital	3
Transportation	4
LTSS	4

All others*	5
TOTAL INQUIRES	84

Total

General Information	68
Benefits/Access	16
Enrollment/Disenrollment	12
Care Coordination	10
Appeals/Grievance Process	10
Physician/Hospital	9
Transportation	7
LTSS	6
All others*	11
TOTAL INQUIRES	149

***Includes Pharmacy/Medication, Behavioral Health, CLAS/Accessibility, Claim/Payment, Home Health Agency**

Slide 8: One Care Health Plan Complaints

Quarter 3 and Quarter 4 2021

Note: the following data was show in a table format.

Quarter 3 – July to Sept
Complaint Subject

LTSS	29
Benefits/Access	24
Care Coordination	34
Physician/Hospital	17
Claim/Payment	14
DME	7
Appeals/Grievance	7
Behavioral Health	5
Transportation	7
Pharmacy/Medication	8
Home Health Agency	5
All others*	5
TOTAL COMPLAINTS	162

Quarter 4– Oct to Dec
Complaint Subject

LTSS	24
Benefits/Access	27
Care Coordination	14

Physician/Hospital	12
Claim/Payment	7
DME	12
Appeals/Grievance	7
Behavioral Health	9
Transportation	4
Pharmacy/Medication	3
Home Health Agency	4
All others*	4
TOTAL COMPLAINTS	127

Total

Complaint Subject

LTSS	53
Benefits/Access	51
Care Coordination	48
Physician/Hospital	29
Claim/Payment	21
DME	19
Appeals/Grievance	14
Behavioral Health	14
Transportation	11

Pharmacy/Medication	11
Home Health Agency	9
All others*	9
TOTAL COMPLAINTS	289

***Includes complaint subjects CLAS/Accessibility, Confidentiality/HIPAA, Plan Administration**

Slide 9: Common Complaints

- Benefits/Access
 - Member needs help with the authorization of a covered benefit.
 - Member's request was denied and needs to know what to do next.
 - Member is having difficulty finding in-network providers for a covered benefit.
- Example
 - One member reached out for help getting acupuncture, stating that their provider had not yet heard back about their authorization request. The member said they tried asking their care coordinator for help, but they were unresponsive. My Ombudsman learned that the acupuncturist sent the plan the authorization paperwork request twice, but the plan stated they had not received it. With My Ombudsman's help, the

paperwork was forwarded to the appropriate parties, and the request was eventually approved.

- Another member reported that their new partial dentures were not fitting properly despite multiple adjustments. The member stated that their dentist was no longer willing to make any more changes because the plan would not cover it. My Ombudsman helped the member corroborate that additional fittings would be covered. Ultimately, the member's care coordinator helped them find a new dentist who could work to the member's satisfaction.

Slide 10: Common Complaints

- LTSS
 - Members reported that their PCA and/or homemaker hours were reduced, or the amount of approved hours did not adequately meet their needs.
 - Members reported staff shortages and difficulty finding in-network providers for home care services in general.
 - Members reported problems with staff and the quality of services provided.
- Example

- One member had been approved for PCA services for months, but vendors were unavailable. The member requested alternative services in the meantime. These services were denied, as they were considered duplicate services with the already-approved PCA hours. The member stated that their care coordinator was not returning their calls for help with finding alternative solutions. After My Ombudsman intervened, the care coordinator helped search for alternative services, and the originally denied services were overturned.

Slide 11: Common Complaints

- Care Coordination
 - Members reported that care managers were non-responsive or less responsive than desired.
 - Members reported that their care managers were ineffective or unable to solve their issues.
 - Member issues ranged from problems accessing in-home care services, dental care, and other various benefits.
- Example
 - In one case, a member had been approved for homemaker services for three months, but a vendor had not been secured. The member said their care coordinator was not responding to requests for help. The member

eventually found a vendor on their own, but the vendor was having difficulty communicating with the plan. With My Ombudsman's help, the vendor was able to enter discussions with the plan and they settled on a single case agreement.

- After this was resolved, the member requested a new care coordinator and was granted one (member was unsuccessful with this in the past.)

Slide 12: Outreach

How Members Heard About My Ombudsman*

Note: the following data was show in a table format.

Quarter 3

Source

Magnet/One Care Mailing	29%
Plan Member Services	20%
Plan Brochures or Marketing	2%
Community Based Organization	7%
Care Team Member	3%
Friend	3%
Other sources*	36%

Quarter 4

Source

Magnet/One Care Mailing	6%
Plan Member Services	3%
Plan Brochures or Marketing	9%
Community Based Organization	4%
Care Team Member	5%
Friend	4%
Other sources*	69%

* Including but not limited to outreach events, healthcare providers, etc.

Slide 13:

Outreach and Team Updates

- In Quarter 3, we launched our new website, hosted presentations and tables at various community events (virtual and in-person), and MassHealth sent an outreach mailing to all One Care members in July.
- In Quarter 4, we sent over 3,500 flyers, magnets, and brochures to various community health centers and meal delivery programs across the state and connected with 8 new organizations focused on health equity.

- We now have 2 more Community Liaisons (one of whom is bilingual in Spanish), one more Lead Ombudsman (bilingual in Haitian Creole) and a new Community Outreach Manager with advocacy experience. We are still hiring for two more Ombudsman!

Slide 14: Member Feedback

- “Things happened in such a short time frame and within a couple of days I had an approval letter. Usually that takes months. It was a super positive experience....The next time I have a problem I’ll definitely call you guys again.”
- “[The Ombudsman] always got back to me right away and....was very respectful, understanding and caring. [The Ombudsman] did the best they could to take care of everything. I think your team was excellent. I feel really comfortable talking with you all and will be contacting you again. I’ll also refer people to you.”
- “I wish I’d found out about you guys sooner-I feel like I’ve had problems over time with insurance and didn't know where to turn before I found your team. I think more should be done to get the word out about your services.”

Slide 15: Thank you!

Questions or comments?

Slide 16: Contact Us

My Ombudsman

MassHealth Health Plans

- **Phone:** 855-781-9898
- **Videophone:** 339-224-6831
- **Email:** info@myombudsman.org
- **Web:** www.myombudsman.org

- Nosotros hablamos Español
- Nós Falamos Português
- Nou pale Kreyol
- We use ASL

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