



Presented By

Leslie Diaz, Director and Falguni Basnet, Data Analyst

November 14, 2023

Agenda



- Review of Quarter 2 and 3 2023 data for One Care plans
 - The number of individuals assisted in quarters 2 and 3
 - Inquiries and complaints opened in quarters 2 and 3
 - The themes and the details that emerged from analysis of complaints that were closed in quarters 2 and 3
- Key Takeaways
- Questions/Comments

One Care Members Assisted per Quarter



Quarter 2 (April-June 2023)

- 108 individuals contacted MYO
- 58 were new members who contacted us for the first time
- 28 inquiries and 110 complaints (138 calls)

Quarter 3 (July-September 2023)

- 76 individuals contacted MYO
- 43 were new members who contacted us for the first time
- 25 inquiries and 72 complaints (97 calls)

New One Care Inquiries in Quarter 2 and 3



Inquiry Subject	Quarter 2 (April-June 2023)	Quarter 3 (July-September 2023)
General Information	12	Less than 10
Benefits/Access	Less than 10	10
All others (<10 inquiries each)*	16	14
TOTAL INQUIRIES	28	24

*Includes inquiry subjects: Benefits/Access, Physician/Hospital, Enrollment/Disenrollment, Claim/Payment, Transportation, LTSS, Home Health Agency, CLAS/Accessibility, Care Coordination/Care Manager, DME, Appeals/Grievance Process

New One Care Complaints in Quarter 2 and 3



Complaint Subject	Quarter 2 (April-June 2023)	Quarter 3 (July-September 2023)
Benefits/Access	38	19
DME	13	13
Pharmacy/Medication	11	Less than 10
Other (less than 10 complaints each)*	48	40
TOTAL COMPLAINTS	110	72

*Includes complaint subjects: LTSS, Claim/Payment, Care Coordination/Care Manager, Transportation, Physician/Hospital, Home Health Agency, CLAS/Accessibility, Behavioral Health, Enrollment/Disenrollment, Appeals/Grievance Process, Pharmacy/Medication

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



Themes within Complaints Closed in Q2

Themes	Frequency
Denial of a benefit or service	22
Dissatisfaction with any general aspect of care	16
Problem finding an in-network provider	16
Other (<10 each)	49

Total number of closed complaints: 102

Top Theme in Q2: Denial of a Benefit or Service



8 dental service denials



Other service denials were related to, e.g., PCA services, medications, glasses, PT, etc.

Top Theme in Q2: Denial of a Benefit or Service



Top denial reasons

- Lack of medical necessity: 9
- Not a covered benefit or service: 3

Top Theme in Q2: Outcomes of Dental Denial Complaints



In 6 out of the 8 denials, the member filed an appeal and the service was approved.

In 2 out of the 8 denials, the member's appeal was denied. In one case, the provider pursued an alternative treatment plan. In another, the member declined further assistance.



Themes within Complaints Closed in Q3

Themes	Frequency
Denial of a benefit or service	16
Delays in receiving an approved benefit or service	14
Other (<10 each)	65

Total number of closed complaints: 91

Top Themes in Closed Complaints (Q3)



1. Denial of a benefit or service
2. Delays in receiving an already approved benefit or service

Theme 1: Denial of a Benefit or Service (Q2)



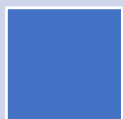
4 DME denials



3 dental service denials



3 PCA denials



6 Other

Theme 1: Denial of a Benefit or Service (Q3)



Top denial reasons

- Lack of medical necessity: 13
- Not a covered benefit or service: 1
- Unknown (member unreachable): 2

Theme 1: Outcomes (Q3)



In 7 out of 16 complaints, the member was able to receive the benefit or services

In 5 out of 16 complaints, member did not receive the benefit

In the remaining complaints, the outcome is unknown because the member became unreachable, or decided not to pursue the matter

Theme 2: Delays (Q3)



6 DME delays



3 medication delays



Remaining: LTSS, home health services, other

Theme 2: Outcomes (Q3)



In 12 out of 14 complaints, the member was able to receive the benefit or services

In the remaining 2 complaints, the outcome is unknown because the member became unreachable

Key Takeaways from Quarter 2 Data:



Top themes in complaints closed

- Denials of benefits and services, mostly dental services

The most common denial reason was lack of medical necessity

In 6 out of the 8 dental denials, the member filed an appeal and the service was approved

In the remaining 2 dental cases, the member filed an appeal and it was denied

Key Takeaways from Quarter 3 Data:



Top themes in complaints closed

- Denials of benefits and services (no particular type)
- Delays in receiving approved benefits or services

The most common denial reason was lack of medical necessity

- 7 out of 16 denials were resolved in the member's favor (member received the benefit)
- The remaining outcomes are mostly unknown due to member becoming unreachable or deciding not to pursue the issue

Reasons for delays in receiving approved services varied

- In 12 out of 14 of these complaints, member ultimately received the benefits or services
- In the remaining 2 cases, member became unreachable



Thank you!

Questions or comments?



My Ombudsman

MassHealth Health Plans

Contact Us

- **Phone:** 855-781-9898
- **Videophone:** 339-224-6831
- **Email:** info@myombudsman.org
- **Web:** www.myombudsman.org
- We use an interpreter phone service for many other languages as needed
- Nosotros hablamos Español
- Nou pale Kreyol
- We use ASL