

One Care Ombudsman Office

OCO Activities Overview: April – September 2015

Presented to the One Care Implementation Council

November 13, 2015

OCO Outreach

- OCO Outreach Events: 12
- Number of people reached: Approx. 1,600+
- Events and audiences:
 - 4/1/15 Mass. Rehab Commission, Fitchburg (20)
 - 4/3/15 Arise, Springfield (25)
 - 5/29/15 Taping at CBS, Boston
 - 6/3/15 DPC/OCO Annual Meeting, Quincy (50+)
 - 6/15/15 Heading Home, Charlestown (27)
 - 7/10/15 Malden Public Access Television

OCO Outreach (continued)

- 7/22 ADA 25th Anniversary Celebration, Boston (300+)
- 8/17 FTC Open Forum, Worcester (60+)
- 8/19 FTC Open Forum, Springfield (60+)
- 8/20 Disability Rights Video Viewing, Malden (20)
- 9/1 The Ombudsman Newsletter, Electronic (800)
- 9/18-9/20 Abilities Expo, Boston, MA, (300+)

Outreach Activities

- OCO participated in a series of regular weekly meetings with MassHealth and other One Care stakeholders to discuss strategies, concerns, messaging and outreach approaches for identifying and addressing the needs of former Fallon Total Care members.
- The OCO conducted in-person and telephonic outreach activities in central and western counties in the One Care geographic coverage area.
- The OCO launched a new monthly electronic newsletter: “The Ombudsman” in September. At the time of launch the distribution was 800.

Outreach Activities (cont'd)

- OCO Health Care Access Rights video series: 10 videos targeting various informational topics and disability groups.
 - Version 1: split screen with ASL Interpreter
 - Version 2: captioned
- Distribution:
 - OCO website
 - Electronic mass mailing to various community organizations
 - YouTube
 - Share with other duals demonstration states through learning collaborative led by CMS and the Administration for Community Living (ACL)

OCO Impact

Case Examples:

- The OCO assisted a former FTC member in their transition to another One Care plan. Their questions/concerns revolved around network adequacy and geographic locations of in-network providers. The member indicated they wanted to keep their current providers. The OCO hosted two, three-way telephonic conversations which provided this individual with the opportunity to converse with each of the two One Care plans' Member Services in order to gather information to make an informed decision as to which One Care plan best fit their needs.

OCO Impact (cont'd)

- OCO staff worked with a One Care member to facilitate access to their medication. On several prior occasions, the One Care plan intervened with a pharmacy to resolve issues related to medication access. However, the member continued to face barriers at the pharmacy. OCO staff mediated the situation between the plan, pharmacy, and member; assuring all viewpoints were represented and assessed in order to determine the best possible course of action. As a result, alternate solutions were reached resolving the matter for the member.

OCO Impact (cont'd)

- A member called concerned about a possible reduction in services. The OCO facilitated communications between the member and their plan to ensure that member concerns were clearly communicated; resulting in an agreement that met member needs.
- A One Care member received numerous outstanding bills from their dentist. The member had contacted their plan and the dental provider to resolve the matter but was unsuccessful. The member's concern increased when the outstanding dental bills were turned over to a collection agency. The OCO escalated the case to the MassHealth contract manager, who resolved the issue.

OCO Services

- Beneficiaries Served – 281 total
- Inquiries – 206
- Complaints – 75

Themes

Enrollment: 8 cases

- Example: Cases revolved around the confusion regarding FTC's departure from the demonstration, as well as clarifying the differences between One Care and Masshealth standard. Assistance was also provided to members who were able to transfer from one FTC to a different One Care plan.

Payment: 3 cases

- Example: Cases involved 1 provider's unpaid bills for services received, partial/ insufficient payment and prolonged wait time for reimbursement. The case was escalated as the provider was refusing to schedule any future appointments for the Enrollee unless the bill was paid in full.

Themes (cont'd)

Quality of Care: 3 cases

- Example: One case involved quality of care issues including an unsatisfactory initial assessment. This case was multi-pronged and also included extensive issues with scheduling transportation leading to multiple missed appointments and general dissatisfaction with the Care Team, plan customer service and the care model in general.

Benefits Access: 34 cases

- Example: These cases included issues related to accessing medical and non-medical transportation, delayed and/or denied access to LTSS services, quality of care complaints regarding confusion of care team member roles causing delays in accessing services, rude and/or poor communication with care team members.

Themes (cont'd)

Care Team Interaction: 26 cases

- Example: These cases included a general lack of knowledge of care team member roles, poor communication with the Care Manager leading to delays in accessing services, disagreement as to the course of treatment, significant intake assessments delays beyond the 90 day continuity of care period, utilization of old assessment information for the implementation of treatment, and insufficient care coordination.

Pharmacy: 6 cases

- Example: Cases requested follow up on late or insufficient payment related to accessing medication at the pharmacy and outstanding claims to providers. One of these cases sought reimbursement for a claim as the member was incorrectly charged for a pharmacy co-pay.

Provider Network Adequacy: 2 cases

- Example: Members reported not having a choice of geographically / easily accessible physicians.

Top 3 Trends: Apr. – Sept. 2015

- **Inquiries**
 - Enrollment
 - Care Team member roles
 - Transition Assistance
- **Complaints**
 - Transportation
 - Quality of Care
 - Communication with Care Team