



# MassHealth Health Plan Ombudsman

Executive Office of Health & Human  
Services

May 19, 2017

Boston, MA

# Agenda



- I. Overview
- II. Discussion Questions
- III. Next Steps



# Overview



## 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 members with accessibility requests.
- As MassHealth works towards delivery system reform across managed care programs, the agency would like to provide an independent resource for members enrolled in MassHealth managed and integrated care programs who want assistance addressing challenges in accessing behavioral health (BH) services, long-term services and supports (LTSS), and integrated health services.



# Policy Goals

In the development of the MassHealth Health Plan Ombudsman program, EOHHS aims to:

- Improve access to care for BH services, LTSS, and integrated health services.
  - Promote continuity of care for members by, among other things, assisting members with access to benefits and maintaining existing provider relationships as they transition from one health plan to another; and
  - Collect and analyze data about member-level issues within and across health plans to better understand the common experiences of members and identify any associated trends and patterns to help improve care for these members.
- Ensure members are aware of and can easily access culturally and linguistically appropriate, one-on-one ombudsman services (preferably through a “no-wrong door” approach);
- Ensure that staff who provide ombudsman services are experienced and/or trained in the areas with which this population may need assistance; and
- Improve access to accessible medical and diagnostic equipment.



# Anticipated Scope of Ombudsman

EOHHS seeks to procure one or more entities to provide ombudsman services that will:

- Help MassHealth members enrolled in managed and integrated care programs who want assistance addressing challenges in accessing BH services, LTSS, and integrated health services, including but not limited to:
  - Answering questions about types of benefits and services;
  - Assisting with the resolution of complaints and concerns about access to benefits and services, including accommodations and accessibility concerns;
  - Mediating and facilitating communication between members and their plans; and
  - Educating members about grievance and appeal rights and processes within the health plan and fair hearings as applicable and assisting members through the process if needed/requested. (The contracted Ombudsman program will not provide legal representation for members.)
- Collect data related to services provided under the Ombudsman contract(s) with EOHHS and report on such services as requested by EOHHS.



# Populations

- EOHHS intends for the Ombudsman program to help all MassHealth members who want assistance addressing challenges in accessing BH services, LTSS, and integrated health services and are enrolled in one of the health plans in MassHealth's managed or integrated care programs.
- Those health plans are as follows:
  - One Care plans
  - Managed Care Organizations (MCOs)
  - Accountable Care Organizations (ACOs)
  - MassHealth Behavioral Health Contractor
  - Senior Care Organizations (SCO)
  - Program of All-inclusive Care for the Elderly (PACE) providers
- EOHHS anticipates that this would include approximately 175,000 – 200,000 members.
- The anticipated budget for this program is approximately \$1M annually.



# Discussion Questions





# Structure of Ombudsman Program

- How should the MassHealth Health Plan Ombudsman program be structured?

For example, should the Ombudsman program be comprised of:

- A single entity that can serve all members;
  - A single entity with subcontractors serving different groups of members; or
  - Multiple entities and contracts for different groups of members.
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- If the Ombudsman program is comprised of a single entity with subcontractors serving different groups of members or multiple entities and contracts for different groups of members, should contracts be able to be separated based on:
    - MassHealth managed care program(s)
    - geographic region(s)
    - type of population(s)

# Operational Aspects of Ombudsman Program



- What kinds of support are most important to members?
  - *Telephonic, in-person, web-based*
- What are the most important features of this program?
- Are there any other operational aspects that MassHealth should take into consideration in the development of the MassHealth Health Plan Ombudsman program?



# Next Steps



## Anticipated Timeline:

- **NOI/RFI Posted:** May 8, 2017
  - The RFI and all related materials can be viewed on [COMMBUYS](#).
- **RFI Comments Due:** June 1, 2017 by 4:00pm
  - By email to: [Gerry.Sobkowicz@State.MA.US](mailto:Gerry.Sobkowicz@State.MA.US)
  - In writing to: Geraldine Sobkowicz, Procurement Coordinator  
EOHHS  
1 Ashburton Place, 11th Floor  
Boston, MA 02108
- **Procurement:** Summer 2017
- **Contract Start Date(s):** Fall 2017