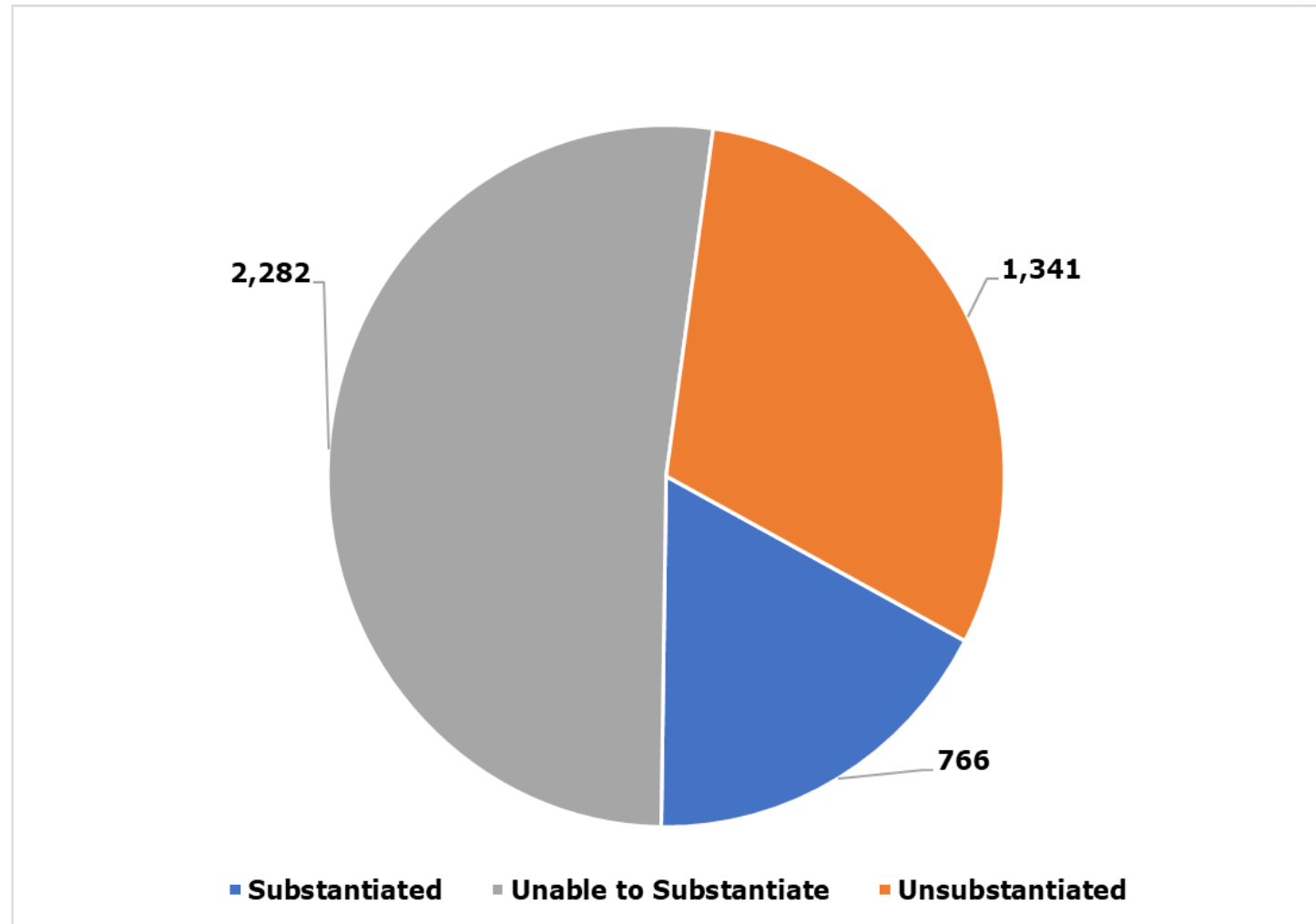




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**Ombudsman Annual Report
Fiscal Year 2023
Ombudsman Managed Care
Assistance Team (OMCAT)**

OMCAT Substantiated Complaints



OMCAT Substantiated Complaints_(1of4)

Substantiated Complaints

The three most common reasons for substantiated complaints were:

- Access to an in-network provider (non-PCP) (81).
- Case information error (57).
- Home health (57)



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OMCAT Substantiated Complaints^(2of4)

Access to in-network provider (non-PCP) (81)

- Review of case summaries revealed that pregnant consumers reported difficulty accessing Obstetrician/Gynecologist (OBGYN) services (27). A detailed review of data did not reveal a trend in a specific service area, health plan, or related entity.
- Consumers also reported difficulty accessing in-network Neurologists (7). A detailed review of data did not reveal a trend in a specific service area, health plan, or related entity.



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OMCAT Substantiated Complaints^(3of4)

Case information error (57)

- Review of case summaries shows consumers reported that their address was incorrect in HHSC data systems which caused MCOs to have incorrect information in their member files.



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OMCAT Substantiated Complaints^(4of4)

Home health (57)

- Review of case summaries revealed that consumers reported difficulty receiving initial assessment for Personal Assistant Services (PAS).



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Findings and Recommendations (Update)^(1 of 6)

Erroneous secondary insurance affecting Medicaid services

- **Recommendation 1:** Office of the Inspector General (OIG) should prioritize this issue through its collaborative project plan with Texas Medicaid Healthcare Partnership (TMHP).



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Findings and Recommendations (Update)^(2of 6)

Erroneous secondary insurance affecting Medicaid services

Update:

- In January 2024 Office of the Inspector General (OIG) requested that Managed Care Organization's (MCO) provide MCO contact information for resolution of other insurance escalations.
- OIG reports the direct communication with MCOs has greatly reduced the time required to resolve other insurance issues.
- OIG reports working closely with HHSC contractor Accenture who is responsible for ensuring HHSC data systems have accurate other insurance for Medicaid consumers. OIG and Accenture continue to seek out additional measures that may be implemented to further reduce Other Insurance issues for Medicaid clients.



Findings and Recommendations (Update)^(3 of 6)

Erroneous secondary insurance affecting Medicaid services

Recommendation 2: HHSC should notify Medicaid consumers whenever private insurance is identified as being active by adding a notice to the consumer's Your Texas Benefits account and on renewal applications with instructions on how to correct errors in third-party insurance.



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Findings and Recommendations (Update)^(4 of 6)

Update: HHSC Access and Eligibility Services reports that consumer renewal notices currently provide notification to consumers if they have other insurance active on their Medicaid profile and instructions on how to update other insurance. Other insurance can currently be viewed and updated on consumer's Your Texas Benefits accounts.



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Findings and Recommendations (Update)^(5of6)

Expediting enrollment for consumers who have moved out of the service delivery area (SDA)

Recommendation: HHSC Medicaid and CHIP Services (HHSC MCS) should review the feasibility of expediting enrollment in the new MCO retroactively during the month the new MCO is chosen and as soon as the consumer has updated the address for the new Service Delivery Area.

Update: The HHSC MCS workgroup is reviewing the feasibility of allowing clients to become effective with a new health plan on the 1st of the month, following the month in which they select a new health plan and update their address for the new service delivery area.



Findings and Recommendations (Update)^(6 of 6)

Denial and delay of services

Recommendation: HHSC MCS should conduct a review of service denials to determine the potential scope of errors. Further recommendations could be forthcoming after an analysis of data produced by this review.

Update: Office of the Ombudsman is currently reviewing denial data for Fiscal Year 2022 and Fiscal Year 2023 statewide.



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