

Health Benefits Manager Monthly Report

December
2012

Client Complaints & Assisted Caseworker Calls

Client Complaints Summary

Complaints	DPCI	DSP	United	Total
<i>Health Plan Complaints</i>				
1) MCO system does not show client	0	0	0	0
2) Issue with access to doctors or services	0	0	0	0
3) MCO ID card missing or incorrect	0	0	0	0
4) Billing Issue	0	0	0	0
5) Issue with access to member services	0	0	0	0
6) Issue with provider directory	0	0	0	0
Total Health Plan Complaints	0	0	0	0
<i>Other Complaints</i>				
A) TPL error or delay		0		0
B) Enrollment issue		4		0
C) Aid category issue		0		0
D) Eligibility delay		0		0
E) Disenrollment from MCO		0		0
F) Miscellaneous		3		0
Total Other Complaints		0		0
Total Monthly Complaints			7	

Assisted Caseworker Calls Summary

Assisted Caseworker Calls	Total
<i>Call Types</i>	
1) Card Issue	1
2) Status/Benefit Check	6
3) DHCP Issue	1
4) Referred to Help Desk	0
5) Client Enrollment	1
6) Prescription Issue	0
7) Access to Services	0
8) TPL Issue	0
9) Exempt Status	1
10) Translation/Interpretation	0
11) Other	1
Total Assisted Caseworker Calls	11

Client Complaints Report

Complaints	DPCI	DSP	United
<i>Health Plan Complaints</i>			
1) MCO system does not show client	0	0	0
2) Issue with access to doctors or services	0	0	0
3) MCO ID card missing or incorrect	0	0	0
4) Billing Issue	0	0	0
5) Issue with access to member services	0	0	0
6) Issue with provider directory	0	0	0
<i>Other Complaints</i>			
A) TPL error or delay		0	
B) Enrollment issue		4	
Client wanted to switch MCO-also upset about not being able to get medications; tried to transfer to pharmacy, client hung up.			
Client upset she cannot change MCO since physician is no longer taking DPCI. Tried to explain about written transfer requests during open enrollment in May. Working with DPCI to find a new provider, she states cannot wait that long due to the need for ADHD medications that she is currently on and that her physician is the only one who will write a prescription. Client then began cussing, had previous been warned by other phone representative to discontinue that language- continued cursing-disconnected call.			
Mother called in regarding switching MCO from UHC to DPCI; I explained we can only switch during OE in May for new selections. She indicated child has autism and the doctor no longer participates with UHC as of 1/1/2013. They told her she can call to have the State change the plan in January; I explained that we only have Open enrollment in May and that the new selected MCO will activate 7/1. Client was unhappy-requested my name.			
Client was upset that coverage isn't starting until 2/1; states she was told it would begin on 1/1. Client says they called in on 12/21 but didn't have the patience to wait on the line. States			

she needs suboxen treatments and will call her caseworker who she says lied to her. Explained had she stayed on the line on 12/21 her coverage could have been activated effective Jan 1.	
C) Aid category issue	0
D) Eligibility delay	0
E) Disenrollment from MCO	0
F) Miscellaneous	3
Researched child's TPL information-discovered he has 3 separate policies, 1 of which is still showing as active in the system. Father sent a certificate of group coverage letter to us -however it does not have a policy number on it. I asked if he can request another certificate letter from the insurance company that includes a policy number so we can submit to the State. Father stated he has already done everything he could and son would have to go without insurance. I explained we needed to inform him his son shows other insurance and therefore cannot be enrolled in a MCO. Stated again child would have to go without insurance-client then hung up.	
Mother called twice about child's DHCP premium payment; states she cannot pay the \$10.00 and doesn't understand how the child was given this program. I explain how the program works and that payment is expected by the 15 th of the month and a month in advance premium is expected. Mother states she has bills from November & December and was told by caseworker that is case is retroactive-understood the case to be active and service retroactive. I explained the difference between eligible and active services. Stated she would try to make payment today so the child could have active service for January.	
Mother upset that child cannot be opened for December; stated she knew payment would be needed for coverage says that payment is not an issue. However, she still has not made the payment to re-open the case; advised her we cannot change the open date. States her son needs medications but didn't indicate what those medications were only that she has spent hundreds on medications last month and is requesting re-imburement for those costs. Advised her that the state does not reimburse for services or medications. Child has been enrolled in DHCP since November of 2009 and has been dis-enrolled 5 times for non-payment. Mother wanted to know who could re-open the case; advised no one can re-open; she will contact the State.	

