Integrated Care Resource Center

Building Relationships between Managed Care Organizations and Beneficiary Ombudsman Programs

July 12, 2018

2:00-3:00 pm Eastern Time

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica Policy Research and the Center for Health Care Strategies.

Agenda

- Welcome & Introductions
- Overview
- Ombudsman Program Perspective: MyCare Ohio
- Health Plan Perspective: CareSource Health Plan
- State Discussant and Q&A

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Presenters

- Alexandra Kruse, ICRC
- Lauren Rava, ICRC
- Teresa Teeple, Office of the State Long-Term Care Ombudsman, Ohio Department of Aging
- Toni Fortson-Bigby, CareSource
- Karla Warren, State Discussant, Ohio Department of Medicaid

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Overview

Beneficiary Supports and Managed Care

- Increased use of Medicaid managed care for dually eligible beneficiaries
  - Financial Alignment Initiative
  - Managed Long Term Services and Supports
  - D-SNP contracting and alignment
- Recognition of the value of ombudsman function in integrated care programs and managed care generally
- Medicaid regulations now require a long-term services and supports (LTSS) beneficiary support function (See Section 438.71 of the Medicaid and CHIP Managed Care Final Rule)[1]

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[1] Centers for Medicare and Medicaid Services. "Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability." May 6, 2016. Retrieved from https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered

Background: LTC Ombudsman Programs

- Long-standing and trusted resource for residents and families in long-term care settings
  - Nursing Home Ombudsman programs were first established as demonstrations in 1971 and then expanded
  - In 1981- Nursing Home Ombudsman were changed to Long-Term Care (LTC) Ombudsman when board and care facilities were added to the Older Americans Act requirements
  - In the late 1980s and 1990s further federal guidance on LTC Ombudsman programs was released, clarifying statutory requirements
  - Today, every state along with the District of Columbia, Puerto Rico and Guam has an ombudsman program that addresses complaints and advocates for improvements in the long-term care system
- National LTC Ombudsman Resource Center was created in 1993 and has detailed information on these programs (http://www.ltcombudsman.org/)

State Approaches to Developing Beneficiary Ombudsman Programs

- As part of the Financial Alignment Initiative, CMS and ACL offers support to participating states to operate demonstration ombudsman programs

States Leveraging LTC Ombudsman Program	States Using a Contracted Organization	States Using an Existing Ombudsman Program
• Illinois • Ohio • Virginia • South Carolina	• California • Colorado • Massachusetts • New York • Rhode Island • Michigan	• Texas • Washington

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[1] Administration for Community Living. "Duals Demonstration Ombudsman Program Technical Assistance." Updated on 3/9/18. https://www.acl.gov/programs/strengthening-aging-and-disability-networks/duals-demonstration-ombudsman-program

Medicare Resources: Ombudsman Programs

Medicare Beneficiary Ombudsman (MBO)

- Helps beneficiaries with inquiries, complaints, grievances, appeals, and information requests about Medicare.
- Information is shared with the Secretary of Health & Human Services, Congress, and other organizations to improve the quality of the services and care through Medicare.
- For additional information: https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home.html

Competitive Acquisition Ombudsman (CAO)

- Helps review and resolve complaints about durable medical equipment (DME) in competitive bidding areas.
- Responds to individual and supplier questions, issues, and complaints, for original Medicare only
- For additional information on the CAO: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/Competitive_Acquisition_Ombudsman.html

Medicare Resources: Identifying and Tracking Beneficiary Issues

1-800 Medicare

- Toll-free, 24 hour helpline for any beneficiary issues
- Collects direct feedback from beneficiaries and representatives about Medicare health plans or prescription drug plans

SHIPs (State Health Insurance Assistance Programs)

- Grant-funded projects of the federal U.S. Department of Health & Human Services (HHS), U.S. Administration for Community Living (ACL)
- Provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.

The Ombudsman Role in MyCare Ohio

Ombudsman

Expect Excellence in Your Care

The Ombudsman Role in MyCare Ohio

Teresa Teeple

Ombudsman Systems Liaison


MyCareOhio
Connecting Medicare + Medicaid

MyCare Ohio Overview

- Includes health, LTSS and BH services
- Seven geographic regions covering 29 counties
- 113,000 beneficiaries
  - MMP and Medicaid only
- Aetna, Buckeye (Centene), CareSource, Molina and UnitedHealthcare
- Beneficiaries must be dually eligible and 18+

Ombudsman
Expect Excellence in Your Care

The Office of the State Long-Term Care Ombudsman

- Authority
  - Older Americans Act
  - Ohio State Law enhancement
  - 3 way contract
- Structure of the Office
  - State Office and 12 regional programs
  - AAAs, CBOs, stand alone

The Ombudsman Role in MyCare Ohio

Ombudsmen have responded to **over 1,200** consumer, provider and other inquiries and participated in member advisory committee meetings across the state.

Ombudsmen worked to resolve about **2,000** MyCare Ohio complaints with an **86%** resolution rate.

Ombudsmen have participated **in over 300** community education events to talk about MyCare Ohio.

Ombudsmen provided data on trending issues and recommendations to stakeholders in many formal and informal settings including state and federal partners and managed care plans.

Ombudsman
Expect Excellence in Your Care

Our Approach to Communication

- Standard communication protocol during complaint investigation
  - At the opening of a case
  - Working at the lowest level to build rapport and address issues
  - Escalation when necessary
- Quarterly meetings with plans
- Helping to bridge the gaps
  - Consumers with care managers
  - Providers with plans

Home and Community-Based Services

- Home modifications
- Durable medical equipment
- Care management

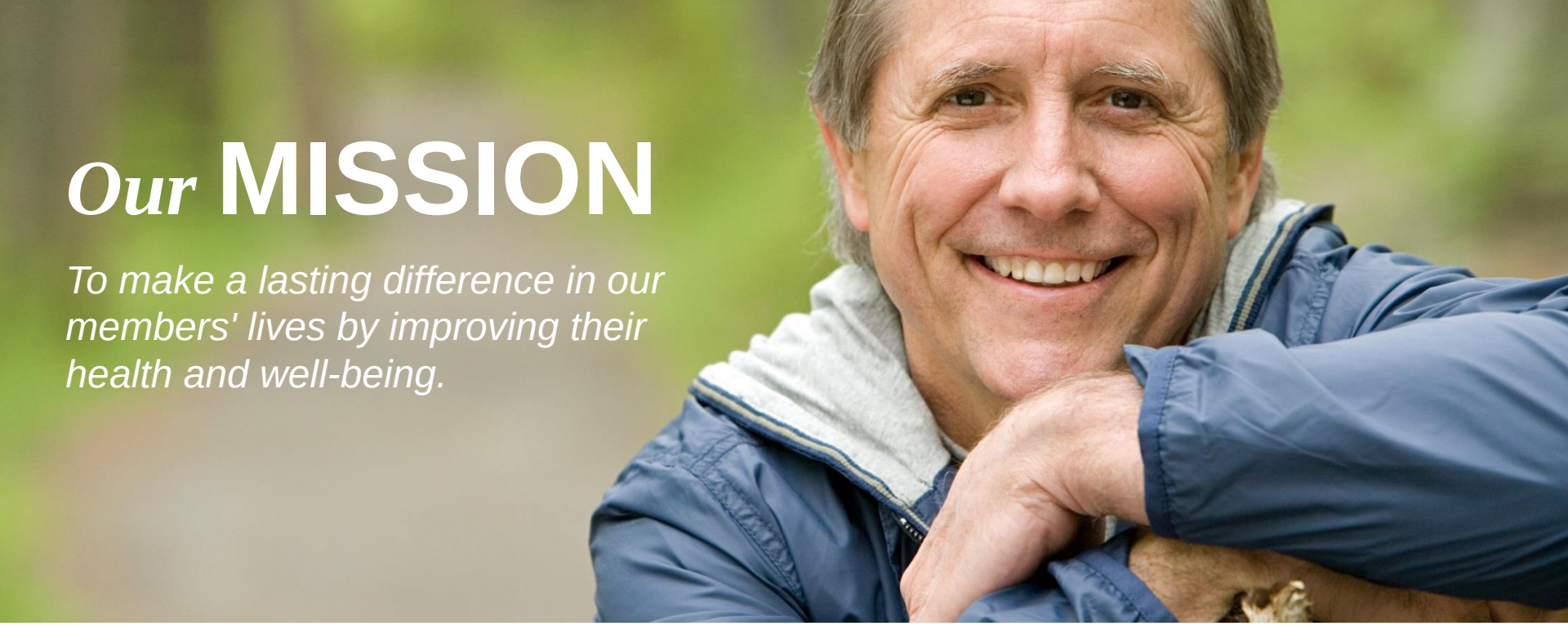
Nursing Home Issues

- Transitions between settings
- Outreach in nursing homes
- Discharge to homeless shelters

Nursing Home Closures: All Hands on Deck

Ohio's Interagency Transition Team

CareSource Perspective

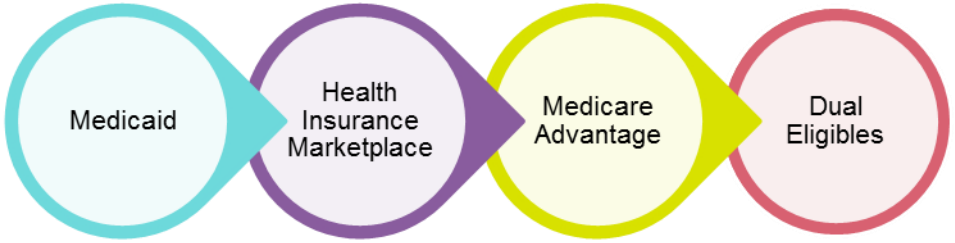


Our MISSION

To make a lasting difference in our members' lives by improving their health and well-being.

CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- Nearly 30-year history of serving the low-income populations across multiple states and insurance products
- Currently serving over 1.9 million members in Kentucky, Ohio, Indiana, West Virginia, and Georgia



1.9M
members

CareSource

Partnering with MCOs

- Plans are responsible for more than payment of services
- Adds an additional resource to the Managed Care Plan (MCP)/MyCare Ohio Plan (MCOP) Grievance and Appeals process
- Offers member perspective which may not be immediately apparent to the MCP/MCOP care manager
- Instills member trust
- Opportunity for ombudsman to understand MCO processes and share best practices seen across plans
- Helps validate processes are working as intended
- Head off need to appeal service denials or request state hearings
- Input or challenges presented by external stakeholders can improve plan operations across products
- As plans move to covering more individuals needing care in nursing facilities, MCOs are a tremendous resource to assist with transitions should a facility close

CareSource

- Leveraging state agencies to initiate connection between MCPs & Ombudsman's office
- Immediate point of contact at each plan critical
- Quarterly meetings (face-to-face preferred) to discuss issues seen in the field
- Attendance at plan consumer advisory councils
- Courtesy email to MCO regarding cases with ombudsman involvement
- Recommendations for improving member experience
- Inclusion of Ombudsman contact information in marketing materials

CareSource

OUR *Successes*

Timely Home Modification Approvals

Nursing Facility Discharge for Homeless Members

Independent Provider Listing

NF Closure Transitions

Participation at Consumer Advisory Councils

Q&A

State Discussant
Karla Warren
Ohio Department of Medicaid

About ICRC

- Established by CMS to advance integrated care models for dually eligible beneficiaries
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send other ICRC questions to: integratedcareresourcecenter@chcs.org

ICRC
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