Integrated Care Resource Center

Use of Ombudsman Services in Medicaid Managed Care Programs

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Facilitated by the Integrated Care Resource Center

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The Integrated Care Resource Center is a joint technical assistance initiative of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office and the Center for Medicaid and CHIP Services. Technical assistance is coordinated by Mathematica Policy Research and the Center for Health Care Strategies.

Call Purpose/Agenda

- Brief history of long-term care (LTC) Ombudsman programs
- Medicaid managed care Ombudsman programs in Texas and Vermont
- Questions and Answers

Brief History of LTC Ombudsman Programs

- 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
- National Association of State Long-Term Care Ombudsman Programs was established in 1985 (http://www.nasop.org/)
- National LTC Ombudsman Resource Center was created in 1993 (http://www.ltcombudsman.org/)

Mental Health, Medicaid and Commercial Insurance Ombudsman Programs

- All states have a Long-Term Care Ombudsman program with paid staff and volunteers
- 3 states (CA, MN and WY) have mental health Ombudsman programs
- 4 states have a Medicaid managed care Ombudsman (CO, TX, VT and WI)
- 2 states have an Ombudsman that assists with commercial health insurance (VT and NJ)

Texas: Medicaid Managed Care Ombudsman Overview

- Medicaid Managed Care Helpline (MMCH), a toll-free assistance line, was established to assist Texas Medicaid clients experiencing difficulty navigating through a health maintenance organization
  - Authorized by statute in 1995 and became operational in 2000
  - Originally outsourced to a not-for-profit vendor

- MMCH is now a division within the Texas Health and Human Services Commission, Office of the Ombudsman (OO), which was established in 2004 to support clients accessing services from several agencies overseen by the Commission

Changes Over Time

- Since 2000, Texas Medicaid has expanded managed care
  - The model was originally used only in metropolitan pilot areas, but is now used throughout the state
  - Additional health services are now carved into the capitated model of services provided by contracted health plans
- These changes and growth have contributed to an increase in calls and increase in staffing in the MMCH call center
- Despite moving into the Ombudsman office, the call center staff continues to serve as advocates

Staffing and Member Contacts

- Staff:
  - MMCH - 11 paid staff
  - OO - 67 paid staff (including $_{MMCH}$)
- Member contacts (9/11-8/12)
  - MMCH
    - 31,937 - enrolled in managed care
    - 26,568 - not enrolled or applying for Medicaid for first time or recertification
  - OO (excluding MMCH)
    - 110,758 contacts

MMCH Staff Training

- Program and Policy Training
- Customer Service Training
- Agency Required Training

MMCH Functions

- Handle general questions, information and referrals, in addition to complaints
- Provide member education on:
  - The concept of managed care
  - Member rights under the Medicaid program
  - Grievance and appeal procedures
  - Self advocacy
- Collect and maintain statistical information
- Assist in identifying and correcting systemic problems

Types of MMCH Complaints

- MMCH receives calls from clients who have complaints or questions related to Medicaid benefits

- Staff coordinate resolution for callers who have not been able to resolve concerns such as enrollment into Medicaid managed care and healthcare services provided through managed care organizations (health plans)

Types of Communication

- Phone
  - 99% of MMCH volume is handled via telephone in a toll-free call center
  - 85% of the Office of Ombudsman volume is handled via telephone in a toll-free call center
- Additional contacts are received via email, an online submission form, and written correspondence received via mail or fax
  - Although the office is not set up to receive visitors, on rare occasions face-to-face visits do occur

Case Example 1

- Consumer expresses difficulty obtaining home health services and has already called health plan member services line
  - MMCH will intervene and coordinate with designated contacts at the health plan to help ensure an in-network contracted provider is established and the appropriate number of home health hours are provided to the consumer

Case Example 2

- Consumer paid out-of-pocket for prescriptions
  - MMCH will coordinate with health plan and pharmacy to have pharmacy bill the plan and reimburse the consumer

Vermont: Ombudsman Program Overview

- Assist Vermonters to resolve issues with Medicaid, Medicare and commercial health insurance
  - While there are no Medicaid health plans in Vermont, the state Medicaid agency itself functions as a Medicaid managed care model
- Act as a voice for consumers to policymakers
- 3,060 calls for fiscal year July 2011 – July 2012
- 8 paid staff

Changes Over Time

- Priorities expand or contract based on funding
  - Expanded when ACA CAP consumer assistance funding was received and more duties were added with Vermont health care reform initiatives

- Representing the public in Insurance Rate review process and Certificate of Need (CON) process

Ombudsman Functions

- Respond to and resolve complaints
- Make referrals to other agencies such as:
  - Long-Term Care Ombudsman
  - State Health Insurance and Assistance Program
  - Other projects within Legal Aid

Types of Complaints

- Commercial health insurance, Medicare and Medicaid
- Uninsured
- Tri-Care
- Travel Insurance

Staff Training

- Medicare
- Medicaid
- Commercial health insurance and updates

Types of Communication

- Phone
- In-person
- Email
- Beginning online applications for services by the end of 2013

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Case Example 1

- A family of four was stranded in another state after Tropical Storm Irene because their Vermont home had become inaccessible due to road damage. The mother tried to get her medications but was told by the pharmacist that she and her family no longer had Vermont Medicaid. It was urgent that she get her medications and she could not wait up to 30 days to get a new application processed. She called Senator Bernie Sanders' office for help. His office referred her to the Health Care Ombudsmen HCO. The HCO determined that her review paperwork had been lost as a result of the storm. By working with Health Care Operations the HCO was able to get the entire family back on Medicaid immediately. The mother was able to pick up her prescriptions within hours.

Case Example 2

- The Area Agency on Aging referred a client who was living on Social Security Disability Income (SSDI). He had received multiple claim denials from a Catamount Health plan, a private individual plan for which he received state premium assistance. The denial was due to a pre-existing condition that had disabled the individual the previous year. On his limited income, he was unable to pay the medical bills resulting from the pre-existing condition exclusion. The HCO advocate determined that, through two earlier employer-sponsored health insurance plans, the individual had in fact had sufficient continuous creditable coverage to avoid the pre-existing condition exclusion. The advocate filed a first level appeal with the requisite certificates of coverage. Within days the plan overturned the denials and paid more than $2,200 in claims.

Additional Medicaid Managed Care Ombudsman Resources

- Colorado Ombudsman for Medicaid Managed Care, Annual Report, July 2011
  - http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251763439372&ssbinary=true

- Wisconsin Long Term Care Ombudsman Program
  - Family Care Medicaid managed care activities discussed in August 2012 biennial report at: http://longtermcare.wi.gov/docview.asp?docid=23808&locid=123.

Questions and Answers

State Technical Assistance

- The ***Integrated Care Resource Center*** was established by CMS to help states develop and implement integrated care models for Medicaid beneficiaries with high-cost, chronic needs
- Focus on integrating care for individuals who are dually eligible for

- Individual and group TA coordinated by Mathematica Policy Research and CHCS
- For more information, visit:

www.integratedcareresourcecenter.com

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