Ombudsman

Expect Excellence in Your Care

MyCare Ohio Ombudsman Update

MyCare Ohio Implementation
Team Meeting
Jan. 28, 2015

Ombudsman
Expect Excellence in Your Care

Overview

- Role of MyCare Ohio Ombudsman
- Data review
- What we're hearing
- Contact Information

Ombudsman
Expect Excellence in Your Care

Ombudsman Role

- The go-to consumer advocate for responding to complaints
- Inform and educate consumers
- Investigate and help facilitate and resolve complaints
- Identify systemic issues and opportunities for improvement
- Maintain an independent role

Ombudsman
Expect Excellence in Your Care

Data Review 5/1/2014 – 1/26/15

- Total complaints: 341 complaints – 96 complaints since 11/14. 245 then.?
- Total cases: 285 to date – 80 cases since 11/14. 205 then.
  - 3 Beneficiary Needs Assistance with Acquiring Medicaid Eligibility Information
  - 164 Benefits/Access
  - 1 Confidentiality/Privacy
  - 7 Contractor/Partner Performance
  - 0 Coverage Gap Discount Program
  - 71 Customer Service Program
  - 45 Enrollment/Disenrollment
  - 0 Equitable Relief
  - 4 Exceptions/Appeals/Grievances
  - 0 Marketing
  - 34 Payments/Claims
  - 2 Plan administration
  - 3 Pricing/Premium/Co-insurance
  - **Cases can have more than complaint**
- Data is a 'snapshot' of time

Ombudsman
Expect Excellence in Your Care

Top 4 most prevalent complaints

- 164 Benefits/access
- 71 Customer service
- 45 Enrollment/disenrollment
- 34 Payments/claims

Ombudsman
Expect Excellence in Your Care

#1 Benefits/access includes:

- Claims Coordination (5)
  - Issues are arising because Medicare claim payments must be coordinated with another payer and it is not happening or not happening correctly. Other payers may include State Pharmaceutical Assistance Programs (SPAPs), employer/union groups, etc.
- Formulary issue (7)
  - Beneficiary complains that the plan formulary does not cover drugs that they need or the drugs they need are on the formulary but the plan is inappropriately denying coverage.
- Hospital/Physician (11)
  - Beneficiary has a complaint concerning a hospital or a physician (primary care or specialist).
- Medication Therapy Management (1)
  - Issues with using plan's Medication Therapy Management (MTM) program.
- Other Benefits/Access issue (84)
  - Any other Benefits/Access complaint that does not fit into another subcategory

Ombudsman
Expect Excellence in Your Care

Benefits/access includes:

- Part D Card did not work at pharmacy (10)
  - Beneficiary goes to contracted pharmacy and is unable to get their medications because their card is refused, expired, or the pharmacy has not received the 4Rx information from the plan.
- Pharmacy/provider access and/or medication availability issue, (14)
  - Pharmacy or provider is located too far away or not enough network pharmacies
  - The pharmacy that the complainant wants to use is non-contracted/the sponsor's contract with the pharmacy has terminated or pharmacy does not have the medication the beneficiary requires
- Quality of Care/Clinical issues (6)
  - Beneficiary believes they received inadequate or poor care or that inferior services were rendered.
- Transition coverage unavailable/inadequate (10)
  - Beneficiary is not allowed a first refill of prescriptions when changing plans. The beneficiary should get a transition period for the medications they are currently taking that the plan does not cover if it is within the first 90 days of coverage under this plan. The plan is required to allow a transition period for 30 days of medication.

Ombudsman
Expect Excellence in Your Care

#2 Customer Service

- Beneficiary has not received membership card or enrollment materials (12)
- Other Customer Service issue, including complaints about a Plan's website or their communications with providers (40)
- Sponsor/plan/pharmacy/provider rude or gave poor or untimely customer service. Include complaints about a Sponsor's own 1-800 call center. (23)

Ombudsman
Expect Excellence in Your Care

#3 Enrollment/disenrollment

- Beneficiary believes the following may have occurred with his/her enrollment or disenrollment:
  - Request was not processed in a timely manner
  - Request was made effective with an improper date
  - Action was taken without their consent
- Not reflective of every enrollment-related call received, some entries would be in advocacy and general information data.

Ombudsman
Expect Excellence in Your Care

#4 Payments/claims

- Insufficient payment
  - Beneficiary believes not enough was paid on their claim.
- Other Payment/Claims issue
  - Any other Payment/Claims issue, not covered by another subcategory.
- Payment denied
  - Beneficiary does not understand why payment of a particular claim was denied.
- Payment Not Prompt or Late
  - Beneficiary or provider believes that the claim payment was made late.

Ombudsman
Expect Excellence in Your Care

It takes time

- Total time: 1,432 hours
- Average of about 5 hours a case

Ombudsman
Expect Excellence in Your Care

General Inquiries

- An inquiry typically involves general information, consultation, technical assistance, definitions and contact information sought by a beneficiary and is resolved through educating the beneficiary, which results in the beneficiary gaining a better understanding of his or her situation.

- Inquiries: 200 to date

- TOTAL TIME: 119 Hrs. or about 36 minutes per inquiry

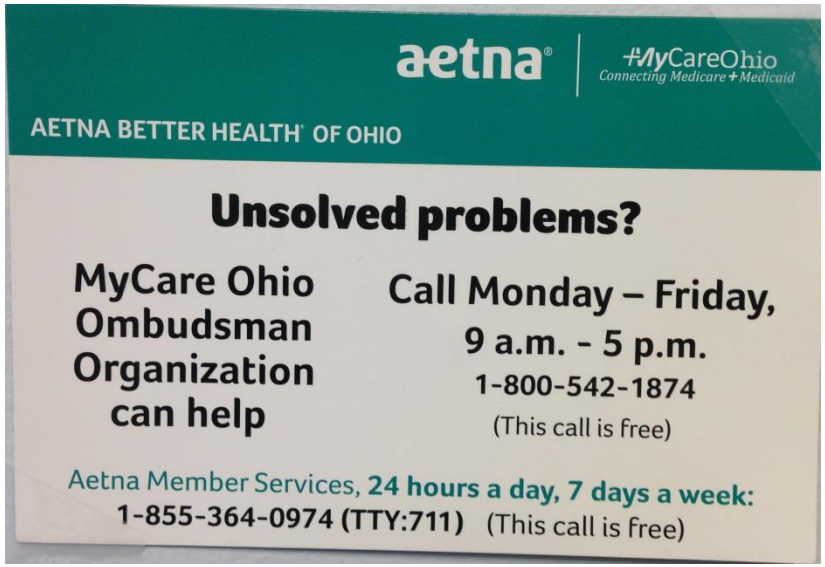
Ombudsman
Expect Excellence in Your Care

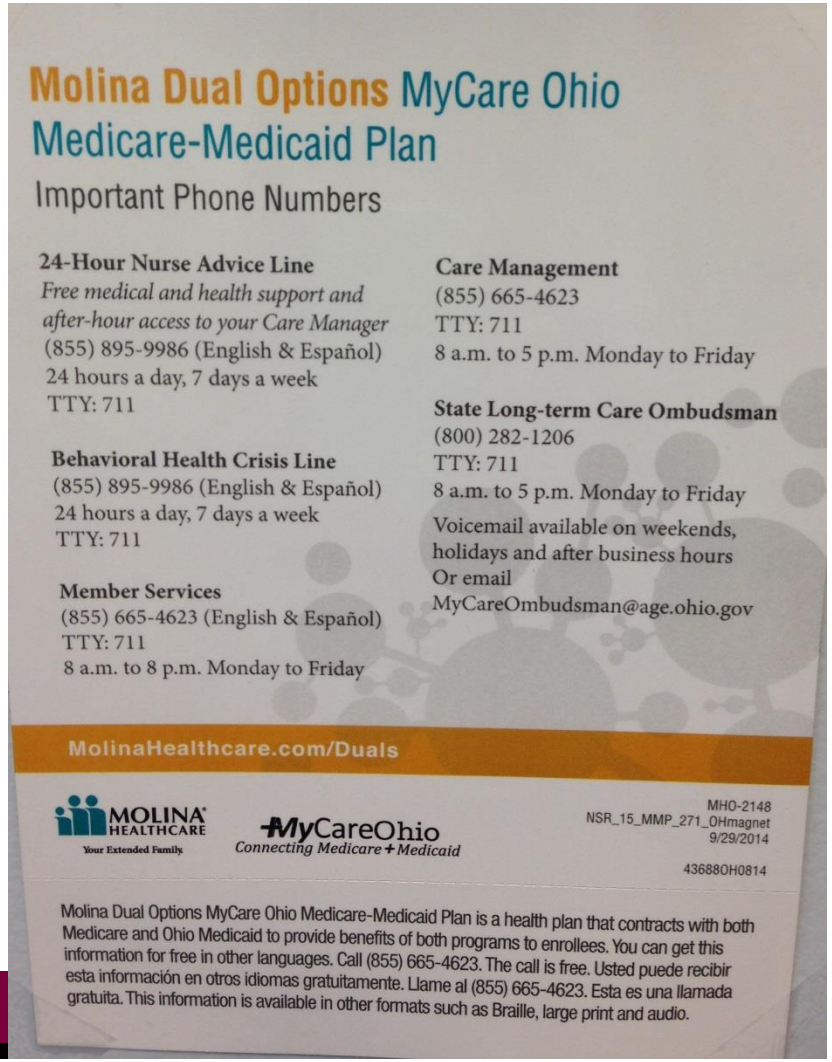
What we're hearing

- Transportation
- Consumer uncertain how to find an IP
- Passive enrollment – opted out however "in"
- Prescription drug access
- Consumers' difficulty in understanding demo
- Timely discharges out of nursing homes
- Timely admissions into nursing homes for rehab
- Timely connection to waiver services

Ombudsman
Expect Excellence in Your Care

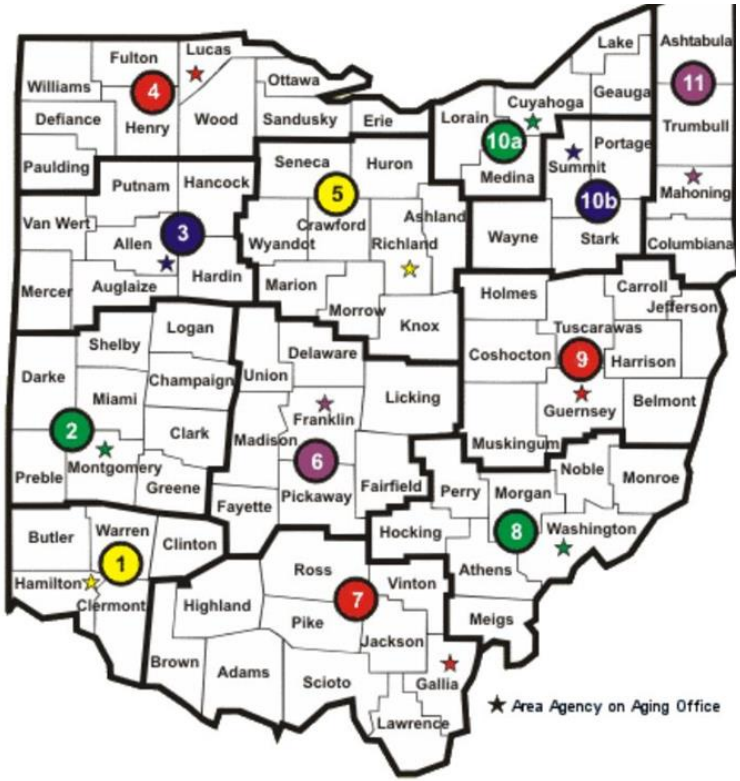
Outreach





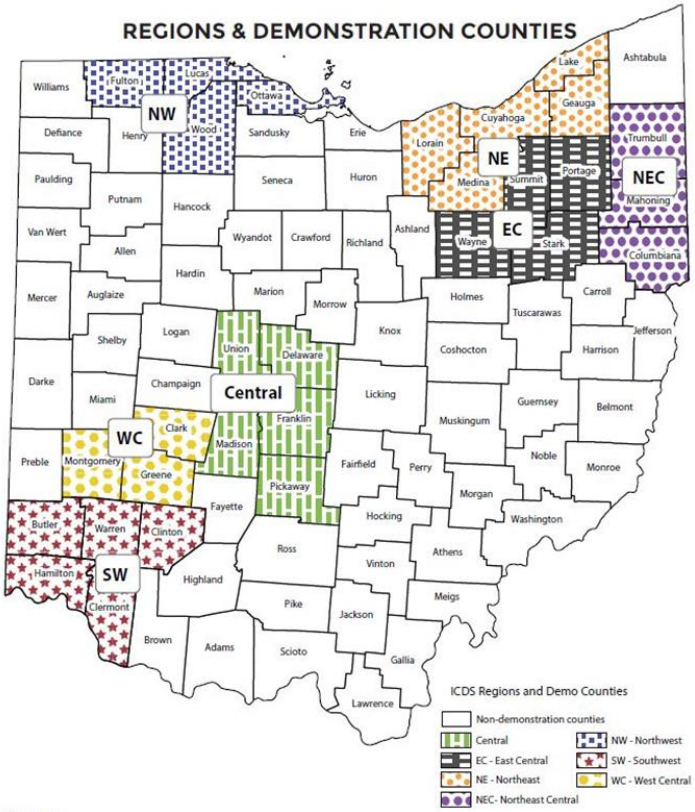
Ombudsman
Expect Excellence in Your Care

Regional map of ombudsman programs



Ombudsman
Expect Excellence in Your Care

MyCare Ohio



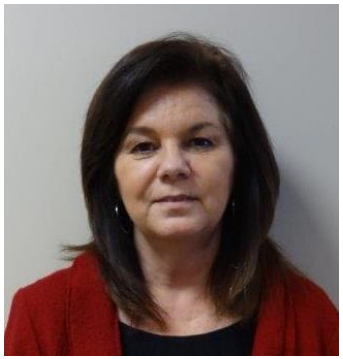
- NE MyCare – Ombudsman Prog. 10A, Cleveland
- EC and NEC MyCare – Ombudsman Prog. 10B, Akron
- Central and WC MyCare – Ombudsman Prog. 6, Columbus
- SW MyCare – Ombudsman Prog. 1, Cincinnati
- NW MyCare – Ombudsman Prog. 4, Toledo

Ombudsman
Expect Excellence in Your Care

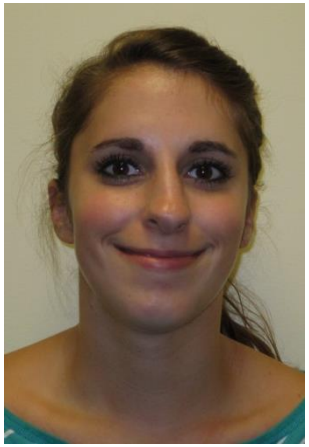
MyCare Ombudsman Team

CE & WC - Carolyn Hagopian

SW – LeVon Pressley



EC & NEC – Francine Chuchanis



CE & WC - Kirsti Obsborne

NE - Therese Reymann Kerns

NW – Jeff Simmons

Ombudsman
Expect Excellence in Your Care

Contact Information

- State Ombudsman toll-free number: 1-800-282-1206
  - Karla Warren kwarren@age.ohio.gov
  - Beverley Laubert blaubert@age.ohio.gov
- MyCare Ohio Regional Ombudsman Contact Info:
- NE – Long-term Care Ombudsman: 1-800-365-3112
- EC & NEC – Area Agency on Aging: 10B 1-800-421-7277
- NW – ABLE: 1-800-542-1874
- Central & WC – Easter Seals Central and Southeast Ohio: 1-800-536-5891
- SW – Pro Seniors: 1-800-488-6070