

# **Role of Ombudsmen in Colorado's Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees**

February 12, 2013

Presented to the Medicare-Medicaid  
Enrollees Advisory Subcommittee

# Agenda

- Purpose of the work
- Methodology
- Report Findings
- Recommendations

# Agenda

- Draft report sections:
  - Background on each Ombudsman program
  - Summary of interviews and key findings
  - Proposed roles for Medicare-Medicaid enrollees and referral protocols
  - Proposed roles for Ombudsmen in the Demonstration

# Purpose of the work

- Gather information from Ombudsmen, Medicare-Medicaid enrollees, interested parties, and advocates
- Create a report with findings and recommendations for consideration in the Medicare-Medicaid Demonstration

# Methodology – Meetings and Key Interviews

- Attended the Medicare-Medicaid Enrollees Advisory Subcommittee meeting by phone in November and in person in December
- Conducted Ombudsmen interviews:
  - Medicaid Managed Care Ombudsman
  - Long-Term Care Ombudsman
  - State Health Insurance and Assistance Program
  - Medicare Quality Improvement Organization

# Methodology – Meetings and Key Interviews

- Conducted 8 additional interviews:
  - 3 with Medicare-Medicaid enrollees
  - 5 with interested parties or advocates

# Background – Medicaid Managed Care Ombudsman (MMCO)

- Operated by Maximus; 3 staff
- 167 Cases
- Assists with Complaints and Grievances for Medicaid Managed Care
- Most of the work is done by phone

# Background – Long-Term Care Ombudsman (LTCO)

- 3 state staff, 16 local staff and 40 volunteers
- 2,300 cases
- Assists with Complaints and Grievances in Long-Term Care settings (Nursing Homes and Residential Care Homes)
- Most of the work is done in the Nursing Home or Residential Care Home

# Background – State Health Insurance and Assistance Program (the SHIP)

- 3.7 FTE state staff, 10-15 contracted staff and over 100 volunteers
- 20,955 calls
- Assists individuals with Medicare enrollment for Medicare Part C or D
- Most of the work is done by phone

# Background – Medicare Quality Improvement Organization (MQIO)

- Required to respond to Medicare appeals within 72 hours
- 100 paid staff
- Staff are available 24 hours a day and respond to 80% of calls immediately
- Averages about 100 calls per month and approximately 50 open cases at any one time
- Also works with providers on Medicare Quality Improvement projects

# Summary of Interviews - Ombudsmen

- Each Ombudsman has very specific and unique responsibilities
- None routinely interact with each other
- All are interested in developing a closer working relationship with each other under the Medicare-Medicaid Demonstration
- All want to better understand each other's responsibilities to better serve the enrollee

# Summary of Interviews – Medicare-Medicaid Enrollees, Interested Parties, and Advocates

- All wanted the Demonstration to provide less bureaucracy and greater service flexibility
- All raised concerns about the independence of MMCO
- Most Medicare-Medicaid enrollees understood what the SHIP does; some understood the roles of the MMCO and LTCO; none knew about MQIO
- Most felt complaints should be confidential and expressed concerns about retribution for complaints
- Most were concerned that the short Demonstration timeline may increase complaints

# Summary of Interviews – Medicare-Medicaid Enrollees, Interested Parties, and Advocates

- All felt the Department should reinforce the message that complaints do not impact eligibility
- All thought a variety of methods should be used to publicize the Ombudsmen
- Most believed public policy changes should be emphasized rather than focusing only on savings
- Most were concerned about RCCOs' coordination with long-term services and supports (LTSS) providers
- Some felt more consumer input is needed

# Recommendations - Referral Protocols

- MMCO, LTCO, the SHIP and MQIO should continue to focus on the work they do individually as organizations
- Representatives from each program should more routinely and formally meet by phone or in person to exchange best practices
- The organizations should develop referral protocols with each other and Colorado Legal Services/Colorado Center on Law and Policy

# Recommendations - Other

- A combined brochure and/or information packet should be created and made available to organization staff and volunteers and to Medicare-Medicaid enrollees about the role of each Ombudsman
- Enrollment materials reviewed by the Center for Health Literacy should also be reviewed by Ombudsmen staff to field test them from the enrollee's perspective
- The SHIP and Aging and Disabilities Resource Centers (ADRC) should continue to pursue federal funding to support the Demonstration when CO has a signed MOU
- Colorado should consider opportunities for Ombudsmen funding in the Demonstration's administrative budget

# Questions

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