

# **Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added**

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March 9, 2021

12:30-1:45 pm Eastern

# Presenters

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- **Teresa Teeple**

- Ohio Office of the State Long-Term Care Ombudsman

- **Jack Dailey**

- Legal Aid Society of San Diego

- **Malinda Ellwood**

- MassHealth

- **Dustin Welch**

- South Carolina Department of Health and Human Services

# Agenda

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- Ombudsman Program Structures, Services, and Value
- Ombudsman Perspectives on Program Structures
  - Ohio
  - California
- Panel Discussion: State Perspectives on the Value of Ombudsman Programs
- Questions and Answers

# Ombudsman Program Structures, Services, and Value

Nancy Archibald, Integrated Care Resource Center

# Ombudsman Program Structures

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## Within State Agencies or Departments

Advantages: Leveraging experience, relationships, resources, and structures of LTC Ombudsman

Disadvantages: Hiring staff, overcoming silos, gaining stakeholder trust

## Contracted Non-Profit Organization

Advantages: Gaining stakeholder trust, reflecting community, obtaining leadership approval

Disadvantage: Navigating potential conflicts of interest

# Services Offered

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- Addressing complaints and appeals
- Tracking and communicating trend data
- Participating in state and health plan stakeholder committees
- Conducting beneficiary education and outreach
- Providing input on program design or early implementation
- Referring beneficiaries to community services

# Value of Ombudsman Programs

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- A neutral third party
- Boots on the ground
- The beneficiary's voice
- An early warning system

# Key Lessons

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- For Ombudsman Programs
  - Have experience serving target population
  - Staff to reflect the diversity of the population served
  - Ensure deep Medicare and Medicaid knowledge
  - Build strong stakeholder relationships
- For States
  - Clearly communicate the ombudsman's role
  - Maintain firewalls between ombudsman and advocacy functions



# **Ombudsman Perspectives on Program Structures: Ohio**



# mbudsman

**Expect Excellence in Your Care**

## **Ohio Office of the State Long- Term Care Ombudsman**

Teresa Teeple

Ombudsman Systems Liaison

[aging.ohio.gov/services/ombudsman](https://aging.ohio.gov/services/ombudsman)

# The Ohio Office of the State Long-Term Care Ombudsman

## Authority

- Older Americans Act
  - Nursing homes
  - Residential care facilities
  - Group homes
- Ohio State Law enhancement
  - Home care
  - Managed care
- 3 way contract
  - MyCare Ohio

## Structure of the Office

- State Office and 12 regional programs
- Area agencies on aging, community based organizations, legal service providers, stand alone nonprofit

# MyCare Ohio Overview

- Includes health, LTSS and BH services
- Seven geographic regions covering 29 counties
- ~130,000 beneficiaries
  - MMP and Medicaid only
- Aetna, Buckeye (Centene), CareSource, Molina and United Healthcare
- Beneficiaries must be dually eligible and 18+



# The Ombudsman Role in MyCare Ohio

Ombudsmen have responded to **around 2,000** consumer, provider and other inquiries and participated in member advisory committee meetings across the state.

Ombudsmen have participated in **over 650** community education events to talk about MyCare Ohio.

Respond to  
Inquiries and  
Requests for  
Information

Investigate and  
Resolve Complaints

Ombudsmen worked to resolve about **3,000** MyCare Ohio complaints. During FFY20, complaints were resolved with an **88%** resolution rate.

Consumer and  
Stakeholder  
Outreach

Systems Analysis  
and  
Recommendations

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.

Top 5 Complaints: Care coordination, benefits/access, DME, enrollment/disenrollment, and home health.

# Benefits of our Structure

- Established, statewide infrastructure
  - Regional offices, fully staffed
  - Statewide
- Skill and expertise in complaint handling, rules and regulations, etc.
- Established relationships
- History of effective systems advocacy

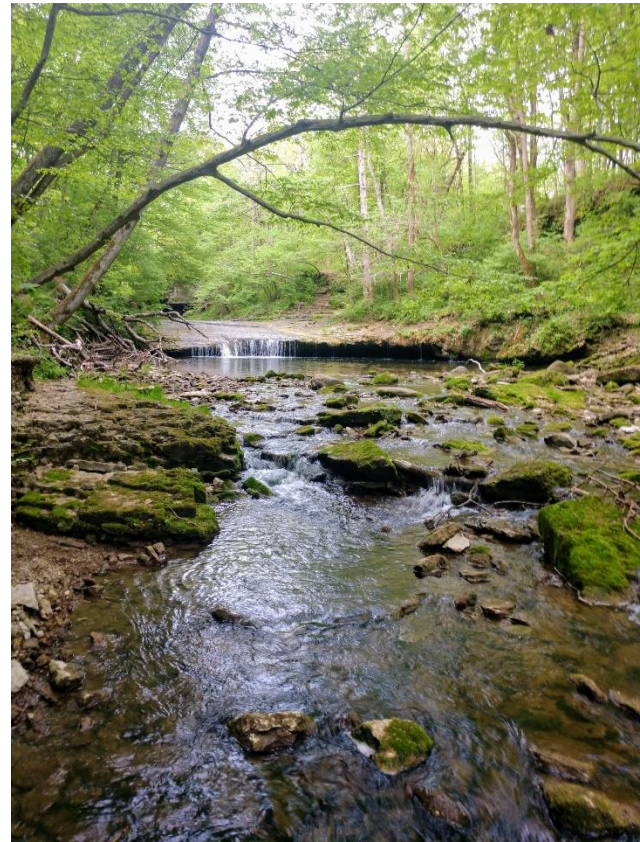


# Learning Curve

- In-depth knowledge of Medicare and Medicaid rules outside of LTSS
- Plan policies and procedures, structures, hierarchies
- Capturing data specific to the population served
- Effective outreach to folks who aren't receiving a LTSS
- Relationship building and frequent communication with plans, State Medicaid, and other stakeholders - VITAL

# Things to Consider

- Population served and unique needs
- Access to decision makers and necessary information
  - Plan policies and procedures
- The landscape in your state
- Don't forget the funding







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Teresa Teeple, Ombudsman Systems Liaison

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# **Ombudsman Perspectives on Program Structures: California**



Presented by Jack Dailey  
Health Consumer Alliance Coordinator/Director of  
Policy and Training

Cal MediConnect Ombuds Services  
Program

# CA Ombuds Services Program



- California's Cal MediConnect (CMC/MMP) Ombuds Program Structure
  - Overview and background on model
  - Why this model?
    - LASSD and HCA's history of successful partnerships with state agencies
    - Stakeholders expressed desire for local and independent Ombuds
    - Large geographic area, with non-contiguous counties in demonstration

# CA Ombuds Services Program



- Broad range of services and supports to consumers
  - Education and advocacy to members to help navigate and access care from their plans: help disputing delays, denials, reductions and terminations of care by plan, out of network care needs, continuity of care, grievances and appeals, engagement of care coordination (especially during LTSS transitions)
  - Assert billing protections in provider billing disputes;
  - Medicaid eligibility advocacy – Eligibility churn is an access to care issue (despite deeming protections): terminations, change in circumstances and annual renewal assistance, escalation and negotiation with county eligibility units
  - Holistic screening to promoting internal and external referrals to other supports to address SDOH.

# CA Ombuds Services Program



- Feedback and systems improvement
  - Regular communications and feedback provided to CMS/ACL, DHCS (Medicaid agency), DMHC (regulatory agency over managed care plans), County eligibility departments, CMC (MMP) plans, and other provider networks and groups.
  - For example:
    - CMC Ombuds feedback helped shape and expand state deeming policies and system implementation.
    - Ombuds feedback supported improvements to state enrollment broker training and communications.
    - Ombuds feedback has supported improvements and best practices development relating to improving access to DME.

# CA Ombuds Services Program



## **Strengths of model:**

- Local and independent advocates
- Experienced health advocate staff attuned to needs of local communities, including LEP and culturally distinct populations.
- Co-location within legal services non-profits offers distinct advantages on addressing SDOH

# CA Ombuds Services Program



## **Considerations if adopting model –**

- Ability to access to state eligibility division and beneficiary information could be helpful to escalate eligibility related challenges and promote direct outreach to beneficiaries.
- Building trust among state partners and plans is crucial.
- Requires openness and commitment on part of state agencies to invite advocate feedback and collaboration.



## Contact information:

### CMC Ombuds Services Program

Toll-Free: 1-855-501-3077

- Jack Dailey, HCA Coordinator/Director of Policy and Training; 619-471-2606; [JackD@lassd.org](mailto:JackD@lassd.org)
- Arianna Tovar, Contract Manager, Managed Care Operations Division, Department of Health Care Services (DHCS); (916) 633-0177; [Arianna.Tovar@dhcs.ca.gov](mailto:Arianna.Tovar@dhcs.ca.gov)



# **Panel Discussion: State Perspectives on the Value of Ombudsman Programs**

Malinda Ellwood, JD, Senior Manager, Member Engagement,  
MassHealth

Dustin Welch, Program Coordinator II, South Carolina  
Department of Health and Human Services

# Discussion Questions

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- What has been the greatest “value-add” that the ombudsman program has brought to your demonstration?
- Has the involvement of the ombudsman – through tracking/trending data or participating in advisory groups – brought to light any important issues that helped you to refine or improve your demonstration?
- What value do ombudsman programs provide for consumers – particularly for Medicaid beneficiaries with complex care needs or dually eligible individuals?
- Both Massachusetts and South Carolina have expanded or plan to expand the scope of their ombudsman program. What elements of the ombudsman program were important to preserve? What refinements were or will be needed to serve a broader population?
- Do you have any advice with regard to ombudsman programs for other state Medicaid agencies building managed care programs for complex Medicaid populations?

# Resources and Contact Information

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- New ICRC Brief | [State Approaches to Developing and Operating Ombudsman Programs for Demonstrations under the Financial Alignment Initiative](#)
- Contact information:
  - Nancy Archibald [narchibald@chcs.org](mailto:narchibald@chcs.org)
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  - Malinda Ellwood [malinda.ellwood@state.ma.us](mailto:malinda.ellwood@state.ma.us)
  - Dustin Welch [Dustin.Welch@scdhhs.gov](mailto:Dustin.Welch@scdhhs.gov)

# About ICRC

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- Established by CMS to advance integrated care models for dually eligible beneficiaries
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica 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](mailto:integratedcareresourcecenter@chcs.org)