

# Office of Health Care Ombudsman and Bill of Rights (OHCOBR)

## FY2012 Contact Summary

October 1, 2011 – September 30, 2012



# OHCOBR – FY2012 Activities

***During Fiscal Year 2012***, the OHCOBR has tracked all communications, or contacts, received. The OHCOBR classified all contacts as “cases” which the Office investigated and strived to bring closure. The OHCOBR staff recorded all contacts in a standardized Health Care Ombudsman In-Take Tracking Log that has specific categories for classifying different cases. These findings summarize data from the In-Take Tracking Log for the Fiscal Year 2012 (October 1, 2011 through September 30, 2012).

***In summarizing the activities from the In-Take Tracking Log, the OHCOBR sought to answer the following key questions:***

- How do DC residents contact the Office of Health Ombudsman and Bill of Rights?
- Who contacts the Office of Health Care Ombudsman and Bill of Rights?
- What are the most common issues experienced by the community?

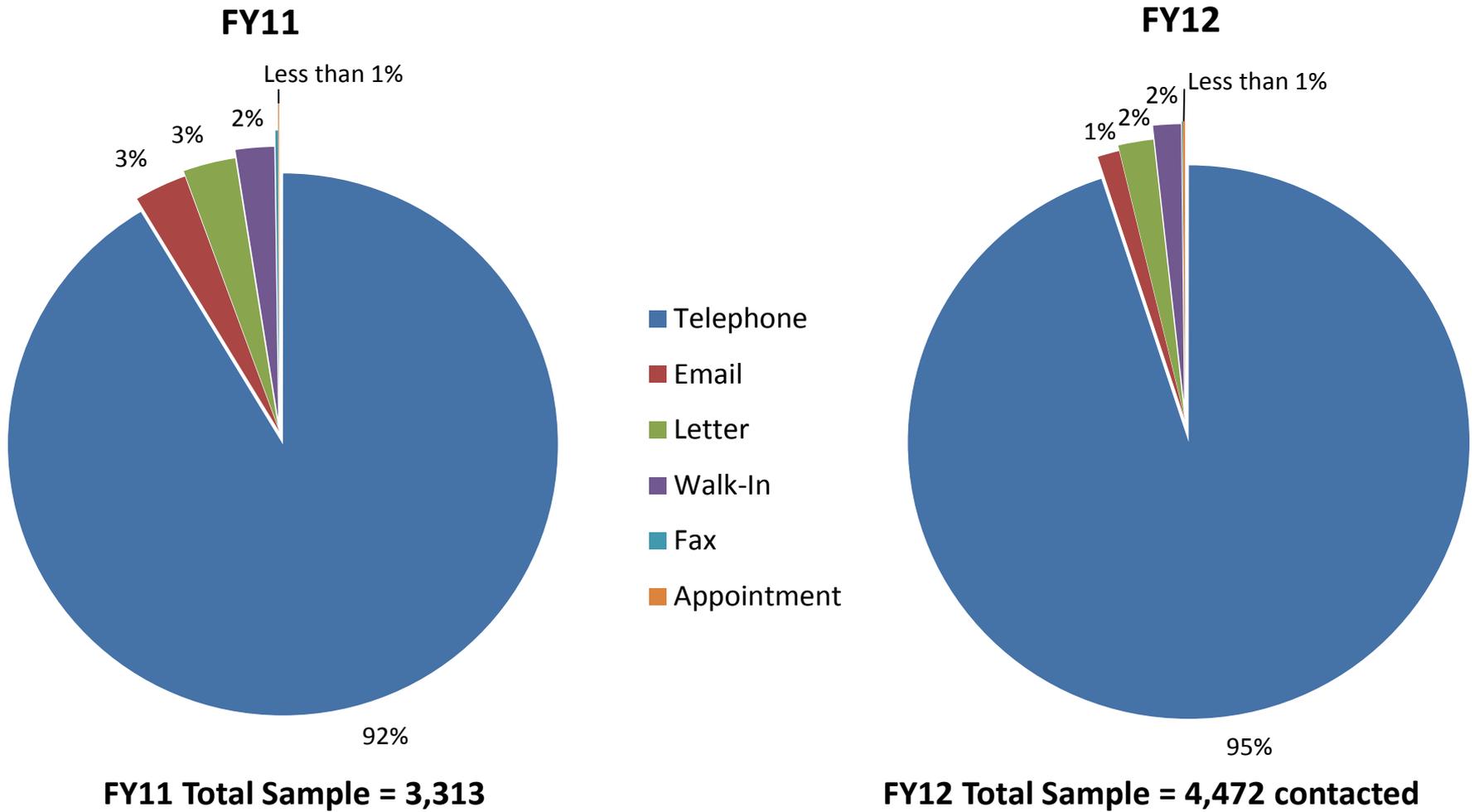
***During Fiscal Year 2012, the OHCOBR received a total of 4,472 contacts by individuals (consumers), of which 308 individuals were repeat callers.***

# OHCOBR – FY2012 Activities (continued)

*The following sections present findings from the Health Care Ombudsman's In-Take Tracking Log, specifically:*

- Methods of Contacting the OHCOBR;
- OHCOBR Contacts by Insurance Type;
- OHCOBR Contacts by Ward;
- Categories of Issues Encountered by OHCOBR Consumers;
- Categories of Issues Encountered by Consumers by Insurance Type and Uninsured (to include pre-existing condition insurance);
- Transportation Contacts by Insurance Type and Issues Encountered by Contacts;
- EPD Waiver Contacts by Insurance Type and Issues Encountered by EPD Waiver Beneficiaries;
- Number and Percentage of Closed/Resolved Cases Among OHCOBR Consumers;
- Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members; and Types of Appeal/Grievance Cases Encountered by Commercial Health Plan Members; and
- Average Number of Days to Close/Resolve Cases.

# Figure 1. Methods of Contacting OHCOBR FY11 and FY12



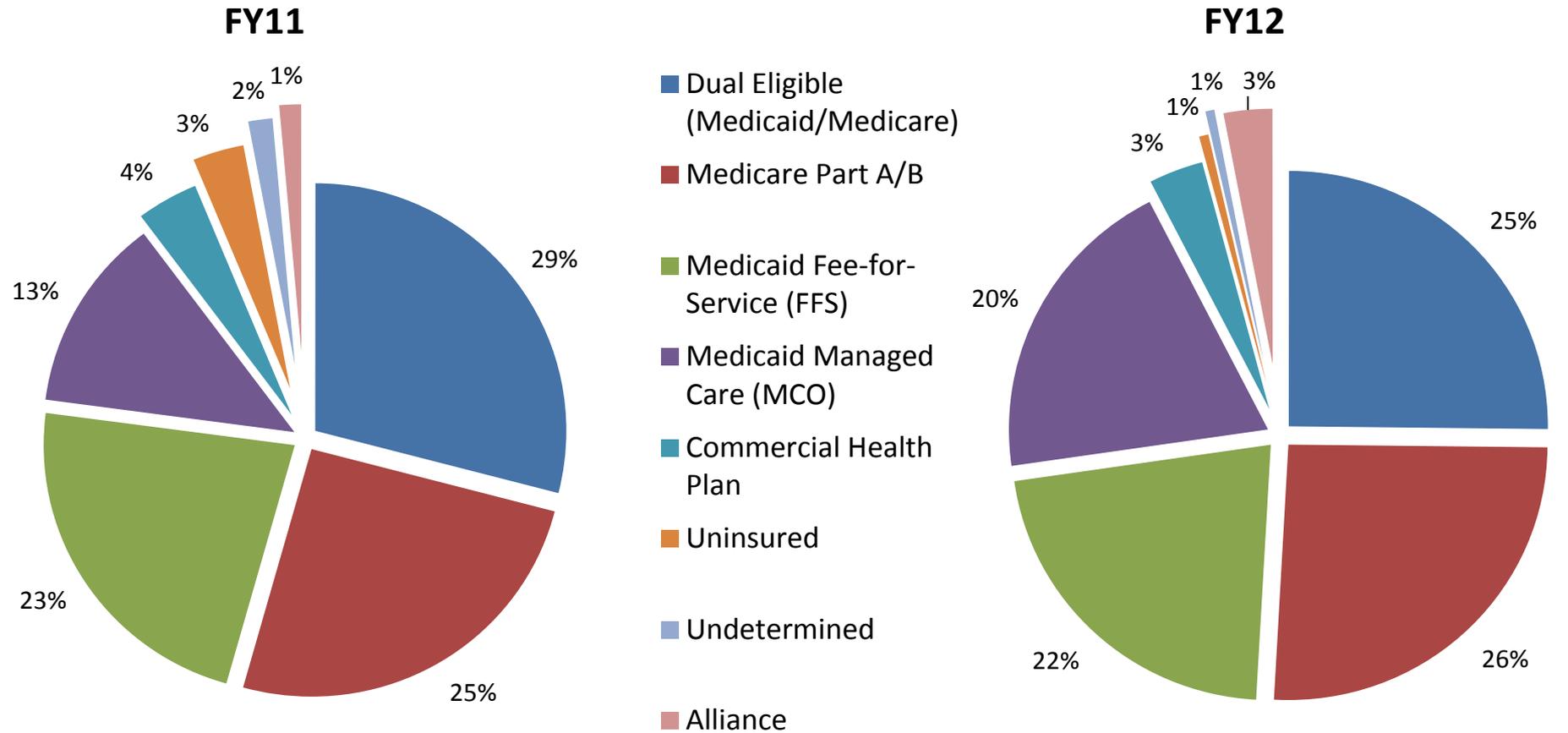
Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Table 1. Methods of Contacting OHCOBR--FY11 and FY12

Methods of Contacting OHCOBR	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Telephone	3027	90%	4247	95%
Email	102	3%	56	1%
Letter	102	3%	91	2%
Walk-In	75	2%	70	2%
Fax	5	1%	2	Less Than 1%
Appointment	2	1%	6	Less Than 1%
<b>Total Contacts</b>	<b>3313</b>	<b>100%</b>	<b>4472</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 2. OHCOBR Contacts by Insurance Type FY11 and FY12



**FY11 Total Sample = 3,313**

**FY12 Total Sample = 4,472 contacted**

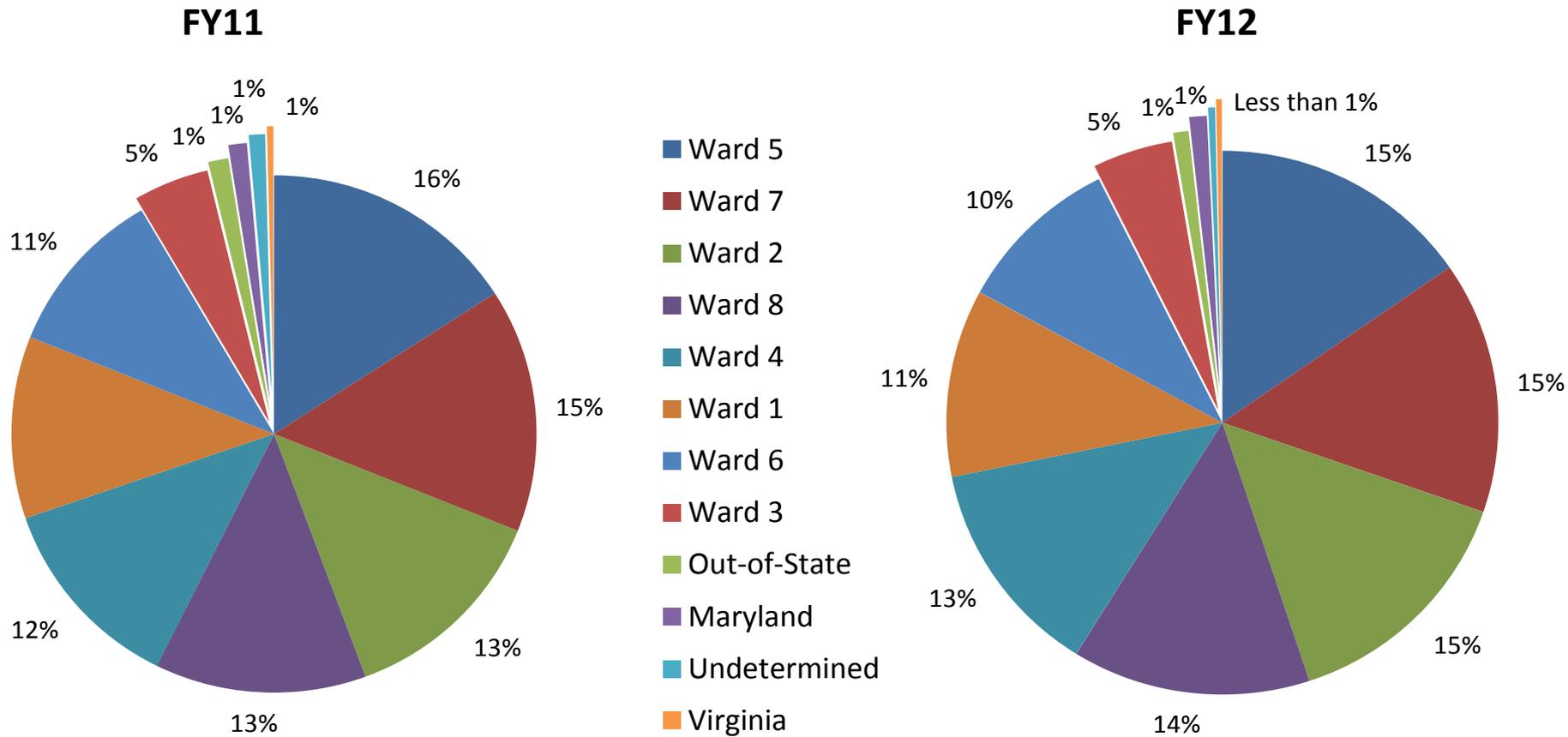
Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 2. Contacts by Insurance Type--FY11 and FY12

Insurance Type	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Dual Eligible (Medicaid/Medicare)	962	29%	1126	25%
Medicare Part A/B	840	25%	1150	26%
Medicaid Fee-for-Service (FFS)	752	23%	976	22%
Medicaid Managed Care (MCO)	420	13%	882	20%
Commercial Health Plan	131	4%	151	3%
Uninsured	109	3%	26	1%
Undetermined	52	2%	25	1%
Alliance	47	1%	136	3%
<b>Total Contacts</b>	<b>3313</b>	<b>100%</b>	<b>4472</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 3. OHCOBR Contacts by Ward—FY11 and FY12



**FY11 Total Sample = 3,313**

**FY12 Total Sample = 4,472 contacted**

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 3. Contacts by Ward--FY11 and FY12

Ward	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Ward 5	526	16%	686	15%
Ward 7	504	15%	670	15%
Ward 2	439	13%	652	15%
Ward 8	431	13%	625	14%
Ward 4	410	12%	578	13%
Ward 1	377	11%	498	11%
Ward 6	347	11%	433	10%
Ward 3	154	5%	210	5%
Out-of-State	41	1%	41	1%
Maryland	38	1%	46	1%
Undetermined	33	1%	18	Less than 1%
Virginia	13	1%	15	Less than 1%
<b>Total Contacts</b>	<b>3313</b>	<b>100%</b>	<b>4472</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Categories of Issues Encountered

- ***The following issues were encountered by District consumers:***

- ***Access/Coverage (includes denials):***

**Access:** Administrative hearings; appeals/grievances (Bill of Rights); health care benefits to include: uninsured; pre-existing condition insurance plan; commercial insurance; Medicaid, Medicare; Buy-In; Qualified Medicare Beneficiary benefits (QMB); long-term care; home health agency services (EPD and State Waiver Plan), MCO enrollment; and Part D prescription plan. Assisted beneficiaries in securing medical; dental; durable medical equipment (DME); non-emergency transportation services or appointments. Assisted in obtaining prior authorizations for health related services to include home health agency services; and assistance in securing medications; methods of co-payments; and filling prescriptions, etc.

**Coverage:** Denials of health related services (medical, dental, optical, durable medical equipment (DME), home health, non-emergency transportation, and prescriptions services, etc.).

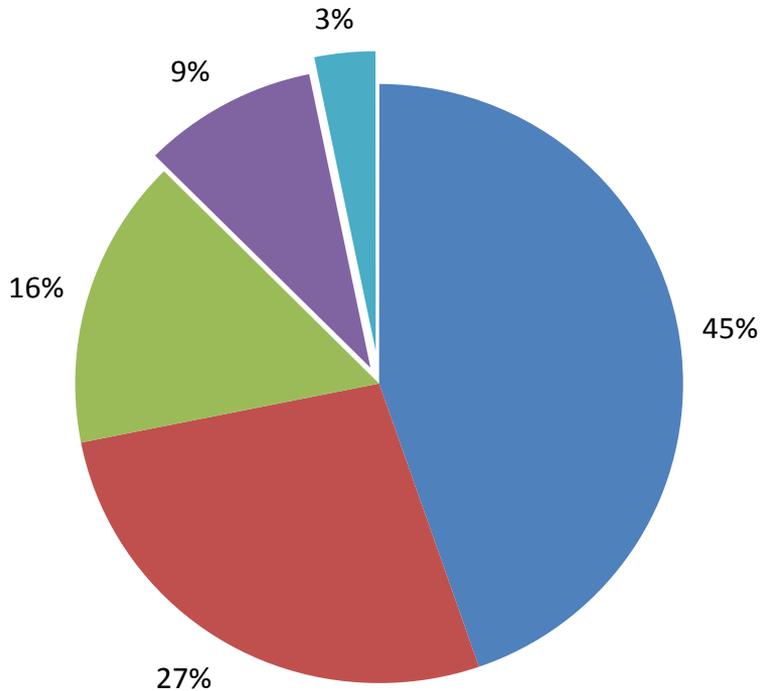
- **Eligibility:** Determining eligibility, status of eligibility, verification of eligibility for health care programs; assistance with enrollment or recertification in health care programs; explanation of Qualified Medicare Beneficiary (QMB) benefits, and assisting with termination of coverage, etc.

# Categories of Issues Encountered (continued)

- **Quality of Service:** Medical, dental, durable medical equipment (DME), in-patient services, out-patient services, home health services, long-term care, optical services, and non-emergency transportation services, etc.
- **Non-Payment/Reimbursement Issues:** Non-payment of bills (medical, dental, hospital, emergency room bills, and co-pays, to include QMB co-pays, and Part B premiums), reimbursement of out-of-pocket expenses (medical, hospital, dental bills, co-pays to include QMB co-pays, etc.).
- **Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB ID cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance's correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

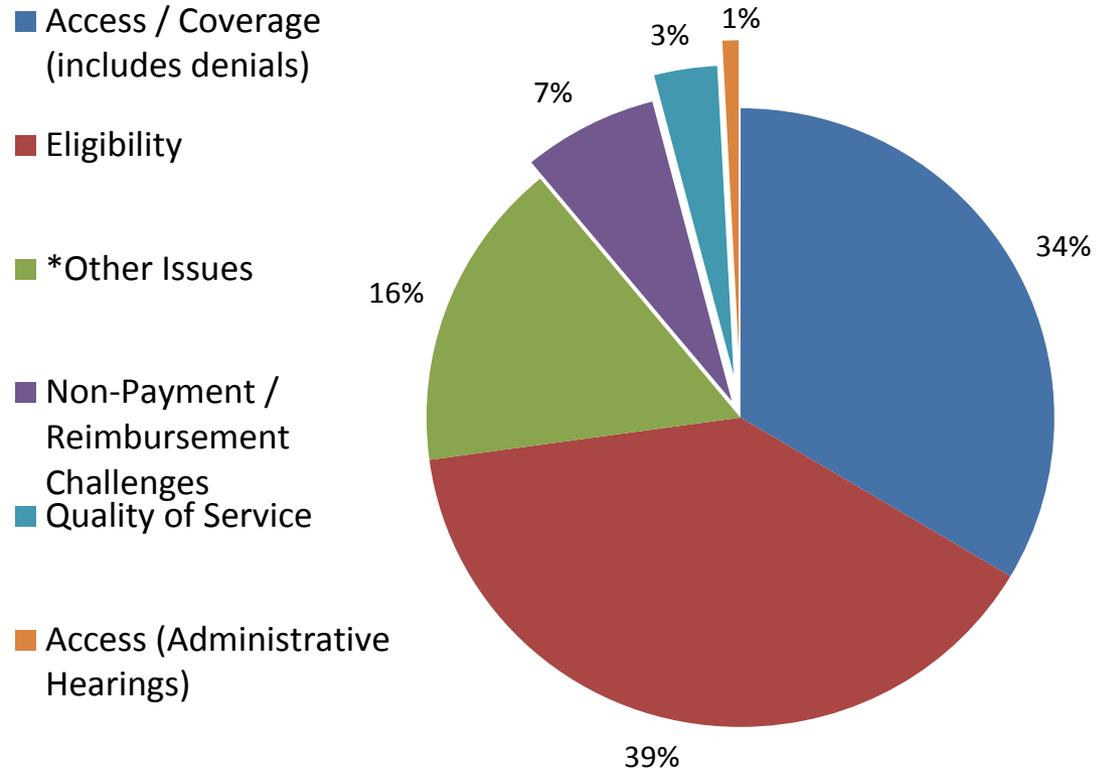
# Figure 4. Categories of Issues Encountered by Consumers—FY11 and FY12

**FY11**



**FY11 Total Sample = 3,313**

**FY12**



**FY12 Total Sample = 4,472 contacted**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance's (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

## Table 4. Categories of Issues Encountered by Consumers--FY11 and FY12

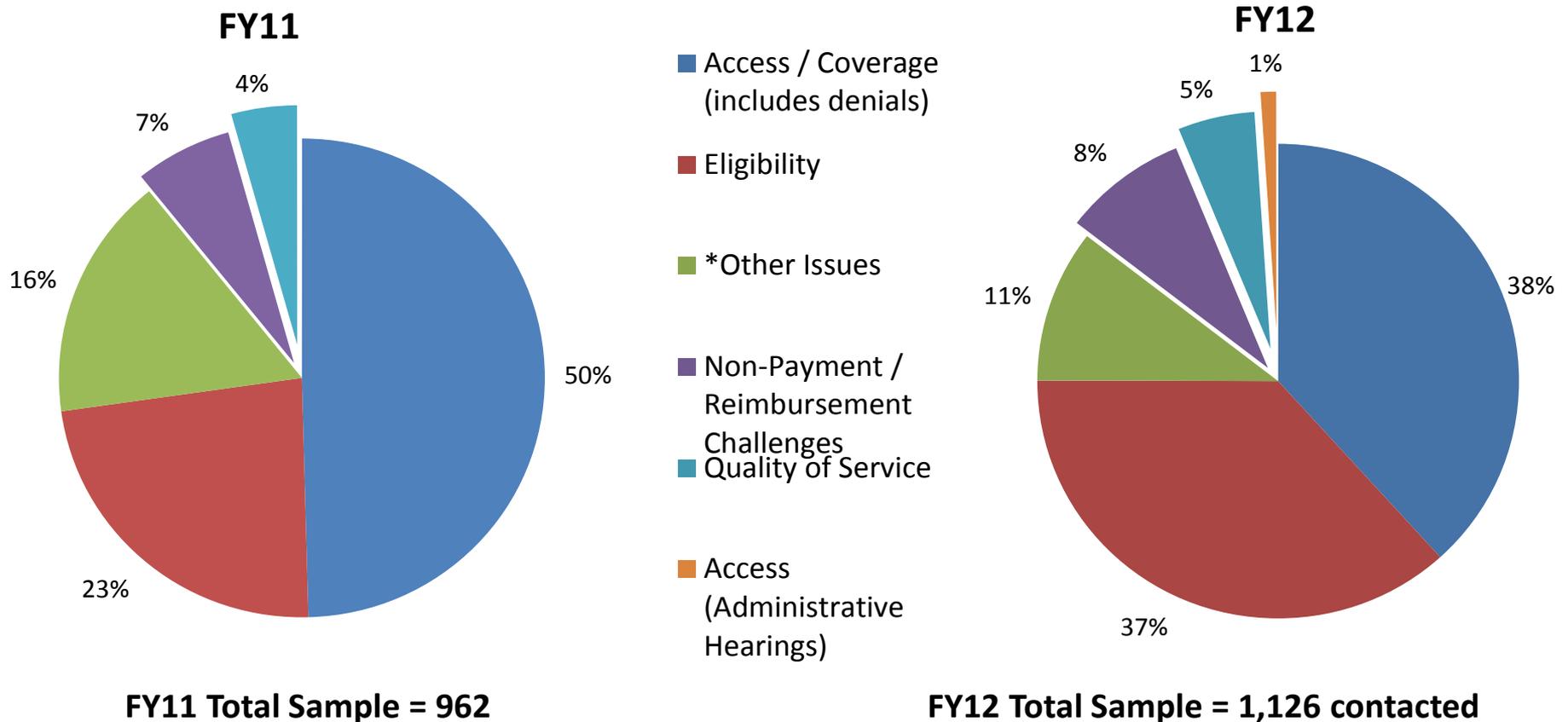
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes denials)	1480	45%	1501	34%
Eligibility	900	27%	1756	39%
*Other Issues	519	16%	723	16%
Non-Payment/Reimbursement Challenges	307	9%	310	7%
Quality of Service	107	3%	145	3%
Access (Administrative Hearings)	N/A	N/A	37	1%
<b>Total Contacts</b>	<b>3313</b>	<b>100%</b>	<b>4472</b>	<b>100%</b>

**NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by consumers – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Figure 5. Categories of Issues Encountered by Dual Eligible Beneficiaries (Eligible for Medicare and Medicaid)—FY11 and FY12



**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

**Table 5. Categories of Issues Encountered by Dual Eligible Beneficiaries--FY11 and FY12 (Eligible for Medicare and Medicaid)**

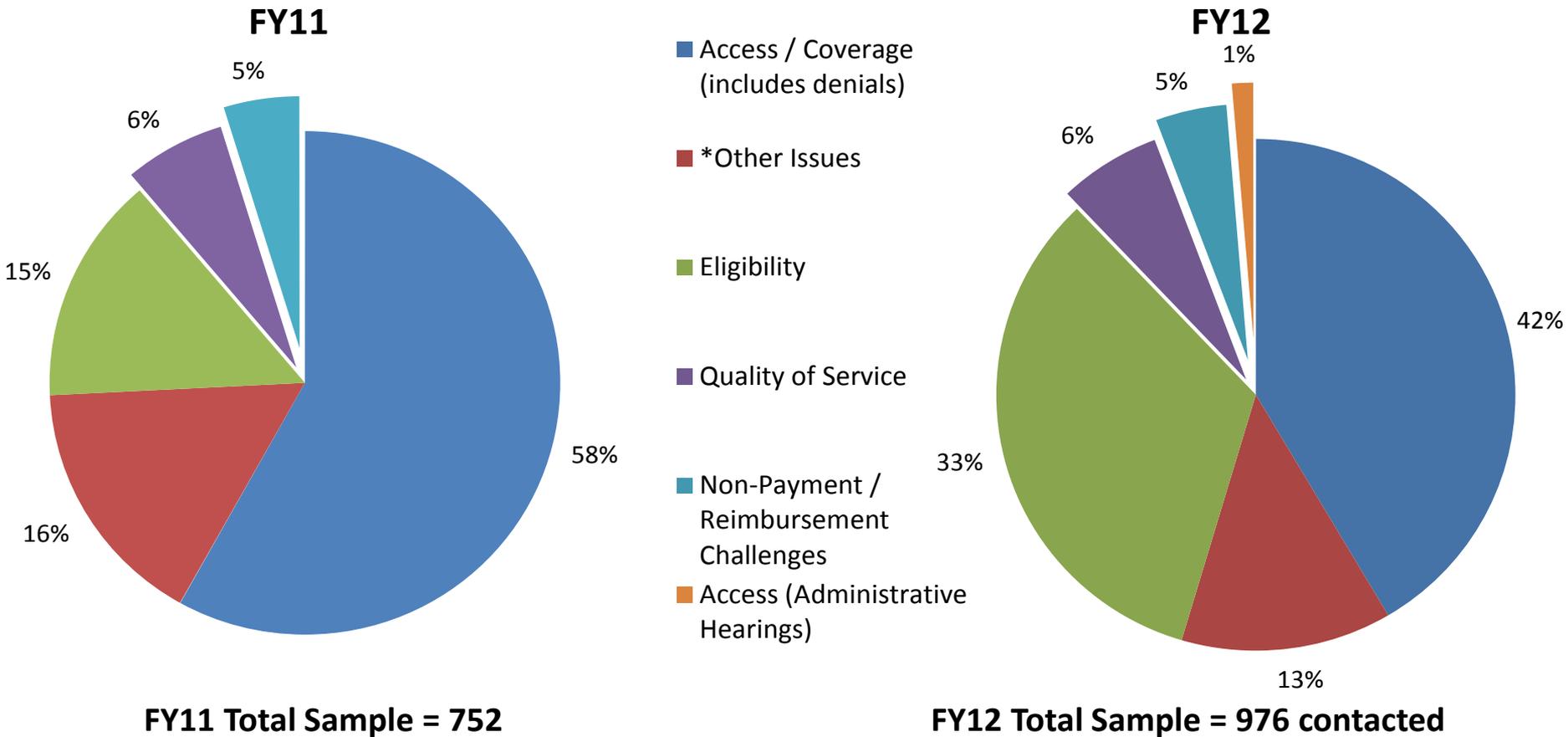
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes denials)	477	50%	431	38%
Eligibility	223	23%	414	37%
*Other Issues	158	17%	117	10%
Non-Payment/Reimbursement Challenges	62	6%	94	8%
Quality of Service	42	4%	58	5%
Access (Administrative Hearings)	N/A	N/A	12	1%
<b>Total Contacts</b>	<b>962</b>	<b>100%</b>	<b>1126</b>	<b>100%</b>

**NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by Dual Eligible Beneficiaries – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 6. Categories of Issues Encountered by Medicaid Fee-for-Service (FFS) Beneficiaries—FY11 and FY12



**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 6. Categories of Issues Encountered by Medicaid Fee-for-Service (FFS) Beneficiaries--FY11 and FY12

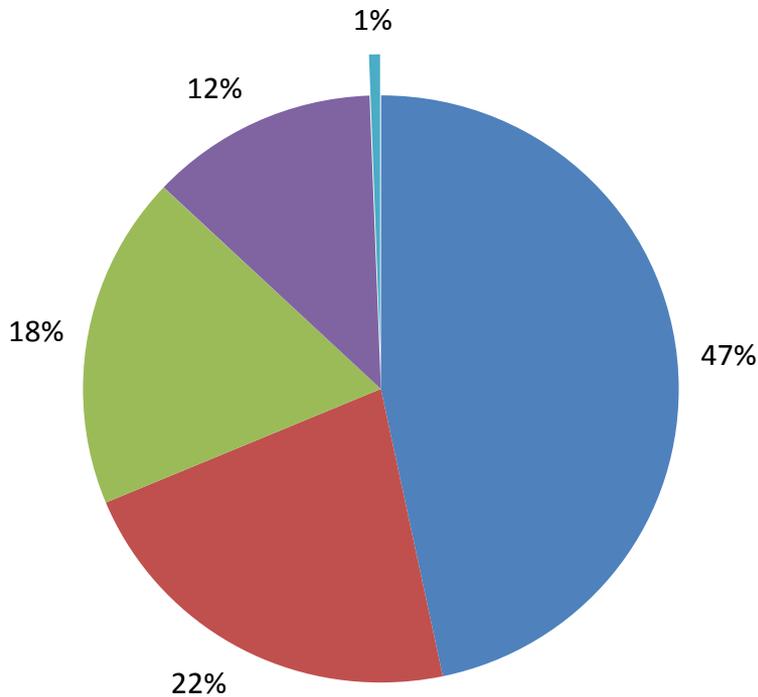
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes denials)	437	58%	405	41%
*Other Issues	121	16%	128	13%
Eligibility	110	15%	325	33%
Quality of Service	48	6%	62	6%
Non-Payment/Reimbursement Challenges	36	5%	43	4%
Access (Administrative Hearings)	N/A	N/A	13	1%
<b>Total Contacts</b>	<b>752</b>	<b>100%</b>	<b>976</b>	<b>100%</b>

**NOTE:** The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by Fee-For-Service Beneficiaries – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

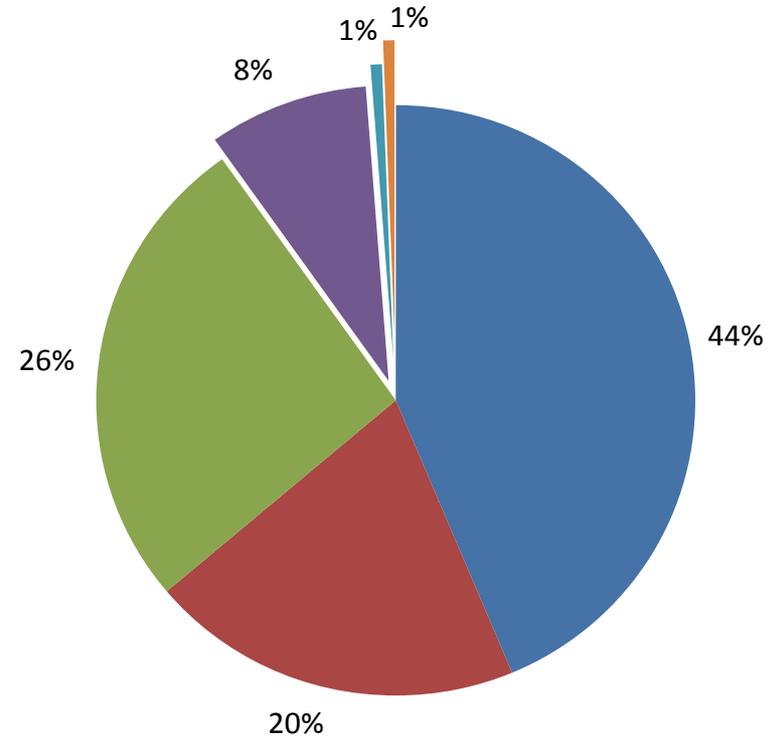
# Figure 7. Categories of Issues Encountered by Medicare Part A and/or Part B Beneficiaries—FY11 and FY12

**FY11**



**FY11 Total Sample = 840**

**FY12**



**FY12 Total Sample = 1,150 contacted**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

**Table 7. Categories of Issues Encountered by Medicare Part A and/or Part B Beneficiaries--FY11 and FY12**

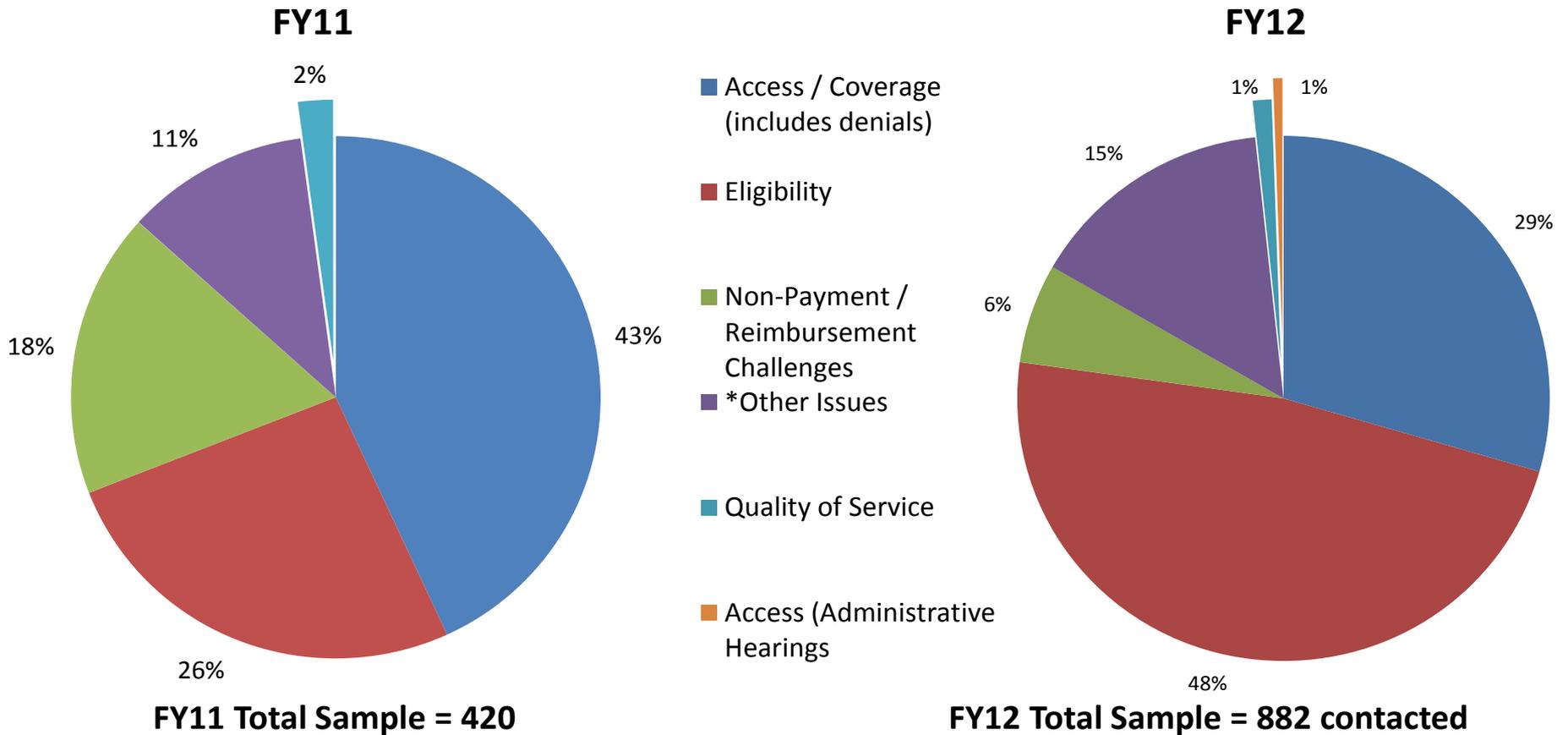
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Eligibility	392	47%	502	44%
Access/Coverage (includes denials)	185	22%	232	20%
*Other	154	18%	303	26%
Non-Payment/Reimbursement Challenges	104	12%	99	9%
Quality of Service	5	1%	7	1%
Access (Administrative Hearings)	N/A	N/A	7	1%
<b>Total Contacts</b>	<b>840</b>	<b>100%</b>	<b>1150</b>	<b>100%</b>

**NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered Part A and/or Part B beneficiaries--Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.**

**\*Other issues include** auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 8. Categories of Issues Encountered by Medicaid Managed Care (MCO) Beneficiaries—FY11 and FY12



**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

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## Table 8. Categories of Issues Encountered by Medicaid Managed Care (MCO) Beneficiaries--FY11 and FY12

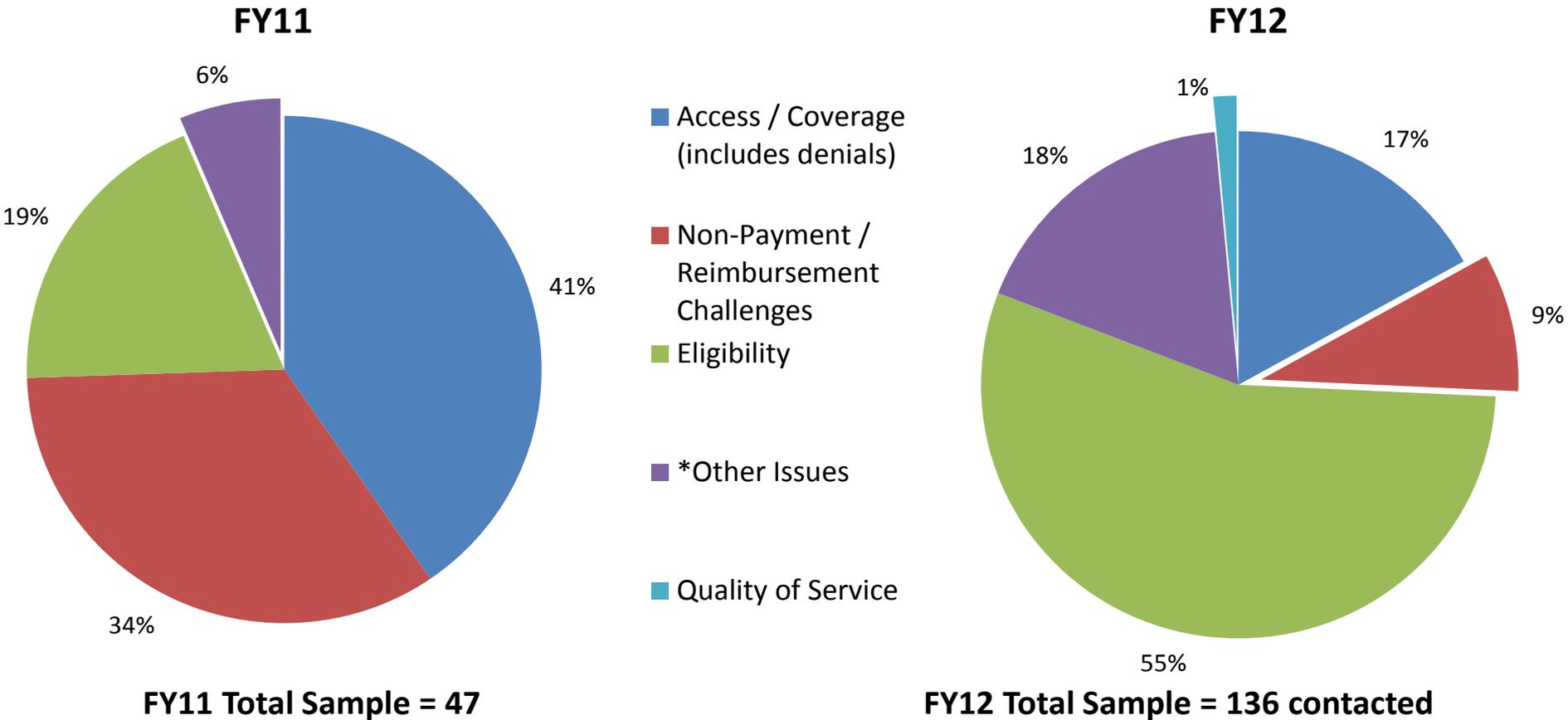
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes denials)	181	43%	260	29%
Eligibility	109	26%	421	48%
Non-Payment/Reimbursement Challenges	74	18%	54	6%
*Other Issues	47	11%	132	15%
Quality of Service	9	2%	10	1%
Access (Administrative Hearings)	N/A	N/A	5	1%
<b>Total Contacts</b>	<b>420</b>	<b>100%</b>	<b>882</b>	<b>100%</b>

**NOTE:** *The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by Medicaid Managed Care (MCO) beneficiaries – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.*

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 9. Categories of Issues Encountered by Alliance Beneficiaries—FY11 and FY12



**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 9. Categories of Issues Encountered by Alliance Beneficiaries--FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes denials)	19	41%	23	17%
Non-Payment/Reimbursement Challenges	16	34%	12	9%
Eligibility	9	19%	75	55%
*Other Issues	3	6%	24	18%
Quality of Service	0	0%	2	1%
Access (Administrative Hearings)	N/A	N/A	0	0%
<b>Total Contacts</b>	<b>47</b>	<b>100%</b>	<b>136</b>	<b>100%</b>

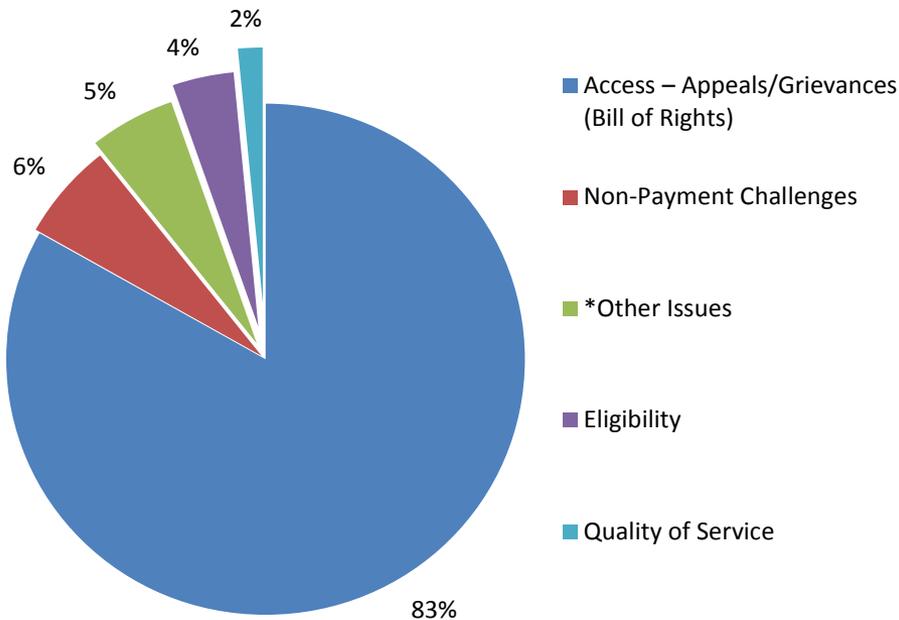
**NOTE:** The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by Alliance beneficiaries – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

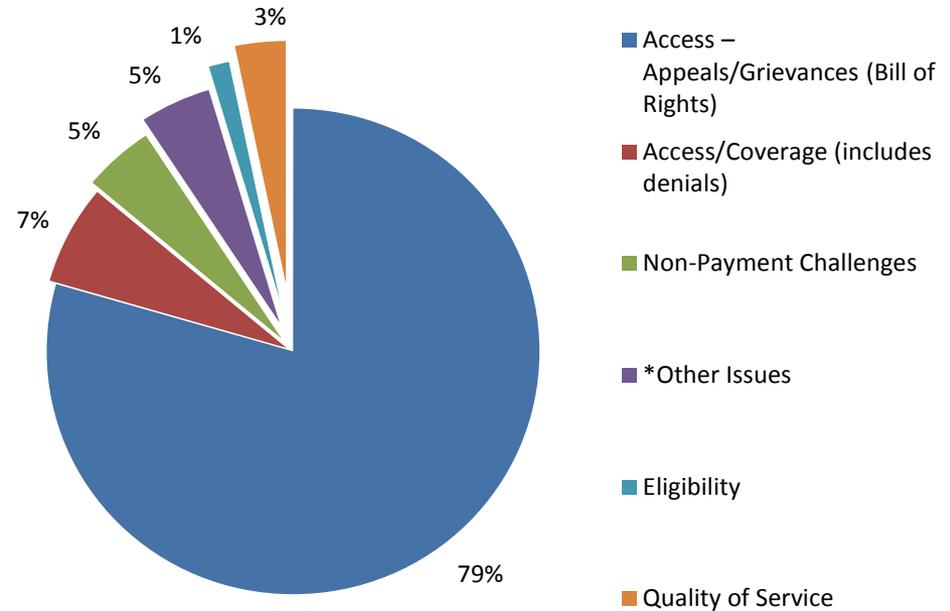
Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 10. Categories of Issues Encountered by Commercial Health Plan Members—FY11 and FY12

**FY11**



**FY12**



**FY11 Total Sample = 131**

**FY12 Total Sample = 151 contacted**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 10. Categories of Types of Calls/Issues Encountered by Commercial Health Plan Members--FY11 and FY12

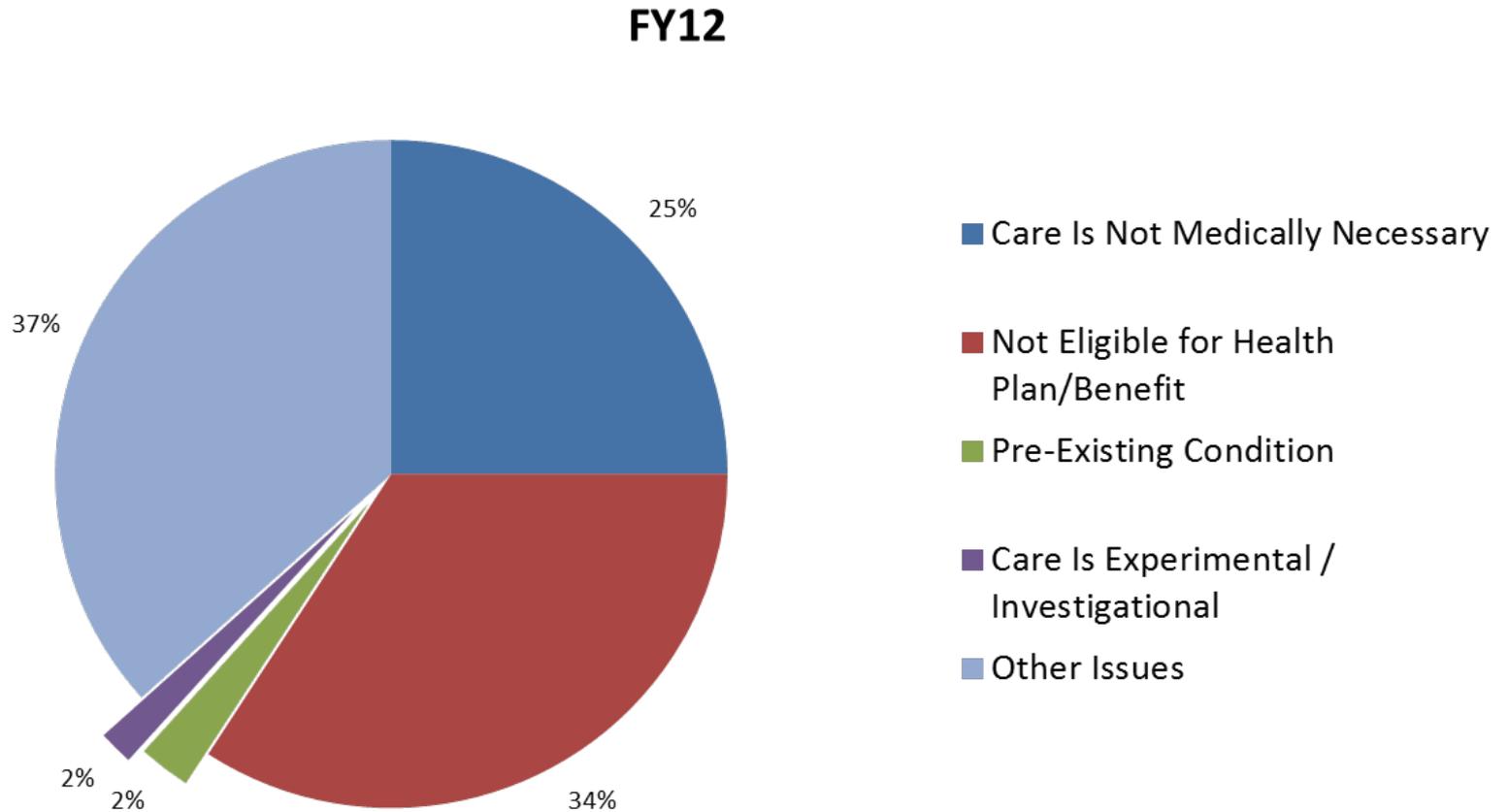
Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access – Appeals/Grievances (Bill of Rights)	109	83%	120	79%
Access/Coverage (includes denials)	N/A	N/A	10	7%
Non-Payment Challenges	8	6%	7	5%
*Other Issues	7	5%	7	5%
Eligibility	5	4%	2	1%
Quality of Service	2	2%	5	3%
<b>Total Contacts</b>	<b>131</b>	<b>100%</b>	<b>151</b>	<b>100%</b>

**NOTE:** The Office of Health Care Ombudsman and Bill of Rights (OHCOCR) is reporting Access/Coverage (includes denials) for the first time in FY2012 Annual Summary of Cases Report—previously fiscal year totals did not reflect a specific breakdown.

\*Other Issues: Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 11. Categories of Types of Appeal/Grievance Cases (Bill of Rights) Encountered by Commercial Health Plan Members--FY12



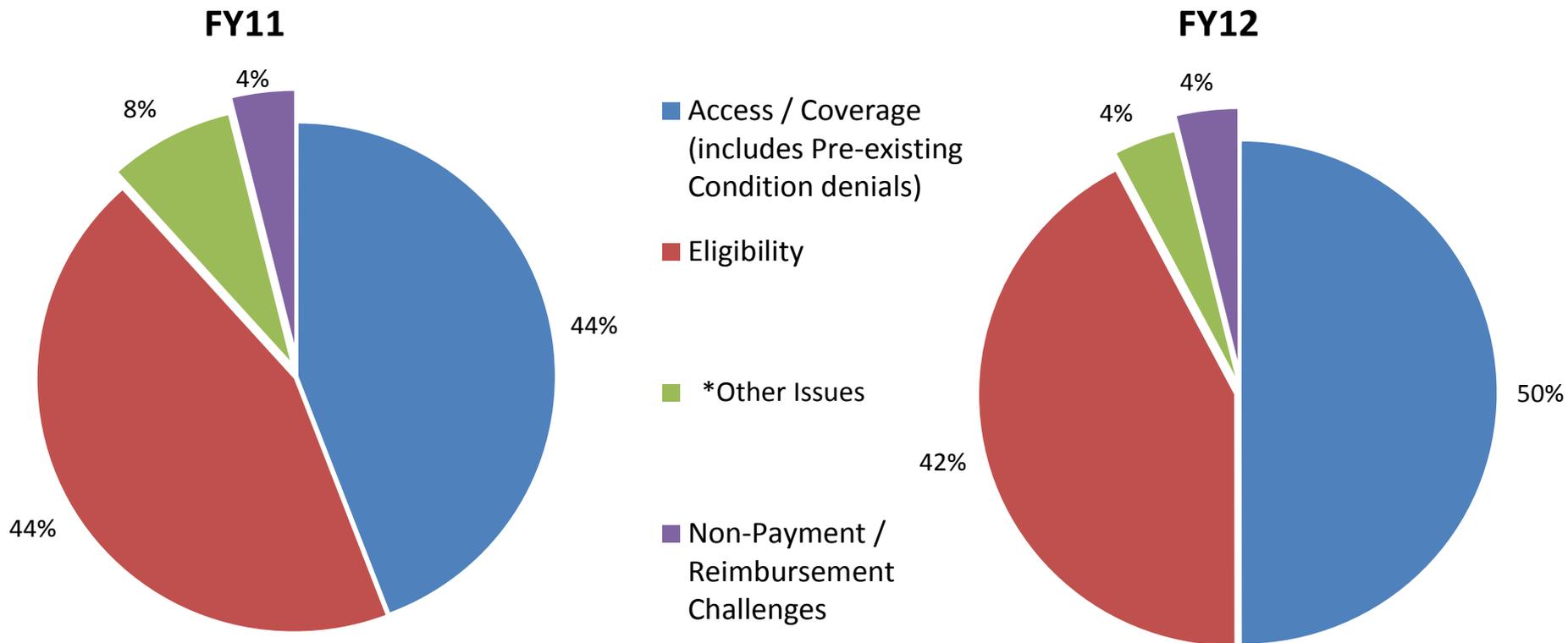
Total Sample = 120 contacted

**Table 11. Categories of Types of Appeal/Grievance Cases  
(Bill of Rights) Encountered by  
Commercial Health Plan Members--FY12**

Issue Category	FY12 Totals	FY12 Contacts (%)
Care Is Not Medically Necessary	30	25%
Not Eligible for Health Plan/Benefit	41	34%
Pre-Existing Condition	3	3%
Care Is Experimental/Investigational	2	2%
Rescission	0	0%
Grandfather Status	0	0%
<b>Other Issues</b>	<b>44</b>	<b>37%</b>
<b>Total Contacts</b>	<b>120</b>	<b>100%</b>

*NOTE: The Office of Health Care Ombudsman and Bill Rights (OHCOBR) is reporting Types of Appeal/Grievance Cases (Bill of Rights) cases for the first time in FY2012 Annual Summary of Cases Report—previously fiscal year totals did not reflect a specific breakdown of types Bill of Rights cases.*

# Figure 12. Categories of Issues Encountered by Uninsured Consumers—FY11 and FY12



**FY11 Total Sample = 129**

**FY12 Total Sample = 26 contacted**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; replacement of Medicaid/Medicare/MCO/QMB ID cards; and responses to Department of Health Care Finance’s (DHCF) correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage; etc.

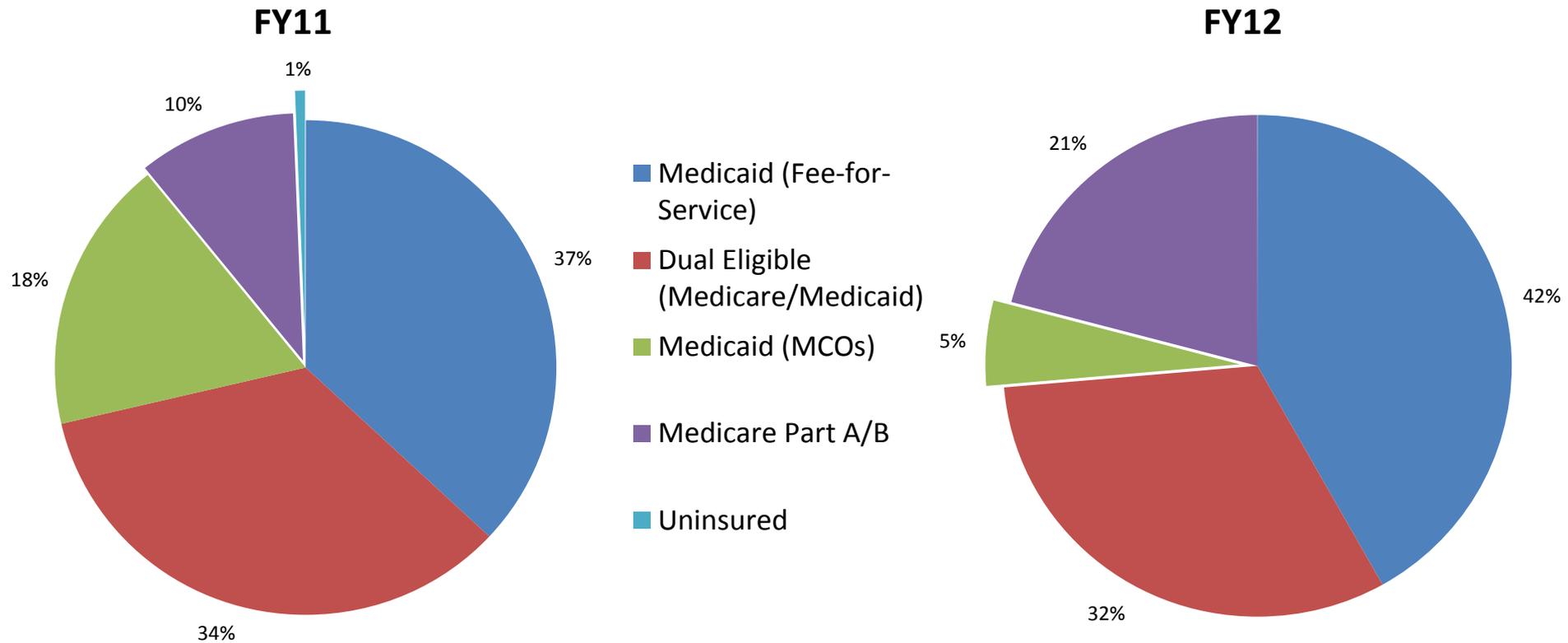
## Table 12. Categories of Issues Encountered by Uninsured Consumers--FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access/Coverage (includes Pre-existing Condition denials)	57	44%	13	50%
Eligibility	57	44%	11	42%
*Other Issues	10	8%	1	4%
Non-Payment/Reimbursement Challenges	5	4%	1	4%
Quality of Service	0	0%	0	0%
<b>Total Contacts</b>	<b>129</b>	<b>100%</b>	<b>26</b>	<b>100%</b>

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance's correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 13. Transportation Contacts by Insurance Type— FY11 and FY12



**FY11 Total Sample = 157 contacted**

**FY12 Total Sample = 110 contacted**

Source data captured between October 1, 2010 through September 30, 2012 and October 1, 2011 through September 30, 2012

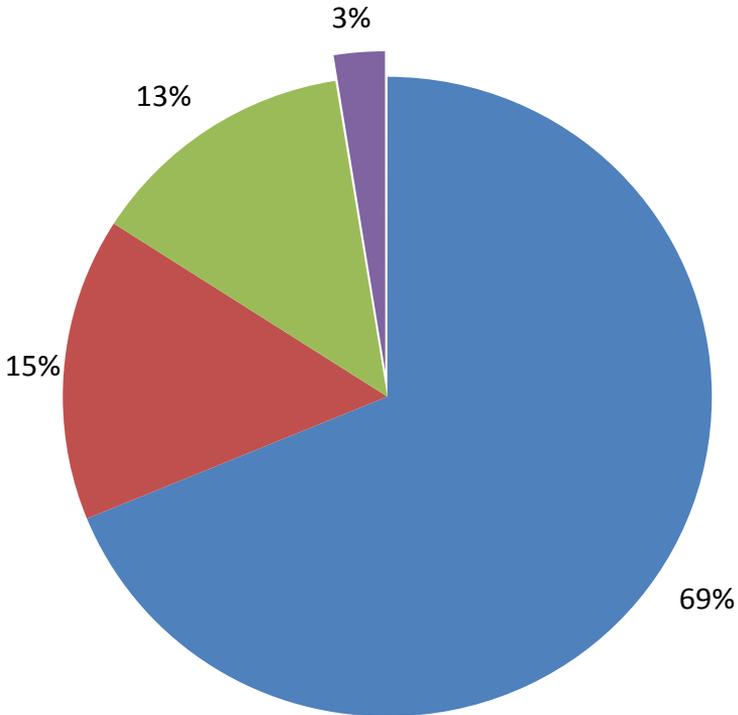
## Table 13. Transportation Contacts by Insurance Type--FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Medicaid (Fee-for-Service)	58	37%	46	41%
Dual Eligible (Medicare/Medicaid)	54	34%	35	32%
Medicaid (MCOs)	28	18%	6	5%
Medicare Part A/B	16	10%	23	22%
Uninsured	1	1%	0	0%
Alliance	0	0%	0	0%
Commercial Health Plan	0	0%	0	0%
<b>Total Contacts</b>	<b>157</b>	<b>100%</b>	<b>110</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

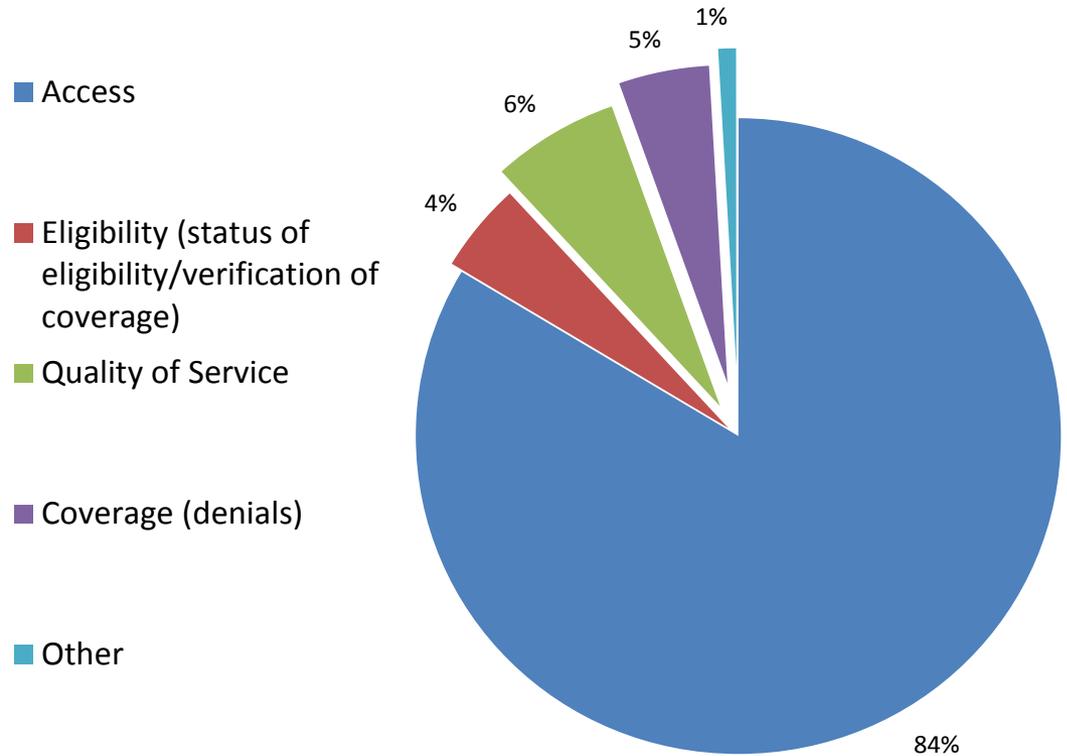
# Figure 14. Categories of Transportation Issues Encountered by Contacts—FY11 and FY12

**FY11**



**FY11 Total Sample = 157**

**FY12**



**FY12 Total Sample = 110 contacted**

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

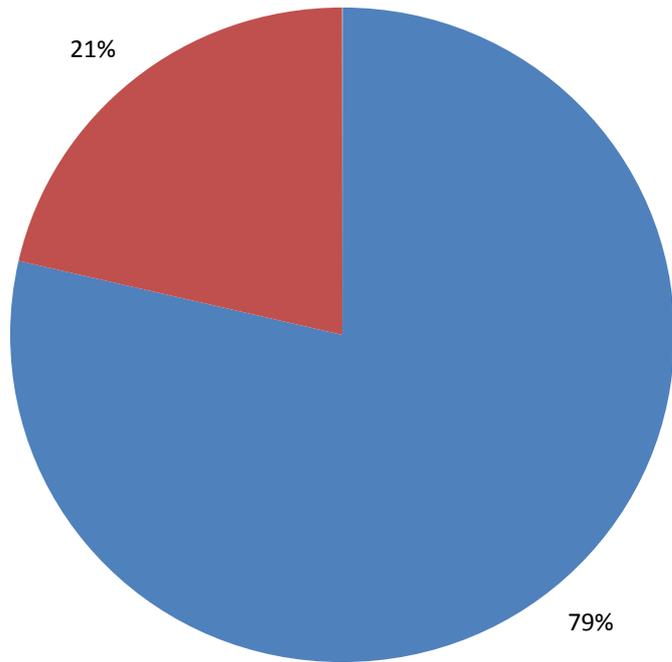
## Table 14. Categories of Transportation Issues Encountered by Contacts—FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access	108	69%	92	84%
Eligibility (status of eligibility/verification of coverage)	24	15%	5	5%
Quality of Service	21	13%	7	6%
Other Issues:	0	0	1	1%
Coverage (denials)	4	3%	5	5%
<b>Total Contacts</b>	<b>157</b>	<b>100%</b>	<b>110</b>	<b>100%</b>

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

# Figure 15. EPD Waiver Beneficiaries by Insurance Type— FY11 and FY12

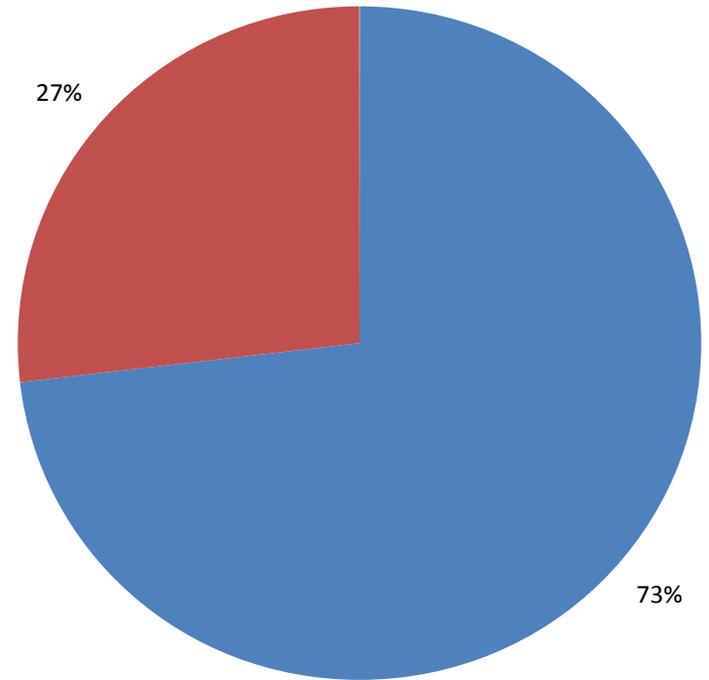
**FY11**



**FY11 Total Sample = 543**

**FY12**

■ Dual Eligible (Medicare/Medicaid)  
■ Fee-For-Service (Medicaid)



**FY12 Total Sample = 603 contacted**

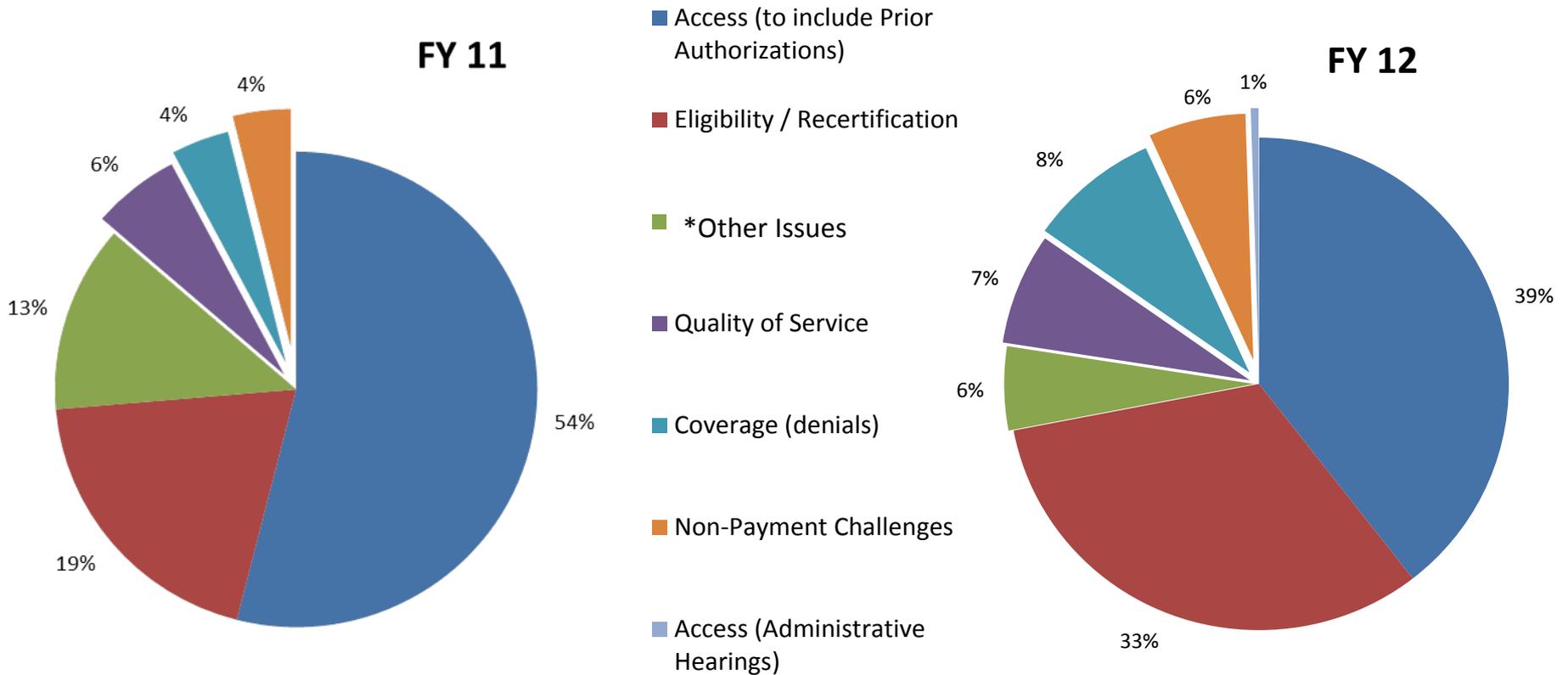
Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

## Table 15. EPD Waiver Beneficiaries by Insurance Type—FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Dual Eligible (Medicare/Medicaid)	427	79%	441	73%
Fee-For-Service (Medicaid)	116	21%	162	27%
<b>Total Contacts</b>	<b>543</b>	<b>100%</b>	<b>603</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 16. Categories of Issues Encountered by EPD Waiver Beneficiaries--FY11 and FY12



**FY11 Total Sample = 543**

**FY12 Total Sample = 603 contacted**

**\*Other Issues:** Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

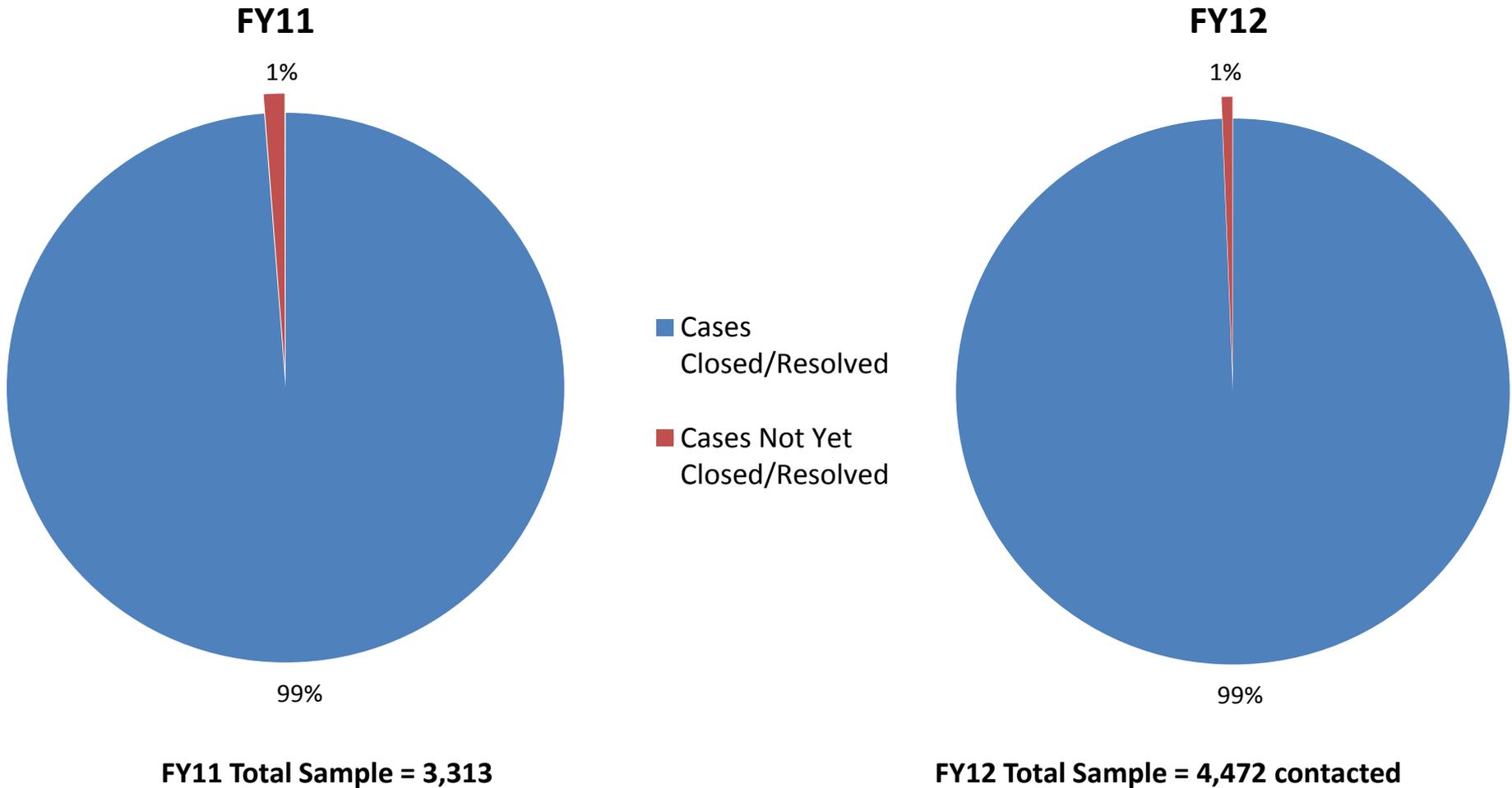
## Table 16. Categories of Issues Encountered by EPD Waiver Beneficiaries--FY11 and FY12

Issue Category	FY11 Totals	FY11 Contacts (%)	FY12 Totals	FY12 Contacts (%)
Access (to include Prior Authorizations)	293	54%	238	39%
Eligibility/Recertification	107	19%	196	33%
*Other Issues	69	13%	33	5%
Quality of Service	32	6%	44	7%
Coverage (denials)	21	4%	51	8%
Non-Payment Challenges	21	4%	38	6%
Access (Administrative Hearings)	N/A	N/A	3	Less than 1%
<b>Total Contacts</b>	<b>543</b>	<b>100%</b>	<b>603</b>	<b>100%</b>

**NOTE:** The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in the categories of issues encountered by EPD Waiver beneficiaries – Access (Administrative Hearings) for the first time in FY2012 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown.

\*Other Issues: Anomalous and generic complaints such as auto repairs, banking issues, burial assistance, death certificates, duplicate QMB ID cards, food stamps, fraud-Medicaid/Medicare; housing assistance, legal services, name/address change, names misspelled on QMB ID cards, non-receipt-QMB ID cards, replacement of Medicaid/Medicare/MCO/QMB ID cards, and responses to Department of Health Care Finance’s correspondence mailed to DC Medicaid beneficiaries regarding issues that affected their coverage, etc.

# Figure 17. Number and Percentage of Closed/Resolved Cases Among OHCOBR Consumers—FY11 and FY12



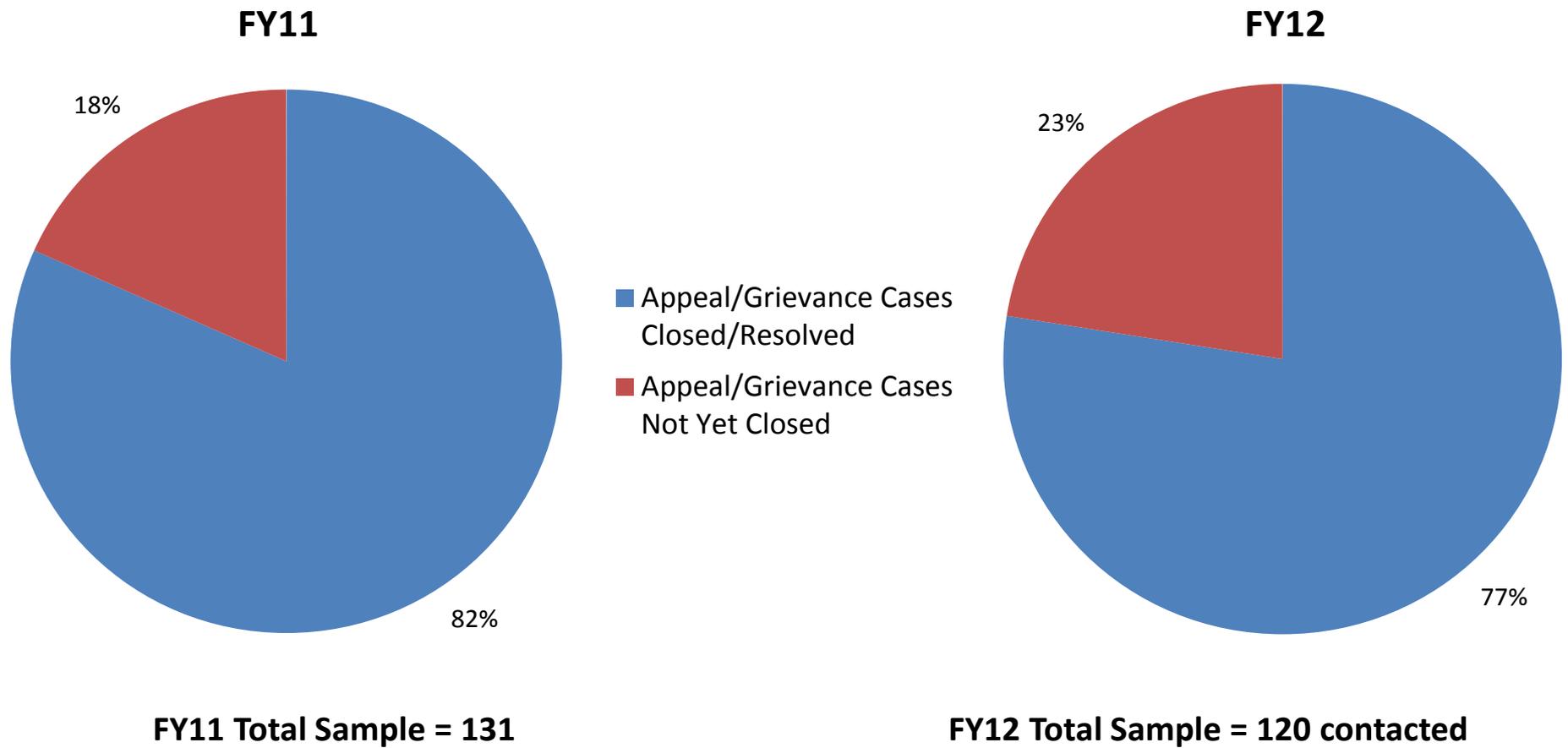
Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

**Table 17. Number and Percentage of Closed/Resolved Cases Among OHCOBR Consumers—FY11 and FY12**

Cases	FY11 Totals	FY11 Percent (%)	FY12 Totals	FY12 Percent (%)
Cases Closed/Resolved	3273	99%	4444	99%
Cases Not Yet Closed/Resolved	40	1%	28	1%
<b>Total Cases</b>	<b>3313</b>	<b>100%</b>	<b>4472</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Figure 18. Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members—FY11 and FY12



Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

**Table 18. Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members—FY11 and FY12**

<b>Grievances</b>	<b>FY11 Totals</b>	<b>FY11 Percent (%)</b>	<b>FY12 Totals</b>	<b>FY12 Percent (%)</b>
<b>Appeal/Grievance Cases Closed/Resolved</b>	<b>107</b>	<b>82%</b>	<b>93</b>	<b>78%</b>
<b>Appeal/Grievance Cases Not Yet Closed</b>	<b>24</b>	<b>18%</b>	<b>27</b>	<b>23%</b>
<b>Total Appeals/Grievances</b>	<b>131</b>	<b>100%</b>	<b>120</b>	<b>100%</b>

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

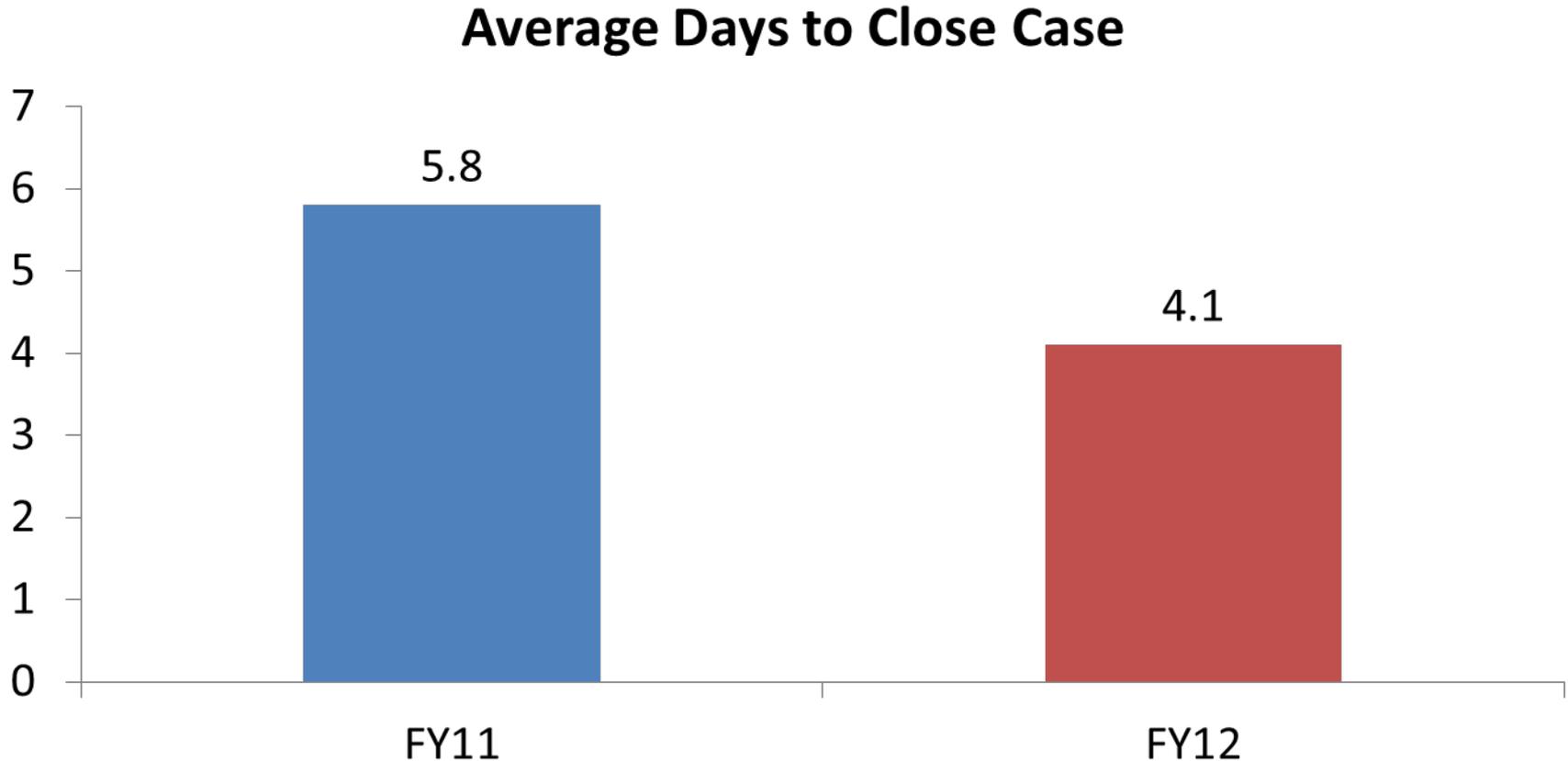
**Table 19. Average Number of Days to Close/Resolve Cases—  
FY11 and FY12**

FY11 Average Number of Days	FY11 Total	FY12 Average Number of Days	FY12 Total
Average Number of Days It Took to Close/Resolve 3,273 Cases	5.8 days	Average Number of Days It Took to Close/Resolve 4,444 Cases	4.13 days
<p><b>Note: Of the 3,313 cases opened, the OHCOBR closed/resolved 2,461 cases on same day that cases were opened</b></p>		<p><b>Note: Of the 4,472 cases opened, the OHCOBR closed/resolved 3,606 cases on same day that cases were opened</b></p>	

Note: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting the Average Number of Days to Close/Resolve Cases for the first time in the FY2011 Annual Summary of Cases Report. FY2010 averages were not reported.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

**Table 19. Average Number of Days to Close/Resolve Cases—  
FY11 and FY12**



Note: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting the Average Number of Days to Close/Resolve Cases for the first time in the FY2011 Annual Summary of Cases Report. FY2010 averages were not reported.

Source data captured between October 1, 2010 through September 30, 2011 and October 1, 2011 through September 30, 2012

# Office of Health Care Ombudsman and Bill of Rights Summary

- ***In FY2012***, most consumers utilized the telephone to contact the Office of Health Care Ombudsman and Bill of Rights--***95% of total contacts were via the telephone***);
- Most of the Office of Health Care Ombudsman and Bill of Rights' contacts were ***Medicare Part A/B beneficiaries***;
- Consumers from all Wards contacted the Office of Health Care Ombudsman and Bill of Rights (***Ward 5, and Ward 7 had the highest number of contacts***);
- ***Eligibility issues*** represented the largest category of issues encountered by all consumers;
- ***Access/Coverage (to include denials) issues represented the largest category of issues*** encountered by Dual Eligible (Medicaid/Medicare), Medicaid (FFS), and Medicare Part A/B beneficiaries;
- ***Access-Appeals/Grievances (Bill of Rights) issues represented the largest category of issues*** encountered by the Commercial Health Plan members;
- ***Eligibility issues represented the largest category of issues*** encountered by MCOs and MCO-Alliance;
- ***Percentage of cases closed/resolved*** was ***99% (4,444 closed cases over 4,472 total cases opened)***;
- ***Percentage of appeal/grievance cases (Bill of Rights) closed/resolved*** for the Commercial Health Plan members was ***78% (93 closed appeal/grievance cases (Bill of Rights) over 120 total appeal/grievance cases (Bill of Rights) opened)***;
- ***In FY2012***, the ***Average Number of Days*** for the Office of Health Care Ombudsman and Bill of Rights to ***close/resolve cases was 4.13 days***; and
- Of the ***4,472 cases opened*** in ***FY2012***, the Office of Health Care Ombudsman and Bill of Rights ***closed/resolved 3,606 cases on same day that cases were opened***.

# Moving Forward

**Office of Health Care Ombudsman and Bill of Rights intends to continue:**

- Capturing data for each contact;
- Tracking types of calls received to identify changes over time;
  - Expanding data analysis capability; and
- Preparing and planning for the procurement of a more robust tracking system.