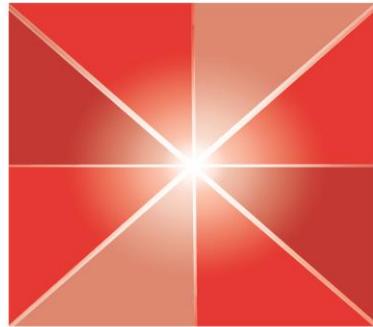


Office of Health Care Ombudsman and Bill of Rights (OHCOBR)
FY2014 Summary of Cases
October 1, 2013 through September 30, 2014

DISTRICT OF
COLUMBIA



HEALTH CARE
OMBUDSMAN

“The Knowledge to Guide You”

Office of Health Care Ombudsman and Bill of Rights (OHCOBR) Highlights - FY2014 Contact Summary Table of Contents

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Office of Health Care Ombudsman and Bill of Rights (OHCOCR)

Highlights - FY2014 Contact Summary

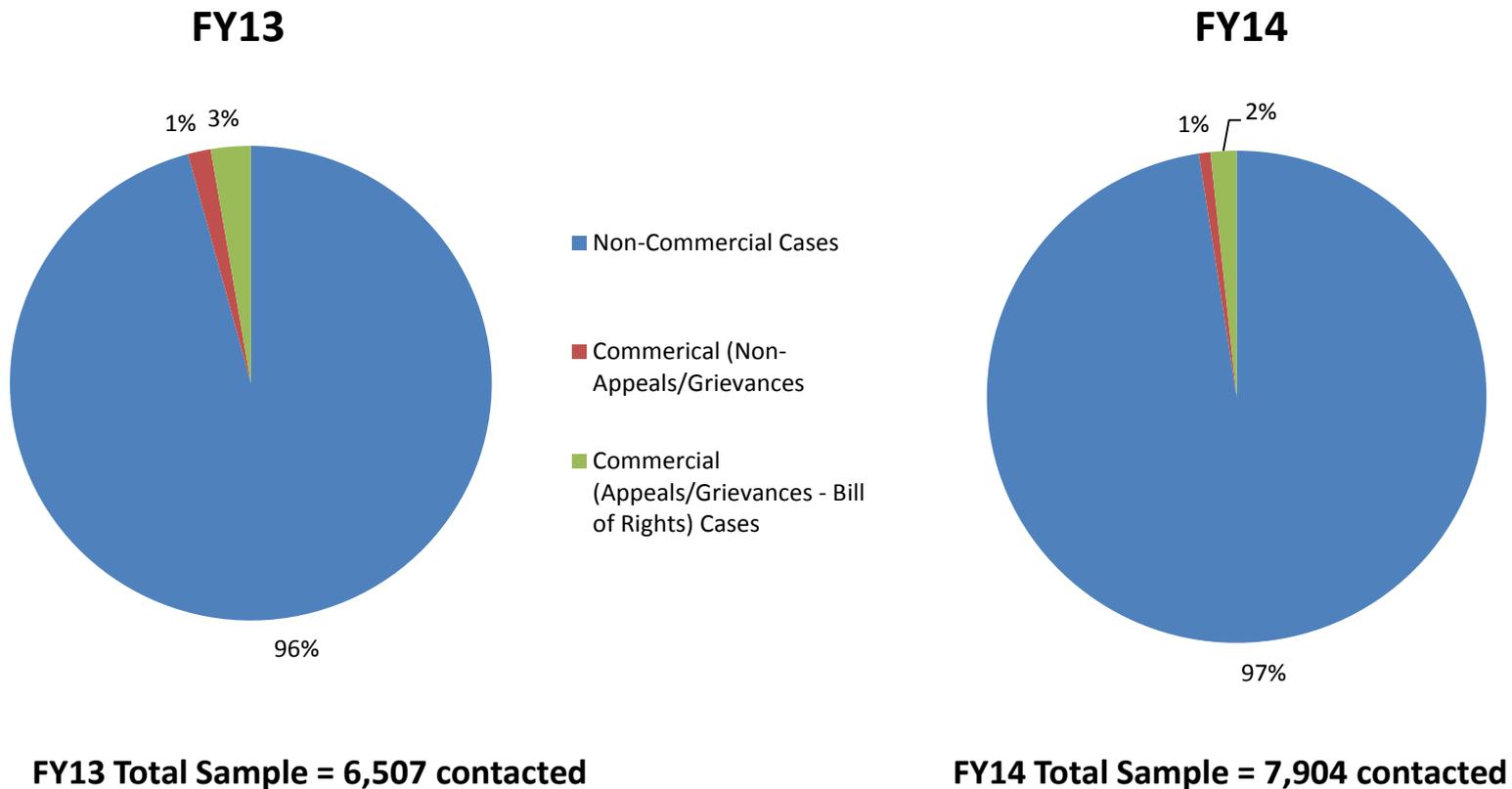
- *In FY2014, the Office of Health Care Ombudsman and Bill of Rights opened a grand total of (7,904) Non-Commercial and Commercial cases - (See Pages 5 & 6);*
- *Of the (7,904) cases opened - (7,712) cases were Non-Commercial - (See Pages 5 & 6);*
- *Percentage of closed/resolved Non-Commercial cases was (95% or 7,304 closed/resolved cases) out of a total of (7,712) Non-Commercial cases opened – (See Pages 7 & 8);*
- *In FY2014, the Average Number of Days for the Office of Health Care Ombudsman and Bill of Rights to close/resolve Non-Commercial cases was (2) days - (See Pages 53 & 54);*
- *Of the (7,712) Non-Commercial cases opened in FY2014, the Office of Health Care Ombudsman and Bill of Rights closed/resolved (6,472) cases on same day that cases were opened - (See Pages 53 & 54);*
- *Of the grand total of (7,904) cases opened by the Office of Health Care Ombudsman and Bill of Rights – (192) cases were among the Commercial Health Plan Members – (See Pages 5 & 6);*
- *Of the (192) Commercial cases opened – (59) cases were Commercial-Non-Appeals/Grievances - (See Pages 5 & 6);*
- *Percentage of closed/resolved Commercial-Non-Appeals/Grievances cases was (73% or 43 closed/resolved cases) out of a total of (59) Commercial-Non-Appeals/Grievances cases opened - (See Pages 9 & 10);*
- *In FY2014, the Average Number of Days for the Office of Health Care Ombudsman and Bill of Rights to close/resolve Commercial-Non-Appeals/Grievances cases was (0) days - (See Pages 55 & 56);*
- *Of the (59) Commercial-Non-Appeals/Grievances cases opened in FY2014, the Office of Health Care Ombudsman and Bill of Rights closed/resolved (41) cases on same day that cases were opened - (See Pages 55 & 56);*
- *Of the (192) Commercial cases opened – (133) cases were Commercial-Appeals/Grievances - (See Pages 5 & 6);*
- *Percentage of closed/resolved Commercial-Appeals/Grievances cases was (36% or 48 closed/resolved cases) out of a total of (133) commercial-appeals/grievances cases opened - (See Pages 11 & 12);*
- *In FY2014, the Average Number of Days for the Office of Health Care Ombudsman and Bill of Rights to close/resolve Commercial-Appeals/Grievances cases was (87.7) days - (See Pages 57 & 58);*
- *Of the (133) Commercial-Appeals/Grievances cases opened in FY2014, the Office of Health Care Ombudsman and Bill of Rights closed/resolved (53) cases on same day that cases were opened - (See Pages 57 & 58);*
- *On behalf of consumers, the Office of Health Care Ombudsman and Bill of Rights saved consumers a total dollar amount of (\$932,651.62). Of the total dollar amount saved, \$457,240.56 (49%) was from Commercial-Appeals/Grievances cases; \$25,991.07 (2%) was removed from beneficiaries' accounts for QMB (Co-Pays); \$26,803.43 (2%) was for reimbursements to beneficiaries due to non-payment of Medicare Part B Premiums; and \$422,616.56 (47%) was for Other-(Money saved or recouped for Fee-for-Service, MCO and Alliance beneficiaries - (See Pages 51 & 52);*
- *Of the (162) Administrative/Fair Hearing cases filed by the Office of Health Care Ombudsman and Bill of Rights (13% or 85 cases) were filed on behalf of EPD Waiver beneficiaries - (See Pages 20, 21, 47 & 48);*
- *Most consumers utilized the telephone to contact the Office of Health Care Ombudsman and Bill of Rights—(94% or 7,462 contacts) (See Pages 13 & 14);*
- *Most contacts made to the Office of Health Care Ombudsman and Bill of Rights' were by Medicare Part A; Part B; Part A/B or Part A/B (QMB) beneficiaries - (See Pages 15 & 16);*
- *Consumers from all Wards and States located within and outside of the DC Metropolitan Area contacted the Office of Health Care Ombudsman and Bill of Rights. (Ward (7) had the highest number of contacts, followed by Ward (5), and Ward (8) - (See Pages 17 & 18);*
- *Eligibility issues represented the largest category of issues encountered by all consumers - (See Pages 20 & 21);*
- *Eligibility issues represented the largest category of issues encountered by MCOs and Alliance beneficiaries – (See Pages 35, 36, 37 & 38);*
- *Access/Coverage issues (to include denials) represented the largest category of issues encountered by Dual Eligible (Medicaid/Medicare), and Medicaid (FFS) - (See Pages 29, 30, 31 & 32);*
- *Other issues represented the largest category of issues encountered by Medicare Part A; Part B; Part A/B or Part A/B (QMB) beneficiaries - (See Pages 33 & 34);*
- *The Office of Health Care Ombudsman and Bill of Rights opened a total of (148) Transportation Cases in FY2014, versus the (107) Transportation cases opened in FY2013 – (See Pages 41 & 42);*
- *The Office of Health Care Ombudsman and Bill of Rights opened a total of (678) EPD Waiver Cases in FY2014, versus the (618) EPD Waiver cases opened in FY2013 – (See Pages 45 & 46); and*
- *In FY 2014, the Office of Health Care Ombudsman and Bill of Rights opened a total of (252) DC Health Link cases - (See Pages 49 & 50).*

Office of Health Care Ombudsman and Bill of Rights (OHCOBR) FY2014

Summary of Activities

- *During Fiscal Year 2014, the OHCOBR has tracked all communications, or contacts received. The OHCOBR classified all contacts as “cases” which the OHCOBR investigated and strived to bring closure. The OHCOBR staff recorded all contacts in a specially designed database system – Ombudsman In-Take Data System (OIDS) that has specific categories for classifying different cases. These findings summarize data from the In-Take Tracking Log for the Fiscal Year 2014 (October 1, 2013 through September 30, 2014).*
- *In summarizing the activities from the Ombudsman In-Take Data System (OIDS), 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 2014, the OHCOBR received a total of (556) contacts by individuals (consumers) who were repeat users.*
- *The following sections present findings from the Health Care Ombudsman’s In-Take Tracking Log, specifically:*
- *Number and Percentage of Opened Cases Among All Contacts—(Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights);*
- *Number and Percentage of Closed/Resolved Cases Among (Non-Commercial) Contacts;*
- *Number and Percentage of Closed/Resolved Cases Among (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts;*
- *Number and Percentage of Closed/Resolved Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts;*
- *Methods of Contacting OHCOBR;*
- *Categories of Contacts by Insurance Type;*
- *Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area;*
- *Breakdown of Types of Issues Encountered by All Contacts—(Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights);*
- *Breakdown of Types of Issues Encountered by (Non-Commercial) Contacts;*
- *Breakdown of Types of Issues Encountered by (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts;*
- *Breakdown of Types of Issues Encountered by (Commercial-Appeals/Grievances-Bill of Rights) Contacts;*
- *Breakdown of Dispositions Among All (Commercial-Appeals/Grievances-Bill of Rights) Contacts;*
- *Breakdown of Types of Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts;*
- *Breakdown of Types of Issues Encountered by Medicaid (FFS) Contacts;*
- *Breakdown of Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts;*
- *Breakdown of Types of Issues Encountered by Medicaid Managed Care (MCO) Contacts;*
- *Breakdown of Types of Issues Encountered by Alliance Contacts;*
- *Breakdown of Types of Issues Encountered by Uninsured Contacts;*
- *Breakdown of Transportation Contacts by Insurance Type and Issues Encountered by Contacts;*
- *Breakdown of EPD Waiver Contacts by Insurance Type and Issues Encountered by EPD Waiver Contacts;*
- *Breakdown of Types of Issues Encountered by DC Health Link and Health Exchange Marketplace Contacts;*
- *Dollar Amount of Savings on Behalf of (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights) and (Commercial-Appeals/Grievances-Bill of Rights) Contacts;*
- *Average Number of Days to Close/Resolve (Non-Commercial) Cases;*
- *Average Number of Days to Close/Resolve (Commercial-Non-Appeals/Grievances-Bill of Rights) Cases;*
- *Average Number of Days to Close/Resolve (Commercial-Appeals/Grievances-Bill of Rights) Cases;*
- *Breakdown of Number and Percentage of How (Non-Commercial) Cases Were Closed/Resolved by the OHCOBR;*
- *Breakdown of Number and Percentage of How (Commercial-Non-Appeals/Grievances-Bill of Rights) Cases Were Closed/Resolved by the OHCOBR; and*
- *Breakdown of Number and Percentage of How (Commercial-Appeals/Grievances-Bill of Rights) Cases Were Closed/Resolved by the OHCOBR.*

Figure 1. Total Number and Percentage of Opened Cases Among All Contacts--(Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14



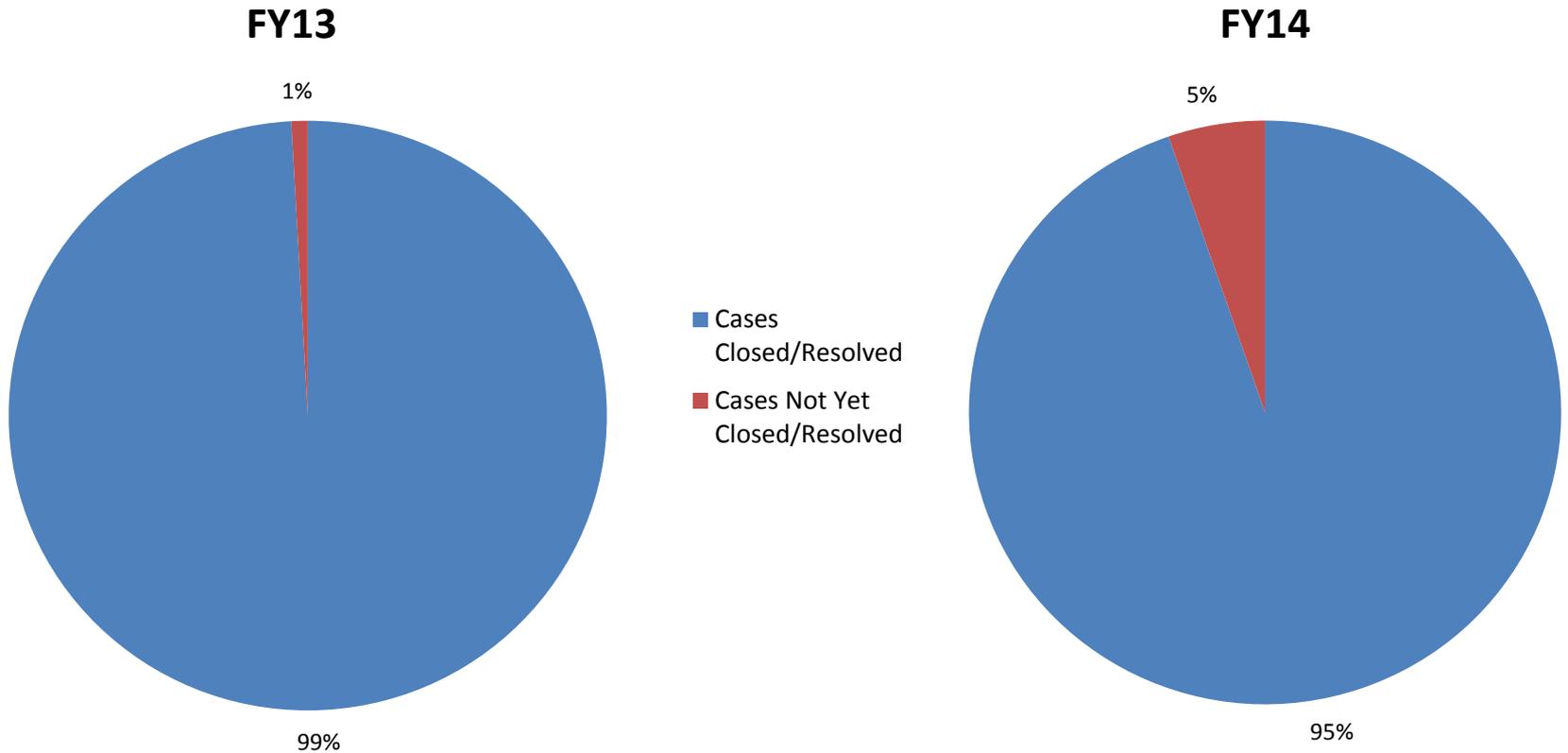
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 1. Total Number and Percentage of Opened Cases Among All Contacts--(Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Opened Cases Among All Contacts	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Non-Commercial Cases	6233	96%	7712	97%
Commercial (Non-Appeals/Grievances) Cases	100	1%	59	1%
Commercial (Appeals/Grievances—Bill of Rights) Cases	174	3%	133	2%
Total (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); (Commercial-Appeals/Grievances-Bill of Rights) Opened Cases	6,507	100%	7,904	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 2. Number and Percentage of Closed/Resolved Cases Among (Non-Commercial) Contacts FY13 and FY14



FY13 Total Sample = 6,233 contacted

FY14 Total Sample = 7,712 contacted

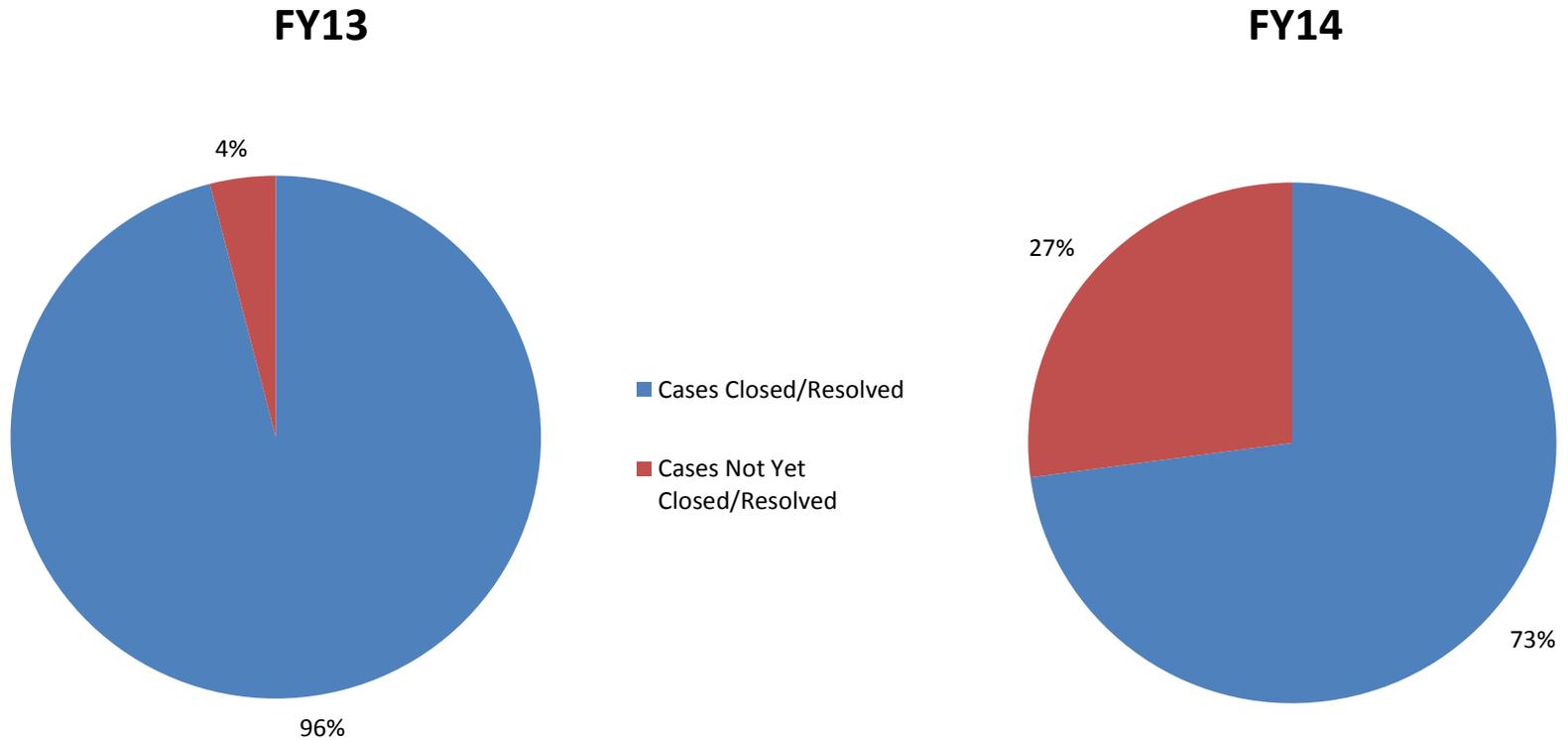
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 2. Number and Percentage of Closed/Resolved Cases
Among (Non-Commercial) Contacts
FY13 and FY14**

Closed/Resolved Cases (Non-Commercial)	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Cases Closed/Resolved	6,178	99%	7,304	95%
Cases Not Yet Closed/Resolved	55	1%	408	5%
Total (Non-Commercial) Contacts/Cases	6,233	100%	7,712	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 3. Number and Percentage of Closed/Resolved Cases Among (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14



FY13 Total Sample = 100 contacted

FY14 Total Sample = 59 contacted

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

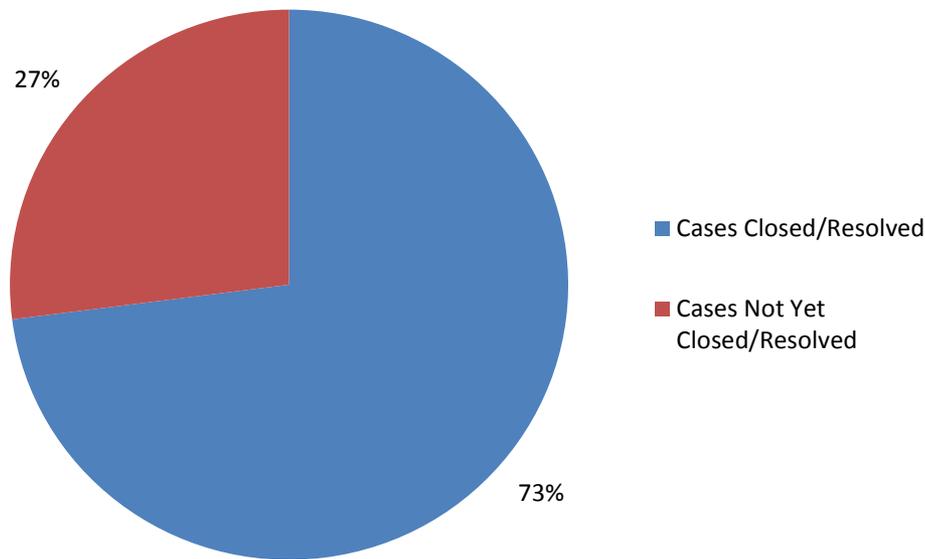
**Table 3. Number and Percentage of Closed/Resolved Cases
Among (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Closed/Resolved Cases (Commercial-Non- Appeals/Grievances-Bill of Rights)	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Cases Closed/Resolved	96	96%	43	73%
Cases Not Yet Closed/Resolved	4	4%	16	27%
Total (Commercial-Non- Appeals/Grievances-Bill of Rights) Contacts/Cases	100	100%	59	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

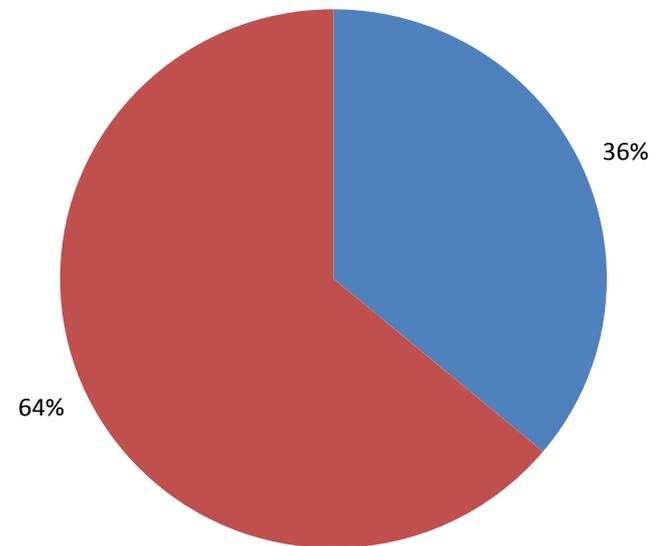
Figure 4. Number and Percentage of Closed/Resolved Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14

FY13



FY13 Total Sample = 174 contacted

FY14



FY14 Total Sample = 133 contacted

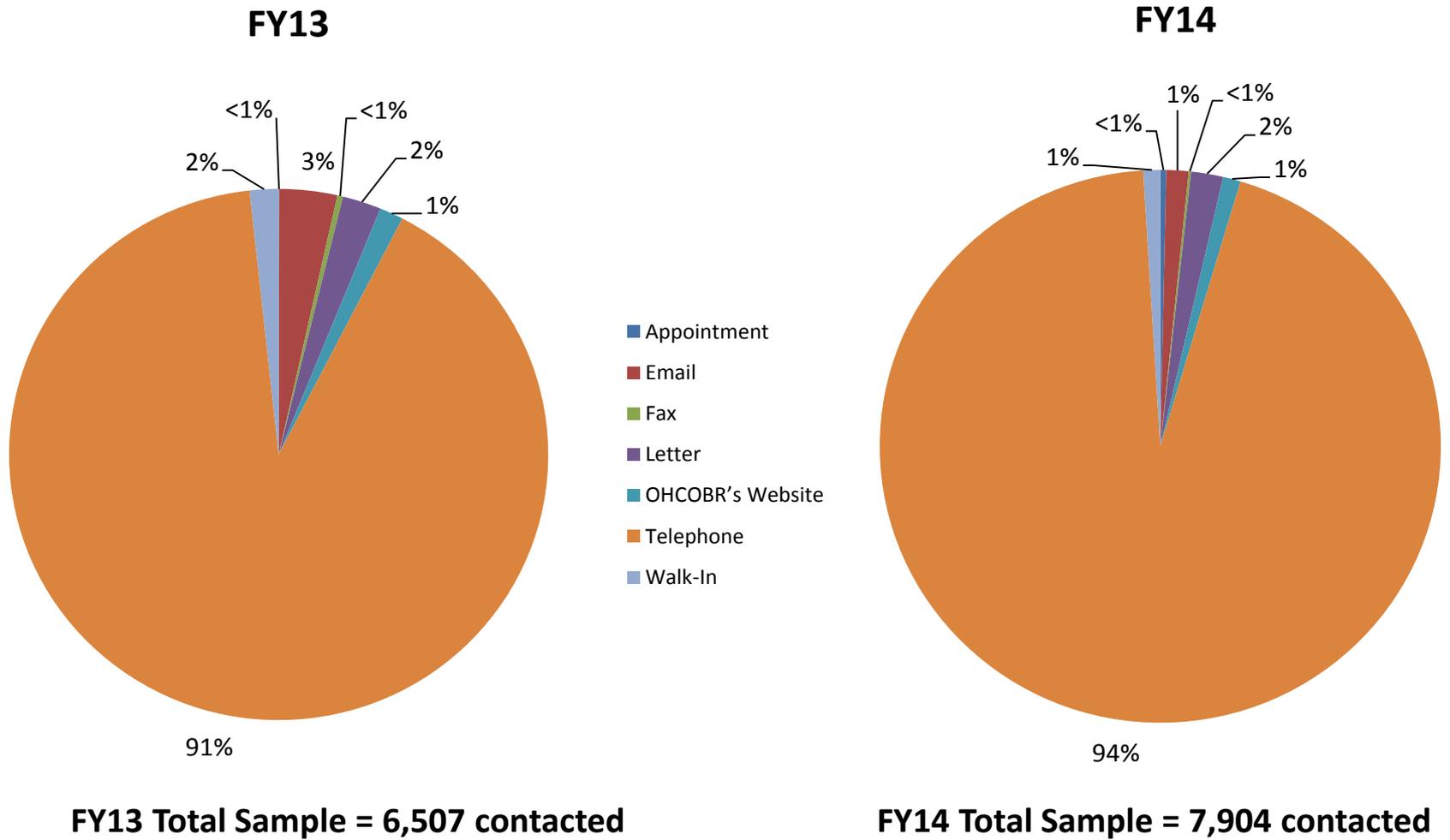
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 4. Number and Percentage of Closed/Resolved Cases
Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Closed/Resolved Cases (Commercial-Appeals/Grievances-Bill of Rights)	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Appeals/Grievances Cases Closed/Resolved	127	73%	48	36%
Appeals/Grievances Cases Not Yet Closed	47	27%	85	64%
Total (Commercial-Appeals/Grievances-Bill of Rights) Contacts/Cases	174	100%	133	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 5. Methods of Contacting OHCOBR FY13 and FY14



Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 5. Methods of Contacting OHCOBR
FY13 and FY14**

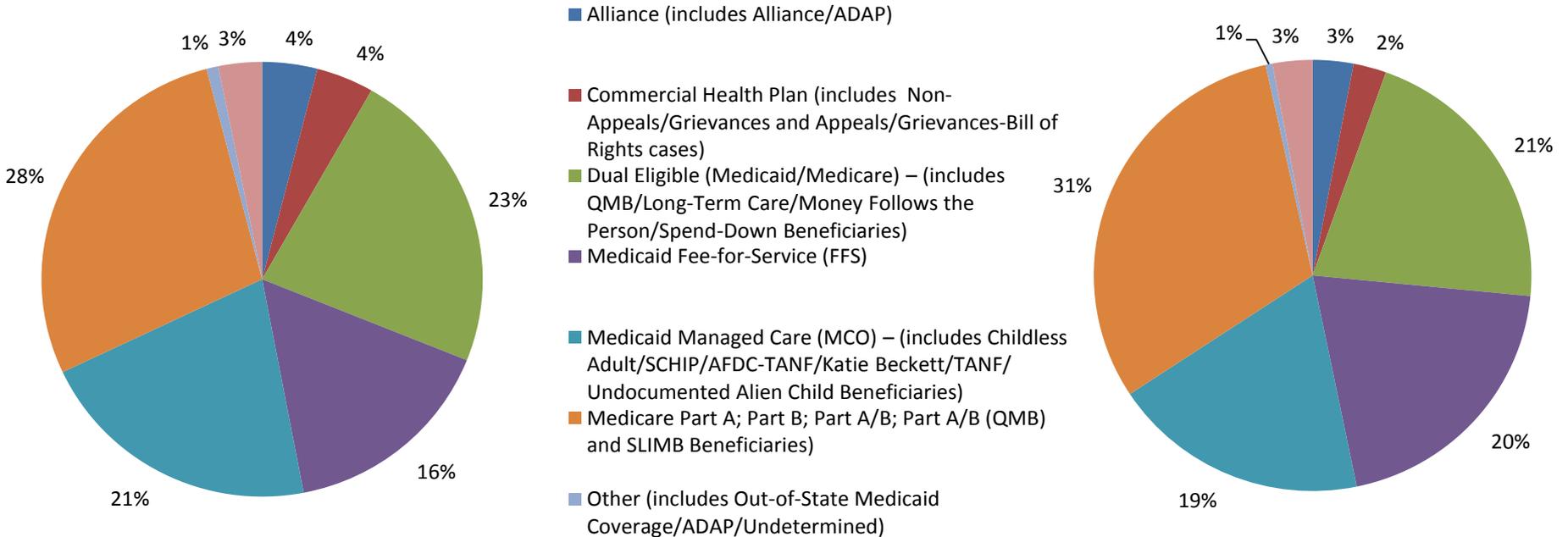
Methods of Contacting OHCOBR	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Appointment	2	<1%	27	<1%
Email	226	3%	101	1%
Fax	22	<1%	11	<1%
Letter	151	2%	146	2%
OHCOBR's Website	93	1%	80	1%
Telephone	5901	91%	7462	94%
Walk-In	112	2%	77	1%
Total Methods of Contacting OHCOBR	6,507	100%	7,904	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 6. Categories of Contacts by Insurance Type FY13 and FY14

FY13

FY14



FY13 Total Sample = 6,507 contacted

FY14 Total Sample = 7,904 contacted

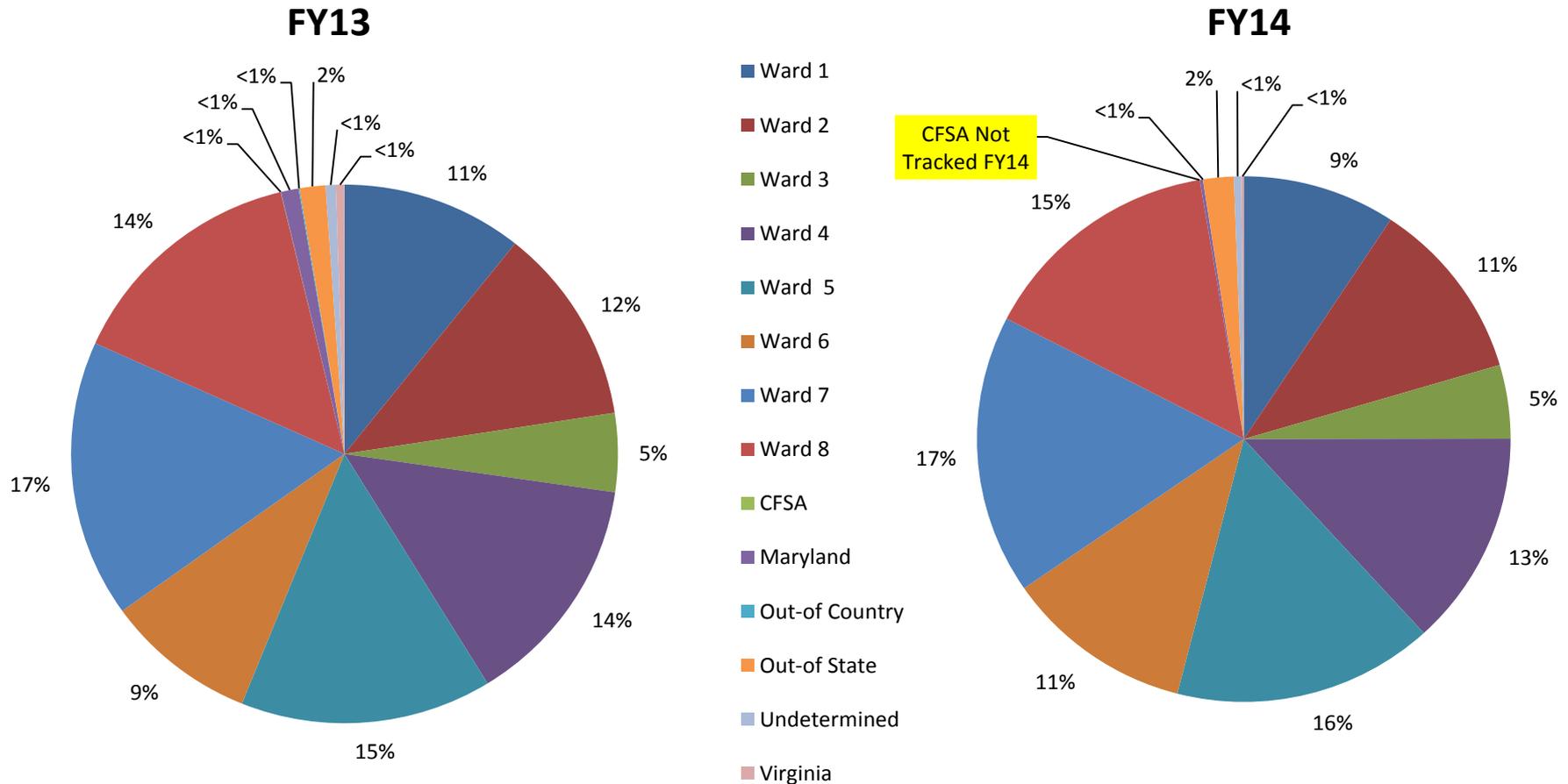
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 6. Categories of Contacts by Insurance Type
FY13 and FY14**

Categories of Insurance Type	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Alliance (includes Alliance/ADAP)	263	4%	238	3%
Commercial Health Plan (includes Non-Appeals/Grievances and Appeals/Grievances-Bill of Rights cases)	274	4%	192	2%
Dual Eligible (Medicaid/Medicare) – (includes QMB/Long-Term Care/Money Follows the Person/Spend-Down Beneficiaries)	1485	23%	1667	21%
Medicaid Fee-for-Service (FFS)	1035	16%	1599	20%
Medicaid Managed Care (MCO) – (includes Childless Adult/SCHIP/AFDC-TANF/Katie Beckett/TANF/ Undocumented Alien Child Beneficiaries)	1366	21%	1499	19%
Medicare – (includes Part A; Part B; Part A/B; Part A/B (QMB) and SLIMB Beneficiaries)	1820	28%	2436	31%
Other (includes Out-of-State Medicaid Coverage/ ADAP/Undetermined)	56	1%	40	1%
Uninsured	208	3%	233	3%
Total Contacts by Insurance Type	6507	100%	7904	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 7. Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area FY13 and FY14



FY13 Total Sample = 6,507 contacted

FY14 Total Sample = 7,904 contacted

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 7. Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area
FY13 and FY14**

Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Ward 1	698	11%	733	9%
Ward 2	770	12%	883	11%
Ward 3	307	5%	358	5%
Ward 4	908	14%	1046	13%
Ward 5	969	15%	1249	16%
Ward 6	584	9%	900	11%
Ward 7	1083	17%	1358	17%
Ward 8	944	14%	1168	15%
Child and Family Services Agency (CFSA)	1	< 1%	NOT TRACKED	NOT TRACKED
Maryland (Located Within the DC Metropolitan Area)	68	< 1%	15	<1%
Out-of Country	4	< 1%	0	0%
Out-of State (States Located Outside of the DC Metropolitan Area)	99	2%	147	2%
Undetermined	39	< 1%	35	<1%
Virginia (Located Outside of the DC Metropolitan Area)	33	< 1%	12	<1%
Total Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area	6507	100%	7904	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

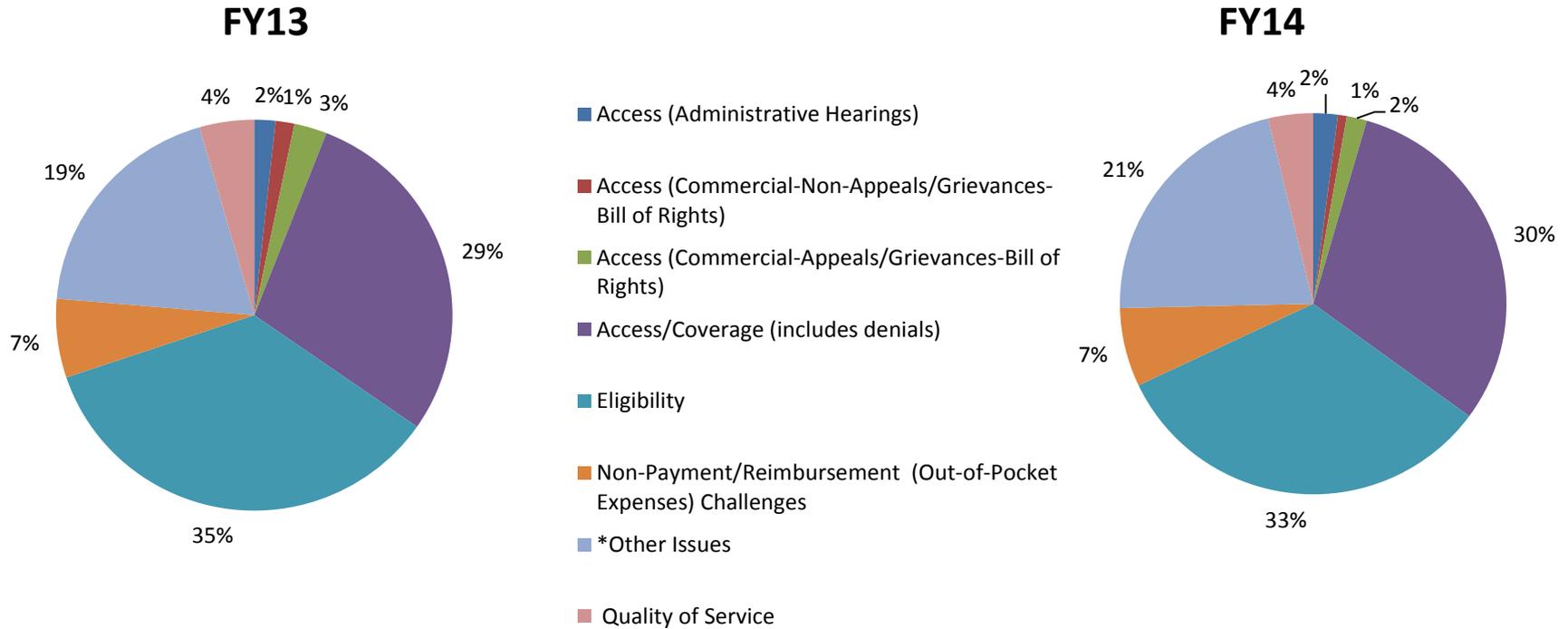
Types of Issues Encountered

The following issues were encountered by Consumers:

- ❖ **Access/Coverage (includes denials):**
 - **Access:** Administrative hearings; appeals/grievances (Bill of Rights); health care benefits to include: uninsured; DC Health Link; Health Exchange Market insurance plans; 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.
- ❖ **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.

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Figure 8. Breakdown of Types of Issues Encountered by All Contacts –
 (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and
 (Commercial-Appeals/Grievances-Bill of Rights)
 FY13 and FY14**



FY13 Total Sample = 6,507 contacted

FY14 Total Sample = 7,904 contacted

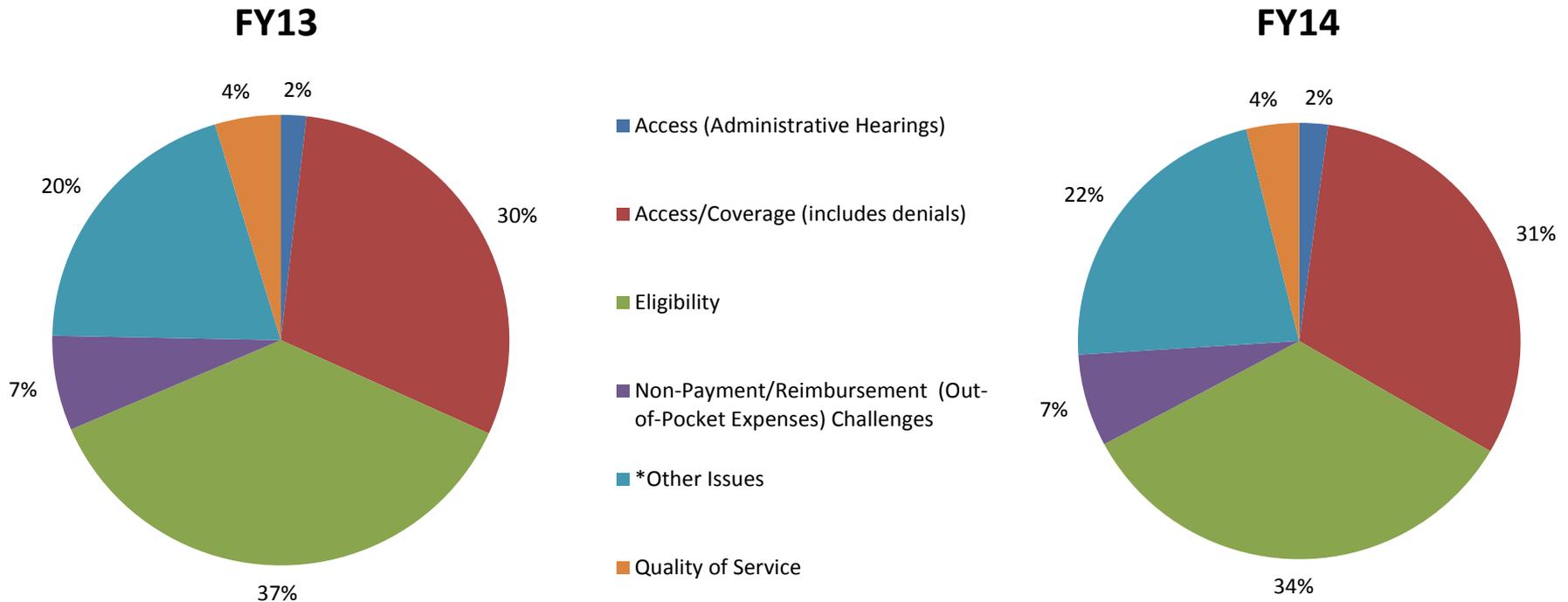
***Other Issues:** Anomalous and generic complaints such as auto repairs; banking issues; burial assistance; death certificates; duplicate QMB ID cards; food stamps; fraud-Medicaid/Medicare; housing assistance; legal services; name/address change; names misspelled on QMB ID cards; non-receipt-QMB cards; 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 8. Breakdown of Types of Issues Encountered by All Contacts –
(Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and
(Commercial-Appeals/Grievances-Bill of Rights)
FY13 and FY14**

Types of Issues Encountered by All Contacts (Non-Commercial); (Commercial-Non- Appeals/Grievances-Bill of Rights); (Commercial- Appeals/Grievances-Bill of Rights)	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	112	2%	162	2%
Access (Commercial-Non-Appeals/Grievances- Bill of Rights)	100	1%	59	1%
Access (Commercial-Appeals/Grievances-Bill of Rights)	174	3%	133	2%
Access/Coverage (includes denials)	1870	29%	2416	30%
Eligibility	2288	35%	2601	33%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	424	7%	528	7%
*Other Issues	1249	19%	1708	21%
Quality of Service	290	4%	297	4%
Total Types of Issues (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial- Appeals/Grievances-Bill of Rights) Contacts	6,507	100%	7,904	100%

**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 9. Breakdown of Types of Issues Encountered by (Non-Commercial) Contacts FY13 and FY14



FY13 Total Sample = 6,233 contacted

FY14 Total Sample = 7,712 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 9. Breakdown of Types of Issues Encountered by
(Non-Commercial) Contacts
FY13 and FY14**

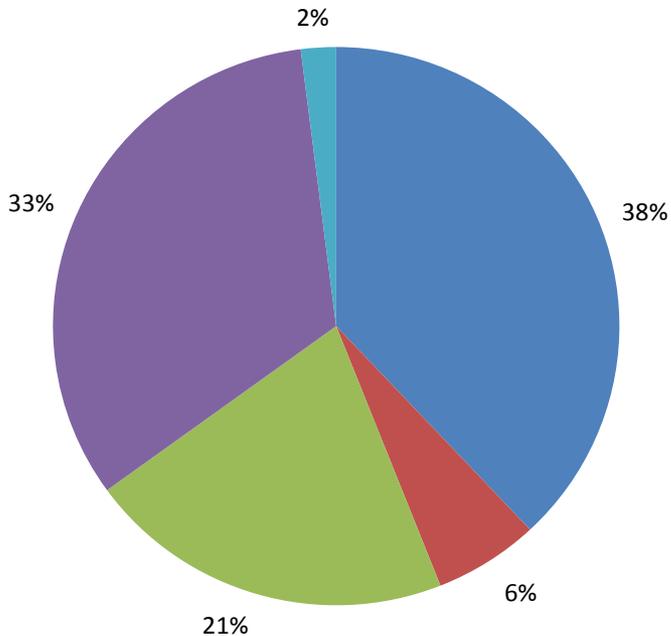
Types of Issues (Non-Commercial) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	112	2%	162	2%
Access/Coverage (includes denials)	1870	30%	2416	31%
Eligibility	2288	37%	2601	34%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	424	7%	528	7%
*Other Issues	1249	20%	1708	22%
Quality of Service	290	4%	297	4%
Total Types of Issues-(Non-Commercial) Contacts	6,233	100%	7,712	100%

***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.

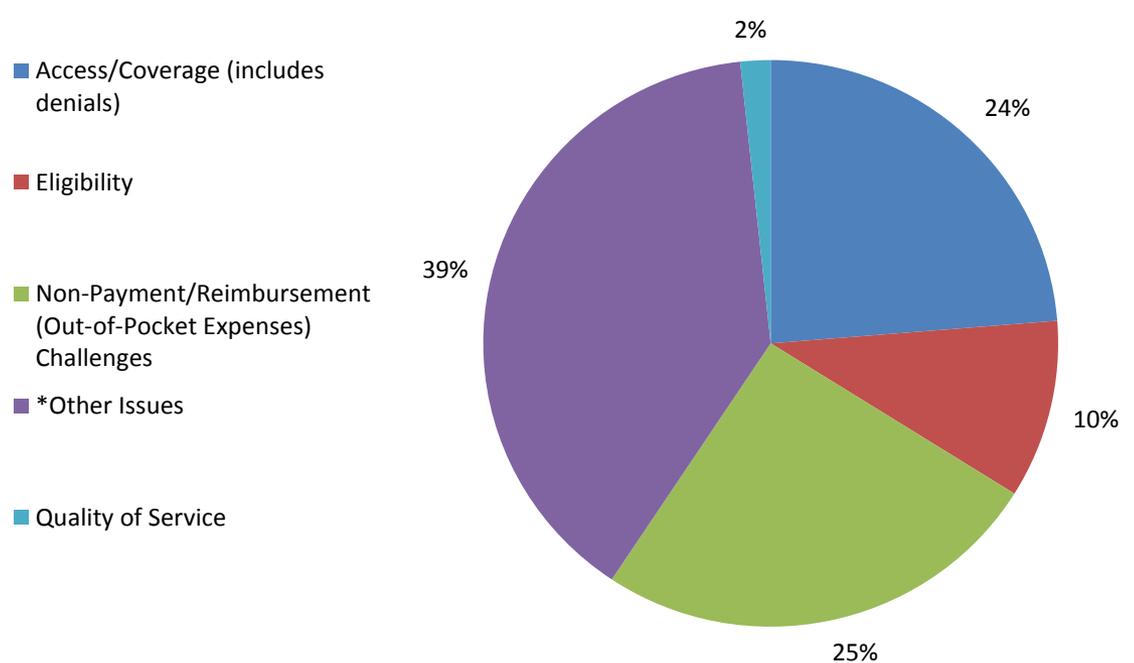
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 10. Breakdown of Types of Issues Encountered by (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14

FY13



FY14



FY13 Total Sample = 100 contacted

FY14 Total Sample = 59 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.

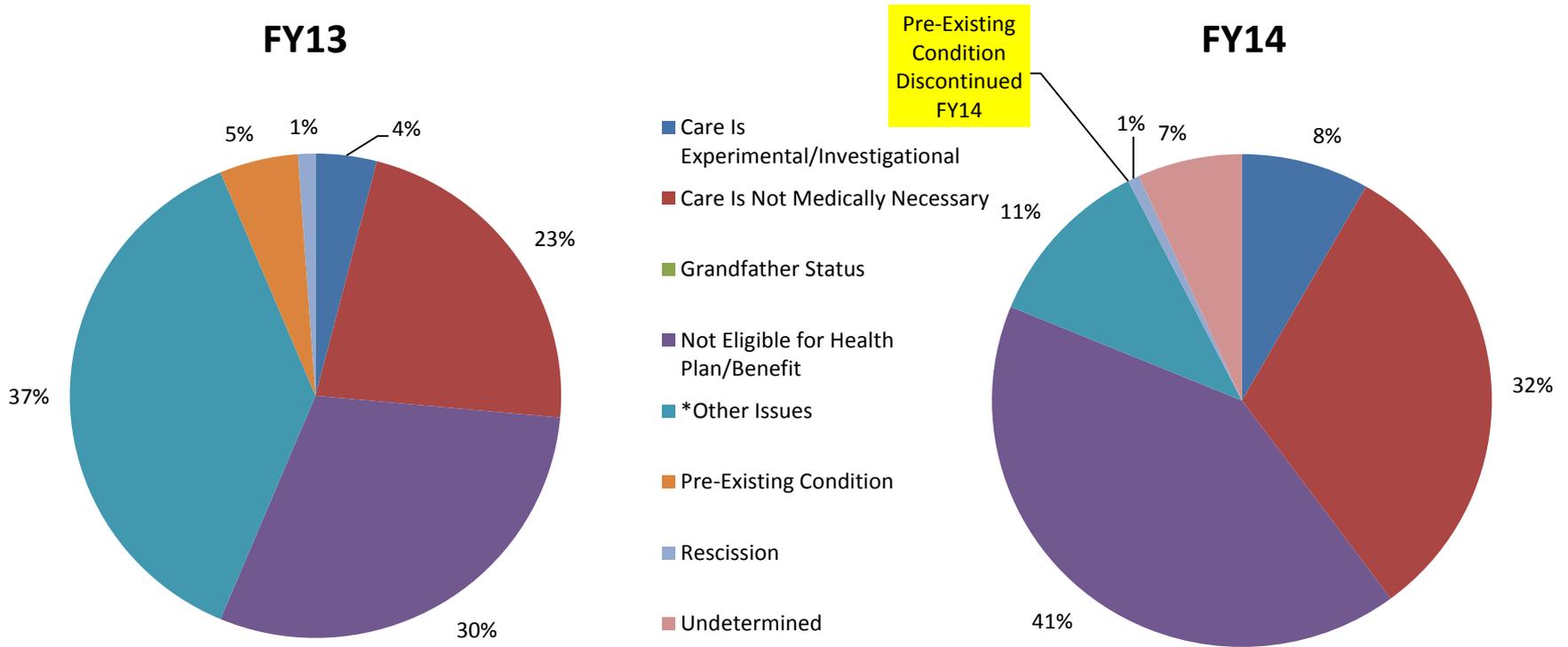
**Table 10. Breakdown of Types of Issues Encountered by
(Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Types of Issues (Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access/Coverage (includes denials)	38	38%	14	24%
Eligibility	6	6%	6	10%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	21	21%	15	25%
*Other Issues	33	33%	23	39%
Quality of Service	2	2%	1	2%
Total Types of Issues-(Commercial-Non-Appeals/Grievances-Bill of Rights) Contacts	100	100%	59	100%

***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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 11. Breakdown of Types of Issues Encountered by (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14



FY13 Total Sample = 174 contacted

FY14 Total Sample = 133 contacted

**Other Issues: Provider's denial decision; business practices of provider; reconsideration request; denial of prior authorization for medical services; denial of dental services; denial of medical services; denial of lab services; denial of physical therapy services; denial of prescription services; non-payment of medical and dental bills; and reimbursements for out-of-pocket expenses for medical and dental services.*

**Table 11. Breakdown of Types of Issues Encountered by
(Commercial-Appeals/Grievances Bill of Rights) Contacts
FY13 and FY14**

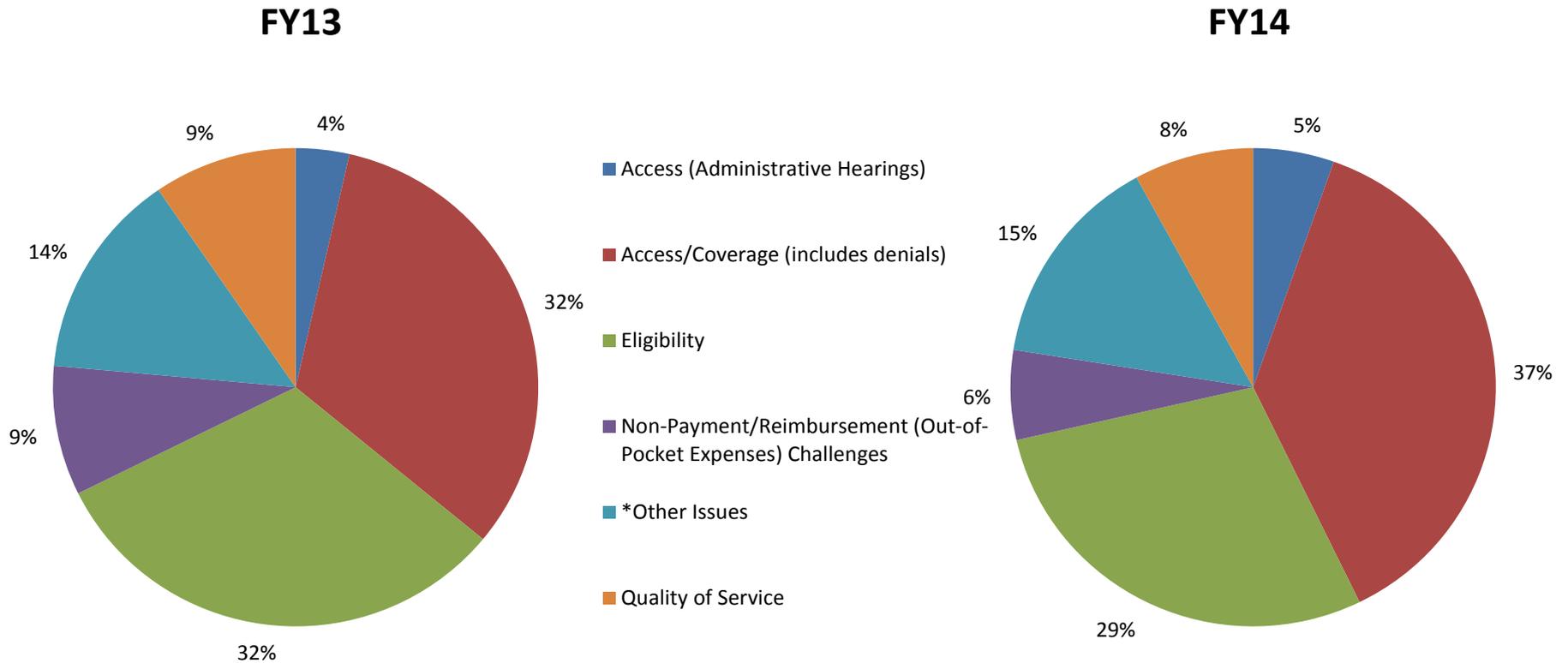
Types of Issues (Commercial-Appeals/Grievances-Bill of Rights)	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contact (%)
Care Is Experimental/Investigational	7	4%	11	8%
Care Is Not Medically Necessary	39	23%	42	32%
Grandfather Status	0	0%	0	0%
Not Eligible for Health Plan/Benefit	52	30%	55	41%
*Other Issues	65	37%	15	11%
Pre-Existing Condition	9	5%	Discontinued	Discontinued
Rescission	2	1%	1	1%
Undetermined	0	0%	9	7%
Total Types of Issues-(Commercial-Appeals/Grievances-Bill of Rights) Contacts	174	100%	133	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 11(a). Breakdown of Dispositions of All Cases Among
(Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Dispositions of All Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Administratively Closed (case closed-due to no action)	35	20%	3	2%
Overtured (case closed-insurer reconsidered denial)	19	11%	20	15%
Partially Overtured (case closed-insurer modified denial)	1	1%	3	2%
Pending (case is still opened)	69	40%	60	45%
Referred to DISB (case closed-referred to DISB for investigation regarding benefits and policy issues)	19	11%	2	2%
Referred to DOL (case closed-appeals submitted by employees of self-insured companies are referred to DOL for processing)	1	1%	0	0%
Referred to OPM (case closed-appeals submitted by federal employees are referred to OPM for processing)	1	1%	0	0%
Referred to Out-of-State (case closed-insurance policy was not issued in the District of Columbia)	1	1%	0	0%
Rejected (case closed-lack of evidence)	Not tracked	Not tracked	4	3%
Reversed (case closed-IPROs recommended reversal after external review of the appeal)	6	3%	10	8%
Upheld (case closed-insurer's denial was maintained)	7	4%	7	5%
Withdrawn (case closed-case resolved prior to processing the appeal)	15	7%	23	17%
Write-Off (case closed-provider agreed to write-off balance due)	Not tracked	Not tracked	1	1%
Total Dispositions of All Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts	174	100%	133	100%

Figure 12. Breakdown of Types of Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts FY13 and FY14



FY13 Total Sample = 1,485 contacted

FY14 Total Sample = 1,667 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. Breakdown of Types Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts FY13 and FY14

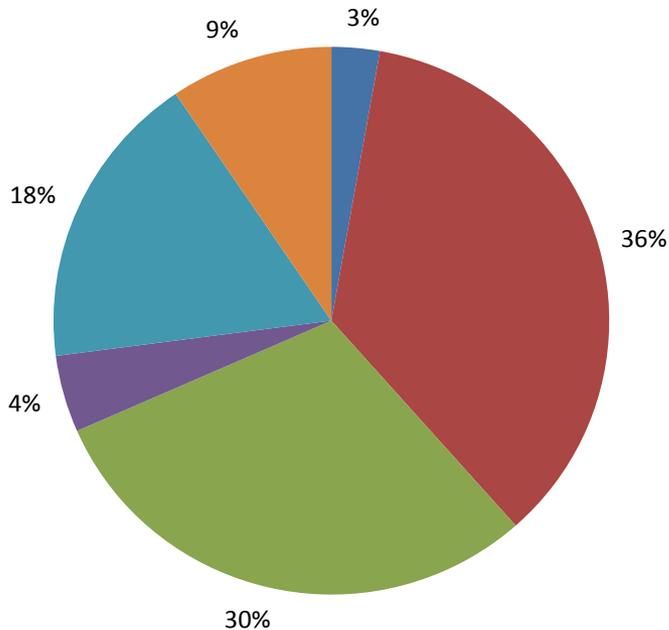
Types of Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	53	4%	90	5%
Access/Coverage (includes denials)	481	32%	623	37%
Eligibility	471	32%	478	29%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	130	9%	101	6%
*Other Issues	208	14%	242	15%
Quality of Service	142	9%	133	8%
Total Types of Issues-Dual Eligible (Medicare and Medicaid) Contacts	1,485	100%	1,667	100%

***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.

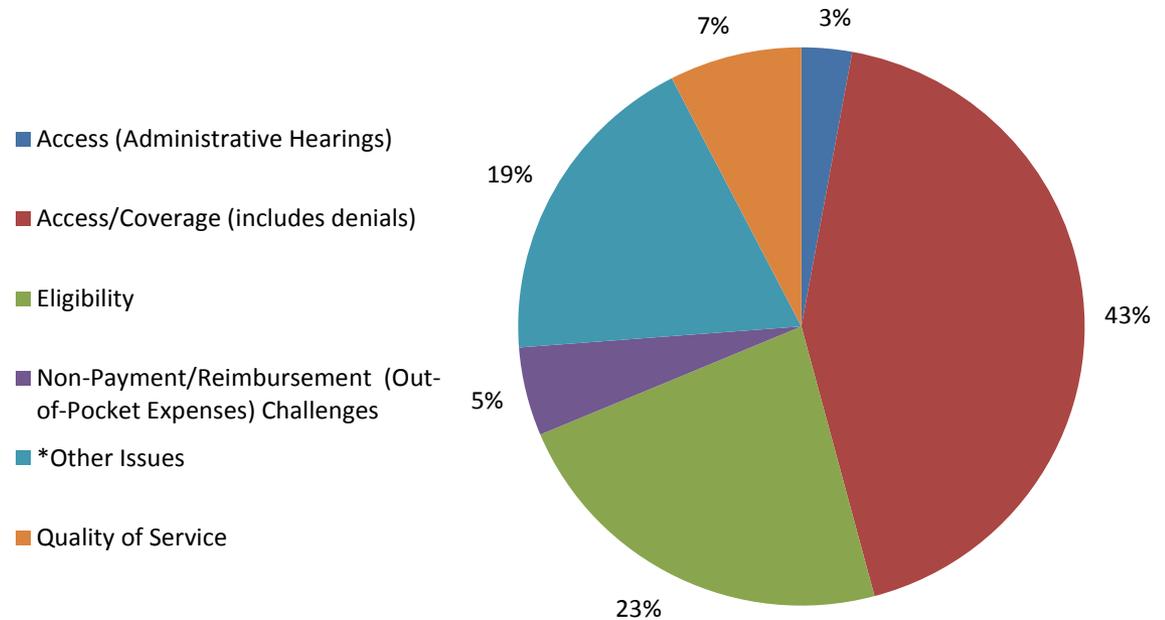
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 13. Breakdown of Types of Issues Encountered by Medicaid Fee-for-Service (FFS) Contacts FY13 and FY14

FY13



FY14



FY13 Total Sample = 1,035 contacted

FY14 Total Sample = 1,599 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.

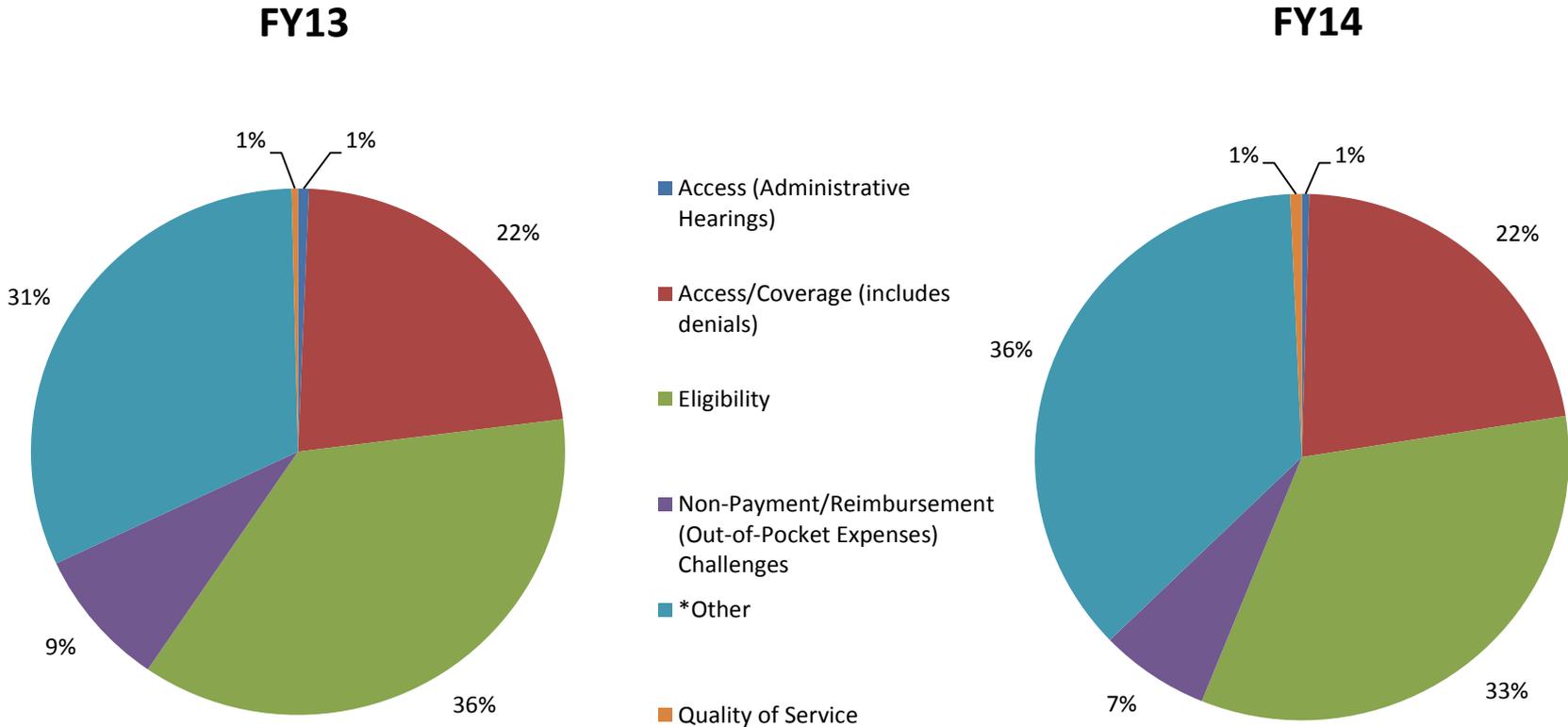
**Table 13. Breakdown of Types of Issues Encountered by
Medicaid Fee-for-Service (FFS) Contacts
FY13 and FY14**

Types of Issues Encountered by Medicaid Fee-for-Service (FFS) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	29	3%	46	3%
Access/Coverage (includes denials)	369	36%	687	43%
Eligibility	310	30%	365	23%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	47	4%	82	5%
*Other Issues	182	18%	298	19%
Quality of Service	98	9%	121	7%
Total Types of Issues-Medicaid Fee-for-Service Contacts	1,035	100%	1,599	100%

**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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 14. Breakdown of Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts FY13 and FY14



FY13 Total Sample = 1,820 contacted

FY14 Total Sample = 2,436 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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Table 14. Breakdown of Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts FY13 and FY14

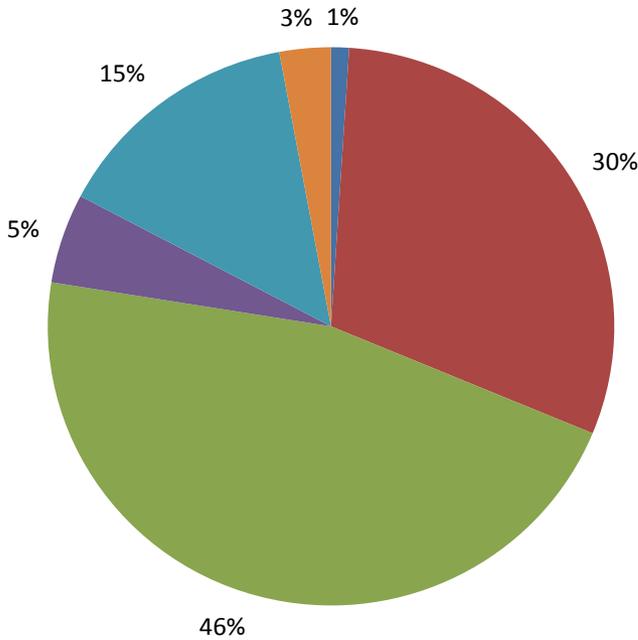
Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	12	1%	11	1%
Access/Coverage (includes denials)	407	22%	537	22%
Eligibility	664	36%	819	33%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	155	9%	162	7%
*Other	575	31%	890	36%
Quality of Service	7	1%	17	1%
Total Types of Issues-Medicare Part A; Part B; Part A;/B; Part A/B (QMB) Contacts	1820	100%	2436	100%

**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.

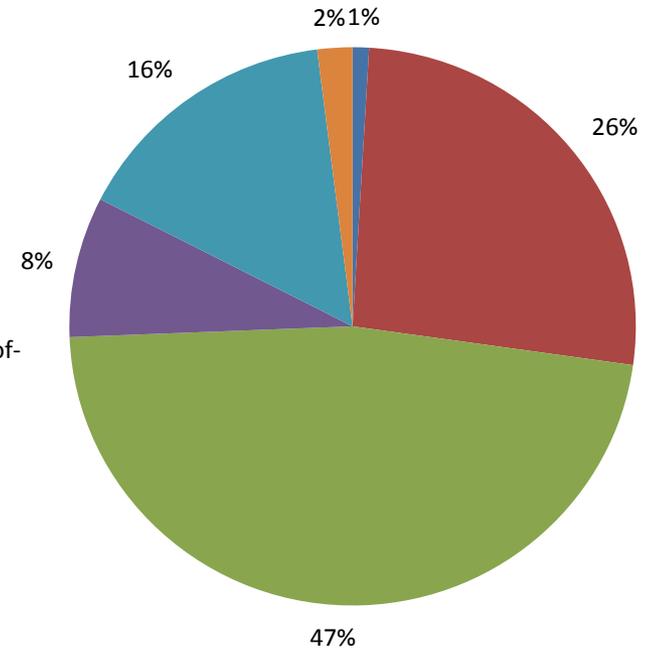
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 15. Breakdown of Types of Issues Encountered by Medicaid Managed Care (MCO) Contacts FY13 and FY14

FY13



FY14



- Access (Administrative Hearings)
- Access/Coverage (includes denials)
- Eligibility
- Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges
- *Other Issues
- Quality of Service

FY13 Total Sample = 1,366

FY14 Total Sample = 1,499 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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

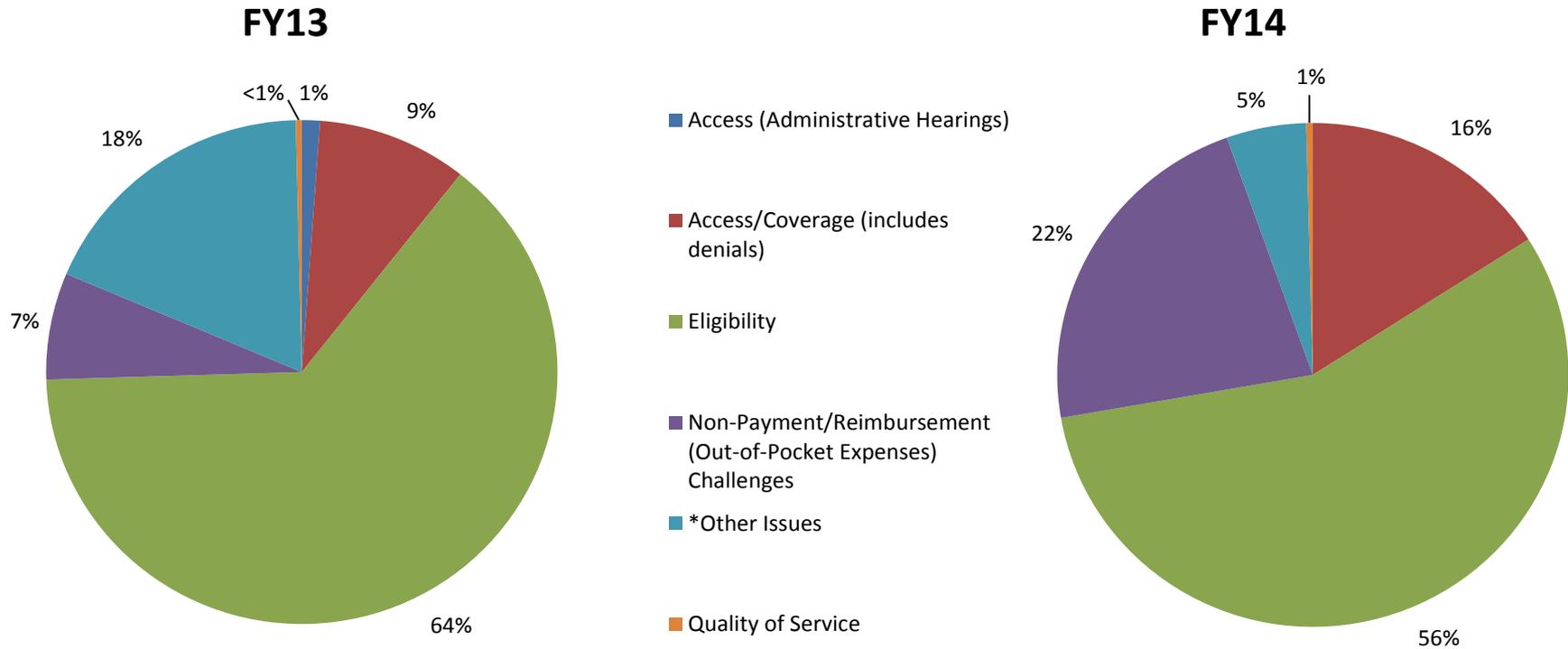
**Table 15. Breakdown of Types Issues Encountered by
Medicaid Managed Care (MCO) Contacts
FY13 and FY14**

Types of Issues Encountered by Medicaid Managed Care (MCO) Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	14	1%	14	1%
Access/Coverage (includes denials)	413	30%	394	26%
Eligibility	632	46%	707	47%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	71	5%	122	8%
*Other Issues	196	15%	232	16%
Quality of Service	40	3%	30	2%
Total Types of Issues-Medicaid Managed Care (MCO) Contacts	1366	100%	1499	100%

***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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 16. Breakdown of Types of Issues Encountered by Alliance Contacts FY13 and FY14



FY13 Total Sample = 263 contacted

FY14 Total Sample = 238 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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

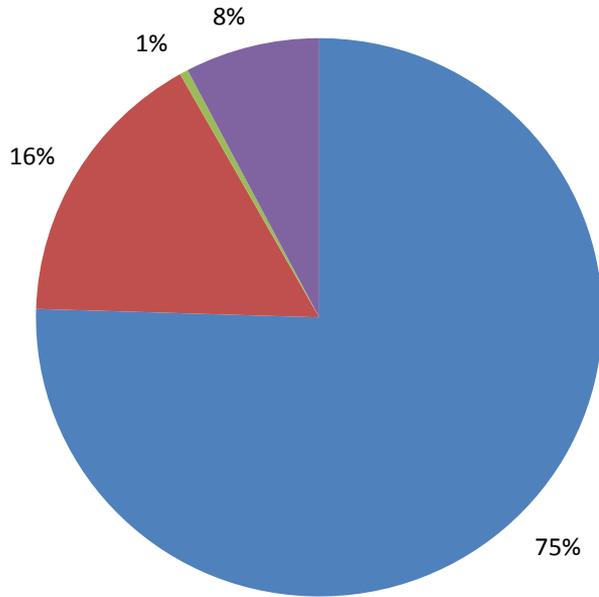
**Table 16. Breakdown of Types of Issues Encountered by Alliance Contacts
FY13 and FY14**

Types of Issues Encountered by Alliance Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	3	1%	0	0%
Access/Coverage (includes denials)	25	9%	38	16%
Eligibility	168	64%	134	56%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	18	7%	53	22%
*Other Issues	48	18%	12	5%
Quality of Service	1	<1%	1	1%
Total Types of Issues-Alliance Contacts	263	100%	238	100%

**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.

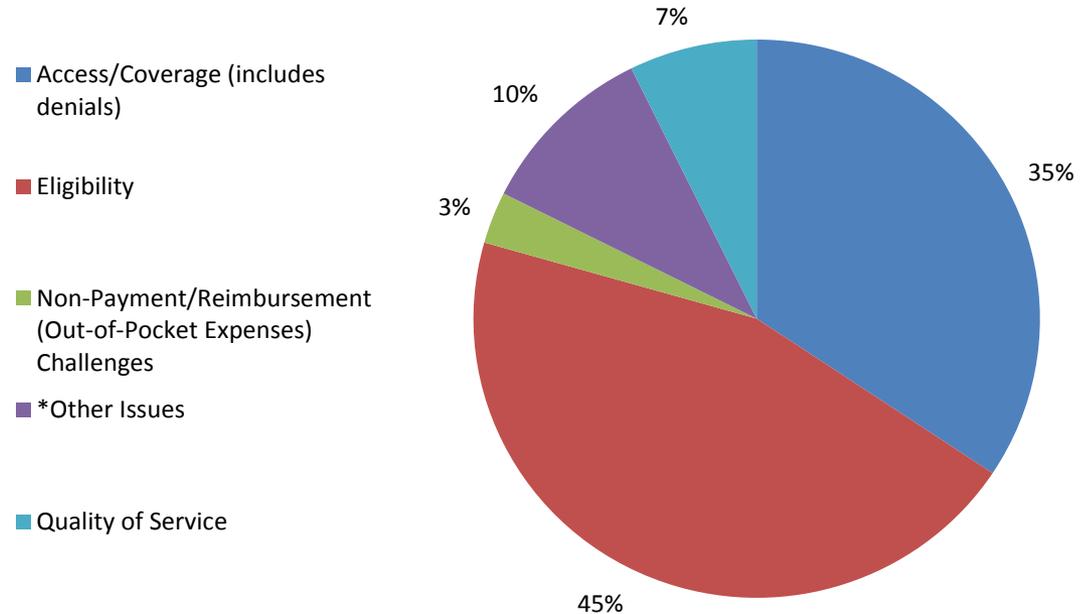
Figure 17. Breakdown of Types of Issues Encountered by Uninsured Contacts FY13 and FY14

FY13



FY13 Total Sample = 208 contacted

FY14



FY14 Total Sample = 233 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 17. Breakdown of Issues Encountered by Uninsured Contacts
FY13 and FY14**

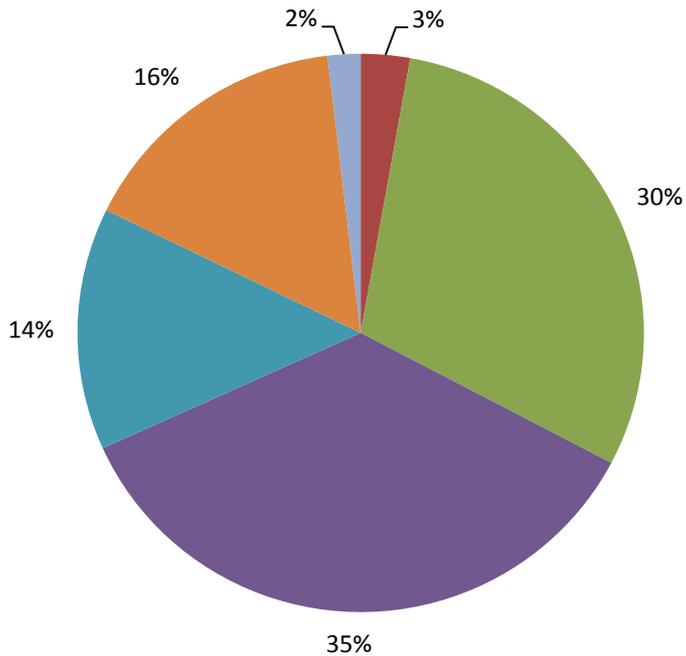
Types of Issues Encountered by Uninsured Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access/Coverage (includes denials)	157	75%	80	35%
Eligibility	34	16%	105	45%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	1	1%	7	3%
*Other Issues	16	8%	24	10%
Quality of Service	0	0%	17	7%
Total Types of Issues-Uninsured Contacts	208	100%	233	100%

***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.

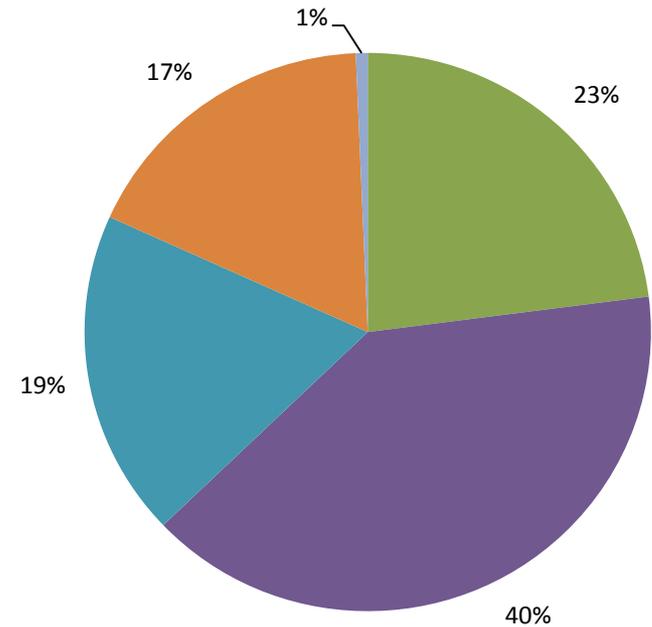
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 18. Breakdown of Transportation Contacts by Insurance Type FY13 and FY14

FY13



FY14



FY13 Total Sample = 107 contacted

FY14 Total Sample = 148 contacted

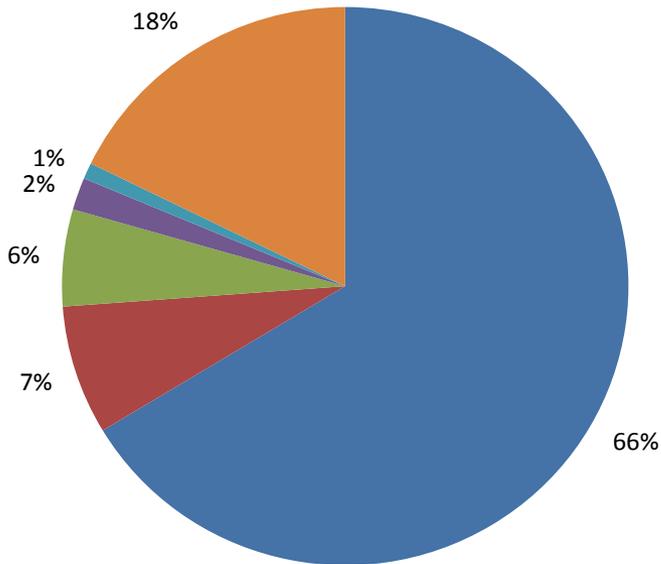
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Table 18. Breakdown of Transportation Contacts by Insurance Type FY13 and FY14

Transportation Contacts by Insurance Type	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Alliance	0	0%	0	0%
Commercial Health Plan	3	3%	0	0%
Dual Eligible (Medicare/Medicaid)	32	30%	34	23%
Medicaid (Fee-for-Service)	38	35%	59	40%
Medicaid (MCOs)	15	14%	28	19%
Medicare Part A; Part B; Part A/B; Part A/B (QMB)	17	16%	26	17%
Uninsured	2	2%	1	1%
Total Transportation Contacts by Insurance Type	107	100%	148	100%

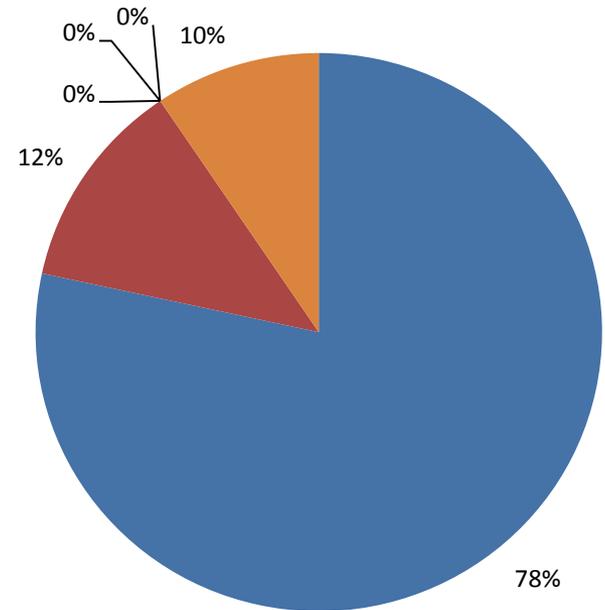
Figure 19. Breakdown of Types of Issues Encountered by Transportation Contacts FY13 and FY14

FY13



FY14

- Access (includes prior authorization requests)
- Coverage (includes denials of service)
- Eligibility (status of eligibility/verification of coverage)
- Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges
- *Other Issues
- Quality of Service



FY13 Total Sample = 107 contacted

FY14 Total Sample = 148 contacted

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 19. Breakdown of Types of Issues Encountered by
Transportation Contacts
FY13 and FY14**

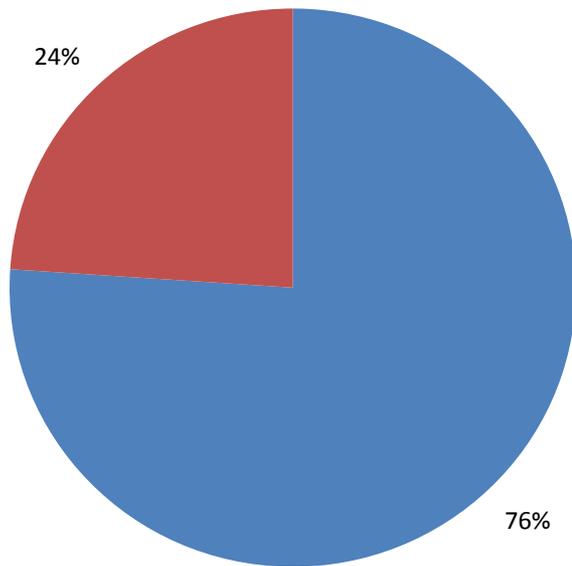
Types of Issues Encountered by Transportation Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (includes prior authorization requests)	71	66%	116	78%
Coverage (includes denials of service)	8	7%	18	12%
Eligibility (status of eligibility/verification of coverage)	6	6%	0	0%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	2	2%	0	0%
*Other Issues	1	1%	0	0%
Quality of Service	19	18%	14	10%
Total Types of Issues-Transportation Contacts	107	100%	148	100%

***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, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 20. Breakdown of EPD Waiver Contacts by Insurance Type FY13 and FY14

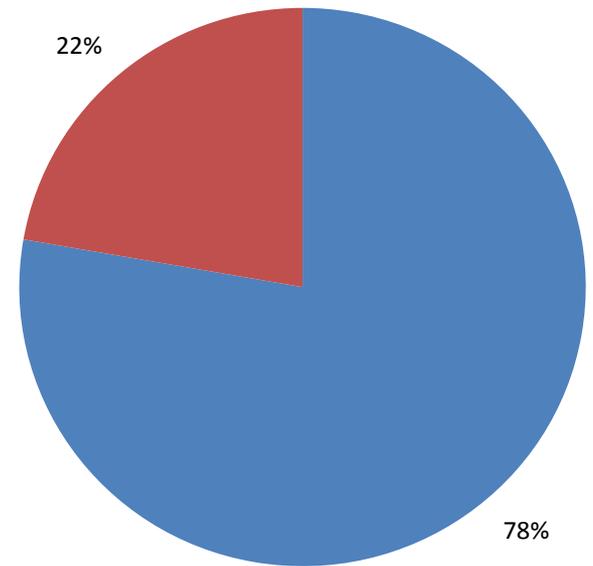
FY13



FY13 Total Sample = 618 contacted

FY14

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



FY14 Total Sample = 678 contacted

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

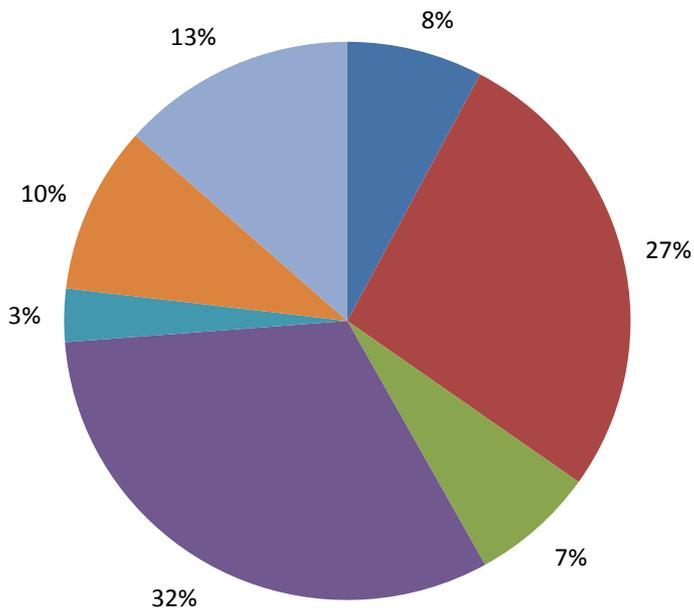
**Table 20. Breakdown of EPD Waiver Contacts by Insurance Type
FY13 and FY14**

EPD Waiver Contacts by Insurance Type	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Dual Eligible (Medicare/Medicaid)	470	76%	527	78%
Fee-For-Service (Medicaid)	148	24%	151	22%
Total EPD Waiver Contacts by Insurance Type	618	100%	678	100%

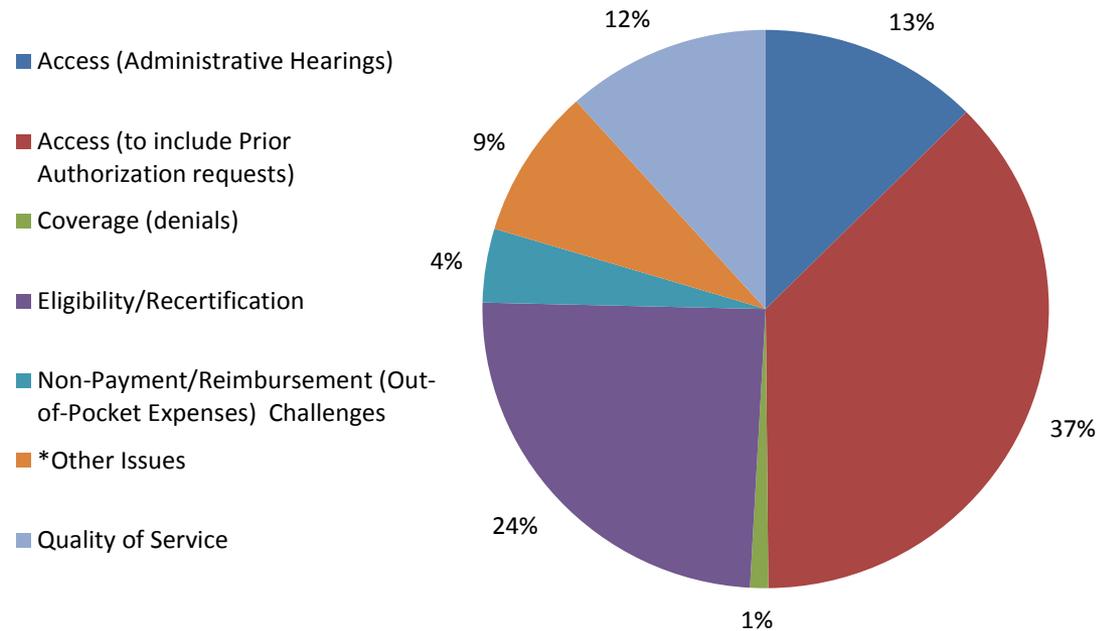
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 21. Breakdown of Types of Issues Encountered by EPD Waiver Contacts FY13 and FY14

FY13



FY14



FY13 Total Sample = 618 contacted

FY14 Total Sample = 678 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.

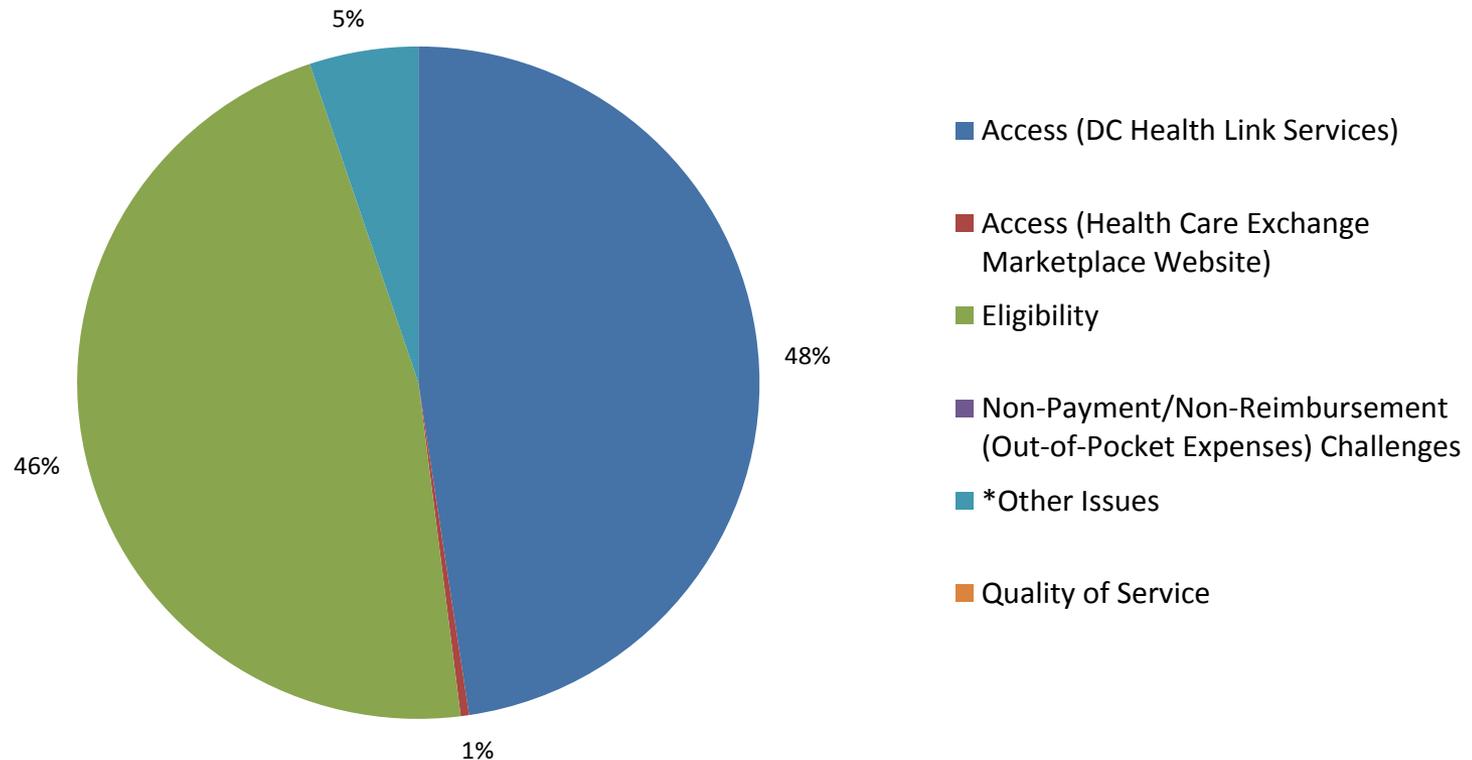
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 21. Breakdown of Types of Issues Encountered by
EPD Waiver Contacts
FY13 and FY14**

Types of Issues Encountered by EPD Waiver Contacts	FY13 Totals	FY13 Contacts (%)	FY14 Totals	FY14 Contacts (%)
Access (Administrative Hearings)	48	8%	85	13%
Access (to include Prior Authorization requests)	167	27%	253	37%
Coverage (denials)	44	7%	7	1%
Eligibility/Recertification	197	32%	166	24%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	19	3%	29	4%
*Other Issues	60	10%	59	9%
Quality of Service	83	13%	79	12%
Total Types of Issues-EPD Waiver Contacts	618	100%	678	100%

***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 22. Breakdown of Types of Issues Encountered by DC Health Link and Health Exchange Marketplace Contacts FY14



FY14 Total Sample = 252 contacted

Note: FY14 is the first year for tracking Types of Issues Encountered by DC Health Link and Health Exchange Marketplace

Source data captured between January 1, 2014 through September 30, 2014

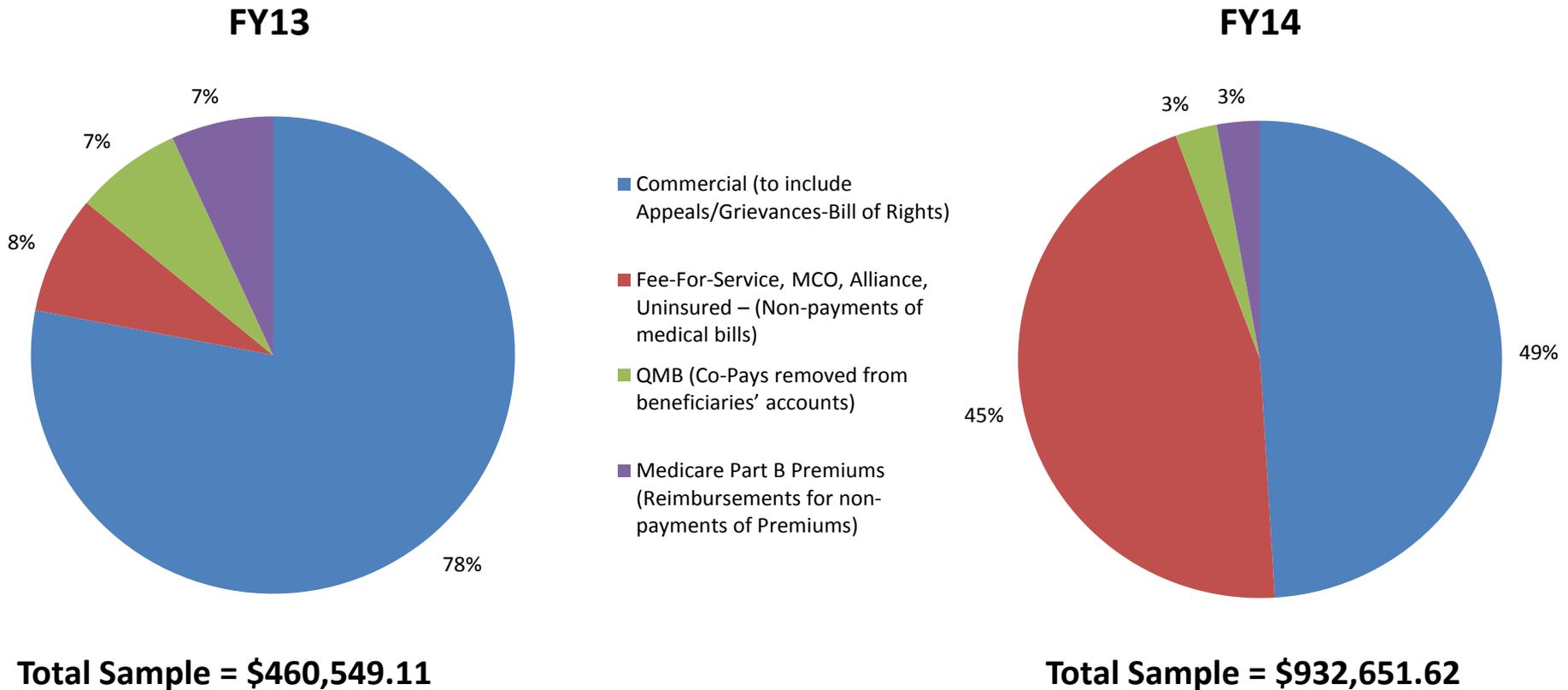
Table 22. Breakdown of Types of Issues Encountered by DC Health Link and Health Care Exchange Marketplace Contacts FY14

Types of Issues Encountered by DC Health Link and Health Care Exchange Marketplace Contacts	FY14 Totals	FY14 Contacts (%)
Access (DC Health Link Services to include appeals for denial of coverage)	120	48%
Access (Health Care Exchange Marketplace Website)	1	1%
Eligibility (Status of applications submitted; status of re-certifications; verification of coverage; and explanation of DC Health Link Services)	118	46%
Non-Payment/Non-Reimbursement (Out-of-Pocket Expenses) Challenges (to include members' paid premiums to insurers)	0	0%
*Other Issues	13	5%
Quality of Service (to include DC Health Link's lack of response to applications submitted by applicants; lack of follow-through on applications submitted by applicants via the website; delay in answering telephones; lost on-line submissions; and lack of processing paid premiums to insurers in a timely manner)	0	0%
Total Types of Issues-DC Health Link/Health Care Exchange Marketplace Contacts	252	100%

Note: FY14 is the first year for tracking Types of Issues Encountered by DC Health Link and Health Exchange Marketplace

Source data captured between January 1, 2014 through September 30, 2014

Figure 23. Dollar Amount of Savings on Behalf of (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY13 and FY14

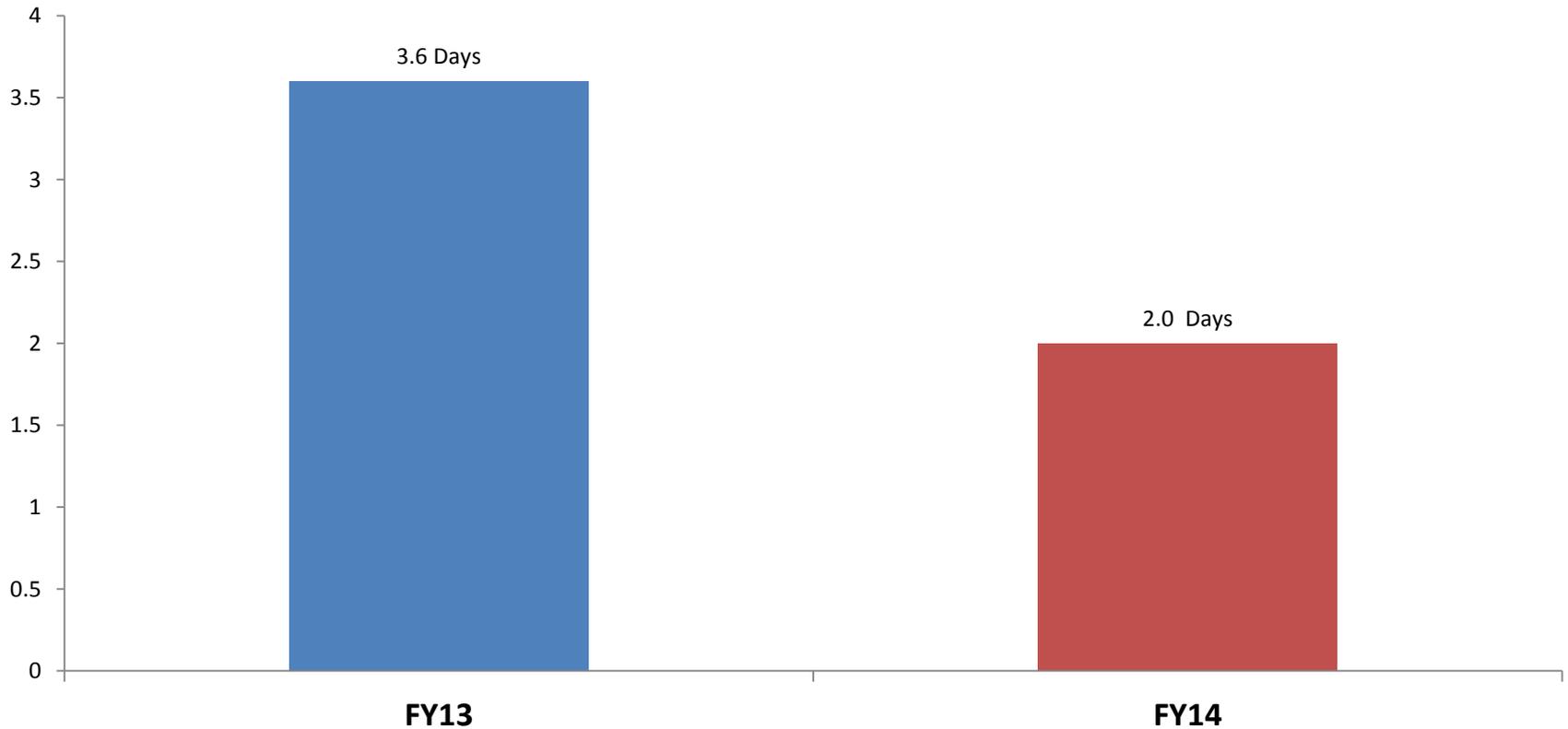


Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 23. Dollar Amount of Savings on Behalf of (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY13 and FY14**

Dollar Amount of Savings on Behalf of (Non-Commercial); (Commercial-Non-Appeals/Grievances-Bill of Rights); (Commercial-Appeals/Grievances-Bill-Rights) Contacts	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Commercial (to include Appeals/Grievances-Bill of Rights)	\$359,286.35	78%	\$457,240.56	49%
Fee-For-Service, MCO, Alliance, Uninsured – (Non-payments of medical bills)	\$36,868.80	8%	\$422,616.56	45%
QMB (Co-Pays removed from beneficiaries' accounts)	\$33,007.36	7%	\$25,991.07	3%
Medicare Part B Premiums (Reimbursements for non-payments of Premiums)	\$31,386.60	7%	\$26,803.43	3%
Total Dollar Amount of Savings on Behalf of All Consumers	\$460,549.11	100%	\$932,651.62	100%

**Figure 24. Average Number of Days to Close/Resolve
(Non-Commercial) Cases
FY13 and FY14**



FY13 Total Cases Closed/ Resolved = 6,178

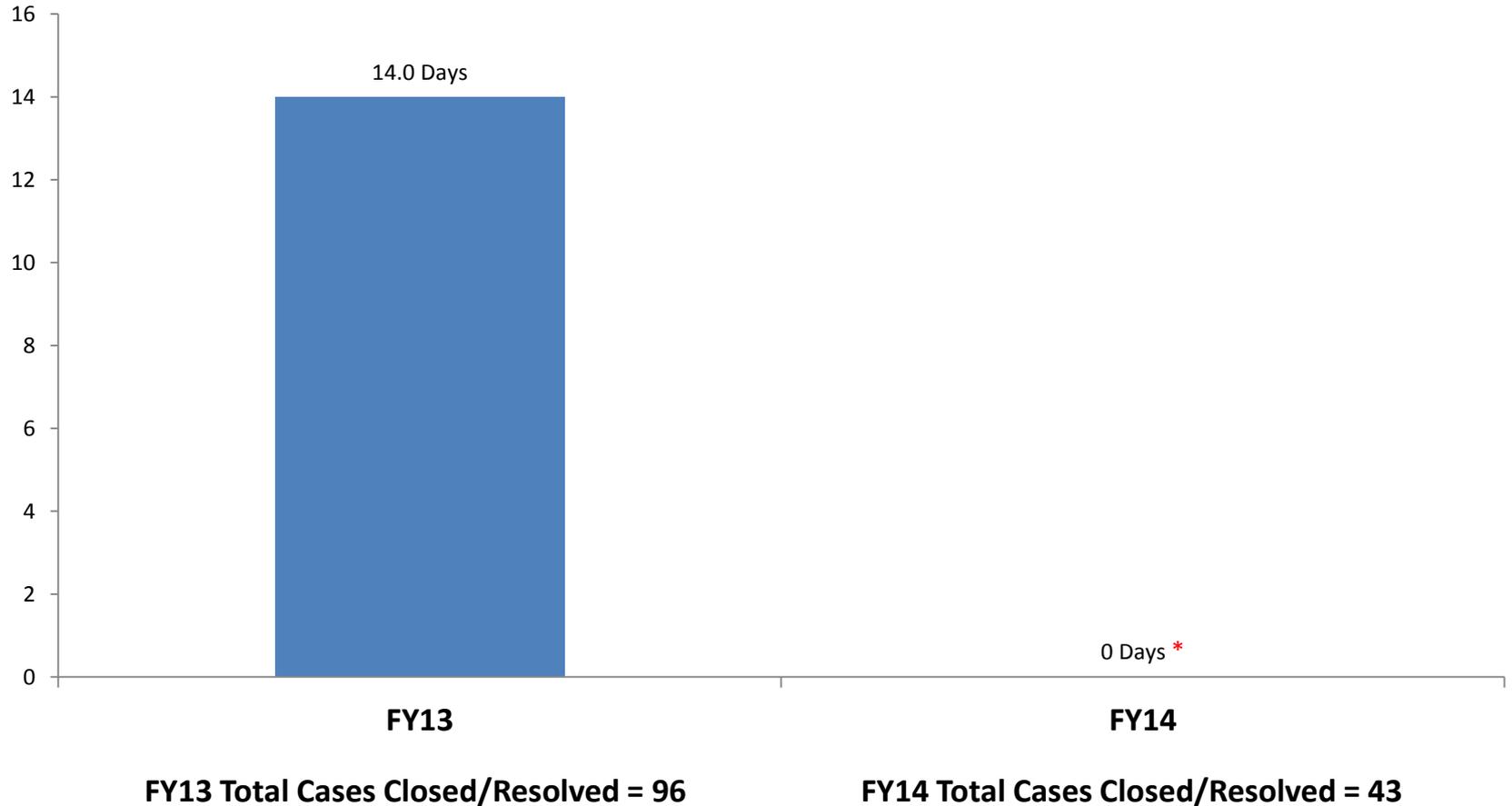
FY14 Total Cases Closed/Resolved = 7,304

**Table 24. Average Number of Days to Close/Resolve
(Non-Commercial) Cases
FY13 and FY14**

FY13 Average Number of Days to Close/Resolve (Non-Commercial) Cases	FY13 Total	FY14 Average Number of Days to Close/Resolve (Non-Commercial) Cases	FY14 Total
Average Number of Days It Took to Close/Resolve (6,178) Cases	3.6 days	Average Number of Days It Took to Close/Resolve (7,304) Cases	2.0 days
Note: Of the (6,233) cases opened, the OHCOBR closed/resolved (4,913) cases on same day that cases were opened		Note: Of the (7,712) cases opened, the OHCOBR closed/resolved (6,472) cases on same day that cases were opened	

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Figure 25. Average Number of Days to Close/Resolve
(Commercial-Non-Appeals/Grievances-Bill of Rights) Cases
FY13 and FY14**



* Out of (43) closed cases, (42) cases were closed on the same day they were opened. (1) case was closed (2) days after it was opened, resulting in an average of (0) days to close/resolve cases.

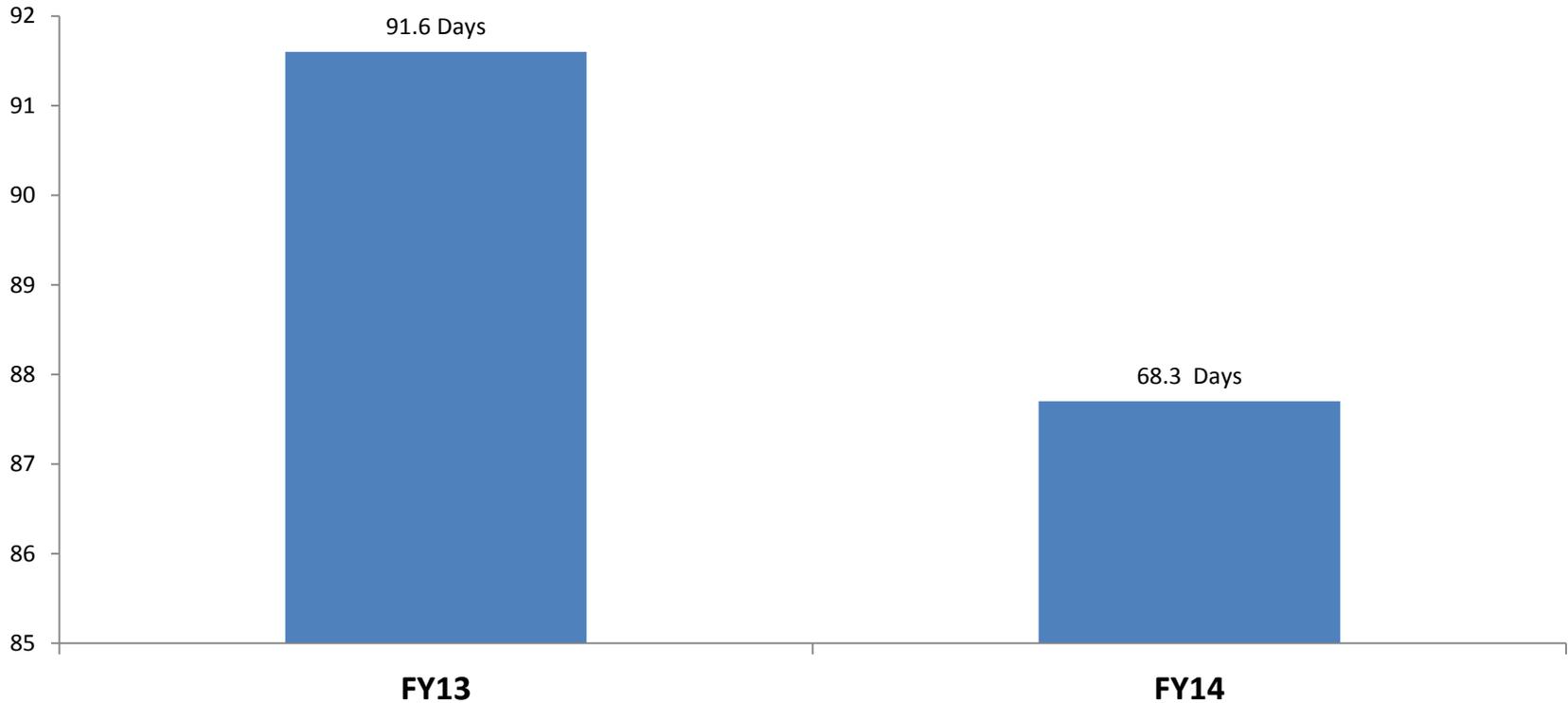
Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Table 25. Average Number of Days to Close/Resolve
(Commercial-Non-Appeals/Grievances-Bill of Rights) Cases
FY13 and FY14**

FY13 Average Number of Days to Close/Resolve (Commercial-Non-Appeals/Grievances- Bill of Rights) Cases	FY13 Total	FY14 Average Number of Days to Close/Resolve (Commercial-Non-Appeals/Grievances- Bill of Rights) Cases	FY14 Total
Average Number of Days It Took to Close/Resolve (96) Cases	14.0 days	Average Number of Days It Took to Close/Resolve (43) Cases	0 days
Note: Of the (100) cases opened, the OHCOBR closed/resolved (70) cases on same day that cases were opened		Note: Of the (59) cases opened, the OHCOBR closed/resolved (42) cases on same day that cases were opened	

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

**Figure 26. Average Number of Days to Close/Resolve
(Commercial-Appeals/Grievances-Bill of Rights) Cases
FY13 and FY14**



FY13 Total Cases Closed/Resolved = 127

FY14 Total Cases Closed/Resolved = 48

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

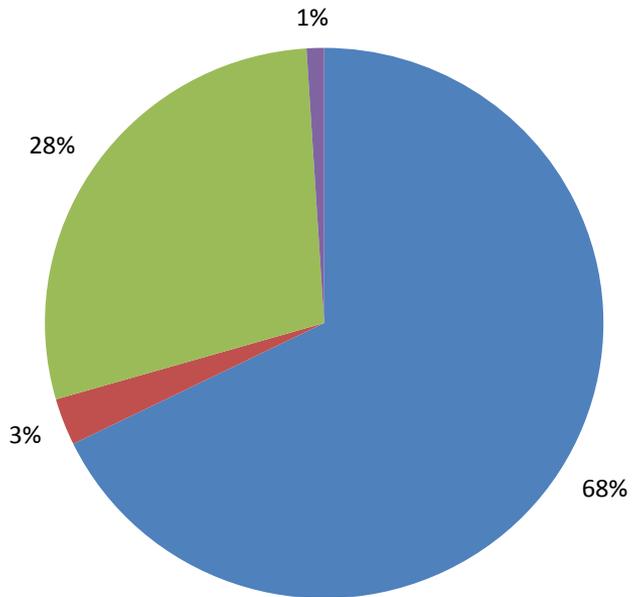
**Table 26. Average Number of Days to Close/Resolve
(Commercial-Appeals/Grievances-Bill of Rights) Cases
FY13 and FY14**

FY13 Average Number of Days to Close/Resolve (Commercial-Appeals/Grievances- Bill of Rights) Cases	FY13 Total	FY14 Average Number of Days to Close/Resolve (Commercial-Appeals/Grievances- Bill of Rights) Cases	FY14 Total
<p align="center">Average Number of Days It Took to Close/Resolve (127) Cases</p>	<p align="center">91.6 days</p>	<p align="center">Average Number of Days It Took to Close/Resolve (48) Cases</p>	<p align="center">68.3 days</p>
<p align="center">Note: Of the (174) cases opened, the OHCOBR closed/resolved (19) cases on same day that cases were opened</p>		<p align="center">Note: Of the (133) cases opened, the OHCOBR closed/resolved (53) cases on same day that cases were opened</p>	

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 27. Breakdown of Number and Percentage of How (Non-Commercial) Cases Were Closed/Resolved or Not Closed/Resolved by the OHCOBR FY13 and FY14

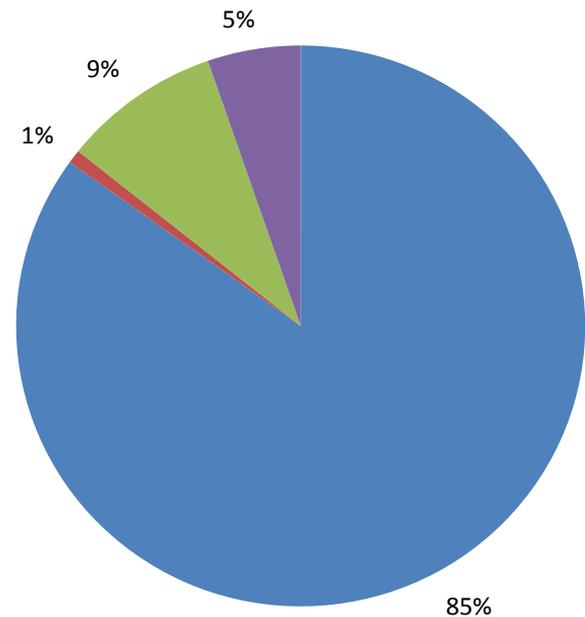
FY13



FY13 Total Sample = 6233

FY14

- Closure of Cases - Successfully
- Closure of Cases - Unsuccessfully
- Closure of Cases - Undetermined
- Closure of Cases - To Be Determined



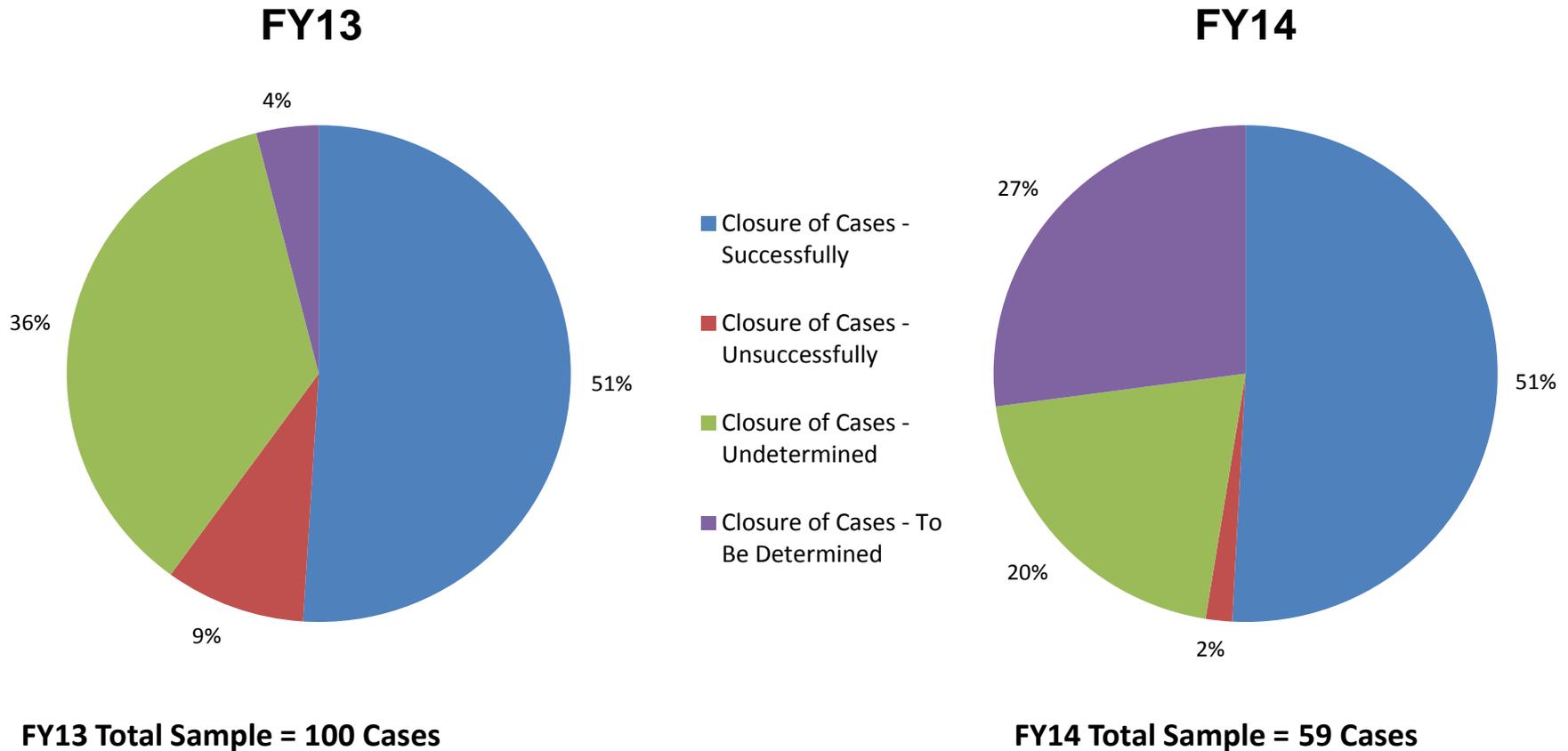
FY14 Total Sample = 7712 Cases

**Table 27. Breakdown of Number and Percentage of How
(Non-Commercial) Cases Were Closed/Resolved or Not Closed/Resolved by
the OHCOBR
FY13 and FY14**

How (Non-Commercial) Cases were Closed/Resolved or Not Closed/Resolved	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Closure of Cases - Successfully	4224	68%	6550	85%
Closure of Cases -Unsuccessfully	172	3%	60	1%
Closure of Cases-Undetermined	1774	28%	694	9%
Closure of Cases - To Be Determined	63	1%	408	5%
Total Number and Percentage of (Non-Commercial) Cases	6233	100%	7712	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 28. Breakdown of Number and Percentage of How (Commercial-Non-Appeals/Grievances-Bill of Rights) Cases Were Closed/Resolved or Not Closed/Resolved by the OHCOBR FY13 and FY14



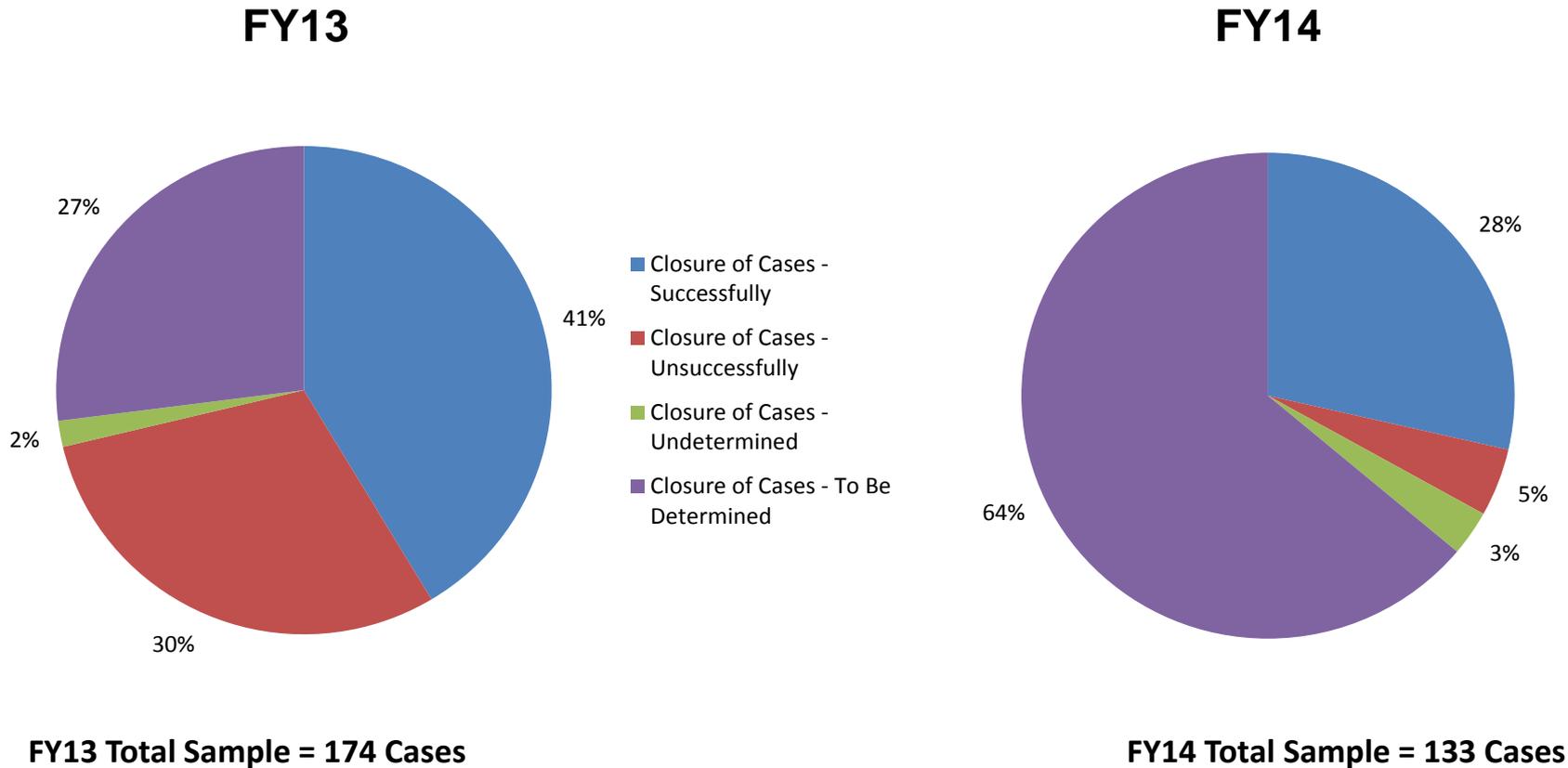
Source data captured between October 1, 2012 through September 30, 2013 through October 1, 2013 through September 30, 2014

**Table 28. Breakdown of Number and Percentage of How
(Commercial-Non-Appeals/Grievances-Bill of Rights) Cases
Were Closed/Resolved or Not Closed/Resolved by the OHCOBR
FY13 and FY14**

How (Commercial-Non-Appeals/Grievances- Bill of Rights) Cases were Closed/Resolved or Not Closed/Resolved	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Closure of Cases - Successfully	51	51%	30	51%
Closure of Cases -Unsuccessfully	9	9%	1	2%
Closure of Cases-Undetermined	36	36%	12	20%
Closure of Cases - To Be Determined	4	4%	16	27%
Total Number and Percentage of (Commercial-Non-Appeals/Grievances-Bill of Rights) Cases	100	100%	59	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

Figure 29. Breakdown of Number and Percentage of How (Commercial-Appeals/Grievances-Bill of Rights) Cases Were Closed/Resolved or Not Closed/Resolved by the OHCOBR FY13 and FY14



Source data captured between October 1, 2012 through September 30, 2013 through October 1, 2013 through September 30, 2014

**Table 29. Breakdown of Number and Percentage of How
(Commercial-Appeals/Grievances-Bill of Rights) Cases
Were Closed/Resolved or Not Closed/Resolved by the OHCOBR
FY13 and FY14**

How (Commercial-Appeals/Grievances-Bill of Rights) Cases were Closed/Resolved or Not Closed/Resolved	FY13 Totals	FY13 Percent (%)	FY14 Totals	FY14 Percent (%)
Closure of Cases - Successfully	72	41%	38	28%
Closure of Cases -Unsuccessfully	52	30%	6	5%
Closure of Cases-Undetermined	3	2%	4	3%
Closure of Cases - To Be Determined	47	27%	85	64%
Total Number and Percentage of (Commercial-Appeals/Grievances-Bill of Rights) Cases	174	100%	133	100%

Source data captured between October 1, 2012 through September 30, 2013 and October 1, 2013 through September 30, 2014

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
- Keep updated and add new features to new Ombudsman In-Take Log Data System (OIDS)
 - Expanding data analysis capability