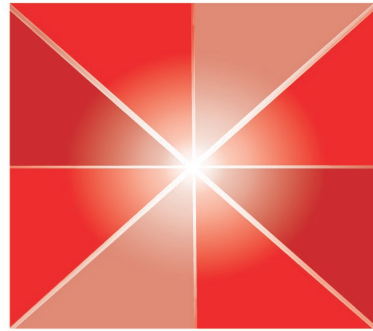


Office of Health Care Ombudsman and Bill of Rights (OHCOBR)
FY22 Summary of Cases
October 1, 2021 through September 30, 2022

DISTRICT OF
COLUMBIA



HEALTH CARE
OMBUDSMAN

“The Knowledge to Guide You”

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

Highlights - FY22 Contact Summary

- In FY22, the Office of Health Care Ombudsman and Bill of Rights opened a grand total of (14,008) Non-Commercial and Commercial cases - (See Pages 4-5);
- Of the (14,008) cases opened - (13,719) cases were Non-Commercial - (See Pages 4-5);
- Percentage of resolved/closed Non-Commercial cases was (99% or 13,652 resolved/closed cases) out of a total of (13,719) Non-Commercial cases opened – (See Pages 6-7);
- In FY22, the Average Number of Days for the Office of Health Care Ombudsman and Bill of Rights to resolve/close (13,652) Non-Commercial cases was (3.9) days - (See Pages 51-52);
- Of the (13,719) Non-Commercial cases opened in FY22, the Office of Health Care Ombudsman and Bill of Rights resolved/closed (11,371) cases on same day that cases were opened - (See Page 52);
- Of the grand total of (14,008) cases opened by the Office of Health Care Ombudsman and Bill of Rights – (289) cases were among the Commercial Health Plan Members – (See Pages 4-5);
- Percentage of resolved/closed Commercial-Appeals/Grievances cases was (92% or 265 resolved/closed cases) out of a total of (289) commercial-appeals/grievances cases opened - (See Pages 8-9);
- In FY22, the Average Number of Days for the Office of Health Care Ombudsman and Bill of Rights to resolve/close Commercial-Appeals/Grievances cases was (52.1) days - (See Pages 53-54);
- Of the (289) Commercial-Appeals/Grievances cases opened in FY22, the Office of Health Care Ombudsman and Bill of Rights resolved/closed (3) cases on same day that cases were opened - (See Page 54);
- On behalf of consumers, the Office of Health Care Ombudsman and Bill of Rights saved consumers a total dollar amount of (\$3,307,455.50). Of the total dollar amount saved (97%) was from Commercial-Appeals/Grievances cases. (See Pages 49-50);
- Of the (29) Administrative/Fair Hearing cases filed by the Office of Health Care Ombudsman and Bill of Rights (23% or 7 cases) were filed on behalf of EPD Waiver beneficiaries - (See Pages 18-19 and 45-46);
- Most consumers utilized the telephone to contact the Office of Health Care Ombudsman and Bill of Rights—(57% or 8,032 contacts) (See Pages 10-11);
- Most contacts made to the Office of Health Care Ombudsman and Bill of Rights were by MCO beneficiaries - (30% or 4,429 contacts) - (See Pages 12 -13);
- 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 (4) had the highest number of contacts (20% or 2,879 contacts), followed by Ward (1), and Ward (7) - (See Pages 14-15);
- Eligibility issues represented the largest category of issues encountered by all consumers – (43% or 5,999 issues) - (See Pages 18-19);
- Eligibility issues represented the largest category of issues encountered by MCOs and Alliance beneficiaries – (See Pages 31-32 and 33-34);
- Eligibility issues represented the largest category of issues encountered by Medicaid (Fee-for-Service) - (See Pages 27-28);
- Eligibility 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 29-30);
- In FY22, the Office of Health Care Ombudsman and Bill of Rights opened a total of (119) Transportation Cases versus the (76) Transportation cases opened in FY21 – (See Pages 39-40);
- The Office of Health Care Ombudsman and Bill of Rights opened a total of (735) EPD Waiver Cases in FY22 versus the (588) EPD Waiver cases opened in FY21 – (See Pages 43-44); and
- In FY22, the Office of Health Care Ombudsman and Bill of Rights opened a total of (637) DC Health Link cases versus the (858) DC Health Link cases opened in FY21 - (See Pages 47-48).

Office of Health Care Ombudsman and Bill of Rights (OHCOBR) FY22

Summary of Activities

During Fiscal Year 2021, 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 2022 (October 1, 2021 through September 30, 2022).

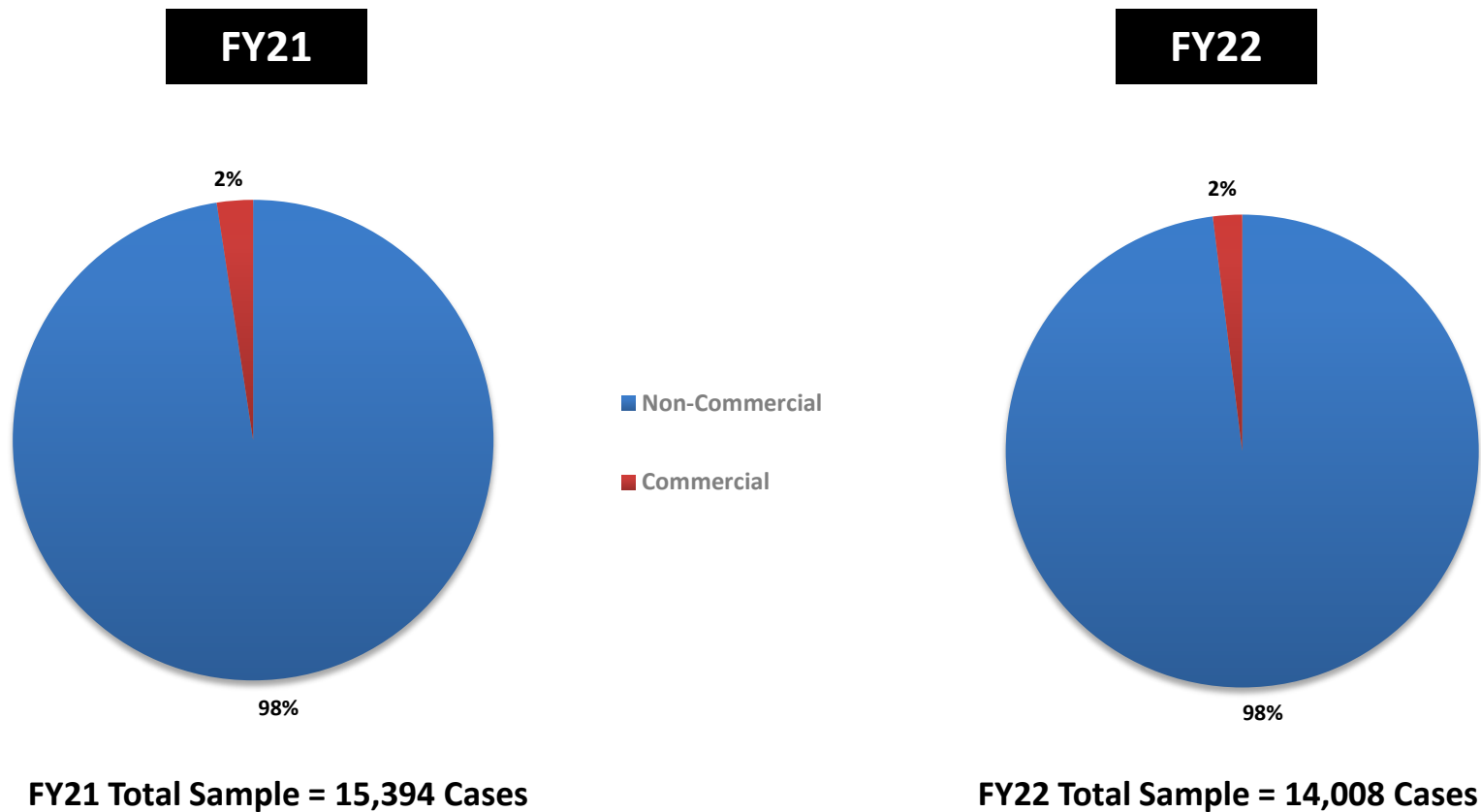
In summarizing the activities from the Ombudsman In-Take Data System (OIDS), the OHCOBR sought to answer the following key questions:

- *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 2021, the OHCOBR received a total of (613) contacts by individuals (consumers) who were repeat users versus (1,754) contacts in FY 2020;*

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); and (Commercial-Appeals/Grievances-Bill of Rights);*
- *Number and Percentage of Resolved/Closed Cases Among (Non-Commercial) Contacts;*
- *Number and Percentage of Resolved/Closed 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); 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-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); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts;*
- *Average Number of Days to Resolve/Close (Non-Commercial) Cases;*
- *Average Number of Days to Resolve/Close (Commercial-Appeals/Grievances-Bill of Rights) Cases;*
- *Breakdown of Number and Percentage of How (Non-Commercial) Cases Were Resolved/Closed by the OHCOBR; and*
- *Breakdown of Number and Percentage of How (Commercial-Appeals/Grievances-Bill of Rights) Cases Were Resolved/Closed by the OHCOBR.*

Figure 1. Total Number and Percentage of Opened Cases Among All Contacts (Non-Commercial and Commercial Appeals/Grievances-Bill of Rights) FY21 and FY22

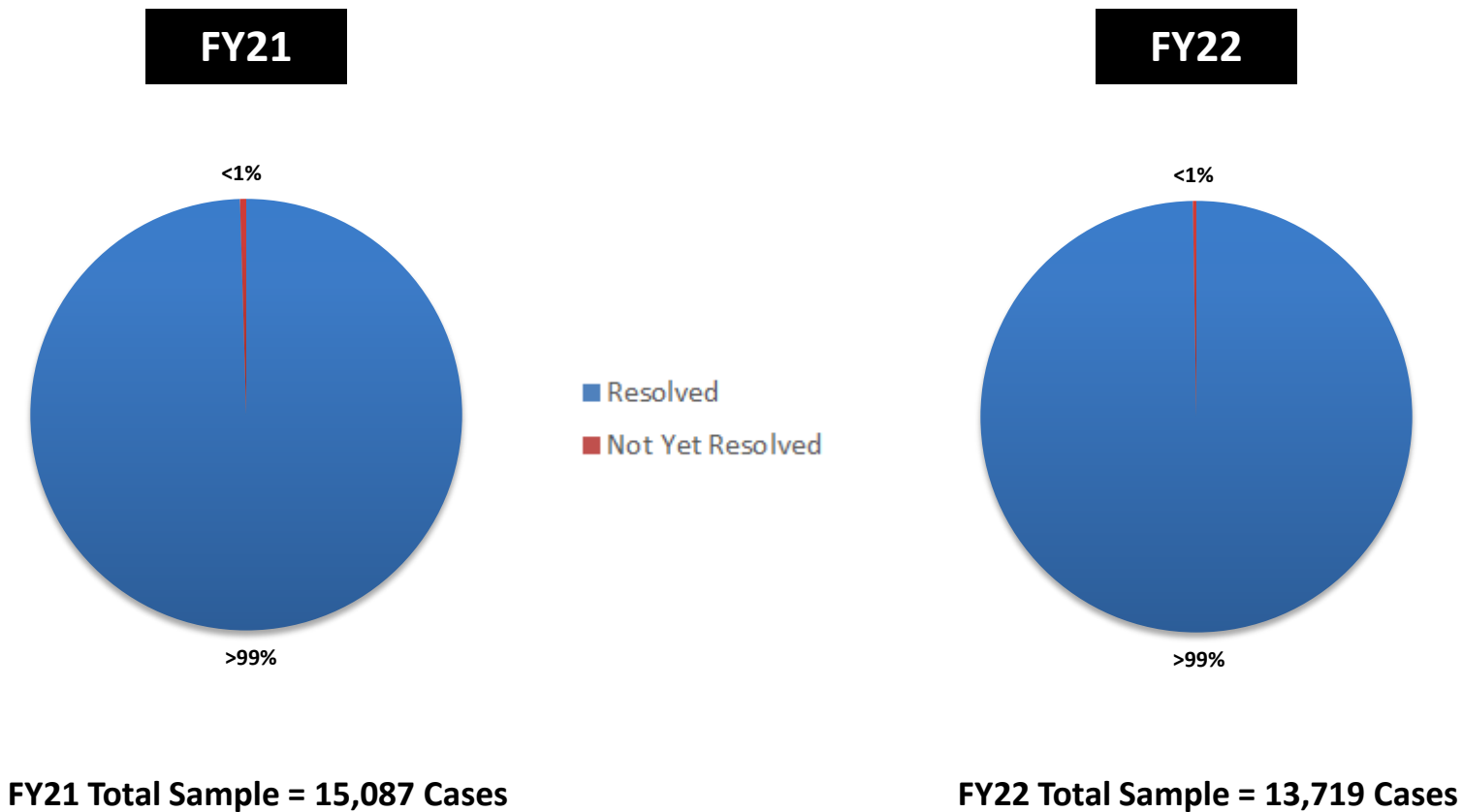


Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 1. Total Number and Percentage of Opened Cases Among All Contacts
(Non-Commercial and Commercial Appeals/Grievances-Bill of Rights)
FY21 and FY22**

Opened Cases (All Contacts)	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Non-Commercial Cases	15,087	98%	13,719	98%
Commercial (Appeals/Grievances— Bill of Rights) Cases	307	2%	289	2%
Total (Non-Commercial) and (Commercial-Appeals/Grievances- Bill of Rights) Opened Cases	15,394	100%	14,008	100%

**Figure 2. Number and Percentage of Resolved/Closed Cases and Cases Not Resolved/Closed Among (Non-Commercial) Contacts
FY21 and FY22**



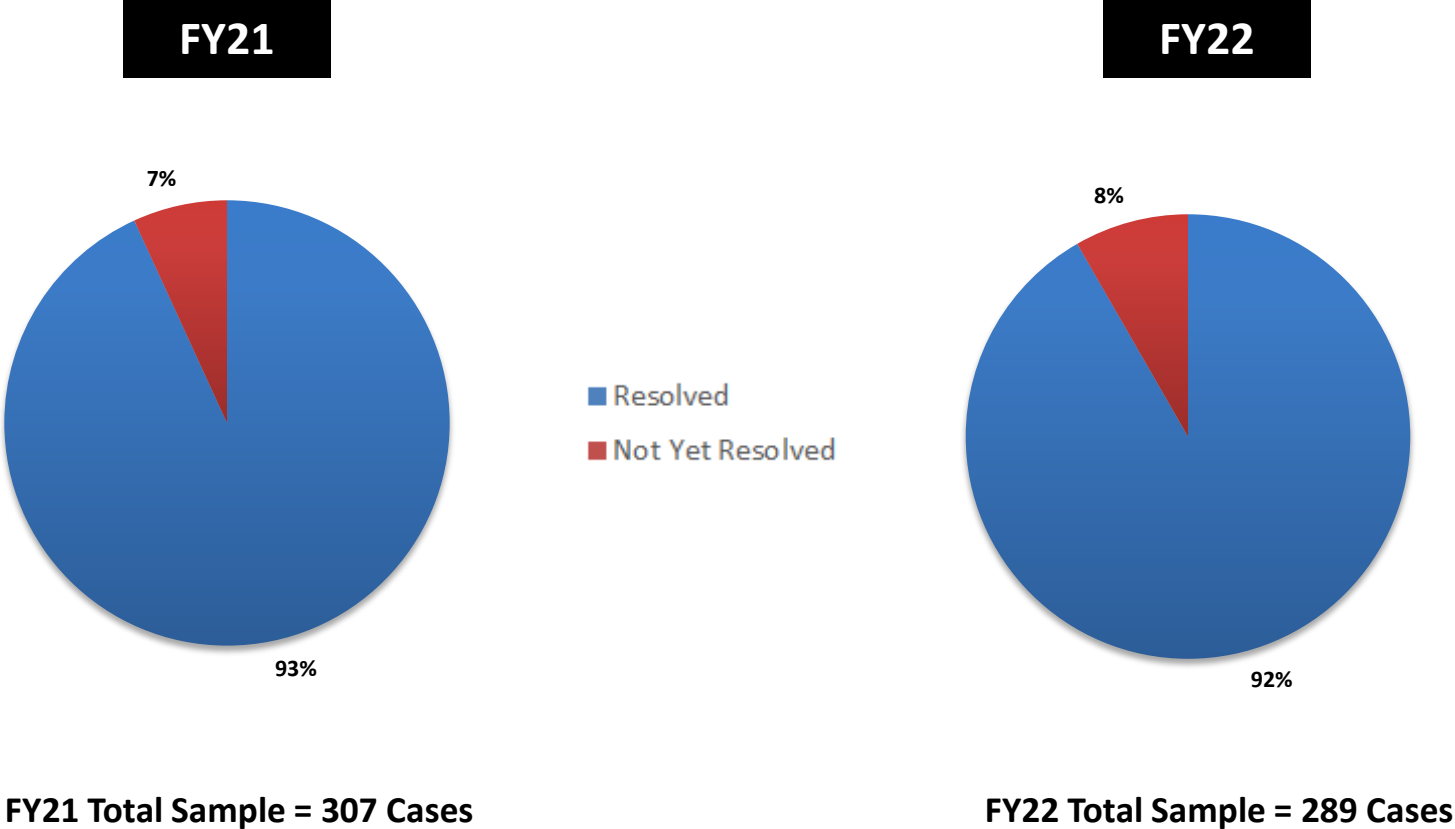
Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

Table 2. Number and Percentage of Resolved/Closed Cases and Cases Not Resolved/Closed Among (Non-Commercial) Contacts FY21 and FY22

Resolved/Closed Cases (Non-Commercial)	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Cases Resolved/Closed	15,047	>99%	13,652	>99%
Cases Not Yet Resolved/Closed	40	<1%	67	<1%
Total (Non-Commercial) Contacts/Cases	15,087	100%	13,719	100%

Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

Figure 3. Number and Percentage of Resolved/Closed Cases and Cases Not Resolved/Closed Among (Commercial-Appeals/Grievances-Bill of Rights) FY21 and FY22



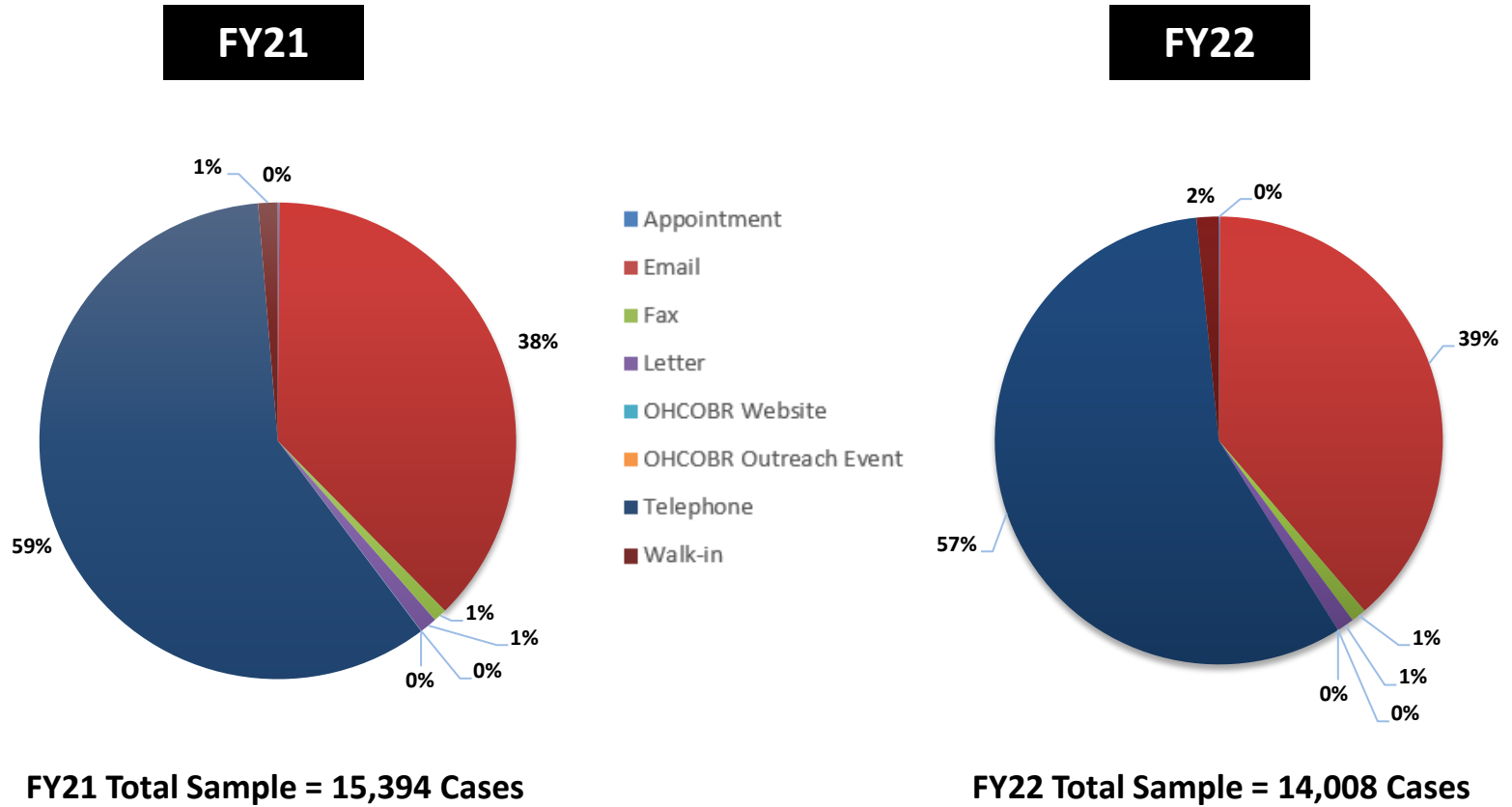
Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

Table 3. Number and Percentage of Resolved/Closed Cases and Cases Not Resolved/Closed Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY21 and FY22

Resolved/Closed Cases (Commercial-Appeals/Grievances-Bill of Rights)	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Appeals/Grievances Cases Resolved/Closed	287	93%	265	92%
Appeals/Grievances Cases Not Yet Resolved/Closed	20	7%	24	8%
Total (Commercial-Appeals/Grievances-Bill of Rights) Contacts/Cases	307	100%	289	100%

Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

Figure 4. Methods of Contacting the Office of Health Care Ombudsman and Bill of Rights (OHCOBR) FY21 and FY22

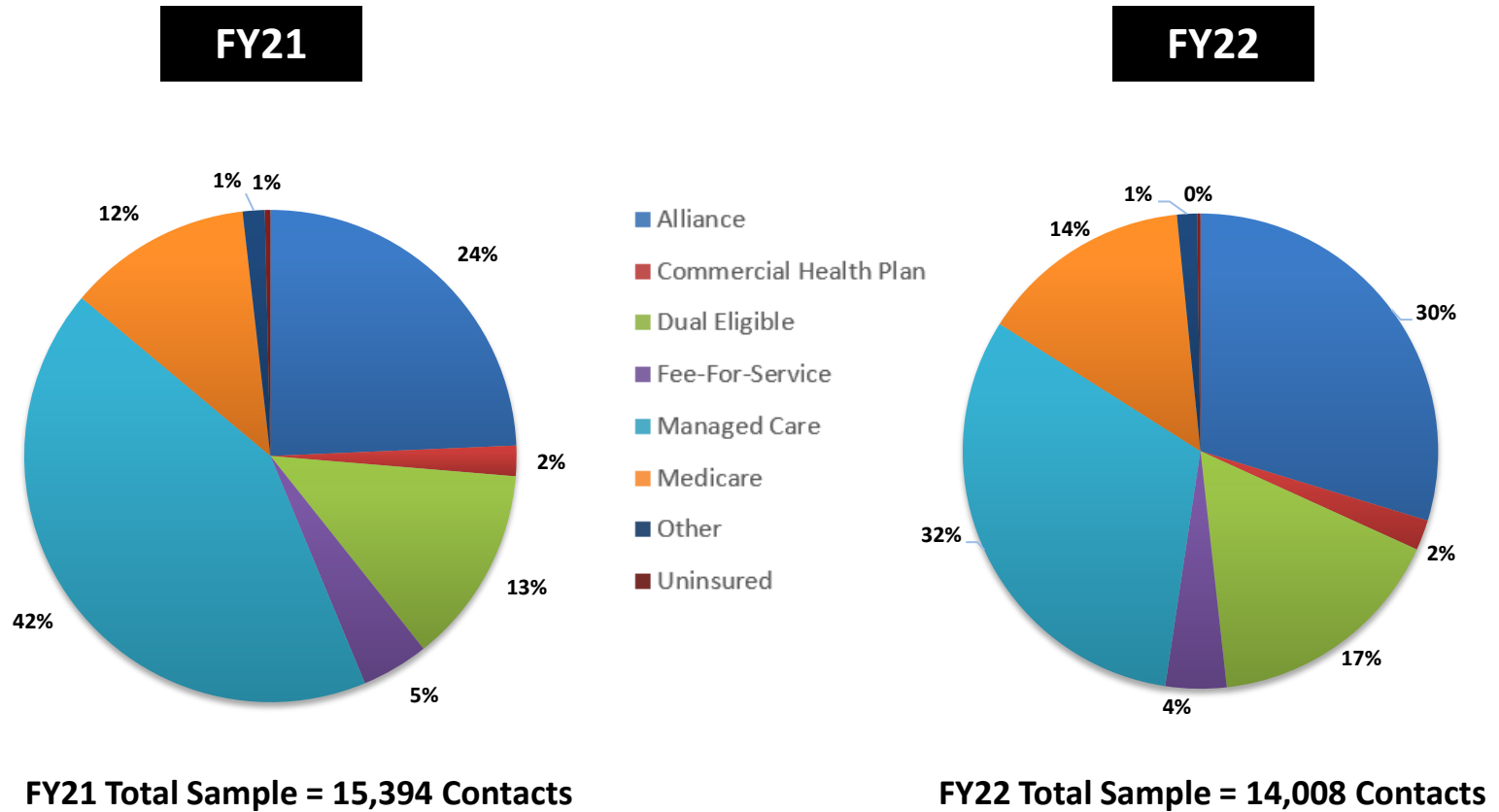


Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 4. Methods of Contacting the Office of Health Care Ombudsman
and Bill of Rights (OHCOBR)
FY21 and FY22**

Methods of Contacting OHCOBR	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Appointment	17	<1%	13	<1%
Email	5,775	38%	5,412	39%
Fax	139	1%	151	1%
Letter	181	1%	176	1%
OHCOBR's Website (E-mails)	3	<1%	0	0%
OHCOBR's Outreach Events	0	0%	0	0%
Telephone	9,076	59%	8,032	57%
Walk-In	203	1%	224	>1%
Total Methods of Contacting OHCOBR	15,394	100%	14,008	100%

Figure 5. Categories of Contacts by Insurance Type FY21 and FY22

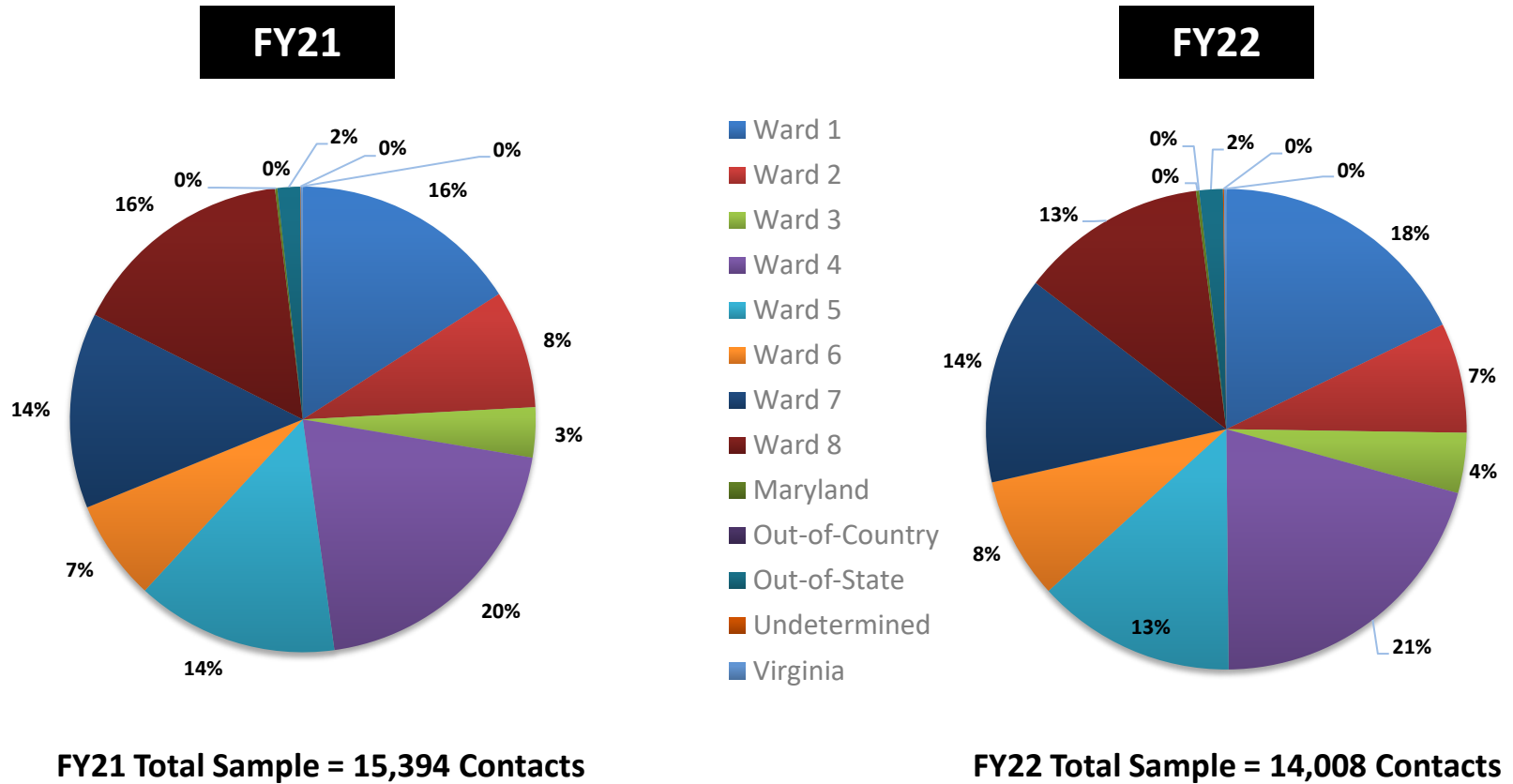


Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 5. Categories of Contacts by Insurance Type
FY21 and FY22**

Categories of Insurance Type	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Alliance (includes Alliance/ADAP and Immigrant Children beneficiaries)	3,744	24%	4,164	30%
Commercial Health Plan (includes Medicare/Commercial Part D Prescription Plans -- Appeals/Grievances-Bill of Rights cases)	307	2%	289	2%
Dual Eligible (Medicaid/Medicare) (includes QMB Plus/QMB Plus-AFDC-TANF/QMB Plus-BCCEDTP/QMB Plus-EPD Waiver/QMB Plus-IDD Waiver/QMB Plus-Long-Term Care/QMB Plus-Money Follow the Person Beneficiaries)	2,001	13%	2,303	>16%
Medicaid Fee-for-Service (FFS) (includes FFS/FFS-BCCEDTP/FFS-CHIP/FFS-CHIP-MAGI/FFS-Childless Adult MAGI/FFS-EPD Waiver/FFS-IDD Waiver/FFS-Long-Term Care/FFS-MAGI/FFS-Money Follows the Person Beneficiaries)	679	5%	580	4%
Medicaid Managed Care (MCO) (includes AFDC-TANF/Childless Adult/Childless Adult-MAGI/CHIP/Katie Beckett/TANF/Special Needs Beneficiaries)	6,523	42%	4,429	32%
Medicare (includes Part A; Part B; Part A/B; Part A/B (QMB) and SLMB Beneficiaries)	1,862	12%	2,021	>14%
Other (includes ADAP/Deceased/Limited/Restricted Coverage/Limited/Restricted-Childless Adult-Incarcerated/Out-of-State Medicaid Coverage/Spend-Down/Undetermined)	222	1%	191	1%
Uninsured	56	1%	31	<1%
Total Contacts by Insurance Type	15,394	100%	14,008	100%

Figure 6. Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area FY21 and FY22



Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 6. Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area
FY21 and FY22**

Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Ward 1	2,455	16%	2,498	18%
Ward 2	1,264	8%	1,037	7%
Ward 3	535	3%	568	4%
Ward 4	3,109	20%	2,879	20%
Ward 5	2,160	14%	1,878	13%
Ward 6	1,073	7%	1,148	8%
Ward 7	2,092	14%	1,958	14%
Ward 8	2,412	16%	1,759	13%
Maryland (Located Within the DC Metropolitan Area)	25	<1%	30	<1%
Out-of-Country	0	0%	0	0%
Out-of-State (States Located Outside of the DC Metropolitan Area)	241	1%	222	2%
Undetermined	6	<1%	10	<1%
Virginia (Located Outside of the DC Metropolitan Area)	22	<1%	21	<1%
Total Contacts by Wards and States Located Within the DC Metropolitan Area and States Located Outside of the DC Metropolitan Area	15,394	100%	14,008	100%

Types of Issues Encountered

The following issues were encountered by Consumers:

Access/Coverage (includes denials of services):

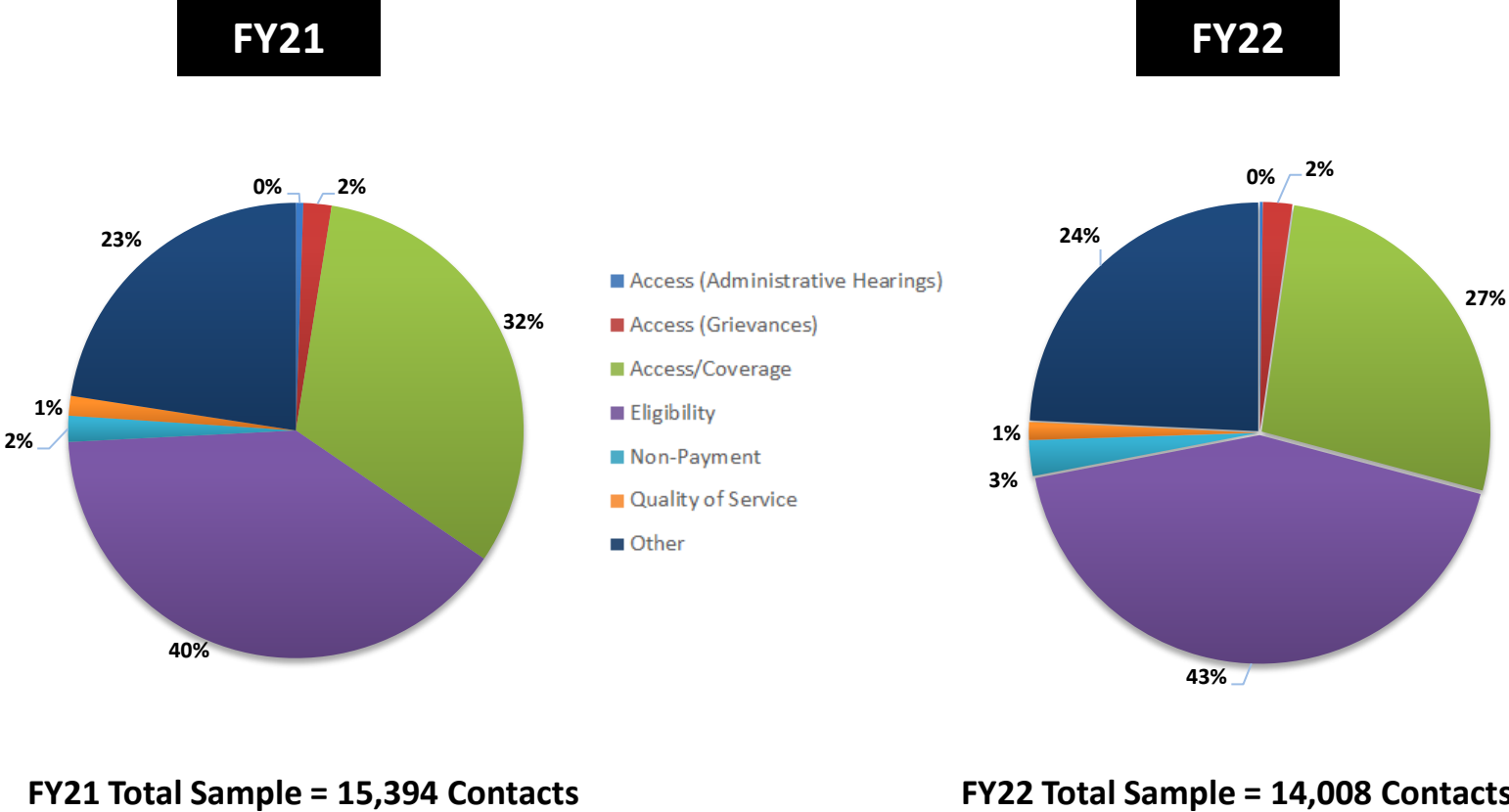
- ❖ **Access to Administrative Hearings:** to include denials of Breast Augmentation/Dental Services/, DME Services/ In-Patient Services (Hospital)/Medicaid Coverage/Medical Assistance/Food Stamps/Optical Services/Prescription Services/Increase in PCA Hours (EPD Waiver)/Home Health Services (EPD Waiver & State Plan)/Health Services/Non-Payment of Medical Bills/Spend-Down Program.
- ❖ **Access:** Appeals/Grievances (Bill of Rights).
- ❖ **Access to health care benefits/coverage:** to include Applications for Insurance Coverage via DC Health Link, Health Exchange Market and/or ESA or Broker (Alliance/Commercial Insurance/Buy-In (Part A and/or Part B)/Disability/Food Stamps/Disability/Home Health Agency Services (EPD and State Waiver Plan)/MCO Enrollment/Medicaid/Qualified Medicare Beneficiary Program (QMB)/Part D Prescription Plan/Retroactive Medicaid Coverage.
- ❖ **Access to Services:** to include Assisted Living Services/ Beneficiary PCP Assignment/ Case Management Services/ Cheaper Health Care Coverage/Cheaper Prescription Plan/ Chemotherapy/ Chiropractor Services/ Claim Form/ Complaint Form/ Continuation of PCA Services/Dental Appointment/ Dental Services/ Dentists/ Dialysis Services/ Disability Form/ DME (Seating/Mobility) Services/ DME Services/ EPD Waiver Program/EPD Waiver Program (Waiting List)/Endodontist Services/ Enrollment (Plan Selection)/ Fertility Treatment/ Food Stamps Recertification Date/Food Stamps Services/ Free Mobile Telephone/ Group Home/ Hearings Aid Services/ Home Health Services (Face-to-Face Assessment)/ Hospice Services/HSCSN Services/IDA Form/ In-Patient Services (Hospital)/Increase in PCA Hours/Increase in Speech Therapy Hours/ Legal Services/ Level of Care Form/Linet Program/Link to Life/Long-Term Care (Nursing Home)/ Lung Transplant Services/MCO Providers/MCO Services/Meals for Homebound/Meals on Wheels/Medicaid Continuation Form/Medicaid Physicians/Medical Appointment/Medical Examination Report/Medical Marijuana/Medical Review Form/Medical Services/Medicare Part A & B Services/Mental Health Services (Behavioral Health)/Optical Appointment/Optical Services/Part D Prescription Plan/Pharmacy Services/Physical Therapy Services/Prescription Services/Transportation Services (Non-Emergency).
- ❖ **Access to Prior Authorizations:** to include Chemotherapy Treatment-Out-Patient (Clinic)/CT/PET Scan-Out-Patient (Clinic)/Dental Services/ Hip Replacement Surgery/Home Health Services-EPD Waiver/Home Health Services-State Plan/Hospital Transfer/Increase in PCA Hours/Infusion Service-Out-Patient (Clinic)/Injections/In-Patient Services (Hospital)/Long-Term Care (Nursing Home)/ Medical Services/Optical Services/Out-Patient Services (Clinic)/Pain Management Services/ PET Scan/Physical Therapy Services/Prescription Services/Rehabilitation Facility/Sleep Study Test/Surgery-In-Patient (Hospital)/Transgender Surgery-In-Patient (Hospital)/**DME Services to include** Artificial Eye Cleaned, Baseline Machine, Blood Pressure Monitor/Compression Machine/Diabetic Test Strips/Eyeglasses/Hospital Bed/Knee Brace/Manual and Power Wheelchairs/Portable Oxygen/Seating Clinic Appointment/ Prosthetic Eyeball/Stair Lift/Air Pressure Mattress/Repair of Manual and Power Wheelchairs.

Types of Issues Encountered (continued)

The following issues were encountered by Consumers (continued):

- ❖ **Access to Lists of Providers:** to include Dentists/Dermatologists/DME Billing Providers/Ear, Nose & Throat Physicians/GYN/OB Physicians/Hematologists/Home Health Agencies-EPD Waiver and State Plan/Lung Surgeon/Medicaid Primary Care Physicians/Medicaid Specialists/ Medicare Physicians/Medicare Primary Care Physicians/Medicare Providers/Mental Health Services (Behavioral Health)/Nursing Homes/Oncologists/Opticians/Orthodontists/Orthopedic Physicians/Pain Management/Podiatrist/Psychologists.
- ❖ **Coverage (Denials of Health related services):** to include Acute Care Rehab Services/Cancer Treatment Services/Dental Services/DME Services/Egg Harvesting/Emergency Room Services/Experimental Procedure/Home Health Services-Assessment (Face-to-Face)-EPD Waiver Program/Home Health Services-EPD Waiver Program/Increase in PCA Hours-EPD Waiver and State Plan/In-Patient Services (Hospital)/Medicaid Coverage/Medical Services/Medical Tests/Medicare Services/MRI Services/Optical Services/Out-Patient Services (Clinic)/PET Scan/Physician Services/Prescription Services/Transportation Services (Non-Emergency).
- ❖ **Eligibility-(Alliance, Buy-In (Part A/B), EPD Waiver Program, Medicaid, Medicaid MCO, Qualified Medicare Beneficiary (QMB) -** Determining eligibility in health care programs such as status of eligibility/status of recertification/verification of eligibility/verification of coverage/termination of coverage/enrollment into Medicaid (MCO)/ Alliance/status of recertification; status of applications submitted to DC Health and/or Economic Security Administration (ESA). Explanation of Alliance/Buy-In (Part A/B)/EDP Waiver Program/Fee-For-Service/Dual Eligible/Medicaid MCO/Qualified Medicare Beneficiary (QMB/Prescription Plan (Part D).
- ❖ **Quality of Service Rendered by Providers:** DME/Dental/In-Patient (Hospital)/Out-Patient (Clinic)/Home Health Agencies/ PCAs/Long-Term Care (Nursing Homes)/Medicaid (MCO)/Pharmacy, Primary Care Physician/Transportation (Non-Emergency)/ DC Health Link/Economic Security Administration (ESA) services, etc.
- ❖ **Non-Payment/Reimbursement Issues:** to include Non-payment of bills (medical, dental, hospital, emergency room bills, and co-pays, QMB co-pays, and Part B premiums, etc.); reimbursement of out-of-pocket expenses (medical, hospital, dental bills, co-pays, QMB co-pays, Part B premiums, etc.)
- ❖ **Other Issues:** Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance and Rights of Home Health Agencies.

Figure 7. Breakdown of Types of Issues Encountered by All Contacts (Non-Commercial) and (Commercial-Appeals/Grievances-Bill of Rights) FY21 and FY22



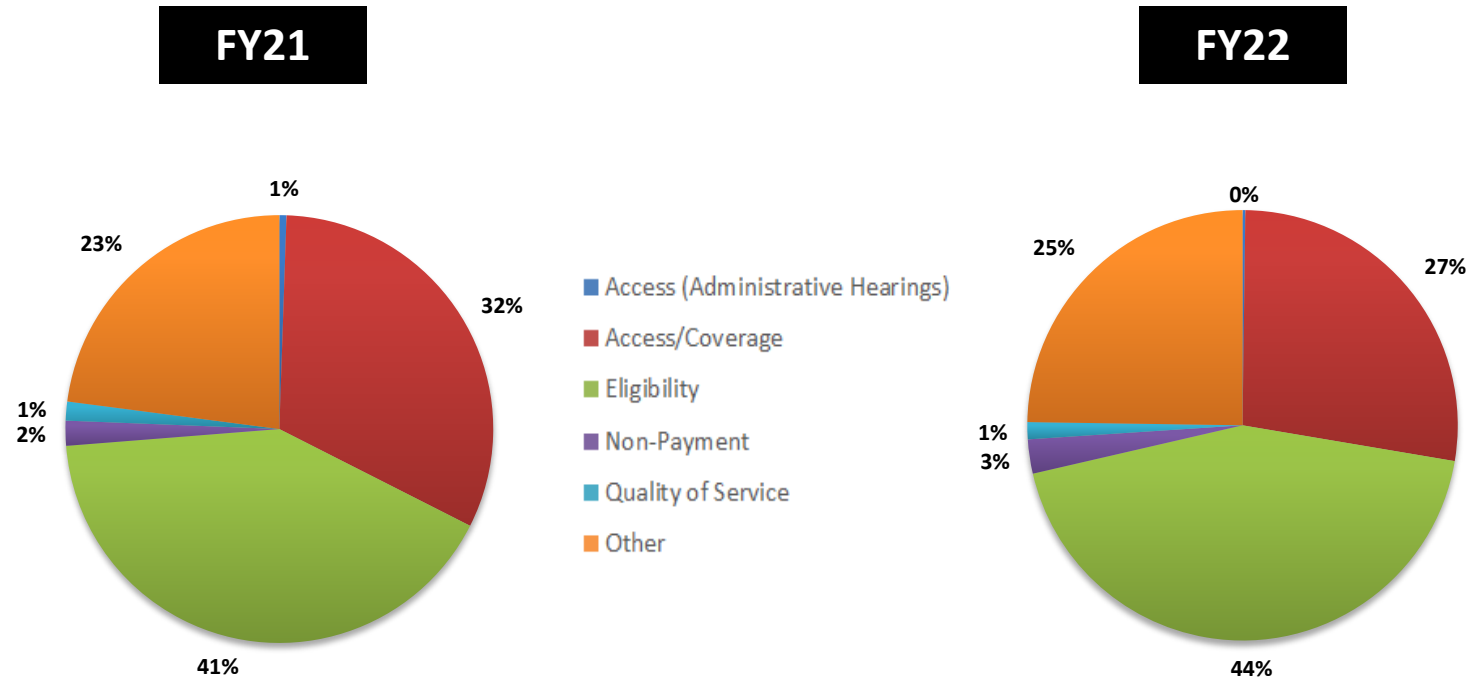
Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 7. Breakdown of Types of Issues Encountered by All Contacts –
(Non-Commercial) and (Commercial-Appeals/Grievances-Bill of Rights)
FY21 and FY22**

Types of Issues Encountered by All Contacts (Non-Commercial); and (Commercial- Appeals/Grievances-Bill of Rights)	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	81	1%	29	<1%
Access (Commercial-Appeals/Grievances-Bill of Rights)	307	2%	289	2%
Access/Coverage (includes Access to services and Coverage includes denials of services)	4,926	32%	3,766	27%
Eligibility/Recertification (status of eligibility/verification of coverage)	6,107	40%	5,999	43%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	284	2%	352	>2%
Quality of Service (includes services rendered by Providers)	216	1%	176	1%
*Other Issues	3,473	22%	3,397	24%
Total Types of Issues (Non-Commercial); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts	15,394	100%	14,008	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicare MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 8. Breakdown of Types of Issues Encountered by (Non-Commercial) Contacts FY21 and FY22



FY21 Total Sample = 15,087 Contacts

FY22 Total Sample = 13,719 Contacts

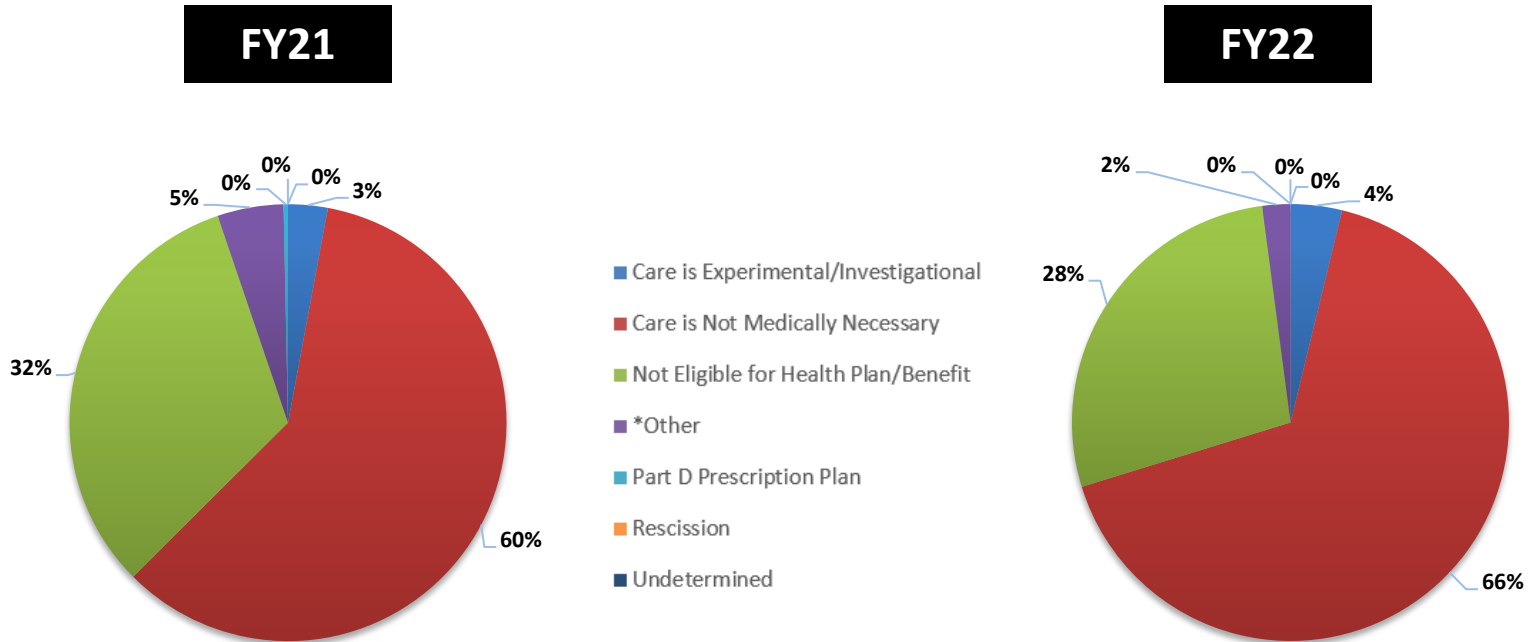
**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

**Table 8. Breakdown of Types of Issues Encountered by
(Non-Commercial) Contacts
FY21 and FY22**

Types of Issues (Non-Commercial) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	81	1%	29	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	4,926	32%	3,766	27%
Eligibility/Recertification (status of eligibility/verification of coverage)	6,107	41%	5,999	44%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	284	2%	352	>2%
Quality of Service (includes services rendered by Providers)	216	1%	176	1%
*Other Issues	3,473	23%	3,397	25%
Total Types of Issues-(Non-Commercial) Contacts	15,087	100%	13,719	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 9a. Breakdown of Types of Issues Encountered by (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY21 and FY22



FY21 Total Sample = 307 Contacts

FY22 Total Sample = 289 Contacts

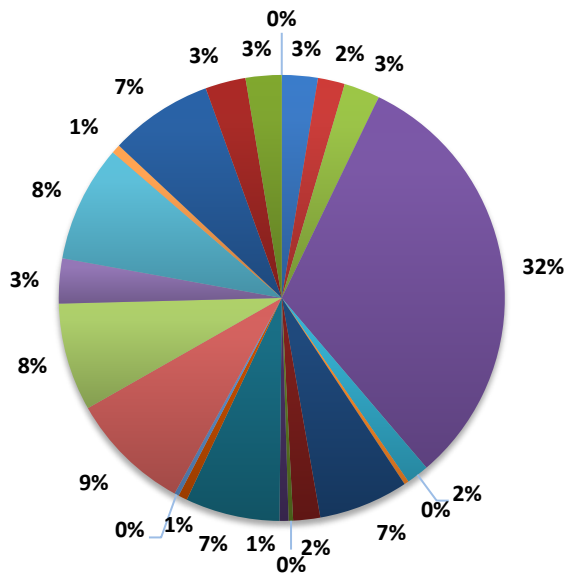
***Other Issues:** Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.

**Table 9a. Breakdown of Types of Issues Encountered by
(Commercial-Appeals/Grievances Bill of Rights) Contacts
FY21 and FY22**

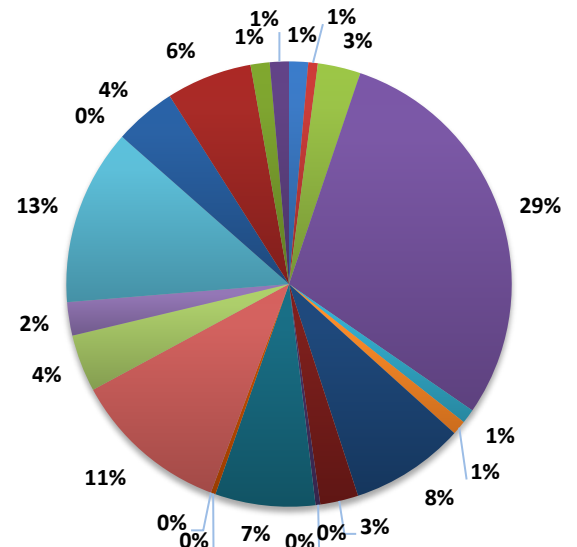
Types of Issues (Commercial-Appeals/Grievances-Bill of Rights)	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Care Is Experimental/Investigational	9	3%	11	4%
Care Is Not Medically Necessary	183	<60%	192	66%
Not Eligible for Health Plan/Benefit	99	32%	80	28%
*Other Issues	15	5%	6	2%
Part D Prescription Plan	1	<1%	0	0%
Rescission	0	0%	0	0%
Total Types of Issues-(Commercial-Appeals/Grievances-Bill of Rights) Contacts	307	100%	289	100%

Figure 9b. Breakdown of Dispositions of All Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY21 and FY22

FY21



FY22

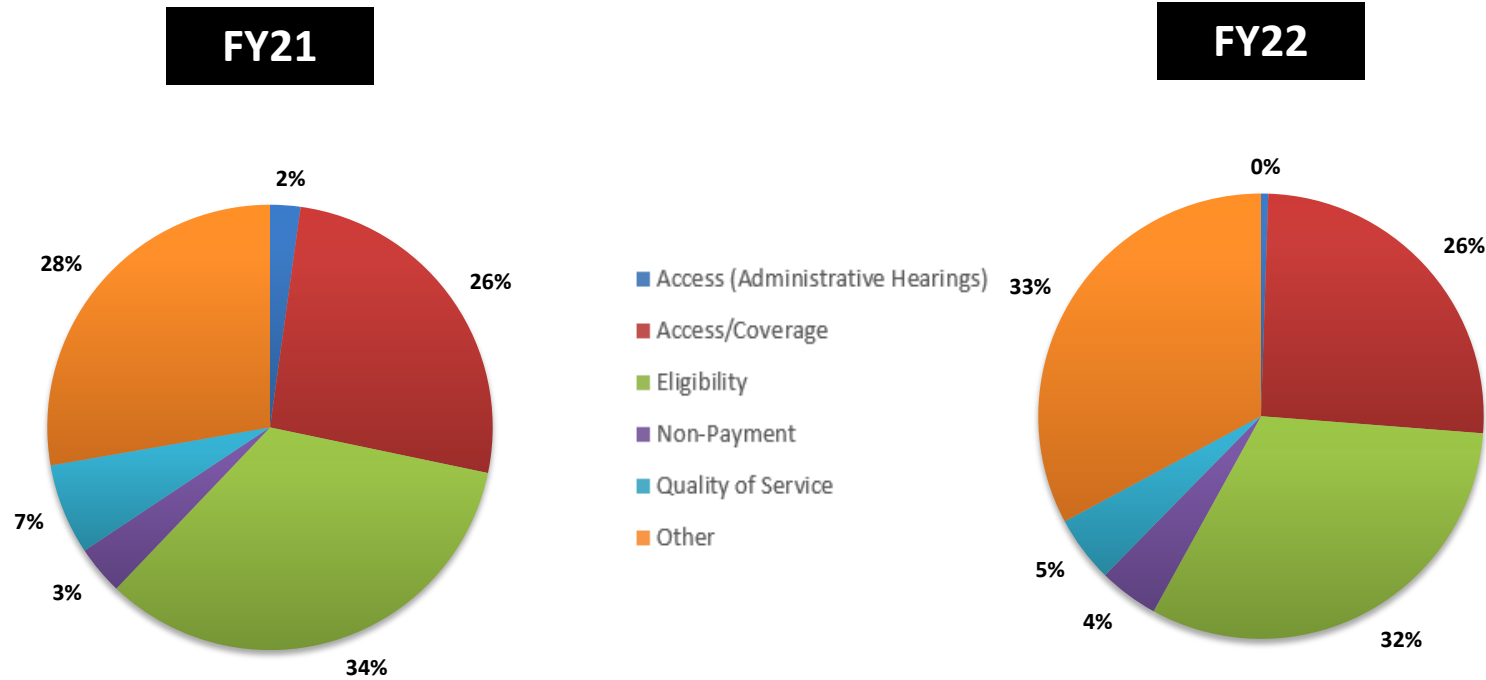


- Adjusted
- Administratively Closed
- Consumer Unresponsive
- Overturned
- Partial Payment
- Partially Overturned
- Pending
- Referred Out-of-State
- Referred to DISB
- Referred to DOL
- Referred to OPM
- Referred-Other Issues
- Rejected-lack of Evidence
- Resolved with Policy
- Resolved without Full Process
- Resolved will Use Formulary
- Reversed
- Untimely Filing
- Upheld (Insurer Upheld Denial)
- Upheld (IRO Agreed with Insurance Company's Denial)
- Withdrawn
- Write-Off

**Table 9b. Breakdown of Dispositions of All Cases Among
(Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY21 and FY22**

Dispositions of All Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Adjusted (case closed)	8	3%	4	1%
Administratively Closed (case closed-due to no action)	6	2%	2	1%
Consumer Unresponsive (case closed)	8	3%	9	3%
On-Hold in Abeyance (case closed)	0	0%	0	0%
Overtured (case closed-insurance company changed the denial)	97	32%	85	29%
Partial Payment (case closed-insurance company paid a portion of claim)	5	2%	3	1%
Partially Overtured (case closed-insurance company changed a portion of the denial)	1	<1%	3	1%
Pending (case is still opened)	20	7%	24	8%
Referred to DISB (case closed-referred to DISB for policy interpretation or benefit issues)	1	<1%	0	0%
Referred to DOL (case closed-referred to DOL-self-funded insurance plans)	2	<1%	1	<1%
Referred to OPM (case closed-referred to OPM-federal employee plans)	21	7%	21	7%
Referred-Other Issues (case closed-issues not listed)	2	<1%	1	<1%
Referred-Out-of-State (case closed-lack of jurisdiction)	6	2%	8	3%
Rejected (case closed-lack of evidence)	1	<1%	0	0%
Resolved (case closed-resolved without use of full process)	24	8%	12	4%
Resolved (in accordance with policy)	27	9%	33	11%
Resolved (will use formulary alternative)	10	3%	7	2%
Reversed (case closed-IRO changed the insurance company's denial)	26	8%	37	13%
Untimely Filing (case closed-member filed appeal after the filing date)	2	<1%	0	0%
Upheld (case closed-insurer upheld denial)	23	7%	13	4%
Upheld (case closed-IRO agreed with the insurance company's denial)	9	3%	18	6%
Withdrawn (case closed-member decided not to proceed with appeal)	8	3%	4	1%
Write-Off (case closed-provider agreed to write-off balance due)	0	0%	4	1%
Total Dispositions of All Cases Among (Commercial-Appeals/Grievances-Bill of Rights) Contacts	307	100%	289	100%

Figure 10. Breakdown of Types of Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts FY21 and FY22



FY21 Total Sample = 2,001 Contacts

FY22 Total Sample = 2,303 Contacts

***Other Issues:** Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicare; incorrect date of birth in Omnicare; incorrect gender in Omnicare; incorrect name in Omnicare; incorrect social security number in Omnicare; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicare; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicare; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicare MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.

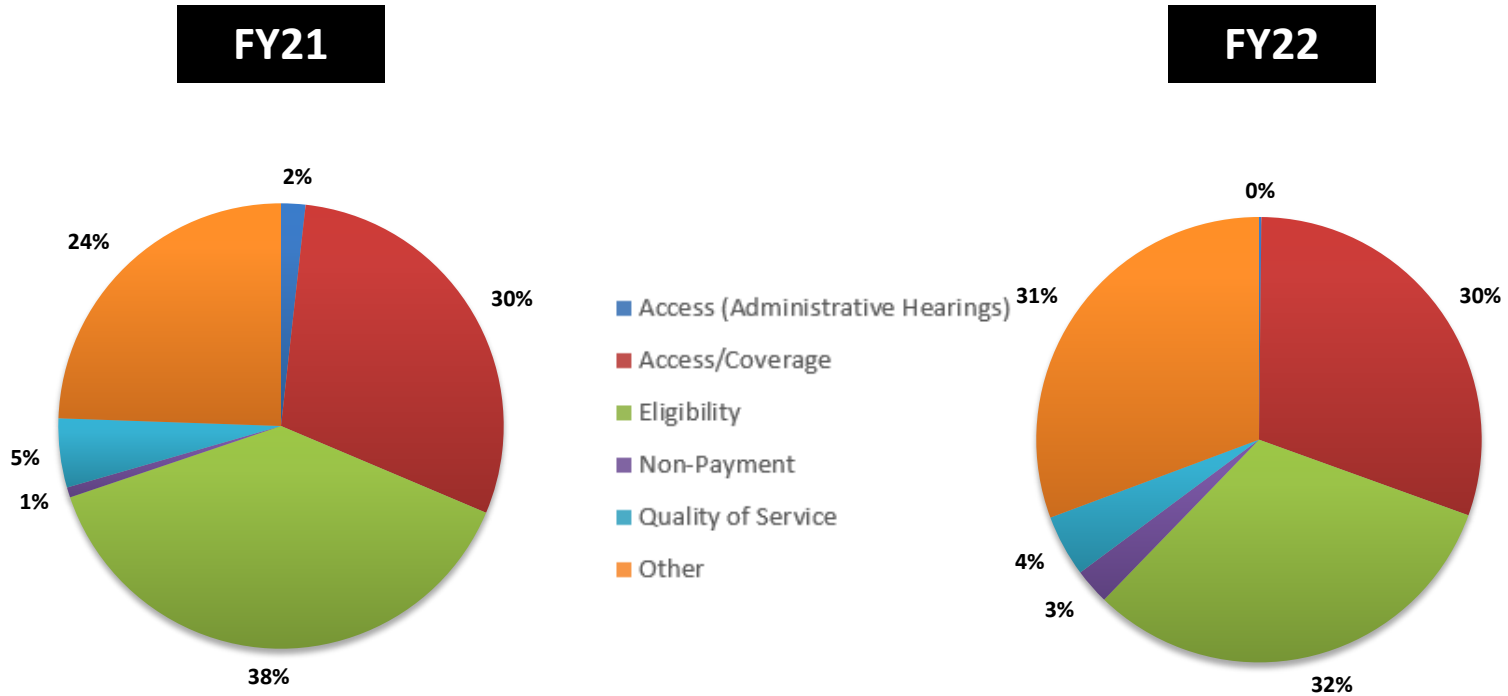
Table 10. Breakdown of Types Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts FY21 and FY22

Types of Issues Encountered by Dual Eligible (Medicare and Medicaid) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	44	2%	12	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	528	26%	592	>25%
Eligibility/Recertication (status of eligibility/verification of coverage)	671	34%	732	32%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	71	>3%	100	4%
*Other Issues	555	28%	756	33%
Quality of Service (includes services rendered by Providers)	132	>6%	111	5%
Total Types of Issues-Dual Eligible (Medicare and Medicaid) Contacts	2,001	100%	2,303	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

Figure 11. Breakdown of Types of Issues Encountered by Medicaid Fee-for-Service (FFS) Contacts FY21 and FY22



FY21 Total Sample = 679 Contacts

FY22 Total Sample = 580 Contacts

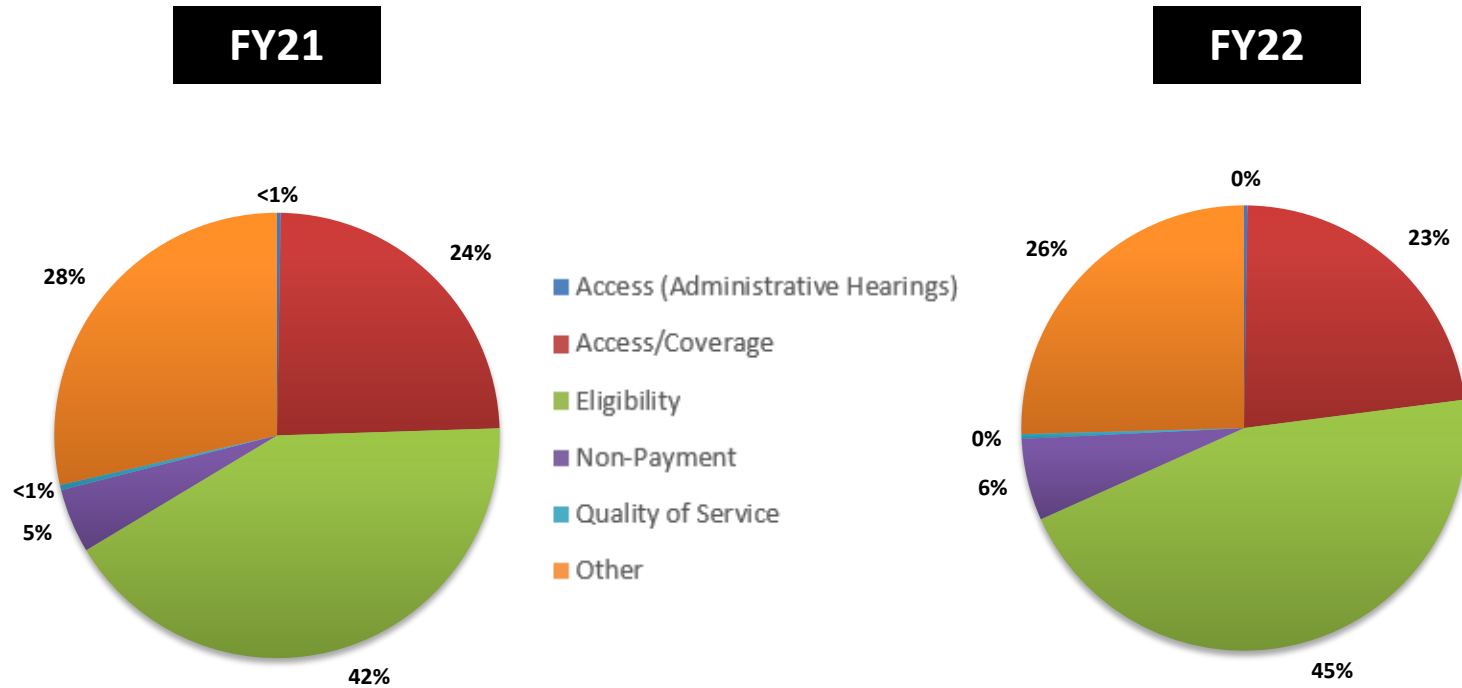
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Table 11. Breakdown of Types of Issues Encountered by Medicaid Fee-for-Service (FFS) Contacts FY21 and FY22

Types of Issues Encountered by Medicaid Fee-for-Service (FFS) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	12	2%	1	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	208	30%	176	30%
Eligibility/Recertification (status of eligibility/verification of coverage)	257	38%	184	32%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	5	1%	15	>2%
*Other Issues	163	24%	178	31%
Quality of Service (includes services rendered by Providers)	34	5%	26	4%
Total Types of Issues-Medicaid Fee-for-Service Contacts	679	100%	580	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 12. Breakdown of Types of Issues Encountered by Medicare Part A, Part B, Part A/B and Part A/B (QMB) Contacts FY21 and FY22



FY21 Total Sample = 1,862 Contacts

FY22 Total Sample = 2,021 Contacts

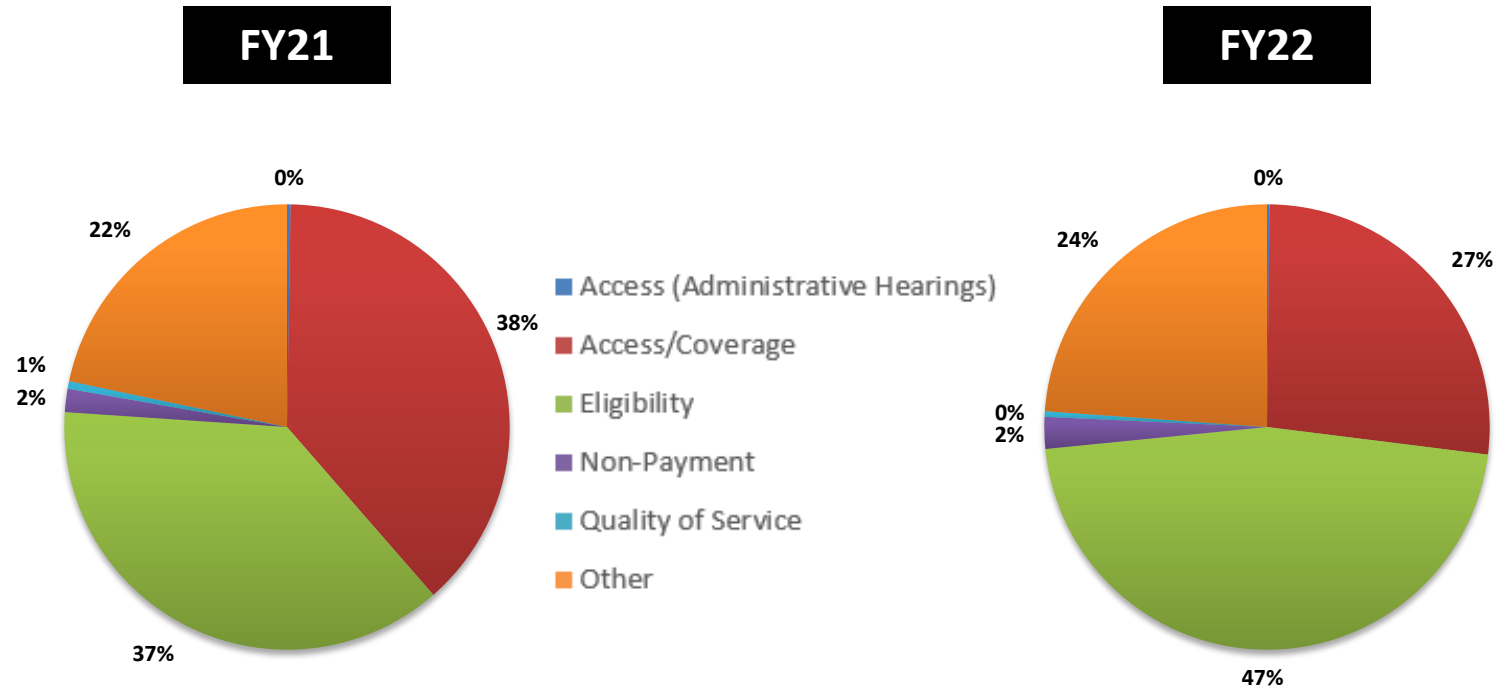
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Table 12. Breakdown of Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts FY21 and FY22

Types of Issues Encountered by Medicare Part A; Part B; Part A/B; Part A/B (QMB) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	5	<1%	5	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	457	24%	459	23%
Eligibility/Recertification (status of eligibility/verification of coverage)	775	42%	916	45%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	87	5%	120	6%
*Other Issues	531	28%	514	25%
Quality of Service (includes services rendered by Providers)	7	<1%	7	<1%
Total Types of Issues-Medicare Part A; Part B; Part A;/B; Part A/B (QMB) Contacts	1,862	100%	2,021	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 13. Breakdown of Types of Issues Encountered by Medicaid Managed Care (MCO) Contacts FY21 and FY22



FY21 Total Sample = 6,523 Contacts

FY22 Total Sample = 4,429 Contacts

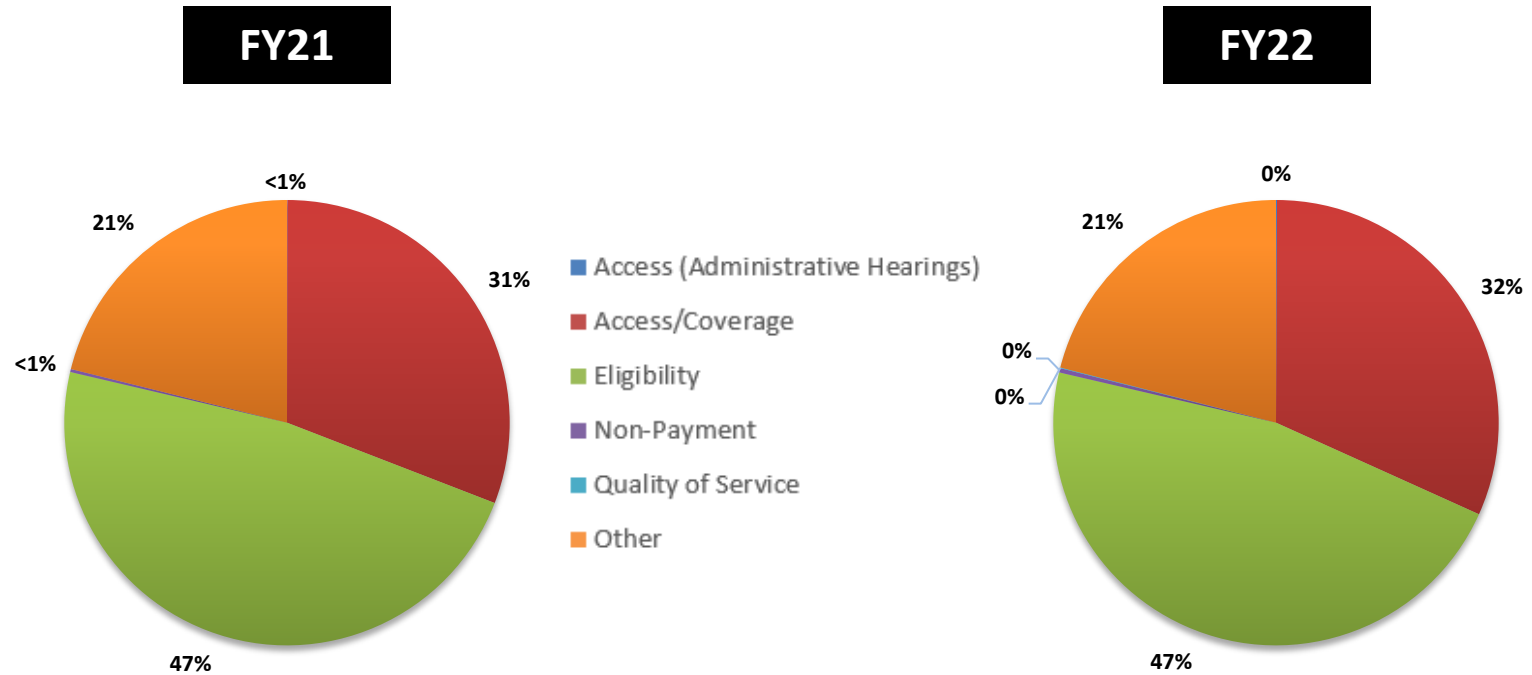
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**Table 13. Breakdown of Types Issues Encountered by
Medicaid Managed Care (MCO) Contacts
FY21 and FY22**

Types of Issues Encountered by Medicaid Managed Care (MCO) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	17	<1%	8	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	2,500	37%	1,187	27%
Eligibility/Recertication (status of eligibility/verification of coverage)	2,445	39%	2,057	46%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	110	2%	102	2%
*Other Issues	1,415	21%	1,057	24%
Quality of Service (includes services rendered by Providers)	36	<1%	18	<1%
Total Types of Issues-Medicaid Managed Care (MCO) Contacts	6,523	100%	4,429	100%

. *Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.

Figure 14. Breakdown of Types of Issues Encountered by Alliance Contacts FY21 and FY22



FY21 Total Sample = 3,744 Contacts

FY22 Total Sample = 4,164 Contacts

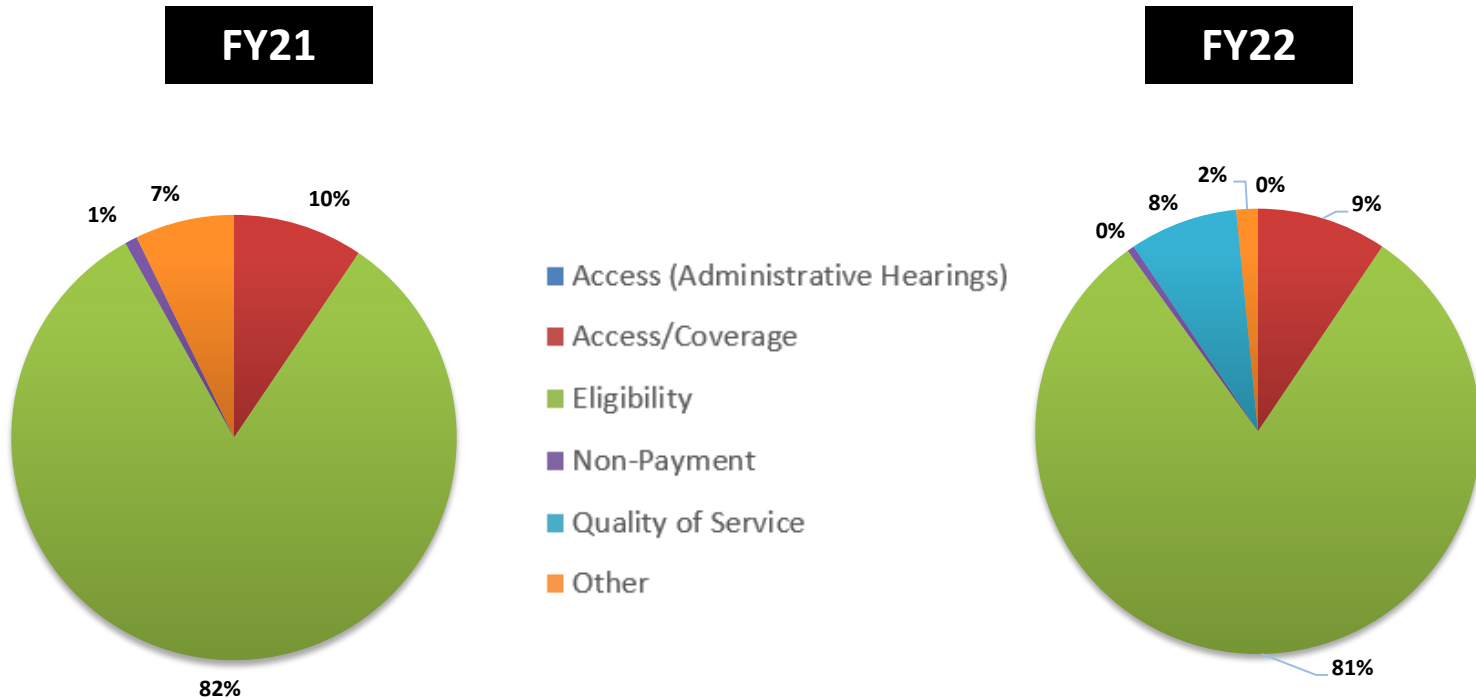
***Other Issues:** Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicare MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.

**Table 14. Breakdown of Types of Issues Encountered by Alliance Contacts
FY21 and FY22**

Types of Issues Encountered by Alliance Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	1	<1%	3	<1%
Access/Coverage (includes Access to services and Coverage includes denials of services)	1,181	31%	1,319	31%
Eligibility/Recertication (status of eligibility/verification of coverage)	1,764	47%	1,952	47%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	8	<1%	13	<1%
*Other Issues	790	21%	875	21%
Quality of Service (includes services provided by Providers)	0	0%	2	<1%
Total Types of Issues-Alliance Contacts	3,744	100%	4,164	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 15. Breakdown of Types of Issues Encountered by Other Contacts (ADAP/Deceased/Limited/Restricted Coverage to include Spend-Down/Out-of-State Insurance/Coverage Undetermined) FY21 and FY22



FY21 Total Sample = 222 Contacts

FY22 Total Sample = 191 Contacts

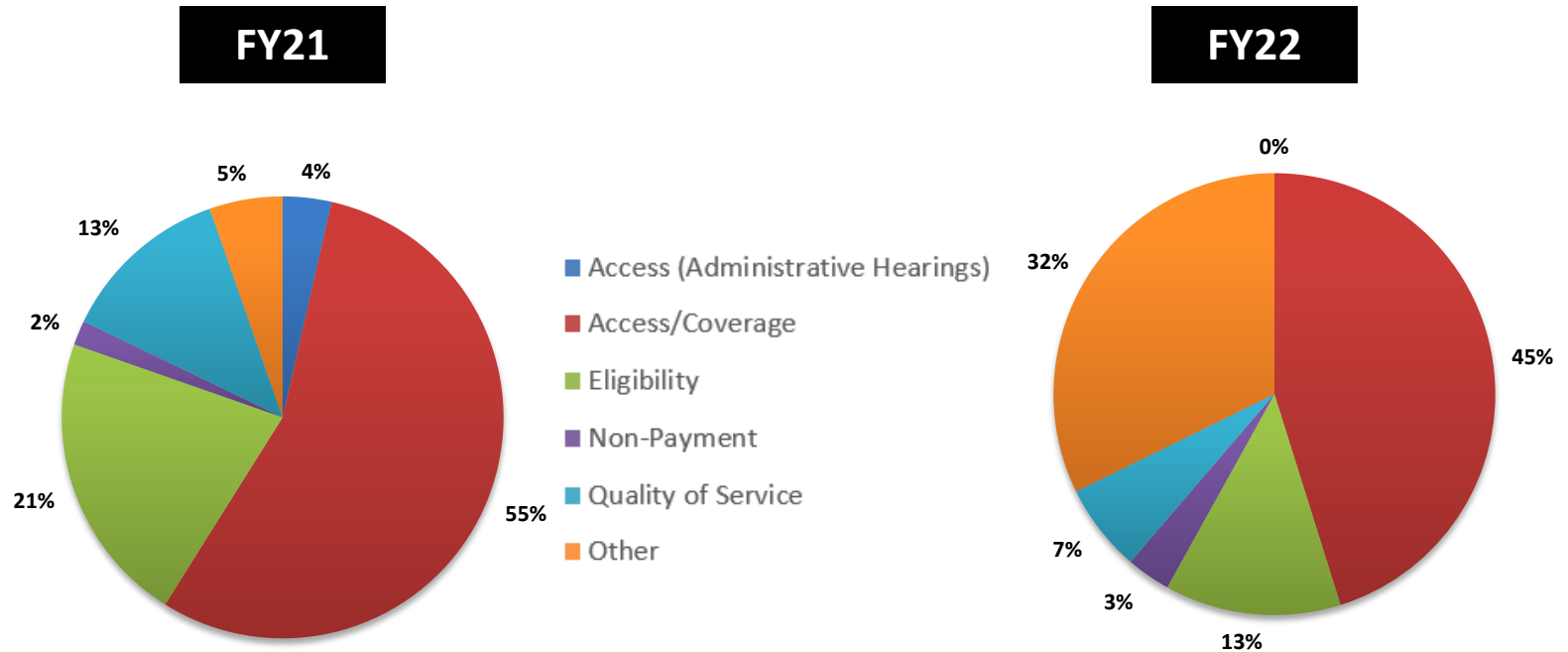
**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicare; incorrect date of birth in Omnicare; incorrect gender in Omnicare; incorrect name in Omnicare; incorrect social security number in Omnicare; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicare; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicare; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicare MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Table 15. Breakdown of Types of Issues Encountered by Other Contacts (ADAP/Deceased/Limited/Restricted Coverage to include Spend-Down/Out-of-State Insurance/Coverage Undetermined) FY21 and FY22

Types of Issues Encountered by Other Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	0	0%	0	0%
Access/Coverage (includes Access to services and Coverage includes denials of services)	21	10%	18	9%
Eligibility/Recertication (status of eligibility/verification of coverage)	183	82%	154	>80%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	2	1%	1	<1%
*Other Issues	16	7%	15	8%
Quality of Service (includes services provided by Providers)	0	0%	3	>1%
Total Types of Issues-Alliance Contacts	222	100%	191	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 16. Breakdown of Types of Issues Encountered by Uninsured Contacts FY21 and FY22



FY21 Total Sample = 56 Contacts

FY22 Total Sample = 31 Contacts

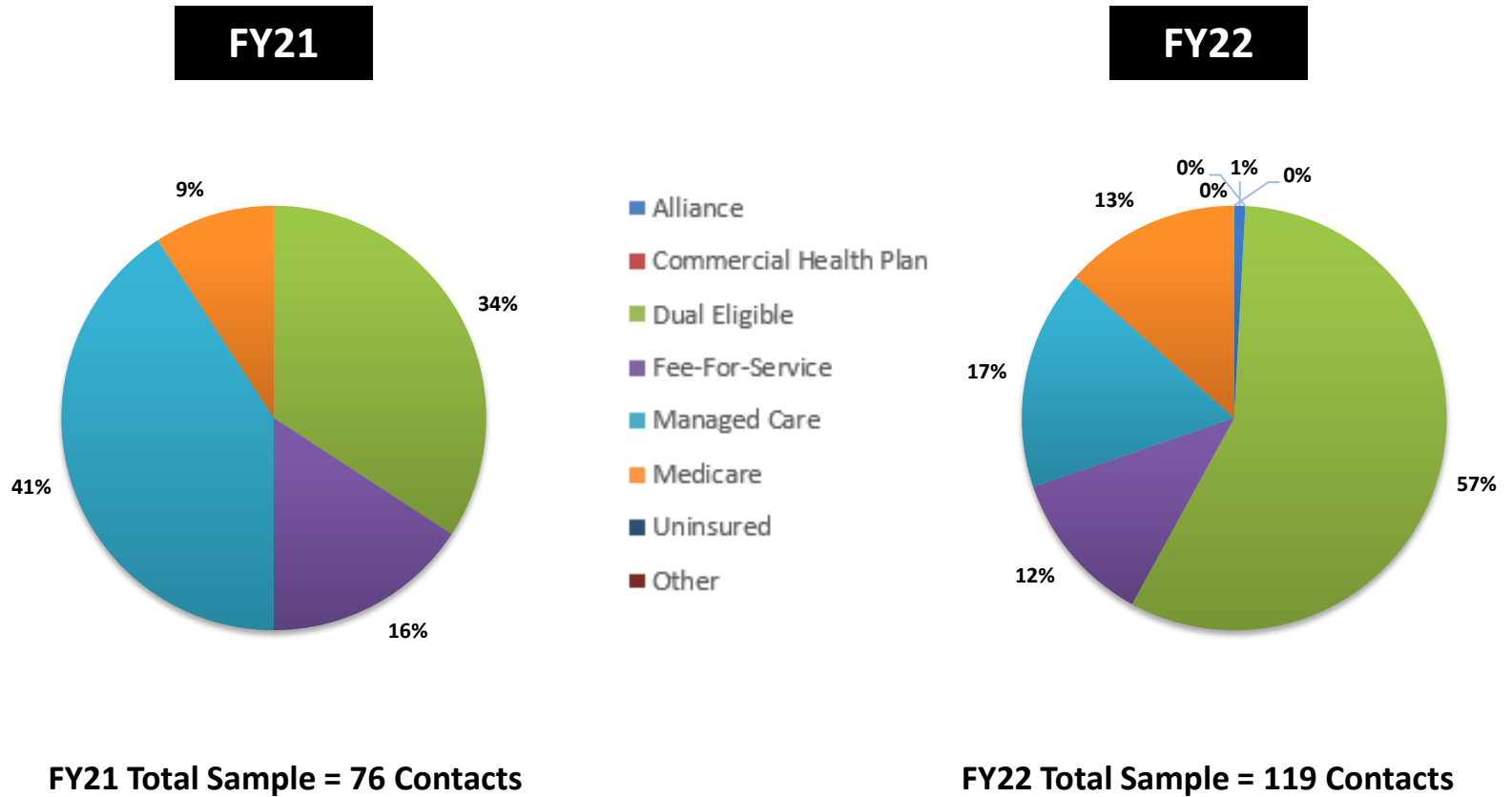
**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicare MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

**Table 16. Breakdown of Issues Encountered by Uninsured Contacts
FY21 and FY22**

Types of Issues Encountered by Uninsured Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	2	4%	0	0%
Access/Coverage (includes access to services and Coverage includes denials of services)	31	54%	14	45%
Eligibility/Recertification (status of eligibility/verification of coverage)	12	23%	4	13%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	1	2%	1	3%
*Other Issues	3	5%	2	7%
Quality of Service (includes services rendered by Providers)	7	12%	10	32%
Total Types of Issues-Uninsured Contacts	56	100%	31	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 17. Breakdown of Transportation Contacts by Insurance Type FY21 and FY22

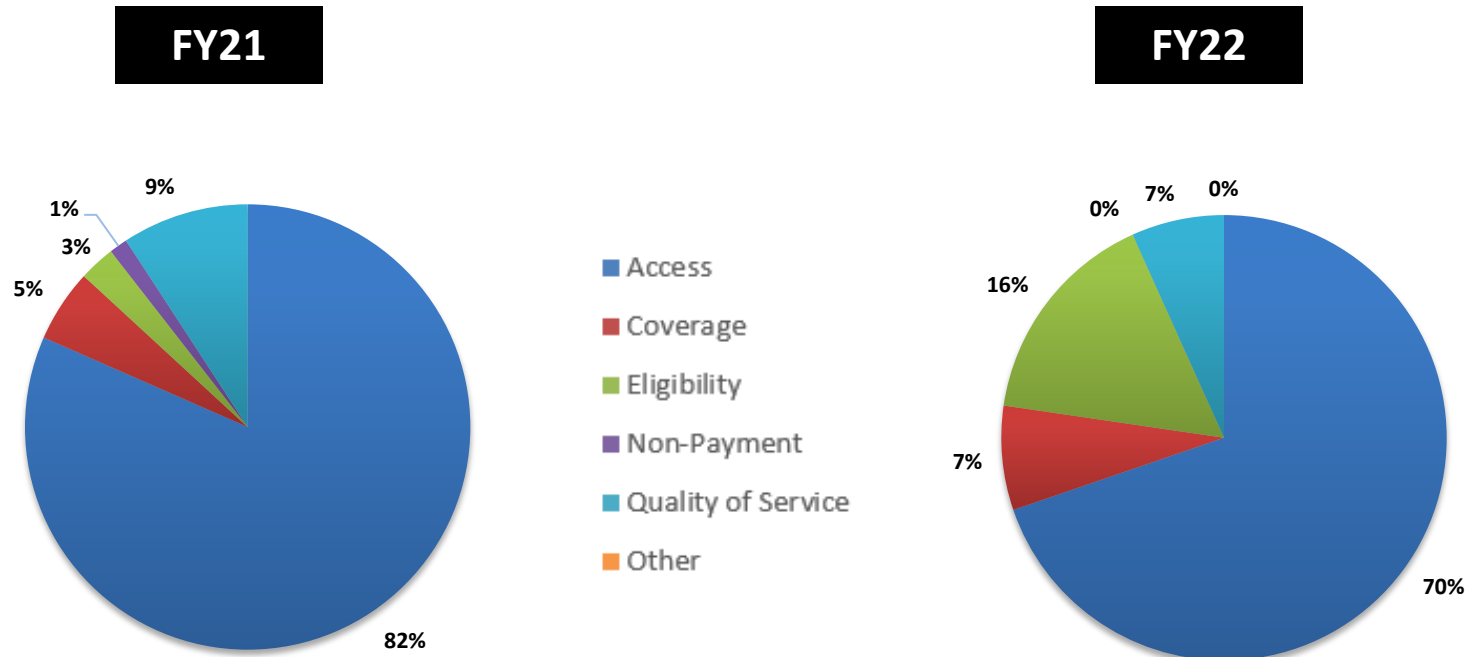


Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 17. Breakdown of Transportation Contacts by Insurance Type
FY21 and FY22**

Transportation Contacts by Insurance Type	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Alliance (includes Alliance/ADAP and Undocumented Alien Child Beneficiaries)	0	0%	1	1%
Commercial Health Plan (includes Appeals/Grievances-Bill of Rights cases)	0	0%	0	0%
Dual Eligible (Medicaid/Medicare) (includes OMB Plus/QMB Plus-AFDC-TANF/QMB Plus-BCCEDTP/QMB Plus-EPD Waiver/QMB Plus-IDD Waiver/QMB Plus-Long-Term Care/QMB Plus-Money Follow the Person Beneficiaries)	26	34%	68	57%
Medicaid Fee-for-Service (FFS) (includes FFS/FFS-BCCEDTP/FFS-CHIP/FFS-CHIP- MAGI /FFS-Childless Adult MAGI /FFS-EPD Waiver/FFS-IDD Waiver/FFS-Long-Term Care/FFS- MAGI /FFS-Money Follows the Person Beneficiaries)	12	16%	14	12%
Medicaid Managed Care (MCO) (includes AFDC-TANF/Childless Adult/Childless Adult-MAGI /CHIP/Katie Beckett/TANF/ Special Needs Beneficiaries)	31	41%	20	17%
Medicare (includes Part A; Part B; Part A/B; Part A/B (QMB) and SLMB Beneficiaries)	7	9%	16	13%
Other (includes ADAP/Deceased/Limited/Restricted Coverage/Limited/Restricted-Childless Adult-Incarcerated/Out-of-State Medicaid Coverage/Spend-Down/Undetermined)	0	0%	0	0%
Uninsured	0	0%	0	0%
Total Contacts by Insurance Type	76	100%	119	100%

Figure 18. Breakdown of Types of Issues Encountered by Transportation Contacts FY21 and FY22



FY21 Total Sample = 76 Contacts

FY22 Total Sample = 119 Contacts

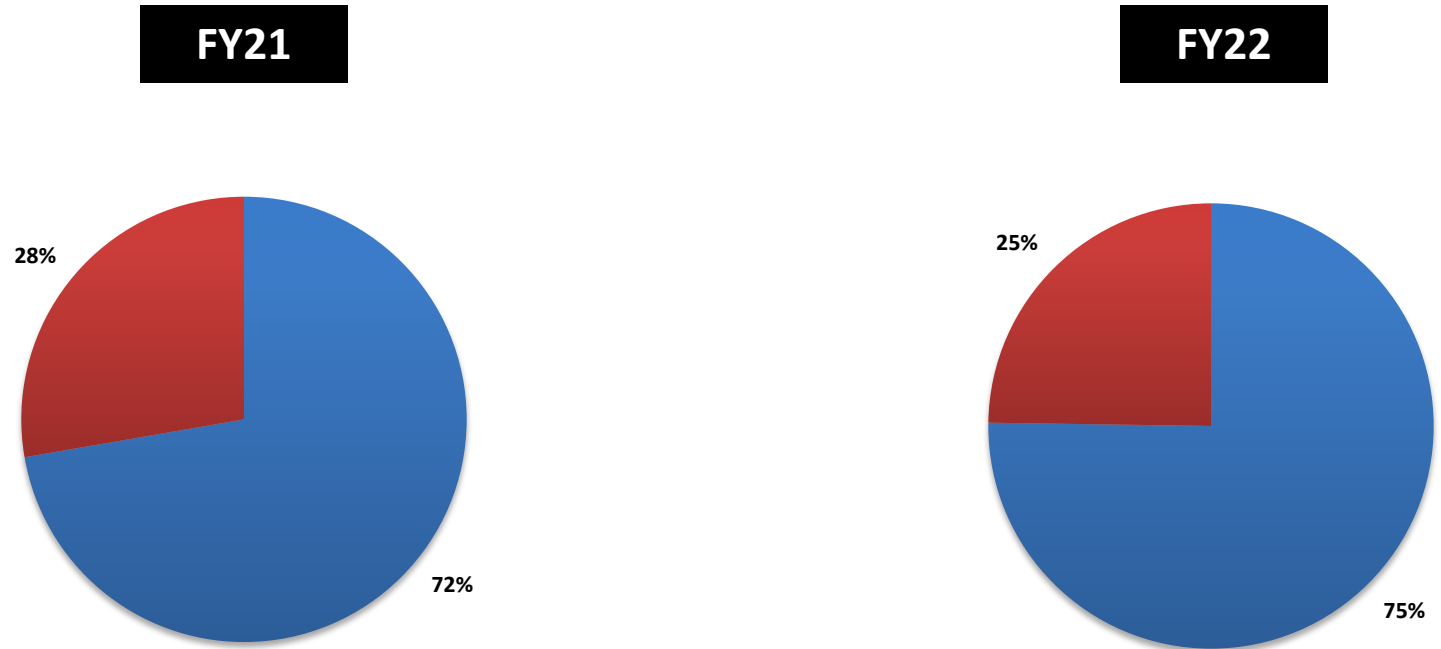
**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Table 18. Breakdown of Types of Issues Encountered by Transportation Contacts FY21 and FY22

Types of Issues Encountered by Transportation Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (includes prior authorization requests)	62	82%	83	70%
Coverage (includes denials of service)	4	5%	9	7%
Eligibility/Recertication (status of eligibility/verification of coverage)	2	3%	19	16%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	1	1%	0	0%
*Other Issues	0	0%	0	0%
Quality of Service (includes services rendered by the Providers)	7	9%	8	7%
Total Types of Issues-Transportation Contacts	76	100%	119	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicare MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicare MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicare MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Figure 19. Breakdown of EPD Waiver Contacts by Insurance Type FY21 and FY22



FY21 Total Sample = 588 Contacts

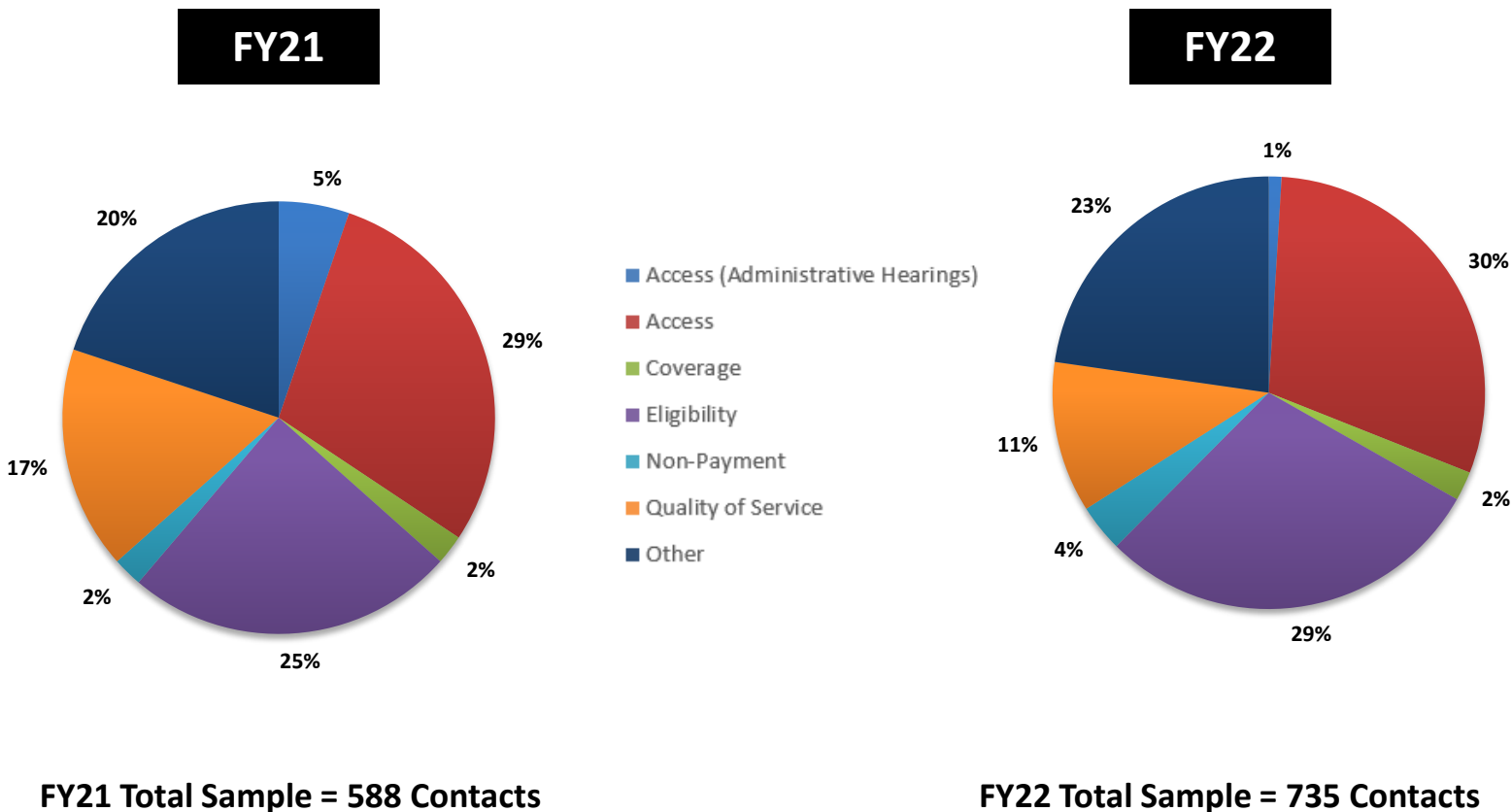
FY22 Total Sample = 735 Contacts

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

**Table 19. Breakdown of EPD Waiver Contacts by Insurance Type
FY21 and FY22**

EPD Waiver Contacts by Insurance Type	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Dual Eligible (Medicare/Medicaid) – (includes Dual Eligible-EPD Waiver)	425	72%	553	75%
Fee-For-Service (Medicaid) – (includes FFS/FFS-EPD Waiver)	163	28%	182	25%
Other (Undetermined/Uninsured/Limited/Restricted Coverage)	0	0%	0	0%
Total EPD Waiver Contacts by Insurance Type	588	100%	735	100%

Figure 20. Breakdown of Types of Issues Encountered by EPD Waiver Contacts FY21 and FY22



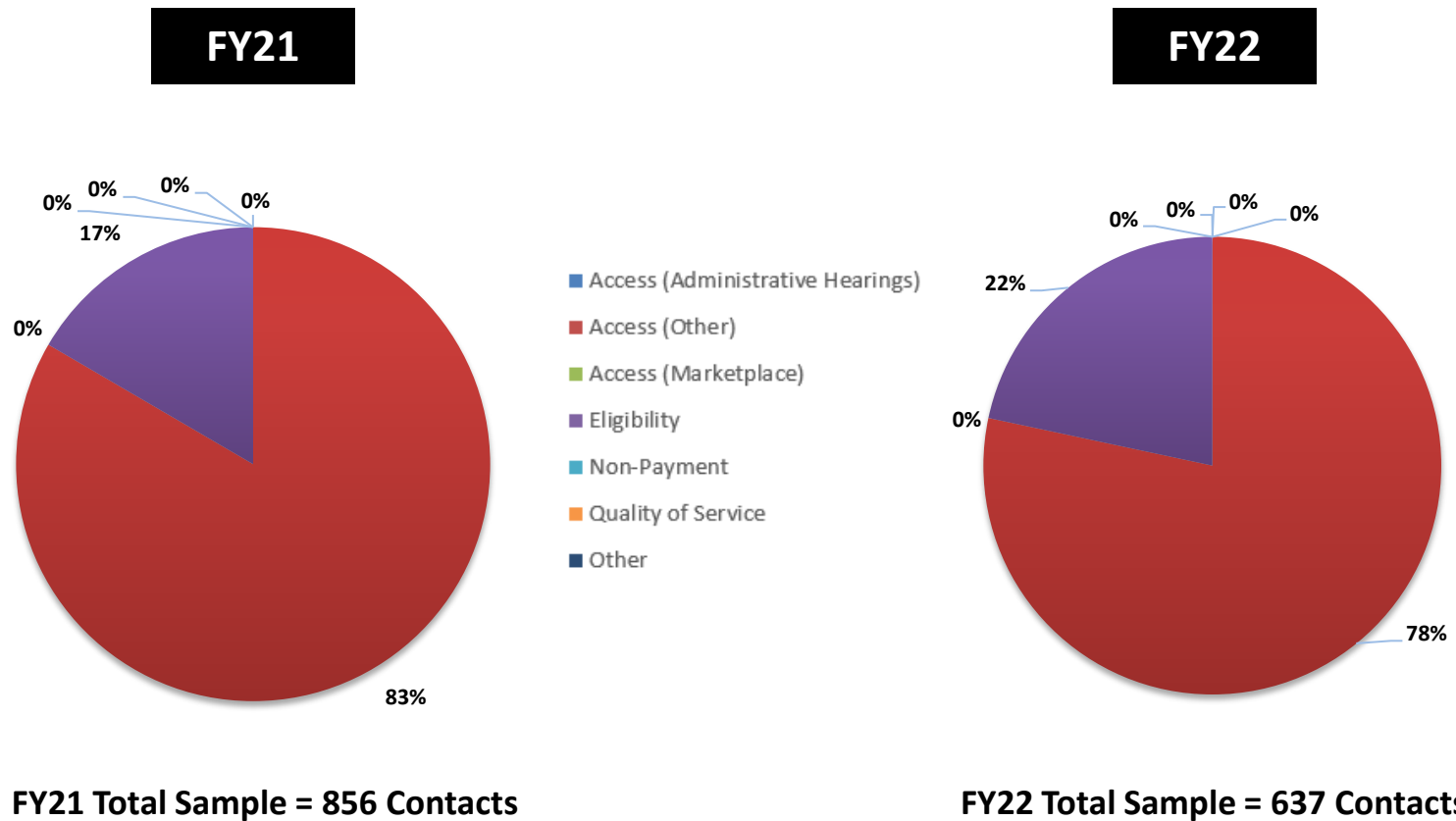
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**Table 20. Breakdown of Types of Issues Encountered by
EPD Waiver Contacts
FY21 and FY22**

Types of Issues Encountered by EPD Waiver Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	31	5%	7	1%
Access (includes Access to services to include Prior Authorization requests)	173	29%	221	30%
Coverage (denials of services)	13	2%	16	2%
Eligibility/Recertification (status of eligibility/verification of coverage)	144	25%	215	29%
Non-Payment/Reimbursement (Out-of-Pocket Expenses) Challenges	13	2%	26	4%
*Other Issues	116	20%	167	23%
Quality of Service (services rendered by Providers)	98	17%	83	11%
Total Types of Issues-EPD Waiver Contacts	588	100%	735	100%

. *Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCf Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB/ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.

Figure 21. Breakdown of Types of Issues Encountered by DC Health Link and Health Exchange Marketplace Contacts FY21 and FY22



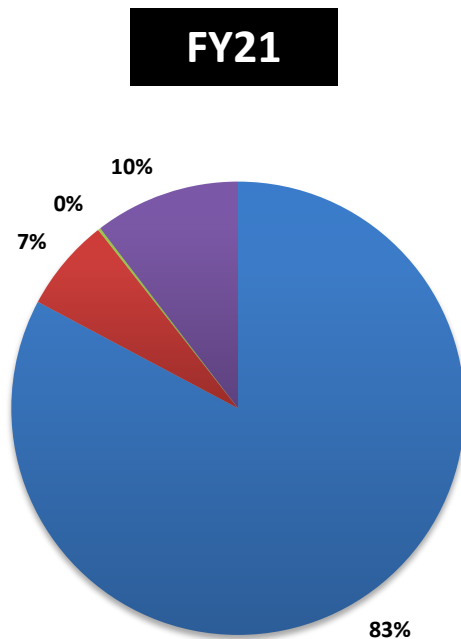
**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance; incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/H/CP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

Table 21. Breakdown of Types of Issues Encountered by DC Health Link and Health Care Exchange Marketplace Contacts FY21 and FY22

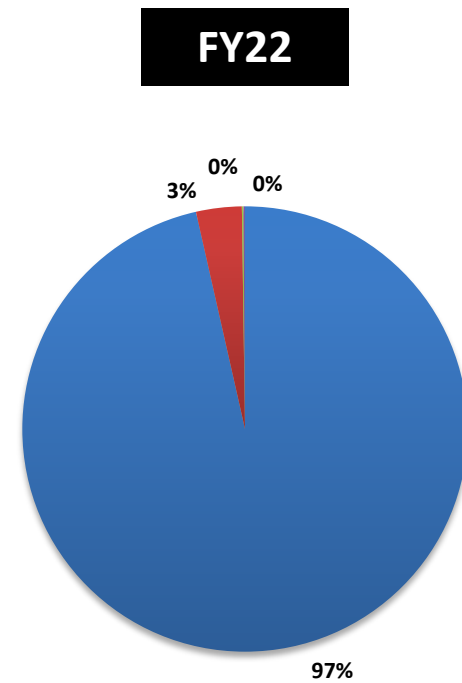
Types of Issues Encountered by DC Health Link and Health Care Exchange Marketplace Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Access (Administrative Hearings)	0	0%	0	0%
Access (includes applications for insurance coverage/applications for retroactive Medicaid/recertification application and DC Health Link Services)	715	83%	499	78%
Access (Health Care Exchange Marketplace Website)	0	0%	0	0%
Eligibility (includes status of application for insurance coverage and recertification applications submitted to DC Health Link via fax and/or website/explanation of DC Health Link Services)	143	17%	138	22%
Non-Payment/Non-Reimbursement (Out-of-Pocket Expenses) Challenges (includes members' paid premiums to insurers)	0	0%	0	0%
*Other Issues	0	0%	0	0%
Quality of Service (includes 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%	0	0%
Total Types of Issues-DC Health Link/Health Care Exchange Marketplace Contacts	858	100%	637	100%

**Other Issues: Anomalous and generic complaints/issues to include accessible housing; address change; assistance for paying bills; assistance with completing applications for insurance coverage; billing address for Xerox; auto repairs; banking issues; burial assistance; caregiver assistance; DHCF Letters-reduction in PCA hours; death certificates; duplicate Medicaid/Medicaid MCO/QMB ID cards; emergency room coverage (out-of-state); food stamps; food stamps reduction; fraud-Medicaid/Medicare; homeless assistance; housing assistance; ethics assistance; ID number request; immigration assistance, incorrect address in Omnicaid; incorrect date of birth in Omnicaid; incorrect gender in Omnicaid; incorrect name in Omnicaid; incorrect social security number in Omnicaid; JD Nursing closure letter; kidnapped mother; legal guardian pay; legal services; lost ID card; MCO provider payment; MCO-reimbursement letter; Medicaid liens; Medicaid Beneficiary Manual; mortality notification; name/address change; name misspelled on ID card; name not listed in Omnicaid; non-receipt-Medicaid/Medicaid MCO/QMB ID cards; NPI number incorrect in Omnicaid; Opt out of Medicaid/Medicaid MCO; PCA-non-payment; preparing patient for relocation assistance; proof of identity; provider enrollment/credentialing (Medicaid-MCO); refund check from provider; repaying DC Medicaid; replacement of Medicaid/Medicare/Medicaid MCO/QMB ID cards; request for assistance with relocation; request for contact telephone number for HHA; request for copy of medical transcripts; request for GW/HICP telephone number; request for beneficiary's information; request for out-of-state Ombudsman's telephone number; request for POF information; request for x-rays to be transferred; request to not be discharged from hospital; stolen wallet assistance; stop payment to HHA; tattoo removal assistance; third party insurance assistance; transfer from DC Medicaid to Maryland Medicaid; transgender re-assignment assistance; location of child given up for adoption assistance; and rights of HHA.*

**Figure 22. Dollar Amount of Savings on Behalf of (Non-Commercial) and (Commercial-Appeals/Grievances-Bill of Rights) Contacts
FY21 and FY22**



FY21 Total Sample = 511 Contacts

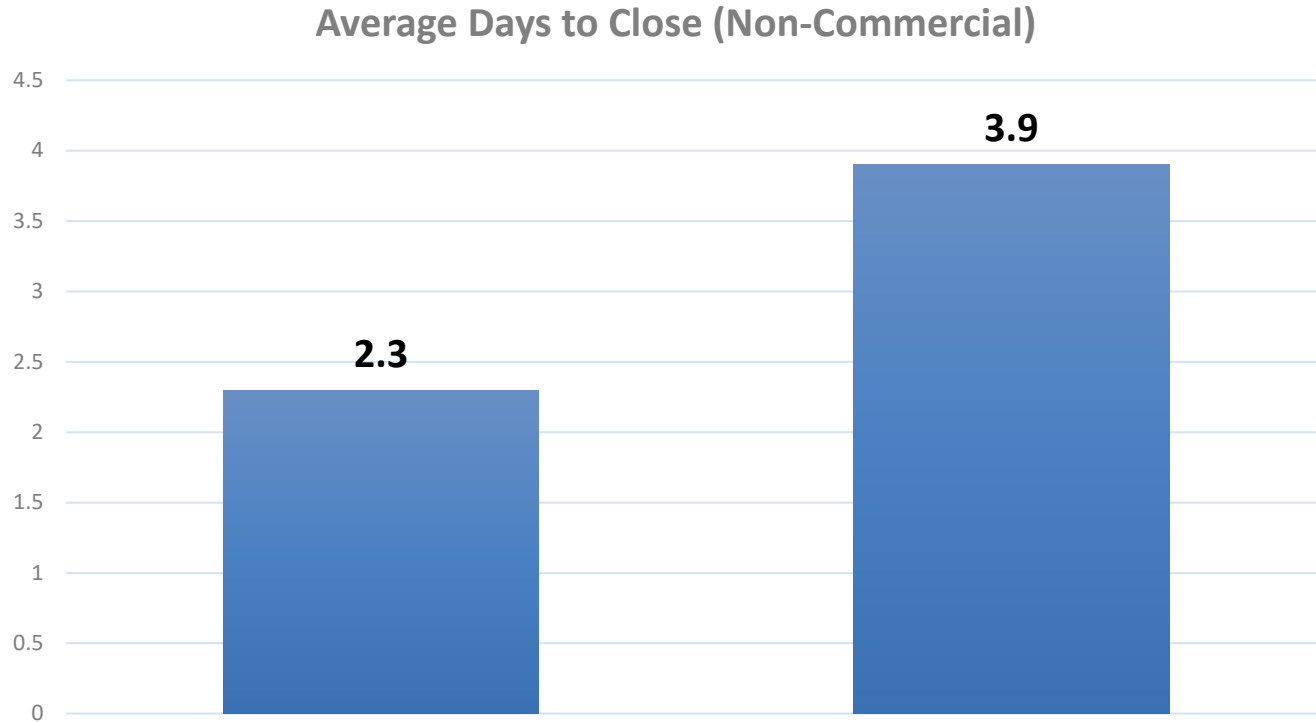


FY22 Total Sample = 102 Contacts

Table 22. Dollar Amount of Savings on Behalf of (Non-Commercial); and (Commercial-Appeals/Grievances-Bill of Rights) Contacts FY21 and FY22

Dollar Amount of Savings on Behalf of (Non-Commercial); (Commercial-Appeals/Grievances-Bill-Rights) Contacts	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Commercial (to include Appeals/Grievances-Bill of Rights)	2,862,972.96	83%	\$3,204,180.25	>96%
Medicaid (to include Fee-For-Service/MCO/Alliance Beneficiaries) – (Non-payments of beneficiaries’ medical bills)	\$229,655.01	>7%	\$96,713.27	3%
Qualified Medicare Beneficiaries (QMB) - (Co-Pays)	\$6,486.72	<1%	\$3,438.28	<1%
Medicare (to Include Part B/Dual Eligible) – (Reimbursements for non-payments of beneficiaries’ Part B Premiums)	\$359,567.40	10%	\$3,123.70	<1%
Total Dollar Amount of Savings on Behalf of All Consumers	\$3,458,567.09	100%	\$3,307,455.50	100%

**Figure 23. Average Number of Days to Resolve/Close
(Non-Commercial) Cases
FY21 and FY22**



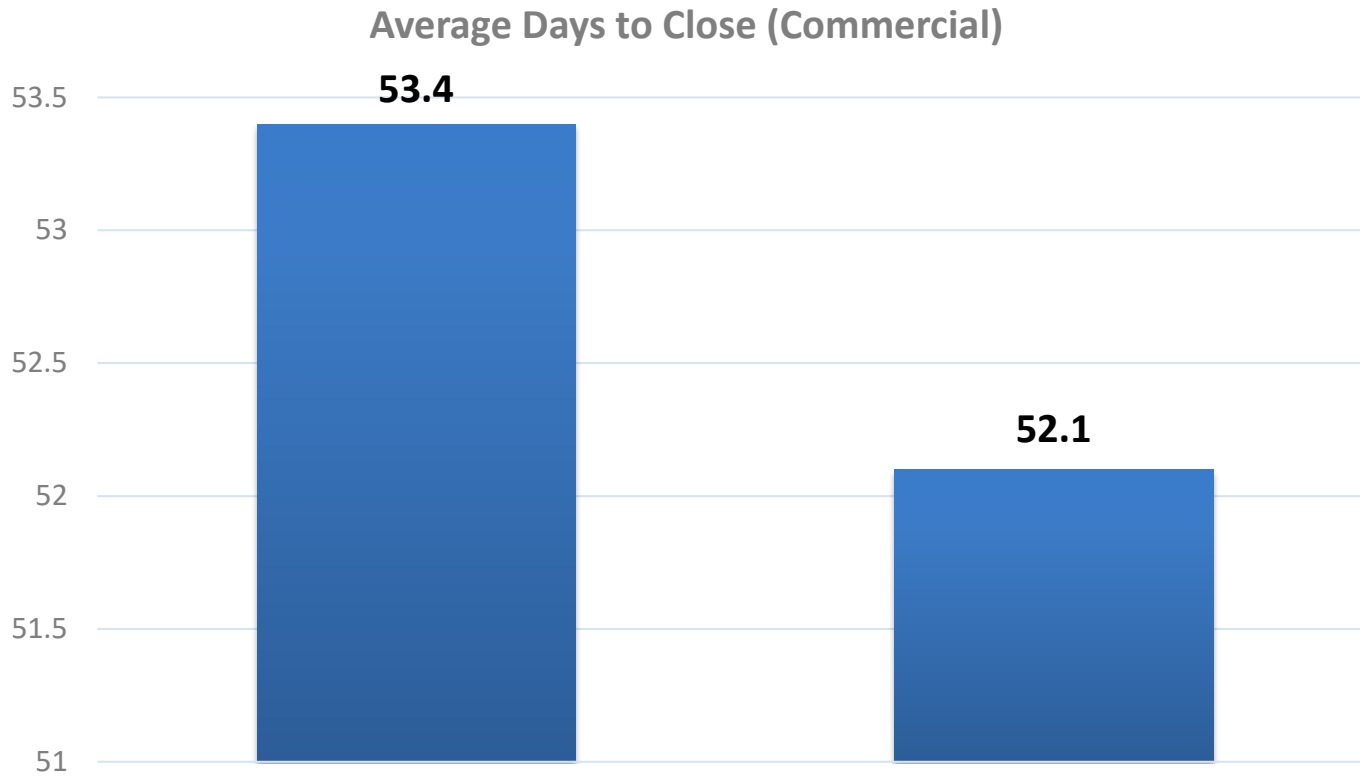
FY21 Total Cases Resolved/Closed = 15,047 Cases

FY22 Total Cases Resolved/Closed = 13,652 Cases

**Table 23. Average Number of Days to Resolve/Close
(Non-Commercial) Cases
FY21 and FY22**

FY21 Average Number of Days to Resolve/Close (Non-Commercial) Cases	FY21 Total	FY22 Average Number of Days to Resolve/Close (Non-Commercial) Cases	FY22 Total
Average Number of Days It Took to Resolve/Close (15,047) (Non-Commercial) cases	2.3 days	Average Number of Days It Took to Resolve/Close (13,652) (Non-Commercial) cases	3.9 days
Note: Of the (15,087) (Non-Commercial) cases opened, the OHCOBR resolved/closed (12,406) cases on same day that cases were opened		Note: Of the (13,719) (Non-Commercial) cases opened, the OHCOBR resolved/closed (11,371) cases on same day that cases were opened	

**Figure 24. Average Number of Days to Resolve/Close
(Commercial-Appeals/Grievances-Bill of Rights) Cases
FY21 and FY22**



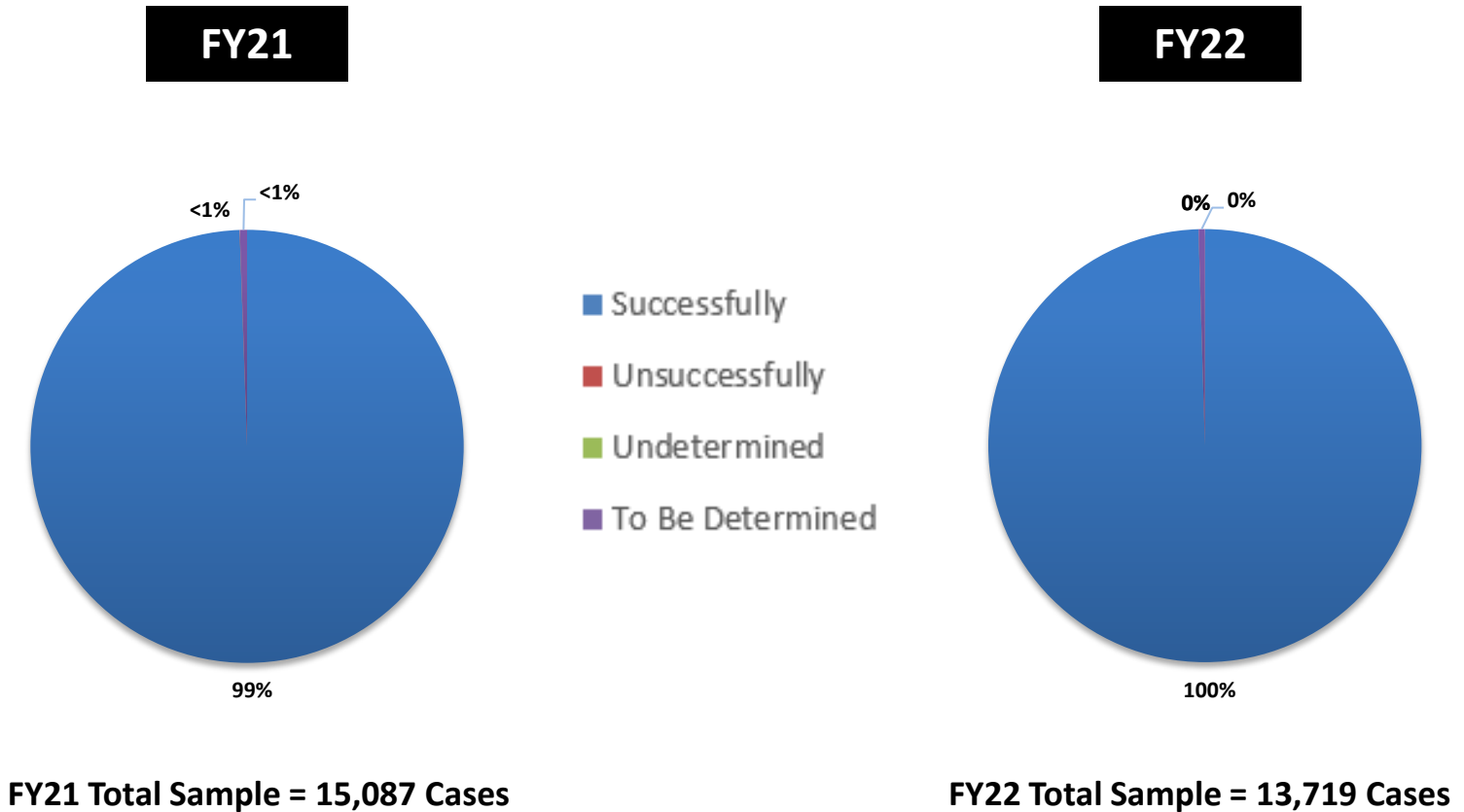
FY21 Total Cases Resolved/Closed = 288 Cases

FY22 Total Cases Resolved/Closed = 265 Cases

**Table 24. Average Number of Days to Resolve/Close
(Commercial-Appeals/Grievances-Bill of Rights) Cases
FY21 and FY22**

FY21 Average Number of Days to Resolve/Close (Commercial-Appeals/Grievances- Bill of Rights) Cases	FY21 Total	FY22 Average Number of Days to Resolve/Close (Commercial-Appeals/Grievances- Bill of Rights) Cases	FY22 Total
Average Number of Days It Took to Resolve/Close (287) Commercial- Appeals/Grievances-Bill of Rights) Cases	53.4 days	Average Number of Days It Took to Resolve/Close (265) Commercial- Appeals/Grievances-Bill of Rights) Cases	52.1 days
Note: Of the (307) (Commercial- Appeals/Grievances-Bill of Rights) cases opened, the OHCOBR resolved/closed (5) cases on same day that cases were opened		Note: Of the (289) (Commercial- Appeals/Grievances-Bill of Rights) cases opened, the OHCOBR resolved/closed (3) cases on same day that cases were opened	

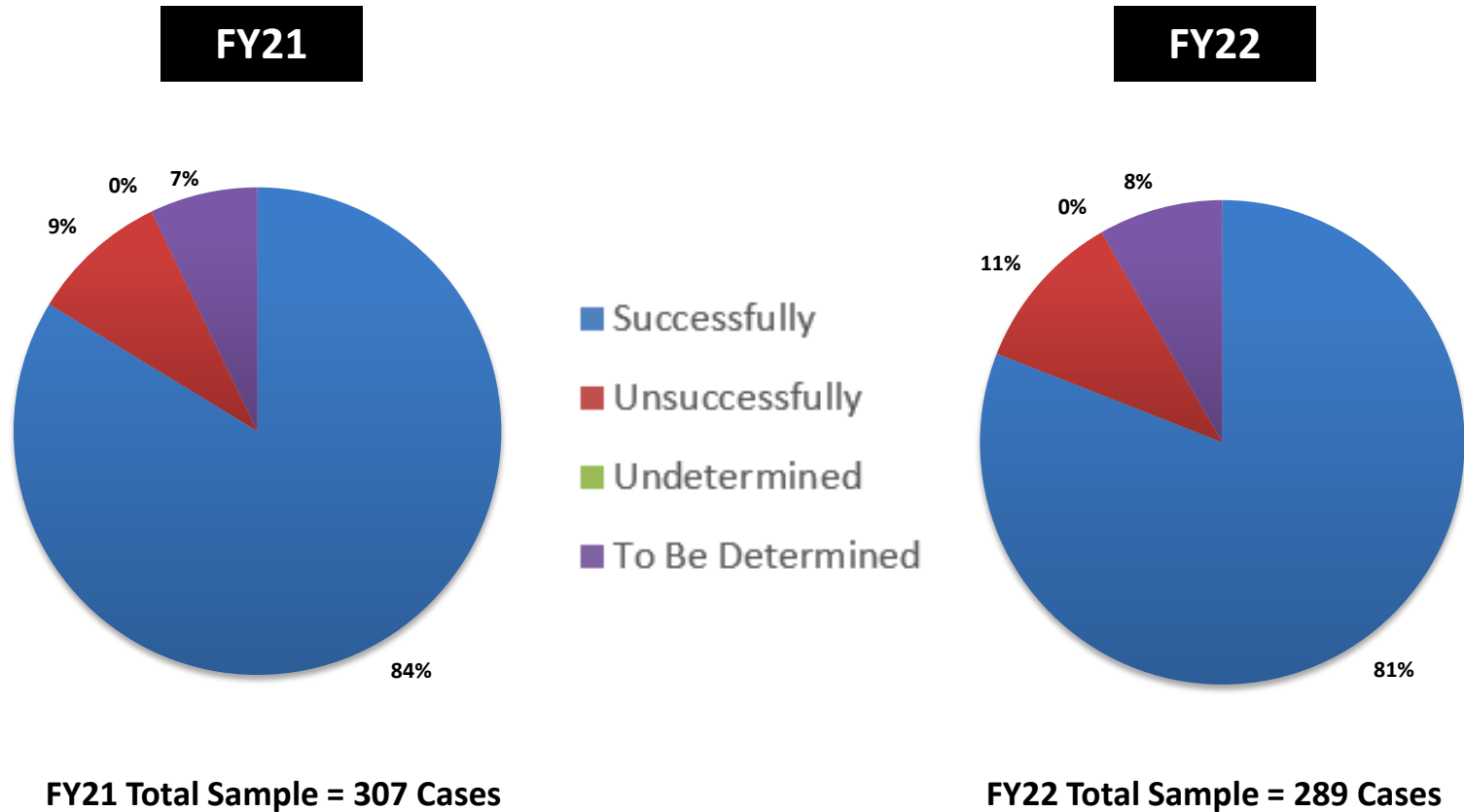
Figure 25. Breakdown of Number and Percentage of How (Non-Commercial) Cases Were Resolved/Closed and Cases Not Resolved/Closed by the OHCOBR FY21 and FY22



**Table 25. Breakdown of Number and Percentage of How
(Non-Commercial) Cases Were Resolved/Closed and
Cases Not Resolved/Closed by the OHCOBR
FY21 and FY22**

How (Non-Commercial) Cases were Resolved/Closed and Cases Not Resolved/ Closed	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Closure of Cases - Successfully	15,045	99%	13,654	>99%
Closure of Cases -Unsuccessfully	2	<1%	1	<1%
Closure of Cases (Referred) -Undetermined	0	0%	0	0%
Opened Cases (Pending) - To Be Determined	40	<1%	64	<1%
Total Number and Percentage of (Non- Commercial) Cases	15,087	100%	13,719	100%

Figure 26. Breakdown of Number and Percentage of How (Commercial-Appeals/Grievances-Bill of Rights) Cases Were Resolved/Closed and Cases Not Resolved/Closed by the OHCOBR FY21 and FY22



Source data captured between October 1, 2020 through September 30, 2021 and October 1, 2021 through September 30, 2022

**Table 26. Breakdown of Number and Percentage of How
(Commercial-Appeals/Grievances-Bill of Rights) Cases
Were Resolved/Closed and Cases Not Resolved/Closed by the OHCOBR
FY21 and FY22**

How (Commercial-Appeals/Grievances-Bill of Rights) Cases were Resolved/Closed and Cases Not Resolved/Closed	FY21 Totals	FY21 Percent (%)	FY22 Totals	FY22 Percent (%)
Closure of Cases - Successfully	257	84%	234	81%
Closure of Cases - Unsuccessfully	30	9%	31	11%
Closure of Cases (Referred) - Undetermined	0	0%	0	0%
Opened Cases (Pending) - To Be Determined	20	7%	24	8%
Total Number and Percentage of (Commercial-Appeals/Grievances-Bill of Rights) Cases	307	100%	289	100%

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