

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

FY2013 Contact Summary

October 1, 2012 – September 30, 2013



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

Highlights - FY2013 Contact Summary

- In FY2013, the Office of Health Care Ombudsman and Bill of Rights **opened a total of 6,507 cases**;
- Of the 6,507 cases opened, **608 cases were by consumer who were repeat users**;
- **Percentage of closed/resolved cases** was (98% - 6,401 closed/resolved cases) **over a total of (6,507 cases opened)** – (See Pages 37 & 38);
- In FY2013, the Office of Health Care Ombudsman and Bill of Rights **closed successfully a total of 6,200 cases** – (See Pages 43 & 44)
- In FY2013, the Office of Health Care Ombudsman and Bill of Rights **opened a total of 274 commercial cases**-(See Pages 6 & 7);
- Of the 274 Commercial cases, Access-Appeals/Grievances (Bill of Rights) issues represented the largest category of issues encountered by the Commercial Health Plan members – **174 cases** – (See Pages 23 & 24);
- **Percentage of closed/resolved Appeals/Grievances (Bill of Rights) cases** for the Commercial Health Plan members was **60% (105 cases closed/resolved) over a total of 174 Appeals/Grievances (Bill of Rights) cases opened** (See Pages 39 & 40);
- **On behalf of consumers, the Office of Health Care Ombudsman and Bill of Rights saved consumers a total dollar amount of \$460,549.11.** Of the total dollar amount saved, \$359,286.35 (78%) was from Appeal/Grievance cases; \$33,007.36 (7%) was removed from beneficiaries' accounts for QMB (Co-Pays); \$31,386.60 (7%) was for reimbursements to beneficiaries due to non-payment of Medicare Part B Premiums; and \$36,868.80 (8%) was for Other-(Money saved or recouped for Fee-for-Service and MCO Alliance beneficiaries (See Page 42);
- In FY2013, the **Average Number of Days** for the Offices of Health Care Ombudsman and Bill of Rights **to close/resolve cases was 5.5 days** (See Pages 45);
- Of the 6,507 cases opened in FY2013, the Office of Health Care Ombudsman and Bill of Rights **closed/resolved 5,200 cases on same day that cases were opened** (See Page 46);
- Of the 111 cases filed by the Office of Health Care Ombudsman and Bill of Rights for Administrative/Fair Hearings - **48 cases were filed for EPD Waiver beneficiaries** (See Pages 35 & 36)
- **Most consumers utilized the telephone to contact** the Office of Health Care Ombudsman and Bill of Rights--**91% of total contacts (6,507) were via the telephone** – (See Pages 4 & 5);
- **Most contacts made** to the Office of Health Care Ombudsman and Bill of Rights' were by **Medicare Part A/B (QMB) beneficiaries** - (See Pages 6 & 7);
- **Consumers from all Wards contacted** the Office of Health Care Ombudsman and Bill of Rights (**Ward 7 had the highest number of contacts, followed by Ward 5, and Ward 8**) – (See Pages 8 & 9);
- **Eligibility issues represented the largest category of issues** encountered by all consumers - (See Pages 11 & 12);
- **Eligibility issues represented the largest category of issues** encountered by MCOs and MCO-Alliance – (See Pages 19, 20, 21, & 22)
- **Access/Coverage issues (to include denials) represented the largest category of issues** encountered by **Dual Eligible (Medicaid/Medicare), and Medicaid (FFS)** – (See Pages 13, 14, 15, & 16);
- **Eligibility issues represented the largest category of issues** encountered by **Medicare Part A/B (QMB) beneficiaries** – (See Pages 17 & 18);
- The Office of Health Care Ombudsman and Bill of Rights **opened a total of 107 Transportation Cases in FY2013, versus the 110 Transportation cases opened in FY2012** - (See Pages 29 & 30); and
- In FY 2013, the Office of Health Care Ombudsman and Bill of Rights **opened a total of 208 Uninsured cases versus the 26 Uninsured cases opened in FY2012.** – (See Pages 27 & 28).

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

FY2013 - Summary of Activities

During Fiscal Year 2013, the OHCOCR has tracked all communications, or contacts, received. The OHCOCR classified all contacts as “cases” which the Office investigated and strived to bring closure. The OHCOCR staff recorded all contacts in a standardized Health Care Ombudsman In-Take Tracking Log that has specific categories for classifying different cases. These findings summarize data from the In-Take Tracking Log for the Fiscal Year 2013 (October 1, 2012 through September 30, 2013).

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

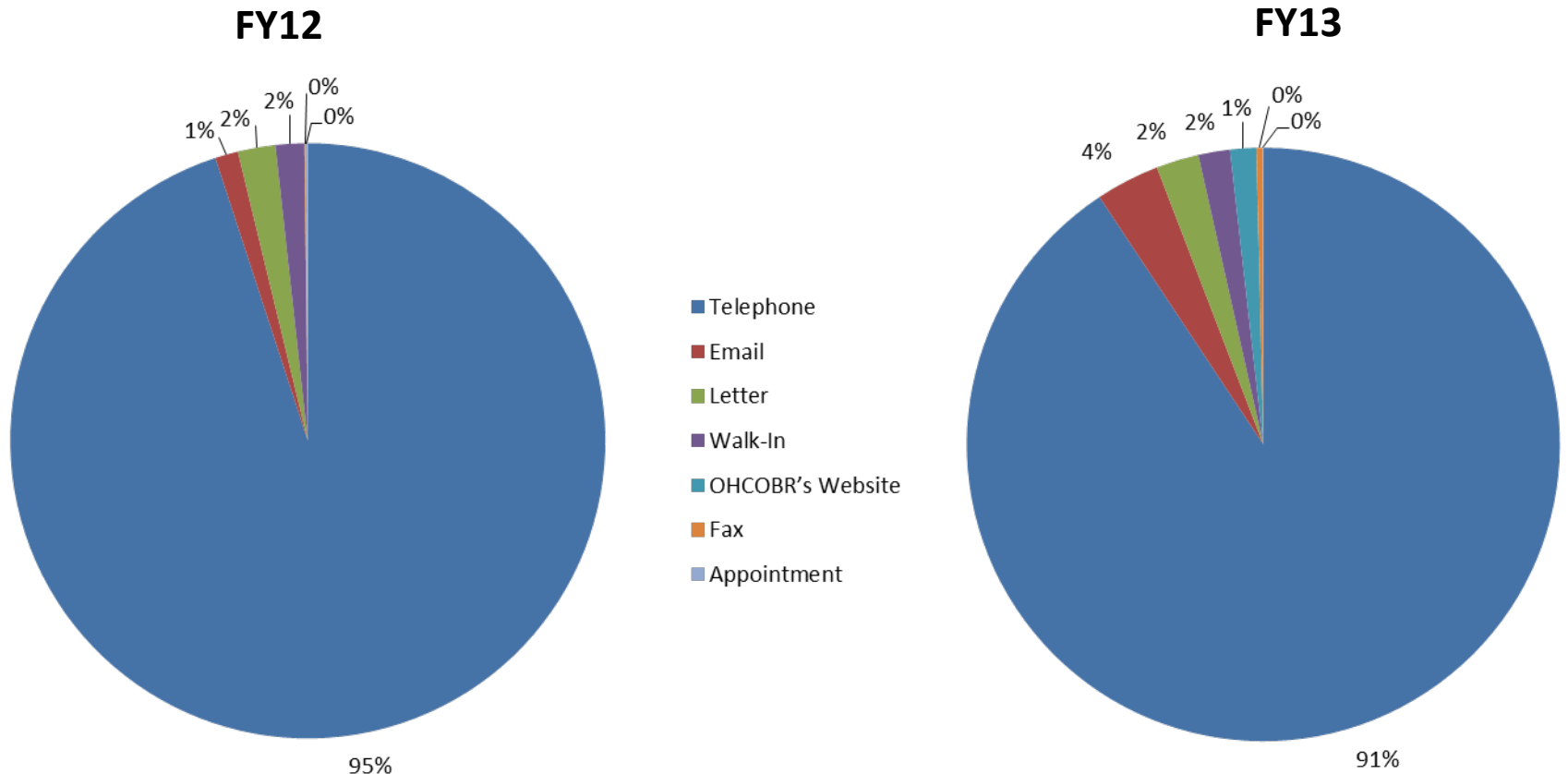
- *How do DC residents contact the Office of Health Ombudsman and Bill of Rights?*
- *Who contacts the Office of Health Care Ombudsman and Bill of Rights?*
- *What are the most common issues experienced by the community?*

During Fiscal Year 2013, the OHCOCR received a total of 6,507 contacts by individuals (consumers), of which 608 individuals (consumers) were repeat users.

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

- *Methods of Contacting the OHCOCR;*
- *OHCOCR Contacts by Insurance Type;*
- *OHCOCR Contacts by Ward;*
- *Categories of Types of Issues Encountered by OHCOCR Consumers;*
- *Categories of Issues Encountered by Consumers by Insurance Type and Uninsured;*
- *Transportation Contacts by Insurance Type and Issues Encountered by Contacts;*
- *EPD Waiver Contacts by Insurance Type and Issues Encountered by EPD Waiver Beneficiaries;*
- *Number and Percentage of Closed/Resolved Cases Among OHCOCR Consumers;*
- *Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members; and Types of Appeal/Grievance Cases (Bill of Rights) Encountered by Commercial Health Plan Members;*
- *Disposition of all Appeal/Grievance Cases (B ill of Rights);*
- *Dollar Amount of Savings on Behalf of Consumers;*
- *How Cases Were Closed by the OHCOCR; and*
- *Average Number of Days to Close/Resolve Cases.*

Figure 1. Methods of Contacting OHCOBR FY12 and FY13



FY12 Total Sample = 4,472 contacted

FY13 Total Sample = 6,507 contacted

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 1. Methods of Contacting OHCOBR--FY12 and FY13

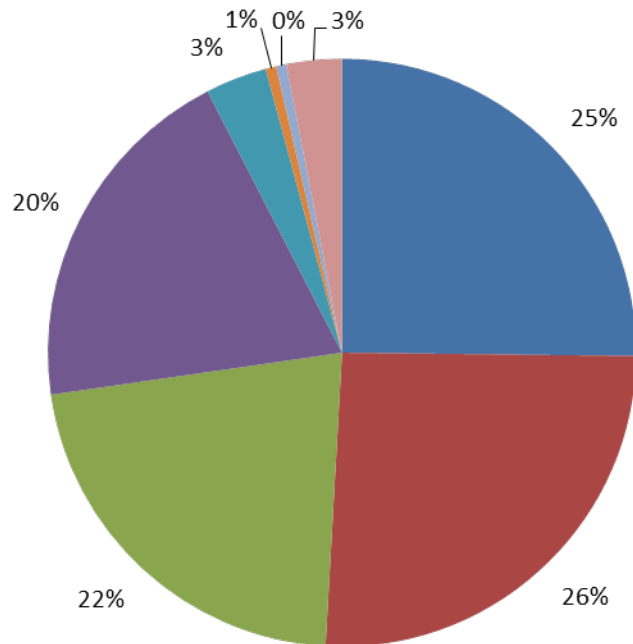
Methods of Contacting OHCOBR	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Telephone	4247	95%	5901	91%
Email	56	1%	226	3%
Letter	91	2%	151	2%
Walk-In	70	2%	112	2%
OHCOBR's Website	Not tracked in FY2012	Not tracked in FY2012	93	1%
Fax	2	Less than 1%	22	1%
Appointment	6	Less than 1%	2	Less than 1%
Total Contacts	4472	100%	6507	100%

NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting in Methods of Contacting OHCOBR – OHCOBR's Website for the first time in FY2013 Annual Summary of Cases Report—previously FY totals did not reflect a specific breakdown .

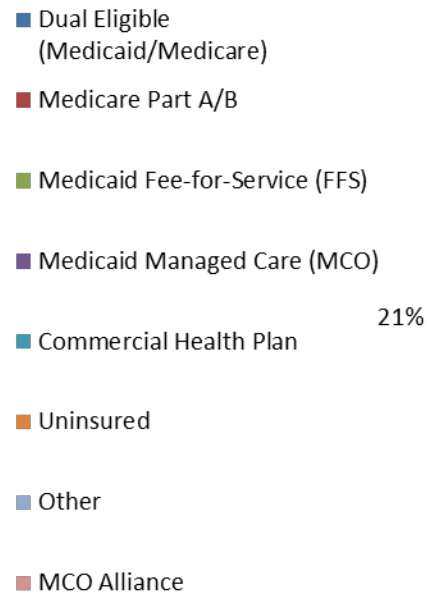
Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 2. OHCOBR Contacts by Insurance Type FY12 and FY13

FY12



FY13



FY12 Total Sample = 4,472 contacted

FY13 Total Sample = 6,507 contacted

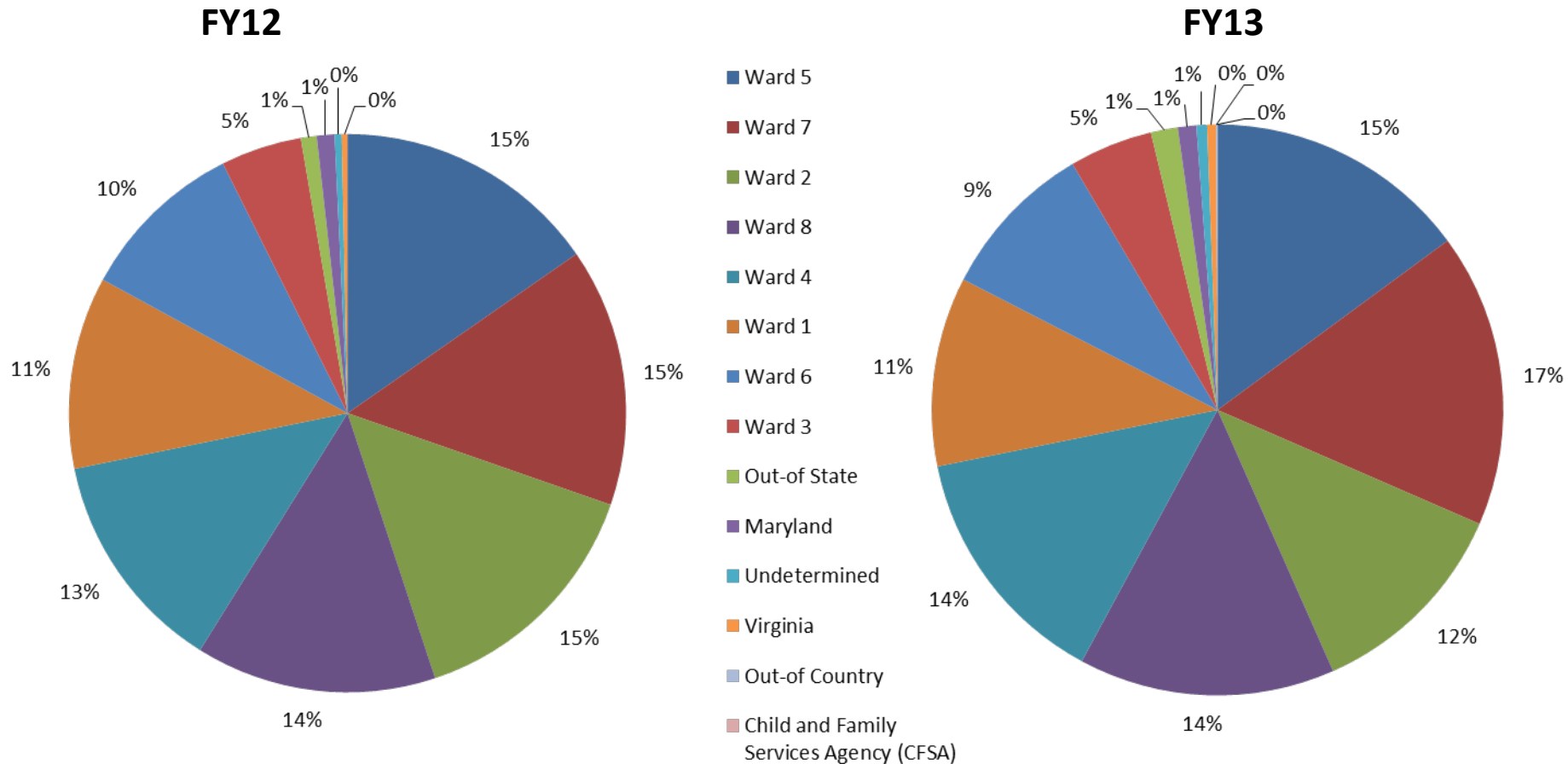
Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 2. Contacts by Insurance Type--FY12 and FY13

Insurance Type	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Dual Eligible (Medicaid/Medicare) – (includes QMB/Long-Term Care/Money Follows the Person/Spend-Down Beneficiaries)	1126	25%	1485	23%
Medicare Part A/B (QMB) and SLIMB Beneficiaries)	1150	26%	1820	28%
Medicaid Fee-for-Service (FFS)	976	22%	1035	16%
Medicaid Managed Care (MCO) – (includes Childless Adult/AFDC-TANF/Katie Beckett/TANF/Undocumented Alien Child Beneficiaries)	882	20%	1366	21%
Commercial Health Plan	151	3%	274	4%
Uninsured	26	1%	208	3%
Other (Undetermined/Out-of-State Medicaid Coverage/ADAP/Non-Qualified Alien Callers)	25	1%	56	1%
MCO Alliance	136	3%	263	4%
Total Contacts	4472	100%	6507	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 3. OHCOBR Contacts by Ward—FY12 and FY13



FY12 Total Sample = 4,472 contacted

FY13 Total Sample = 6,507 contacted

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 3. Contacts by Ward--FY12 and FY13

Ward	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Ward 1	498	11%	698	11%
Ward 2	652	15%	770	12%
Ward 3	210	5%	307	5%
Ward 4	578	13%	908	14%
Ward 5	686	15%	969	15%
Ward 6	433	10%	584	9%
Ward 7	670	15%	1083	17%
Ward 8	625	14%	944	15%
Out-of State	41	1%	99	2%
Maryland	46	1%	68	Less than 1%
Undetermined	18	Less than 1%	39	Less than 1%
Virginia	15	Less than 1%	33	Less than 1%
Out-of Country	Not tracked in FY2012	Not tracked in FY2012	4	Less than 1%
Child and Family Services Agency (CFSA)	Not tracked in FY2012	Not tracked in FY2012	1	Less than 1%
Total Contacts	4472	100%	6507	100%

Note: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting Out-Of-Country and Child and Family Services Agency (CFSA) totals for the first time in the FY2013 Annual Summary of Cases. These totals were not reported in the FY2012 Annual Summary of Cases.

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Categories of Types of Issues Encountered

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

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

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

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

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

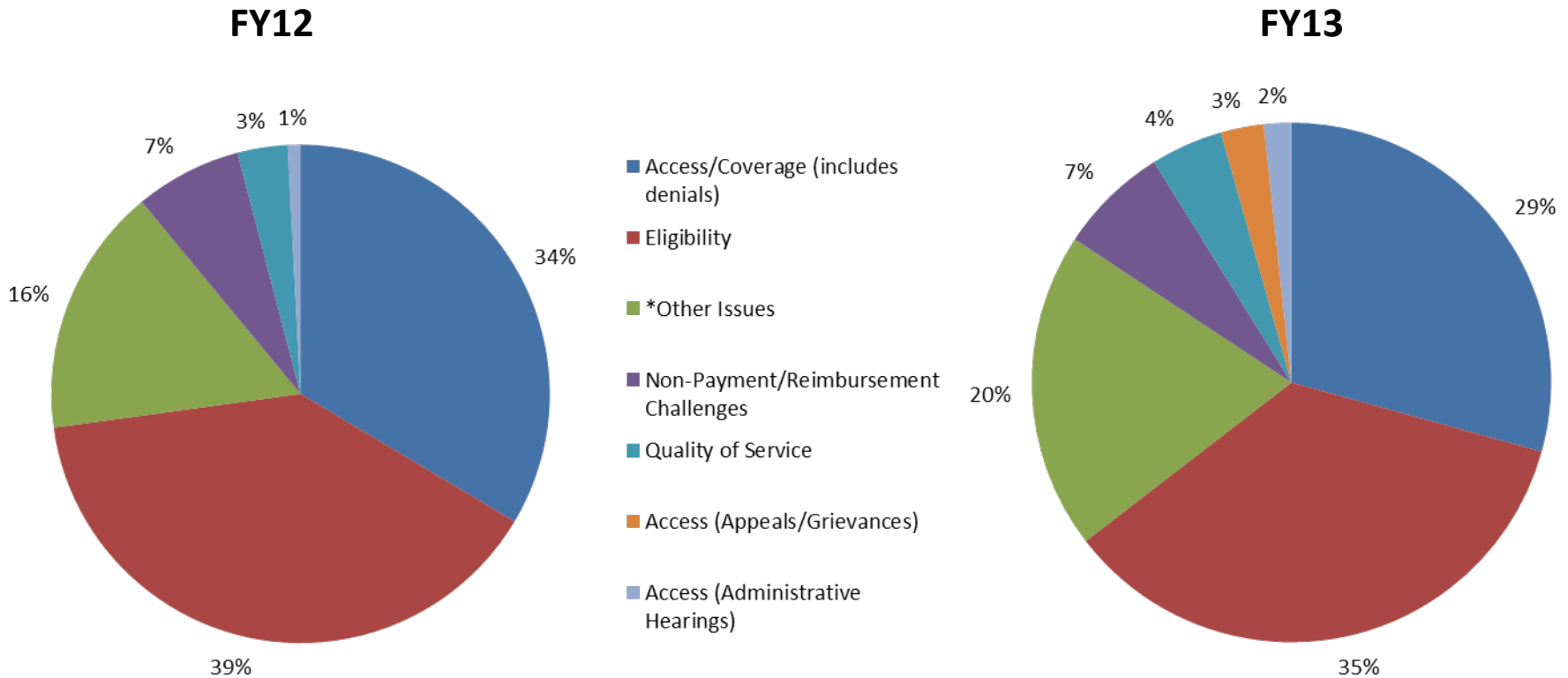
- **Quality of Service:** Medical, dental, durable medical equipment (DME), in-patient services, out-patient services, home health services, long-term care, optical services, and non-emergency transportation services, etc.

- **Non-Payment/Reimbursement Issues:** Non-payment of bills (medical, dental, hospital, emergency room bills, and co-pays, to include QMB co-pays, and Part B premiums), reimbursement of out-of-pocket expenses (medical, hospital, dental bills, co-pays to include QMB co-pays, etc.).

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 4. Categories of Issues Encountered by Consumers—FY12 and FY13



FY12 Total Sample = 4,472 contacted

FY13 Total Sample = 6,507 contacted

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

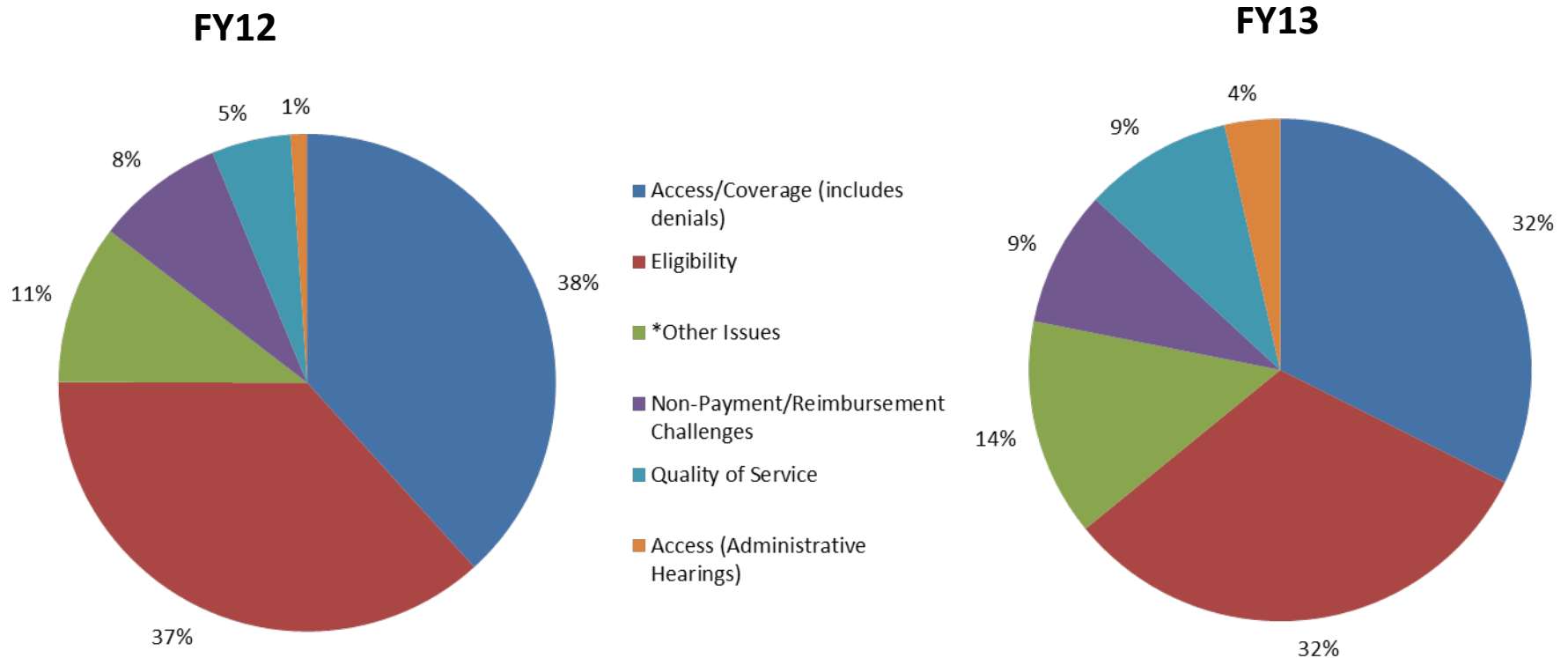
Table 4. Categories of Issues Encountered by Consumers--FY12 and FY13

Issue Category	FY12 Totals	FY112 Contacts (%)	FY13 Totals	FY123 Contacts (%)
Access/Coverage (includes denials)	1501	34%	1906	29%
Eligibility	1756	39%	2294	35%
*Other Issues	723	16%	1285	20%
Non-Payment/Reimbursement Challenges	310	7%	445	7%
Quality of Service	145	3%	292	4%
Access (Appeals/Grievances)	DID NOT BREAKOUT FROM TOTAL	DID NOT BREAKOUT FROM TOTAL (%)	174	3%
Access (Administrative Hearings)	37	1%	111	2%
Total Contacts	4472	100%	6507	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 5. Categories of Issues Encountered by Dual Eligible Beneficiaries (Eligible for Medicare and Medicaid)—FY12 and FY13



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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

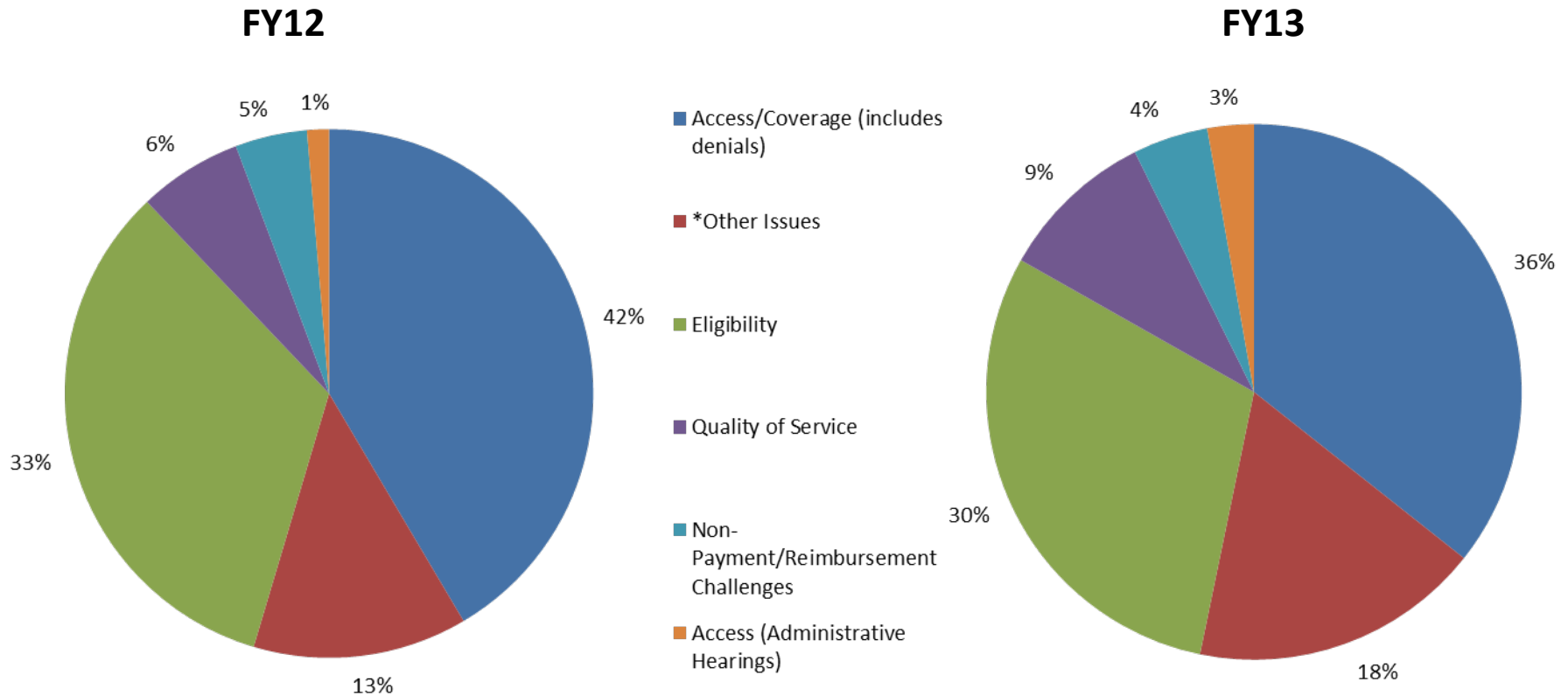
**Table 5. Categories of Issues Encountered by
Dual Eligible Beneficiaries--FY12 and FY13
(Eligible for Medicare and Medicaid)**

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access/Coverage (includes denials)	431	38%	481	32%
Eligibility	414	37%	471	32%
*Other Issues	117	10%	208	14%
Non-Payment/Reimbursement Challenges	94	8%	130	9%
Quality of Service	58	5%	142	10%
Access (Administrative Hearings)	12	1%	53	3%
Total Contacts	1126	100%	1485	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 6. Categories of Issues Encountered by Medicaid Fee-for-Service (FFS) Beneficiaries—FY12 and FY13



FY12 Total Sample = 976 contacted

FY13 Total Sample = 1,035 contacted

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

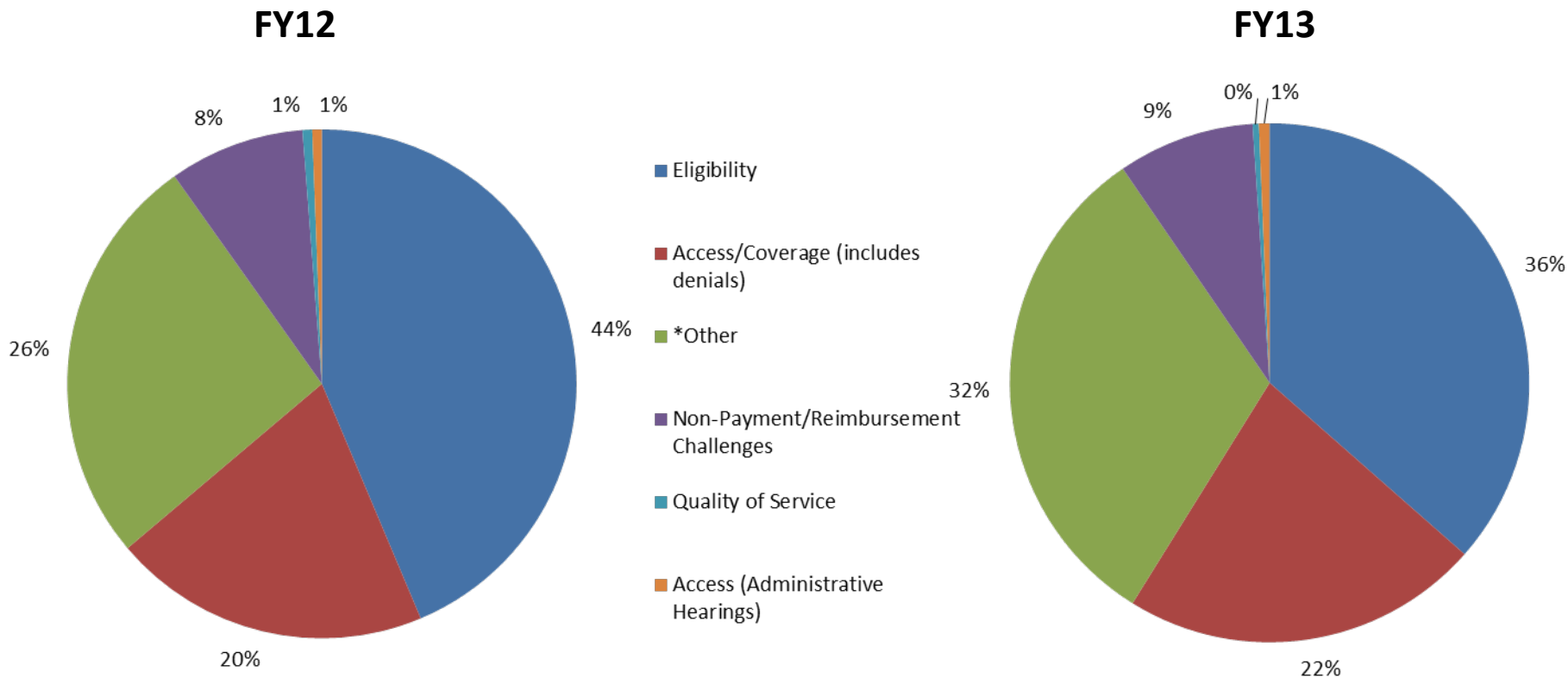
Table 6. Categories of Issues Encountered by Medicaid Fee-for-Service (FFS) Beneficiaries--FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access/Coverage (includes denials)	405	41%	369	36%
*Other Issues	128	13%	182	17%
Eligibility	325	33%	310	30%
Quality of Service	62	6%	98	9%
Non-Payment/Reimbursement Challenges	43	4%	47	5%
Access (Administrative Hearings)	13	1%	29	3%
Total Contacts	976	100%	1035	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 7. Categories of Issues Encountered by Medicare Part A/B (QMB) Beneficiaries—FY12 and FY13



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

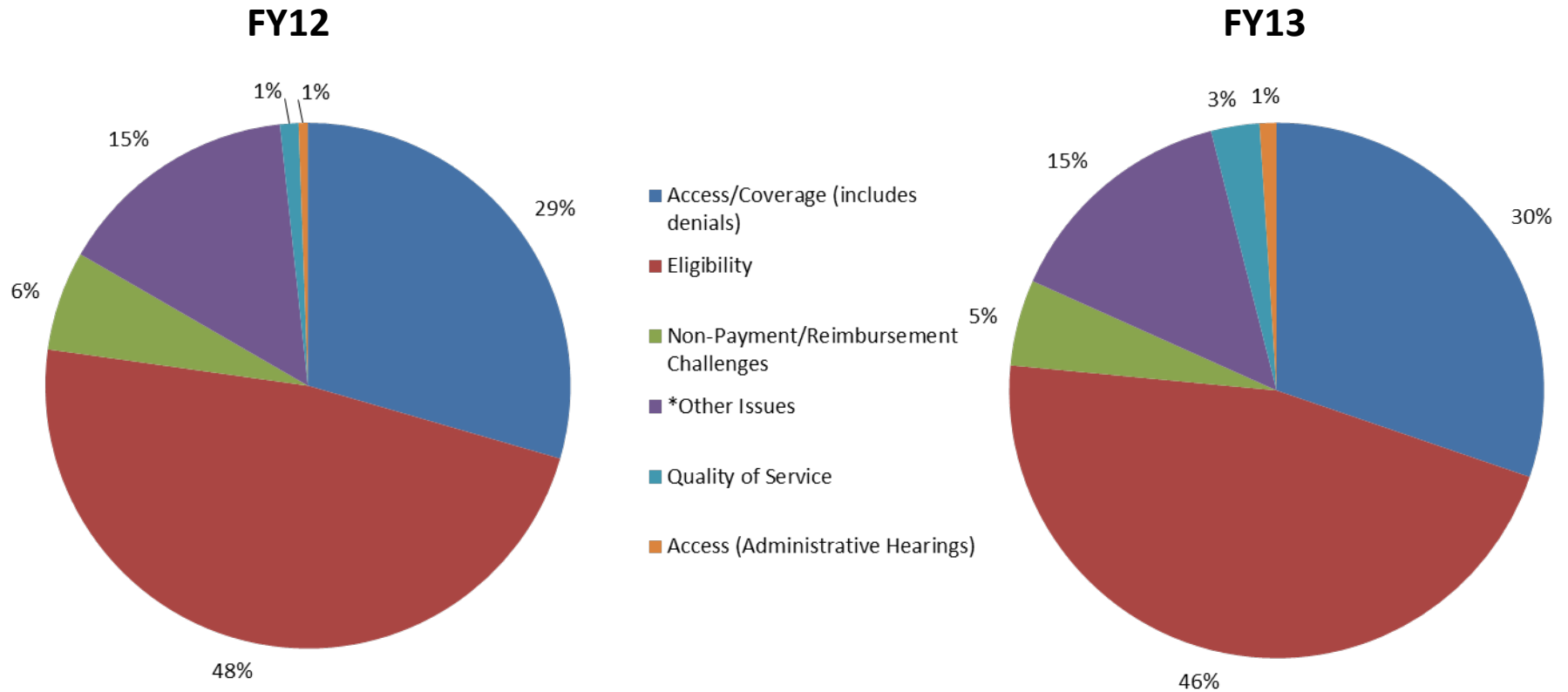
**Table 7. Categories of Issues Encountered by
Medicare Part A/B (QMB) Beneficiaries--FY12 and FY13**

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Eligibility	502	44%	664	36%
Access/Coverage (includes denials)	232	20%	407	22%
*Other	303	26%	575	31%
Non-Payment/Reimbursement Challenges	99	9%	155	9%
Quality of Service	7	1%	7	1%
Access (Administrative Hearings)	7	1%	12	1%
Total Contacts	1150	100%	1820	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 8. Categories of Issues Encountered by Medicaid Managed Care (MCO) Beneficiaries—FY12 and FY13



FY12 Total Sample = 882

FY13 Total Sample = 1,366 contacted

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

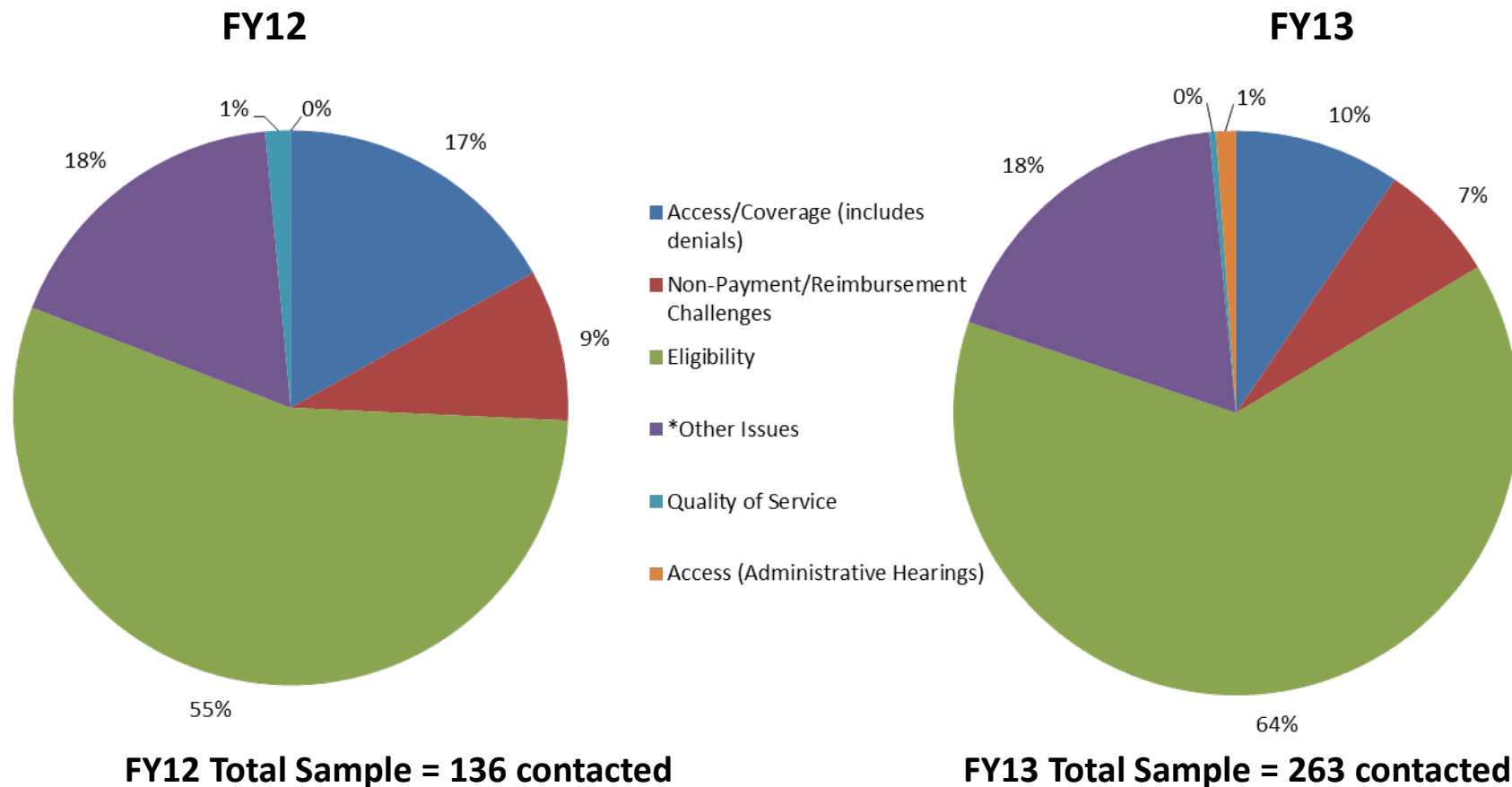
Table 8. Categories of Issues Encountered by Medicaid Managed Care (MCO) Beneficiaries--FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access/Coverage (includes denials)	260	29%	413	30%
Eligibility	421	48%	632	46%
Non-Payment/Reimbursement Challenges	54	6%	71	5%
*Other Issues	132	15%	196	14%
Quality of Service	10	1%	40	3%
Access (Administrative Hearings)	5	1%	14	2%
Total Contacts	882	100%	1366	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 9. Categories of Issues Encountered by MCO Alliance Beneficiaries—FY12 and FY13



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

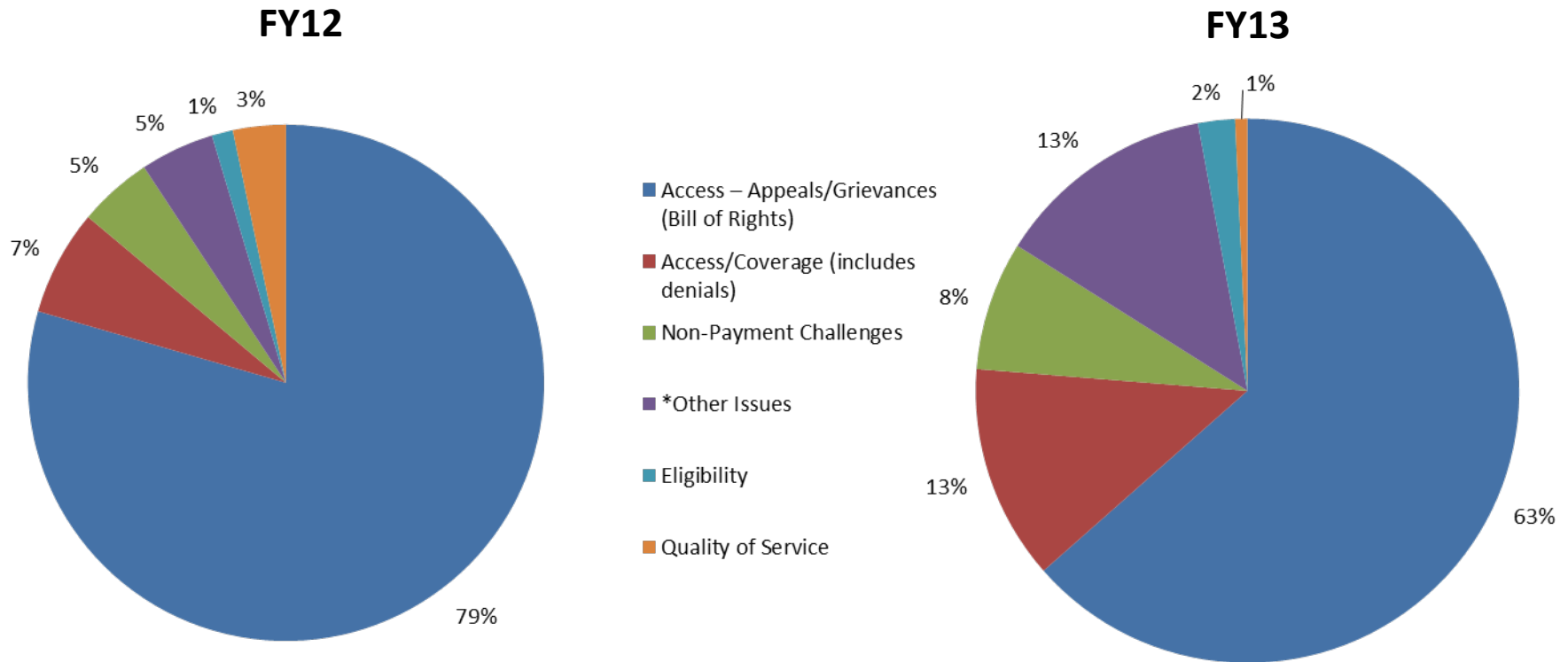
Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 9. Categories of Issues Encountered by MCO Alliance Beneficiaries--FY12 and FY13

Issue Category1%	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access/Coverage (includes denials)	23	17%	25	10%
Non-Payment/Reimbursement Challenges	12	9%	18	7%
Eligibility	75	55%	168	64%
*Other Issues	24	18%	48	18%
Quality of Service	2	1%	1	Less than 1%
Access (Administrative Hearings)	0	0%	3	1%
Total Contacts	136	100%	263	100%

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

Figure 10. Categories of Issues Encountered by Commercial Health Plan Members—FY12 and FY13



FY12 Total Sample = 151 contacted

FY13 Total Sample = 274 contacted

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

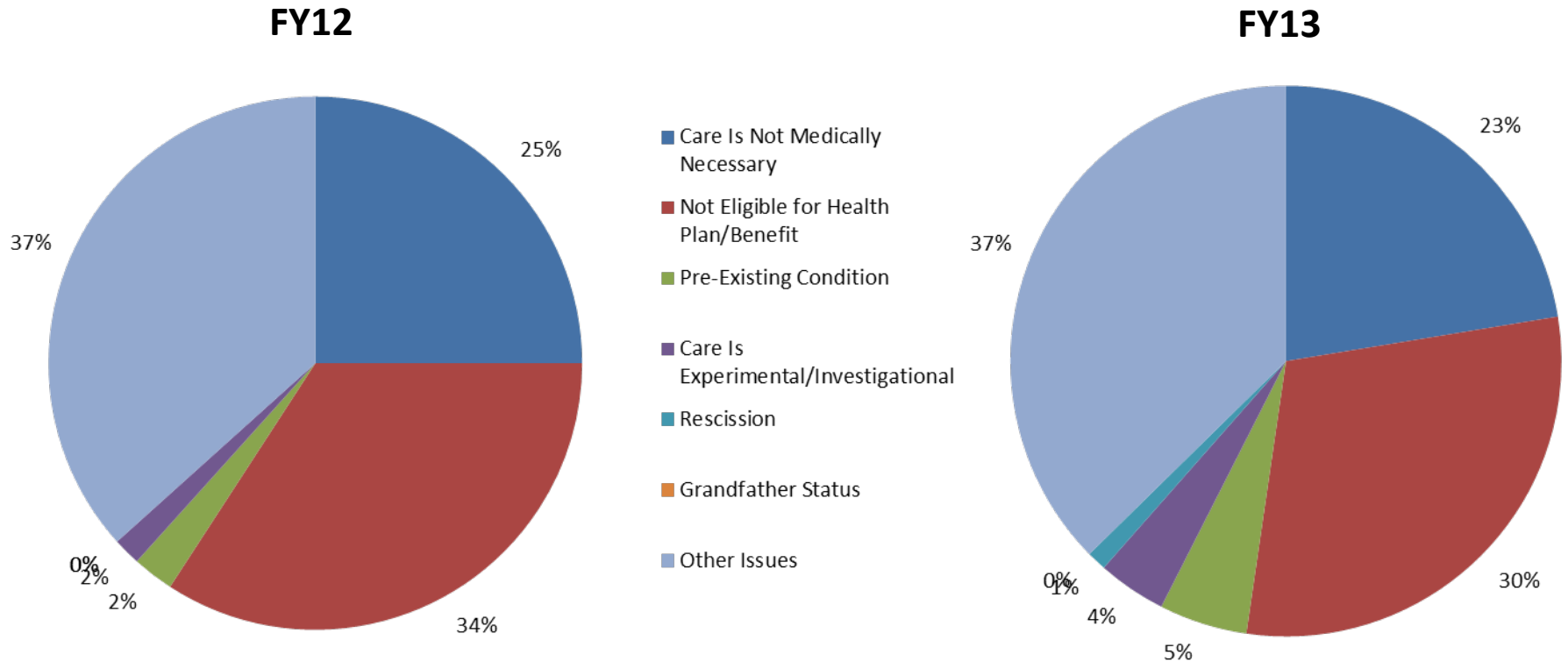
Table 10. Categories of Types of Calls/Issues Encountered by Commercial Health Plan Members--FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access – Appeals/Grievances (Bill of Rights)	120	79%	174	63%
Access/Coverage (includes denials)	10	7%	35	13%
Non-Payment Challenges	7	5%	21	8%
*Other Issues	7	5%	36	13%
Eligibility	2	1%	6	2%
Quality of Service	5	3%	2	1%
Total Contacts	151	100%	274	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 11. Categories of Types of Appeal/Grievance Cases (Bill of Rights) Encountered by Commercial Health Plan Members--FY12 and FY13



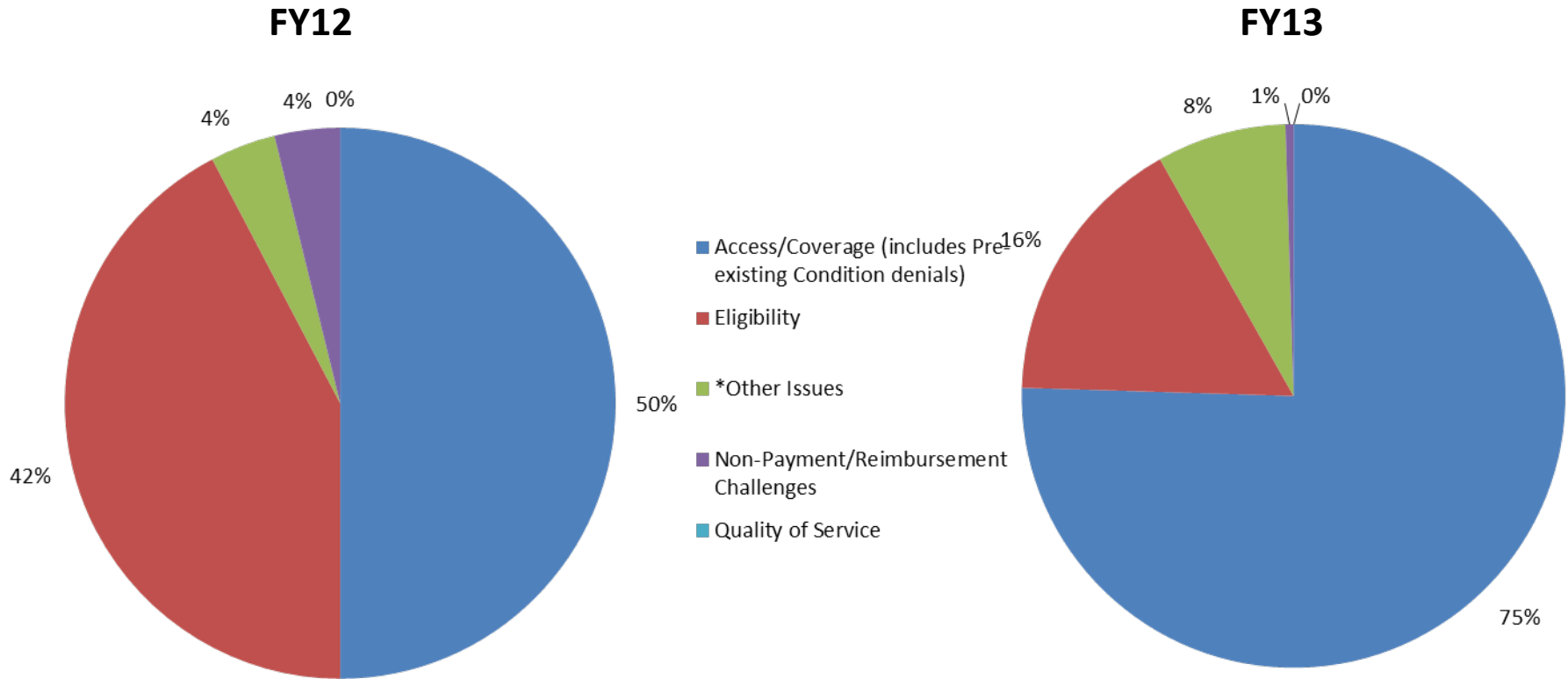
FY12 Total Sample = 120 contacted FY13 Total Sample = 174 contacted

**Table 11. Categories of Types of Appeal/Grievance Cases
(Bill of Rights) Encountered by
Commercial Health Plan Members--FY12 and FY13**

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contact (%)
Care Is Not Medically Necessary	30	25%	39	22%
Not Eligible for Health Plan/Benefit	41	34%	52	30%
Pre-Existing Condition	3	3%	9	5%
Care Is Experimental/Investigational	2	2%	7	4%
Rescission	0	0%	2	2%
Grandfather Status	0	0%	0	0%
Other Issues	44	37%	65	37%
Total Contacts	120	100%	174	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 12. Categories of Issues Encountered by Uninsured Consumers—FY12 and FY13



FY12 Total Sample = 26 contacted

FY13 Total Sample = 208 contacted

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

Table 12. Categories of Issues Encountered by Uninsured Consumers--FY12 and FY13

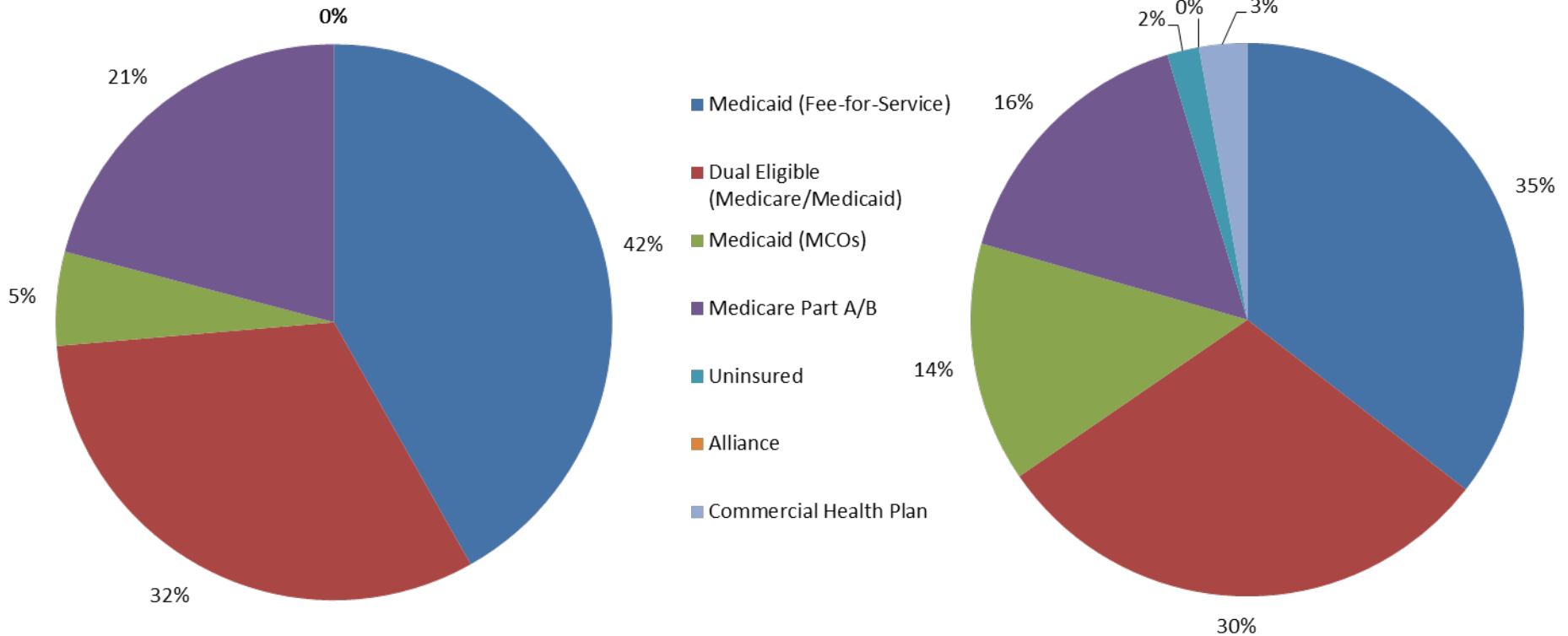
Issue Category	FY12 Totals	FY12 Contact s (%)	FY13 Totals	FY13 Contacts (%)
Access/Coverage (includes Pre-existing Condition denials)	13	50%	157	75%
Eligibility	11	42%	34	16%
*Other Issues	1	4%	16	8%
Non-Payment/Reimbursement Challenges	1	4%	1	1%
Quality of Service	0	0%	0	0%
Total Contacts	26	100%	208	100%

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

Figure 13. Transportation Contacts by Insurance Type— FY12 and FY13

FY12

FY13



FY12 Total Sample = 110 contacted

FY13 Total Sample = 107 contacted

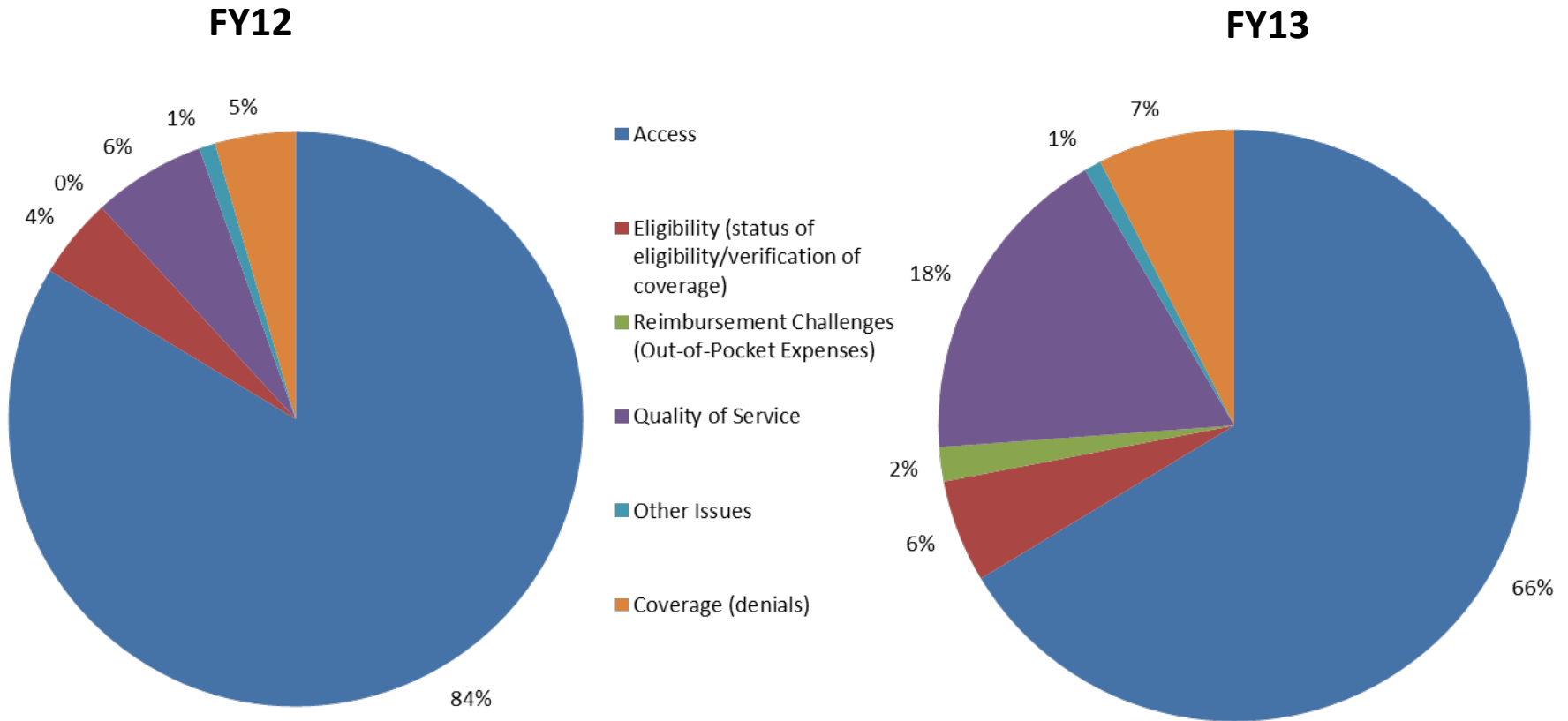
Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 13. Transportation Contacts by Insurance Type--FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Medicaid (Fee-for-Service)	46	41%	38	35%
Dual Eligible (Medicare/Medicaid)	35	32%	32	30%
Medicaid (MCOs)	6	5%	15	14%
Medicare Part A/B	23	22%	17	16%
Uninsured	0	0%	2	2%
Alliance	0	0%	0	0%
Commercial Health Plan	0	0%	3	3%
Total Contacts	110	100%	107	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 14. Categories of Transportation Issues Encountered by Contacts—FY12 and FY13



FY12 Total Sample = 110 contacted

FY13 Total Sample = 107 contacted

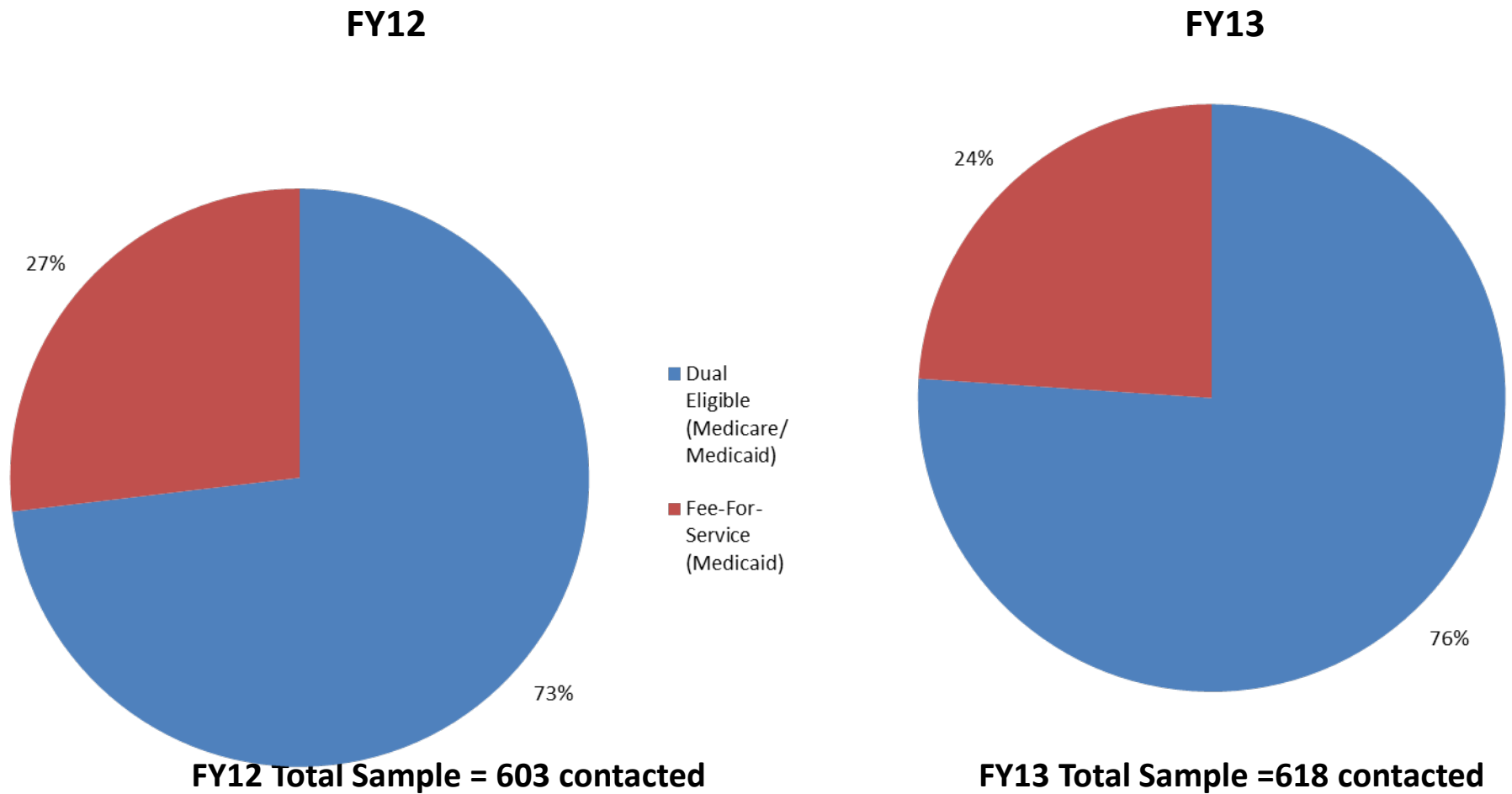
Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 14. Categories of Transportation Issues Encountered by Contacts–FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access	92	84%	71	66%
Eligibility (status of eligibility/verification of coverage)	5	5%	6	6%
Reimbursement Challenges (Out-of-Pocket Expenses)	0	0	2	2%
Quality of Service	7	6%	19	18%
Other Issues	1	1%	1	1%
Coverage (denials)	5	5%	8	7%
Total Contacts	110	100%	107	100%

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

Figure 15. EPD Waiver Beneficiaries by Insurance Type— FY12 and FY13



Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

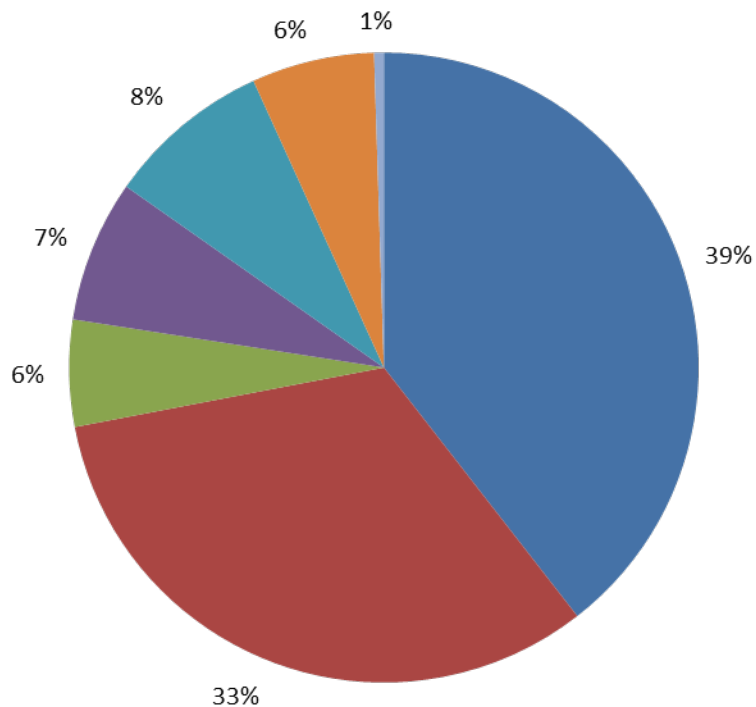
Table 15. EPD Waiver Beneficiaries by Insurance Type—FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Dual Eligible (Medicare/Medicaid)	441	73%	470	76%
Fee-For-Service (Medicaid)	162	27%	148	24%
Total Contacts	603	100%	618	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

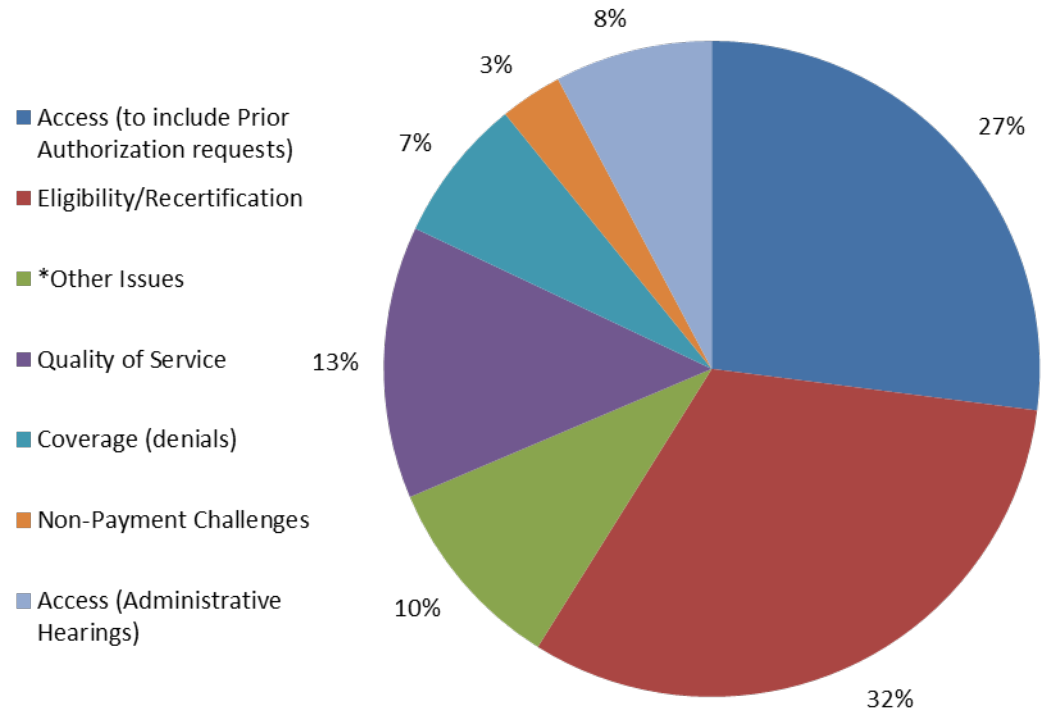
Figure 16. Categories of Issues Encountered by EPD Waiver Beneficiaries--FY12 and FY13

FY12



FY12 Total Sample = 603 contacted

FY13



FY13 Total Sample = 618 contacted

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

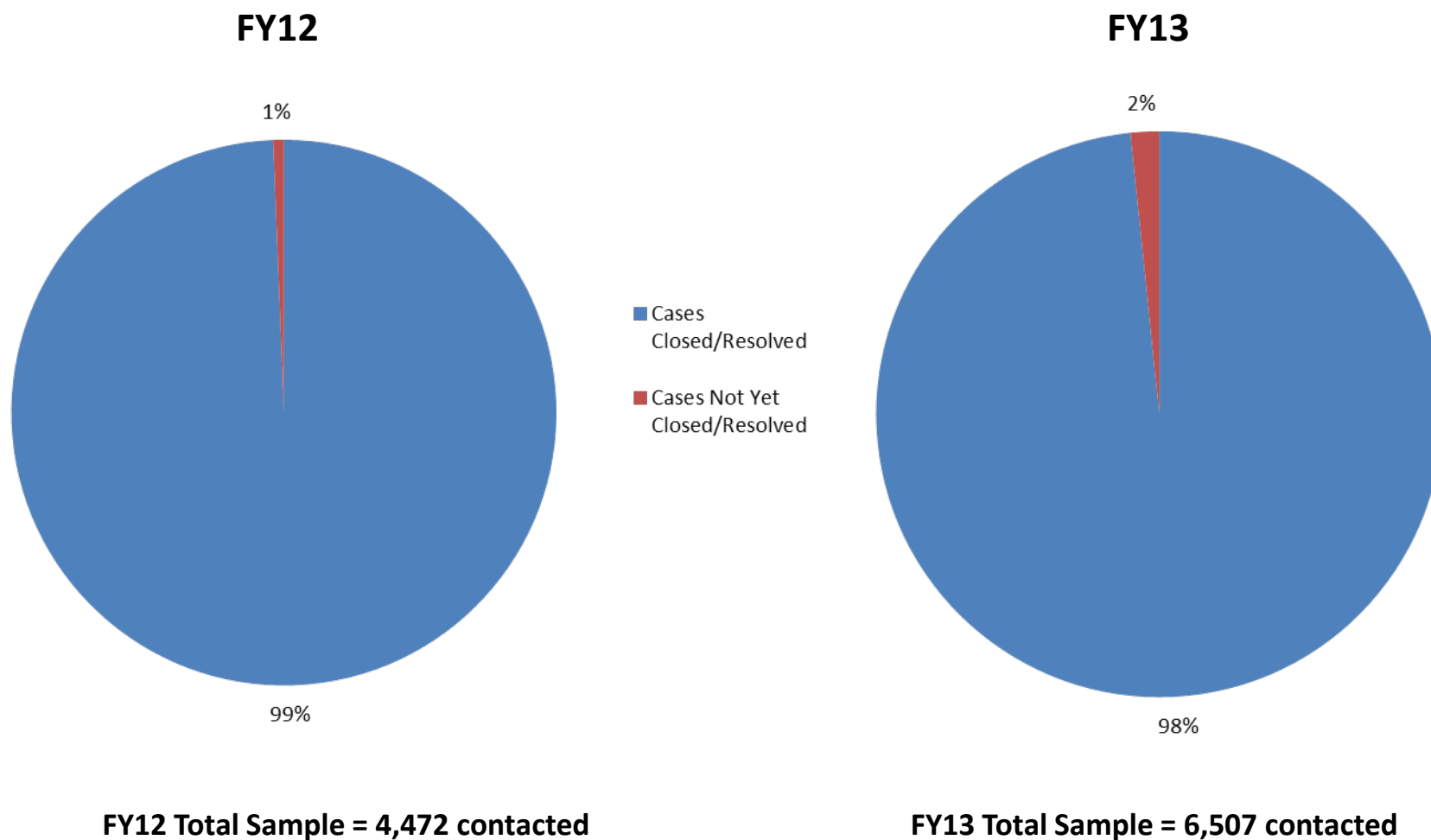
Table 16. Categories of Issues Encountered by EPD Waiver Beneficiaries--FY12 and FY13

Issue Category	FY12 Totals	FY12 Contacts (%)	FY13 Totals	FY13 Contacts (%)
Access (to include Prior Authorization requests)	238	39%	167	27%
Eligibility/Recertification	196	33%	197	32%
*Other Issues	33	5%	60	10%
Quality of Service	44	7%	83	13%
Coverage (denials)	51	8%	44	7%
Non-Payment Challenges	38	6%	19	3%
Access (Administrative Hearings)	3	Less than 1%	48	8%
Total Contacts	603	100%	618	100%

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

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 17. Number and Percentage of Closed/Resolved Cases Among OHCOBR Consumers—FY12 and FY13

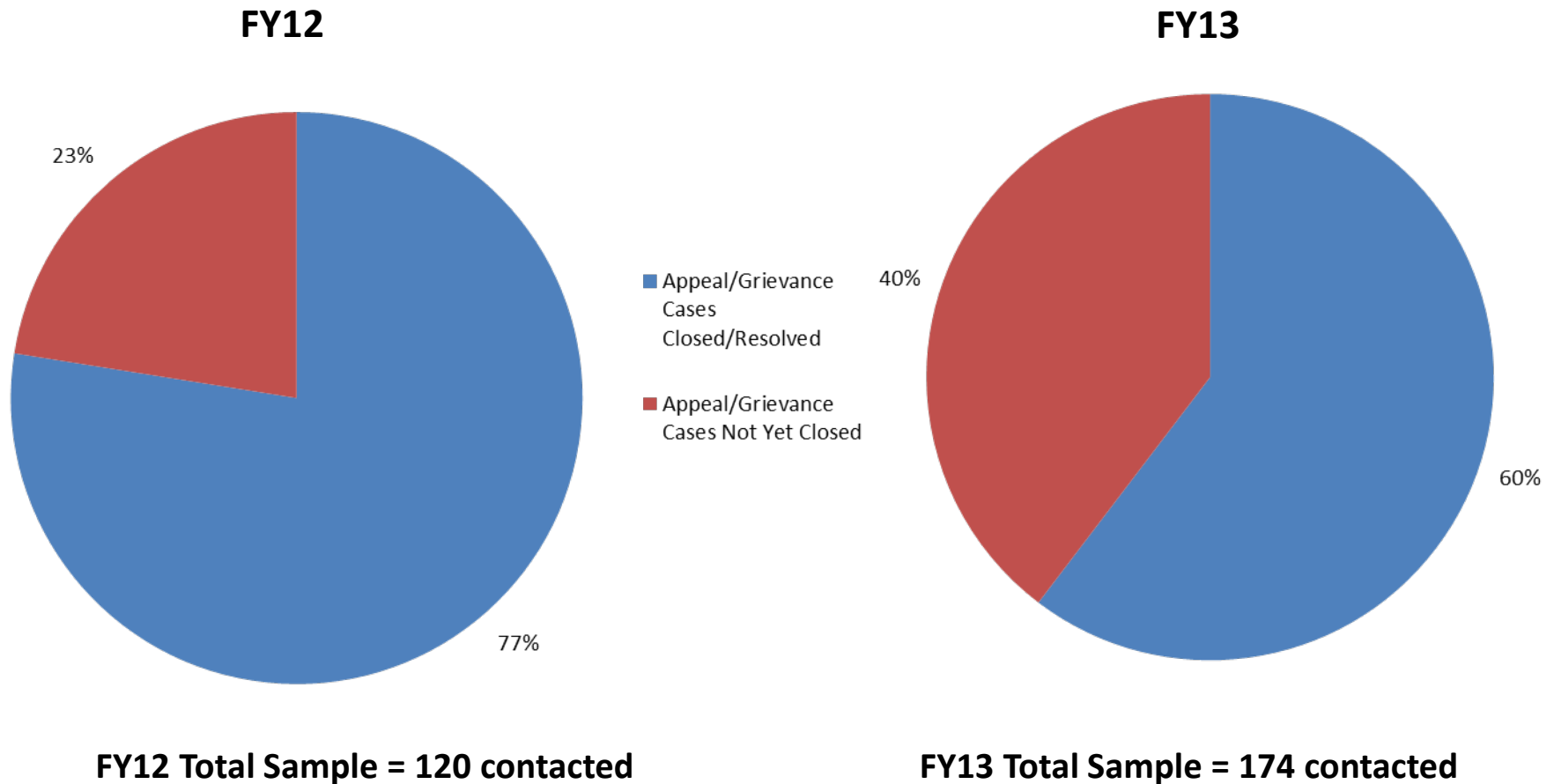


**Table 17. Number and Percentage of Closed/Resolved Cases
Among OHCOBR Consumers—FY12 and FY13**

Cases	FY12 Totals	FY12 Percent (%)	FY13 Totals	FY13 Percent (%)
Cases Closed/Resolved	4444	99%	6401	98%
Cases Not Yet Closed/Resolved	28	1%	106	2%
Total Cases	4472	100%	6507	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Figure 18. Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members—FY12 and FY13



Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 18. Number and Percentage of Closed/Resolved Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members—FY12 and FY13

Appeals/Grievances	FY12 Totals	FY12 Percent (%)	FY13 Totals	FY13 Percent (%)
Appeal/Grievance Cases Closed/Resolved	93	78%	105	60%
Appeal/Grievance Cases Not Yet Closed	27	23%	69	40%
Total Appeals/Grievances	120	100%	174	100%

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

Table 18(a). Disposition of All Appeal/Grievance Cases (Bill of Rights) Among the Commercial Health Plan Members—FY13

Disposition of Appeal/Grievance Cases	FY13 Totals	FY13 Percent (%)
Pending (case is still opened)	69	40%
Administratively Closed (case closed due to no action)	35	20%
Overtured (insurer reconsidered denial)	19	11%
Referred to DISB (referred to DISB for investigation regarding benefits and policy issues)	19	11%
Withdrawn (case resolved prior to processing the appeal)	15	7%
Upheld (insurer's denial was maintained)	7	4%
Reversed (IPROs recommended reversal after external review of the appeal)	6	3%
Partially Overtured (insurer modified denial)	1	1%
Referred to DOL (appeals submitted by employees of self-insured companies are referred to DOL for processing)	1	1%
Referred to OPM (appeals submitted by federal employees are referred to OPM for processing)	1	1%
Referred to Out-of-State (insurance policy was not issued in the District of Columbia)	1	1%
Total Disposition of Appeal/Grievance Cases	174	100%

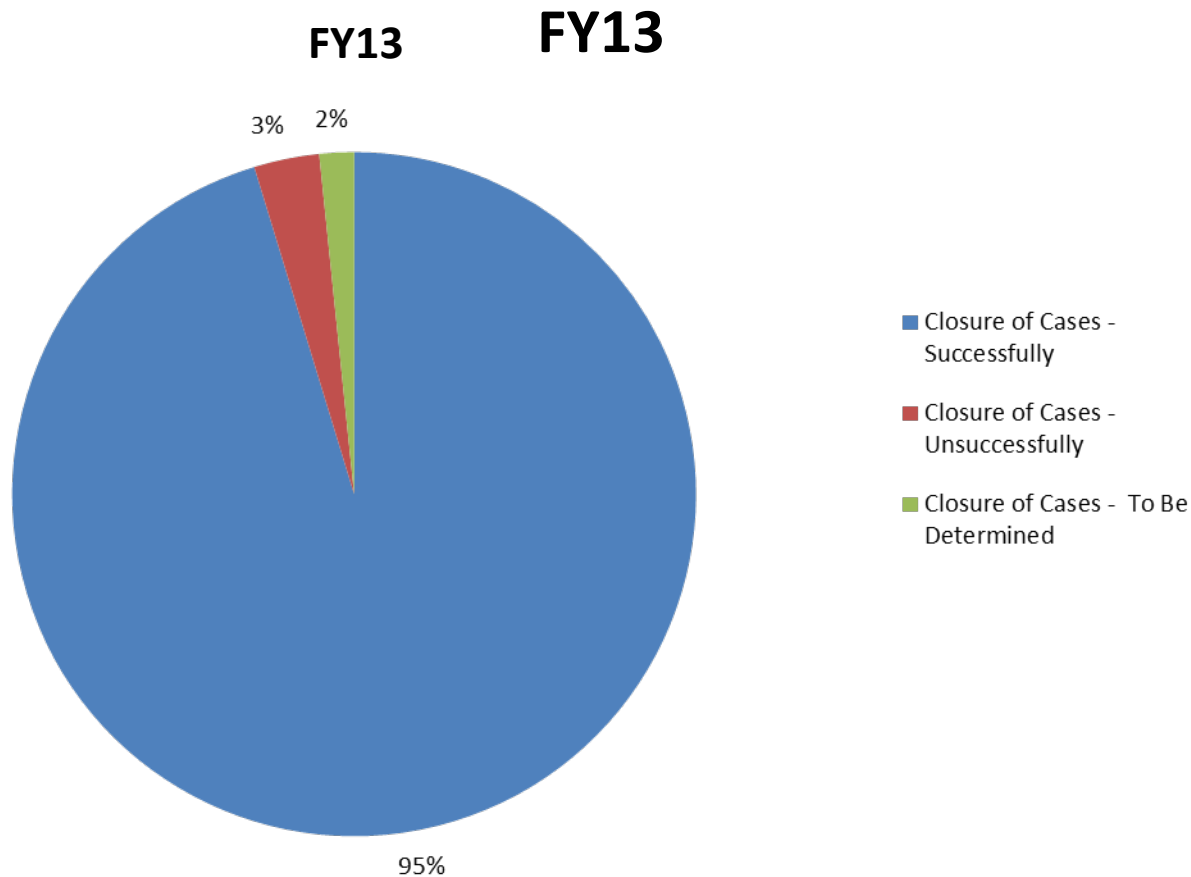
Note: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting the Disposition of All Appeal/Grievance Cases (Bill of Rights) among the Commercial Health Plan Members for the first time in the FY2013 Annual Summary of Cases. The disposition of appeal/grievance cases were not reported in the FY2012 Annual Summary of Cases.

Table 19. Dollar Amount of Savings on Behalf of Consumers— FY13

Amount of Savings on Behalf of Consumers	FY13 Totals	FY13 Percent (%)
Appeals/Grievances	\$359,286.35	78%
QMB Co-Pays (charges removed from beneficiaries' accounts)	\$33,007.36	7%
Reimbursements (of non-payments of Medicare Part B Premiums)	\$31,386.60	7%
Other (Fee-For-Service and MCO Alliance)	\$36,868.80	8%
Total Amount of Savings on Behalf of Consumers	\$460,549.11	100%

Note: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting the Dollar Amount of Savings on Behalf of Consumers for the first time in the FY2013 Annual Summary of Cases. The Dollar Amount of Savings on Behalf of Consumers was not reported in the FY2012 Annual Summary of Cases.

Figure 20. HOW CASES WERE CLOSED BY THE OFFICE OF HEALTH CARE OMBUDSMAN AND BILL OF RIGHTS (OHCOBR) -



NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting How Cases Were Closed for the first time in FY2013 Annual Summary of Cases Report – previously FY totals were not tracked.

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

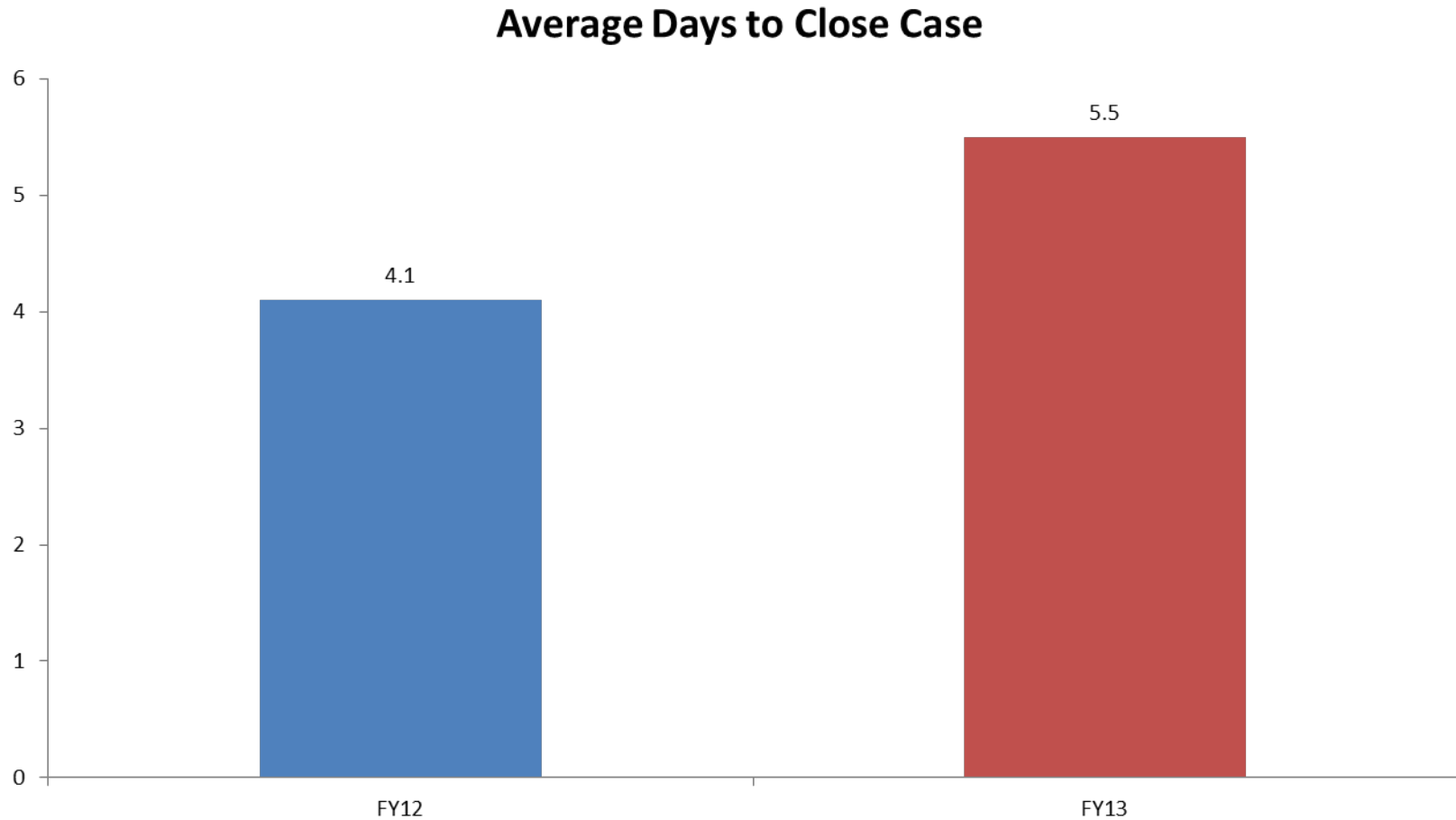
Table 20. HOW CASES WERE CLOSED BY THE OFFICE OF HEALTH CARE OMBUDSMAN AND BILL OF RIGHTS (OHCOBR) - FY13

Cases	FY13 Totals	FY13 Percent (%)
Closure of Cases - Successfully	6200	95%
Closure of Cases -Unsuccessfully	201	3%
Closure of Cases - To Be Determined	106	2%
Total Cases	6507	100%

NOTE: The Office of Health Care Ombudsman and Bill of Rights (OHCOBR) is reporting How Cases Were Closed for the first time in FY2013 Annual Summary of Cases Report – previously FY totals were not tracked.

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

**Figure 21. Average Number of Days to Close/Resolve Cases—
FY12 and FY13**



Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

**Table 21. Average Number of Days to Close/Resolve Cases—
FY12 and FY13**

FY12 Average Number of Days	FY12 Total	FY13 Average Number of Days	FY13 Total
Average Number of Days It Took to Close/Resolve 4,444 Cases	4.13 days	Average Number of Days It Took to Close/Resolve 6,401 Cases	5.5 days
Note: Of the 4,472 cases opened, the OHCOBR closed/resolved 3,606 cases on same day that cases were opened		Note: Of the 6,507 cases opened, the OHCOBR closed/resolved 5,200 cases on same day that cases were opened	

Source data captured between October 1, 2011 through September 30, 2012 and October 1, 2012 through September 30, 2013

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
- The development new OIDS (Ombudsman In-Take Log Data System)
 - Expanding data analysis capability