

## Centers for Medicare & Medicaid Services

### Special Terms and Conditions

Number: 11-W-00283/7

Title: KanCare

Awardee: Kansas Department of Health and Environment

Revised January 2014

### II. Program Description and Objectives

**42. Independent Consumer Supports (Ombudsman)** To support the beneficiary's experience receiving medical assistance and long-term services and supports in a managed care environment, the state shall maintain a permanent system of independent consumer supports (hereafter referred to as the Ombudsman) to assist enrollees in understanding the coverage model and in resolving problems regarding services, coverage, access and rights.

a) Core Elements of the Ombudsman.

- i. *Organizational Structure.* The Ombudsman shall be autonomous to any KanCare MCO and the State Medicaid agency. If the Ombudsman operates within a sister state agency, the State shall establish protections such that no undue influence will be imposed that restricts the ability of the Ombudsman to perform all of the core functions. The organizational structure of the Ombudsman shall demonstrate transparency and collaboration with beneficiaries, MCOs, community-based organizations, and state government.
- ii. *Accessibility.* The services of the Ombudsman are available to all Medicaid beneficiaries enrolled in KanCare, with priority given to those receiving long-term services and supports (institutional, residential and community based). The Ombudsman must be accessible through multiple entryways (e.g., phone, internet, office) and must use various means (mail, phone, in person), as appropriate, to reach out to beneficiaries and/or authorized representatives.
- iii. *Functions.* The Ombudsman assists beneficiaries to navigate and access covered health care services and supports. The services for the Ombudsman help individuals understand the delivery system and resolve problems and concerns that may arise between the individual and a provider/payer. The following list encompasses the Ombudsman's minimum scope of activity. The Ombudsman:
  1. Shall serve as an access point for complaints and concerns about access to services and other related matters when the beneficiary isn't able to resolve their concern directly with a provider or health plan.
  2. The Ombudsman shall help enrollees understand the state's Medicaid fair hearing process, grievance and appeal rights, and grievance and appeal processes provided by the health plan and shall assist enrollees in navigating those processes

and/or accessing community legal resources, if needed/requested.

3. The Ombudsman shall develop a protocol for referring unresolvable issues to the State Medicaid Agency and other state officials as necessary to ensure the safety and well-being of beneficiaries.
  4. The Ombudsman shall develop and implement a program of training and outreach with KanCare MCOs, providers, and community-based organizations to facilitate cross-organizational collaborations, understanding, and the development of system capacity to support beneficiaries in obtaining covered plan benefits. The state shall track and report all such activities to the State Medicaid Agency and CMS, as specified in subparagraph v. of the STC.
  5. The Ombudsman shall assist enrollees to understand and resolve billing issues, or notices of action.
- iv. *Staffing and training.* The Ombudsman must employ individuals who are knowledgeable about the state's Medicaid programs; beneficiary protections and rights under Medicaid managed care arrangements; the health and support needs of persons with complex needs, including those with a chronic condition, disability, and cognitive or behavioral needs, and the community-based systems that support them. In addition, the Ombudsman shall ensure that its services are delivered in a culturally competent manner and are accessible to individuals with limited English proficiency and people with disabilities. The state shall develop an access standard to measure the availability and responsiveness of the system to beneficiaries and others seeking support from the Ombudsman and shall report compliance with this standard to CMS in its quarterly and annual reports, as specified in STC 77 and 78. The system shall be staffed sufficiently to address all requests for support consistent with this access standard.
- v. The State and CMS will review the performance of the Ombudsman against this access standard and against the functions described in these STCs 12 months following approval of this demonstration. The State shall take any necessary corrective action to comply with this standard.
- vi. *Data Collection and Reporting.* The Ombudsman shall include a robust system of data collection and reporting. The state shall include this data in all quarterly and annual reports to CMS as specified in STCs 77 and 78. The state shall also develop a mechanism for public reporting. At a minimum, the state shall collect and report on the following elements:
- 1) The date of the incoming request as well as the date of any change in status.
  - 2) The volume and type (email, phone, verbal, etc.) of incoming request for assistance.
  - 3) Time required for beneficiaries to receive assistance from the Ombudsman, including time from initial request to resolution.

- 4) The issue(s) presented in incoming requests for assistance.
  - 5) The health plan(s) involved in the request for assistance, if any.
  - 6) The geographic area where the beneficiary involved resides, if applicable.
  - 7) Which 1915© waiver authority if applicable (ID/DD, PD, Aging, etc.) the beneficiary receives services from.
  - 8) The current status of the request for assistance, including actions taken to resolve.
  - 9) The number and type of education and outreach events conducted by the Ombudsman.
  - 10) System Enhancement. The Ombudsman shall generate periodic public reports that describe the functioning of the Ombudsman and any enhancements to the program that the state makes. The first report will be submitted to CMS within 6 months of approval of the demonstration. Subsequent reports will be submitted to CMS within 6 months of the end of the calendar year.
  - 11) Transparency and Stakeholder Involvement. The State shall assure transparency in the operation of the Ombudsman, including public reporting of all aggregate data and performance reports and changes made to improve the Ombudsman program. The State shall develop a mechanism to secure stakeholder input into the operation and performance of the Ombudsman and demonstrate inclusion of stakeholder input in its on-going operation, evaluation, and enhancement of the program.
- b. The State will evaluate the impact of the Ombudsman program in the demonstration evaluation per STC 101.

## Appendix A:

**STC 77.** Quarterly Reports: The state must submit progress report in the format specified in Attachment A no later than 60 days following the end of each quarter. The intent of these reports is to present the state's analysis and the status of the various operational areas under the demonstration. The quarterly reports must include, but not be limited to:

- h. Updates on the operations, outcomes, and activities of the Ombudsman program per STC 42

**STC 78.** Annual Report. The annual report must, at a minimum, include the requirements outlined below. The state must submit the draft annual report no later than April 1 after the close of each demonstration year. Within 30 days of receipt of comments from CMS, a final annual report must be submitted.

- h. Ombudsman program. Pursuant to STC 42, the state must report on the operations, outcomes, data collected, and activities of the Ombudsman program.