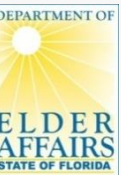


Independent Consumer Support Program (ICSP)

AN OVERVIEW OF FLORIDA'S LONG-TERM CARE (LTC) CONSUMER SUPPORT PROGRAM



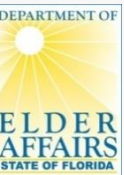
ICSP Overview

- DOEA leads the coordinated effort between the Aging and Disability Resource Centers (ADRCs), Long-Term Care Ombudsman Program (LTCOP), and the Bureau of Long-Term Care and Support (LTCS) to provide independent and conflict-free support and education to help Medicaid enrollees handle disputes with their Long-Term Care (LTC) plan.
- These efforts include, but are not limited to, the following:
 - Information and referral;
 - Advocacy and assistance;
 - Data collection and trend analysis; and
 - Monitoring and evaluation.

Enrollee Access Points

- Enrollees can access information and support from a number of DOEA stakeholder sources.
- Information and assistance to resolve complaints are available through the following:
 - The LTC plan's Enrollee Services Unit,
 - The ADRCs and the Elder Helpline,
 - The Bureau of Long-Term Care and Support, or
 - The LTCOP for long-term care facility residents.
- The enrollee handbook provided by each LTC plan also lists the toll-free telephone number for Florida's Statewide Medicaid Managed Care (SMMC) Helpline.

NOTE: Providers may receive information and assistance, including complaint resolution, by calling the SMMC Helpline or completing the Agency for Health Care Administration's (AHCA's) online complaint form via the website: http://apps.ahca.myflorida.com/smmc_cirts



A Closer Look at the ADRC Role

- The ADRC's primary role is to educate enrollees of their rights and offer unbiased, consistent, uniform, and person-centered guidance as to how their concerns can be heard during the course of their enrollment with the LTC plan.
- When an enrollee first contacts the ADRC regarding an issue, the ADRC will provide a referral to the LTC plan's Enrollee Services Unit.
- For subsequent calls from an enrollee regarding the same issue, the ADRC will record the complaint and provide instructions on seeking a remedy. These instructions include direct assistance to file a complaint with DOEA if the LTC plan has been unable to resolve the enrollee's issue.

A Closer Look at the ADRC Role

ADRCs have been provided with each LTC plan's enrollee handbook, which includes complaint processes and contact information for each LTC plan.

ADRCs may also identify situations in which the DOEA LTC plan compliance analysts must be contacted to help an enrollee resolve a complaint such as:

- Complaints concerning situations that may endanger the health, safety, or welfare of a recipient, and
- Cases in which an enrollee's services may be adversely affected.

NOTE: Issues involving health and welfare must also be reported to Department of Children and Families Adult Protective Services (APS) Division.

Key Term Review

Complaint

- The lowest level of challenge and provides the LTC plan an opportunity to resolve a problem within 24 hours without it becoming a formal grievance.

Grievance

- An expression of dissatisfaction about any matter other than an action.

Appeal

- A request for a review of an action. An action is any denial, limitation, reduction, suspension or termination of service, denial of payment, or failure of the plan to act in a timely manner.

Medicaid Fair Hearing

- An administrative hearing conducted by the Department of Children and Families (DCF) to review an action taken by an LTC plan.

NOTE: Reference the SMMC LTC Training for ADRCs from April 2013 for more details.

LTC Plan Grievance Assistance for Enrollees

- Each LTC plan is required to provide enrollees with access to information and assistance, including any reasonable help to complete forms and follow the procedures for filing a grievance or appeal or requesting a Medicaid Fair Hearing.
- ADRC staff may provide the LTC plan Enrollee Services information to enrollees who are dissatisfied with the plan, its services, or its actions.
- If the enrollee is unable to resolve the issue with the LTC plan, then ADRC staff can further assist the enrollee and record the complaint in the Client Information and Registration Tracking System (CIRTS).

ADRC Data Collection and CIRTS Reporting

- Calls identified by the ADRC as SMMC LTC enrollee complaints shall be entered into CIRTS.
- Complaints regarding missed services, alleged abuse, neglect, or exploitation, are violations of enrollee rights and personal welfare and must be reported to DOEA and Adult Protective Services as soon as possible. The reporting must be completed within 48 hours of the complaint, which shall also be entered into CIRTS.
- Other issues, such as temporary loss of eligibility, requiring research and problem-solving should be communicated directly to the DOEA waiver contract managers using the DOEA provided template, which is different than the SMMC LTC Complaints Form in CIRTS.

ADRC Data Collection and CIRTS Reporting

- DOEA is developing a system to capture SMMC LTC enrollee complaint data from the ADRCs, LTCOP, and LTCS staff.
- Data from the three sources will be consolidated into comprehensive reports to meet AHCA and Centers for Medicare and Medicaid Services (CMS) requirements.
- Complaint data submitted by ADRCs into CIRTS will be automatically transferred into this system by DOEA.
- Standard reporting categories and codes will be used to ensure that the resulting reports yield valid statistical data, regardless of the point of entry for the complaint.

ADRC Data Collection and CIRT S Reporting

To enter data specific to the complaint, click on the “SMMC LTC Complaints” button.

The screenshot shows the 'CIRT S CLIENT INFORMATION' window. At the top, there's a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu is a toolbar with various icons. The main form area contains several sections:

- ADD_CLIENT_INFO** section: Includes fields for 'ADD_CLIENT_INFO' (20131112), 'CIRT S' logo, 'Date' (02/11/2014), and 'User' (CIRTADMIN).
- Client Information** section: Includes fields for 'PSA' (02), 'Owner ID' (20007), 'SSN' (201311125), 'Client ID' (2001745344), 'First Name' (BBOBBYY), and 'Last Name' (BOOBBB). There are checkboxes for 'Demographic Complete', 'PAS Complete', 'Open Case', and 'Open Enrollment'.
- A. DEMOGRAPHIC SECTION**: Includes fields for 'SSN' (201311125), 'Owner ID' (20007), 'County of Service' (BAY), 'First Name' (BBOBBYY), 'M.I.' (B), and 'Last Name' (BOOBBB). It also has fields for 'Medicaid Number', 'Best Contact Telephone Number', 'Date of Birth' (07/17/1931), 'Date of Death', and 'Sex' (FEMALE).
- Race** section: Includes checkboxes for 'White', 'Black / African American', 'Asian', 'American Indian/Alaska Native', 'Native Hawaiian/Pacific Islander', and 'Other'. There is a field for 'Other Race Description'.
- Ethnicity** section: Includes a dropdown for 'Ethnicity' (OTHER), a dropdown for 'Primary Language' (SPANISH), and a field for 'Other Primary Language Description'.
- Marital Status** section: Includes a dropdown for 'Marital Status' (W = WIDOWED).
- Physical Location** section: Includes tabs for 'Physical Location', 'Home Address', 'Mailing Address', and 'Contact Person(s)'. The 'Physical Location' tab is active, showing fields for 'ASSESSOR/CM: Current Physical Location Address (If type is a facility, enter a facility name.)', 'Copy Home Address', 'Date of Last Change' (11/12/2013 10:05:41 AM), 'Street' (33), 'Street con't.', 'ZIP' (32323), 'ZIP 4', 'City' (LANARK VILLAGE), 'County' (FRANKLIN), 'Type' (PRIVATE RESIDENCE), 'Telephone Number', and 'Facility Name'. There is an 'Address History' button.

At the bottom of the form, there is a row of buttons: 'Search', 'LOC', 'Referrals', 'NHD', 'Assessments', 'SMMC LTC Complaints', 'Change Owner', and 'Change SSN'. Below this row are two more buttons: 'Delete Client' and 'Change PSA'. A red arrow points to the 'SMMC LTC Complaints' button.

ADRC Data Collection and CIRTS Reporting

Requested data fields:

- Enrollee demographic information
 - Enrollee's name*
 - Enrollee's SSN or Medicaid ID*
 - Enrollee's address*
 - County of service*
- Complaint date
- Complainant information
 - Complainant's name
 - Complainant phone number
 - Complainant email address
 - Relationship to enrollee
 - If "self," complainant information populated
- Plan name

Requested data fields:

- Referral
 - Agency name
- Issue type
 - Common categories
- Issue description
 - Complaint details
 - Resolution details

*Several of the **required fields** will be populated by CIRTS for the enrollee and also for the complainant if that individual is the enrollee. These fields are denoted with an asterisk.

ADRC Data Collection and CIRT Reporting

All fields on the complaint form are required, except the complainant's email address.

If the complainant is the enrollee, pre-populated fields will include:

- Complainant's name
- Complainant phone number

The “relationship,” “plan,” and “referral” fields are lists that allow users to select one of the provided options.

Users may select as many issue types as applicable to the current complaint, including writing in any that may not be listed.

The screenshot shows a software window titled "WINDOW1" with a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar. The form is titled "SMMC LTC COMPLAINTS". At the top, there are input fields for "20131120", "CIADRC11202013", "Date" (02/11/2014), and "User" (CIRTADMIN). Below these are fields for "PSA" (02), "SSN" (201311125), "Client ID" (2001745344), "Date Of Birth" (07/17/1731), and "Owner ID" (20007). Further down are fields for "Last Name" (BOOBBB), "MI" (B), and "First Name" (BOOBBYY). A table with 5 columns (PSA, Complaint Date, Complainant First Name, Complainant Last Name, Issue Description) is shown. Below the table are several input fields: "Complaint Date", "Complainant First Name", "Complainant Last Name", "Relationship To Enrollee", "Complainant Phone", "Complainant Email", "Plan Name", and "Referred To". A section titled "Issue Type:" contains a grid of checkboxes for various complaint categories: Aggressive Marketing/Cold Calling, Coverage/Limitation Issue, Grievance/Appeal Tracking, Problem Obtaining Authorization, Enrollment/Plan Change Issue, Unable to Obtain Member Materials, County Code Error, Quality of Service, Member Verification, Provider Payment, Reduction/Denial Service, Disenrollment, General Services, Missed Services, Provider Enrollment, SNF/ALF Issue, Desired Provider Not in Network, General Customer Services, Plan Gave Incorrect Information, Possessing PHI of Potential Enrollees, and Request for Additional Services. There is also an "Other" field. Below the checkboxes is a large text area for "Issue Description". At the bottom of the form are buttons for "Add", "Edit", "Save", "Delete", "Cancel", and "Close". The status bar at the very bottom shows "Record: 1/1" and "<OSC>".

ADRC Data Collection and CIRTS Reporting

Relationship to enrollee

- Child
- Facility
- Other
- POA/Legal representative
- Spouse

Plan name

- American ElderCare
- Amerigroup
- Coventry
- Humana
- Molina

Plan name (continued)

- Sunshine
- United Healthcare

Referred to

- Agency for Health Care Administration
- Department of Elder Affairs
- Long-Term Care Ombudsman Program
- Managed Care Organization
- Other

Issue Types

Claims

- Provider payment

Community Outreach

- Cold calling/aggressive marketing
- Possessing/misusing Personal Health Information (PHI)

Customer Service

- Enrollment/disenrollment/plan change
- General
- Grievance
- Member verification
- Plan gave incorrect info (including materials)
- Provider enrollment
- Unable to obtain member materials

Services

- Coverage/limitation issue
- Desired provider not in network
- Missed services
- Problem obtaining authorization
- Quality of service
- Reduction/denial of services
- Request for additional services
- SNF/ALF issue
- General

System

- County code error

ICSP Outcomes

- With the aggregated data, DOEA will generate reports as requested by AHCA and CMS.
- ICSP reports will provide evaluative information regarding the SMMC LTC program and LTC plans.
- The data can also serve as an early warning system for emerging trends and allow for independent engagement in policy development.

ADRC Resources

1. Enrollee Handbook
 - Complaint, grievance, and appeal procedures
 - Contact information
 - Enrollee Services Unit
 - Medicaid Fair Hearing
2. DOEA Long-Term Care and Support Staff
3. AHCA Complaint Hub
 - Provider complaints or requests for additional training and information
 - http://apps.ahca.myflorida.com/smmc_cirts/

The screenshot shows the AHCA (Florida Agency for Health Care Administration) website. The header includes the AHCA logo, the tagline "Better Health Care for All Floridians", and a navigation bar with links: Home, About Us, Dashboard, Public Records, Procurements, Publications, Find a Facility, Contact Us, and a red "REPORT FRAUD" button. Below the navigation bar are links for "Español" and "Creole". The main content area is titled "Florida Statewide Medicaid Managed Care Program Complaint Form". It includes instructions: "If you have a complaint about Medicaid Managed Care services, please complete the information below." and a note: "* Required fields". The form fields are: "Your name:", "Your email:", "Your phone number:", "I am a:" (dropdown), "Who is the complaint/issue about?" (Name, Gold Card, SSN, or Medicaid ID or NPI, County, and What type of Managed Care Plan is this complaint/issue about? dropdown), "What is the name of the Managed Care Plan?", "Which choice best describes the (complaint/issue)?" (dropdown), "(please describe):" (text area), and "Do you want to be contacted about this complaint/issue?" (dropdown). At the bottom are "Submit" and "Reset" buttons.

ADRC Resources

Bureau of Long-Term Care and Support

- 1-866-232-3733
- medwaiver@elderaffairs.org

Long-Term Care Ombudsman Program

- 1-888-831-0404

Agency for Health Care Administration

- 1-877-711-3662
- http://apps.ahca.myflorida.com/smmc_cirts/

ADRC Resources

LTC Plan Grievance Contact Numbers for Enrollees

American Eldercare

- 1-866-352-1192

Amerigroup

- 1-800-600-4441

Coventry

- 1-855-219-6671

Humana

- 1-888-308-9759

Molina

- 1-866-472-4585

Sunshine Health

- 1-877-211-1999

United Healthcare

- 1-800-791-9233

Questions?



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