

2006 CMS/Forum of ESRD Networks' Annual Meeting

Introduction to the Office of the Medicare Ombudsman



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Medicare Beneficiary Ombudsman

- Created by Section 923 of the Medicare Modernization Act (MMA)
- “Voice for Medicare Beneficiaries”
- Works closely with the Office of External Affairs and CMS Administrator

Ombudsman's Responsibilities

- Receive and provide assistance to beneficiaries for complaints, grievances and inquiries
- Assist in collecting information to file an appeal
- Help with Medicare Advantage Disenrollment

Ombudsman's Responsibilities

- Assist with information related to the new income-related premium adjustment
- Work with State Health Insurance Programs (SHIPs)
- Submit an annual report to Congress describing Ombudsman's activities and recommendations on improvements to Medicare



Office of the Medicare Ombudsman

- **43 million plus Medicare beneficiaries throughout the United States**
 - Approximately 300,000 ESRD Patients
- **Multiple Resolving Entities (e.g., ESRD Networks, Medicare contractors, Plans, QIOs, etc.)**
- **Multiple beneficiary customer service processes**
- **The Office of the Ombudsman is not a replacement for existing mechanisms**

Year 1 - What We Will Do

- Utilize the existing CMS case work process to help resolve individual problems
- Focus our efforts on identifying systemic problems affecting large numbers of beneficiaries across the Medicare program



Our Focus

- Medicare Beneficiary Education
- Awareness of Rights and Protection
- Knowledge of Appeals Process
- Evaluate and Improve Case Work

Beneficiary Education

- **Do beneficiaries know where to go for information?**
 - New ESRD Patient Orientation Package (Medicare Coverage of Kidney Dialysis and Kidney Transplant Services, You Can Live: Your Guide for Living with Kidney Failure, etc.)
- **What does CMS currently measure in the area of beneficiary awareness and knowledge?**
- **Are there gaps identified that the OMO can address...**
 - Immediately?
 - On an ongoing basis?

Rights and Protections

- Do beneficiaries understand their rights and protections under the Medicare program?
- How does CMS measure their understanding?
- Are there gaps identified that the OMO can address...
 - Immediately?
 - On an ongoing basis?

Appeals

- If a beneficiary wishes to file an appeal, does he or she know how to do so?
- What is the end-to-end process?
- How do we educate beneficiaries on the process?
- Are there gaps identified that the OMO can address...
 - Immediately?
 - On an ongoing basis?

Case Work

- **Resolving individual problems is a critical function**
- **In the interim, the OMO will leverage the existing CMS framework**
- **Long term, the OMO will work to define and implement the required infrastructure and processes to fully support**
- **How should we partner with one another?**
 - ESRD Complaints and Grievance Process
 - Best Practices around trend analysis to detect patterns of greater concern

Holding the Existing System Accountable

- Requests for assistance treated timely and responsibly
- Unmet needs for assistance are identified and addressed at source
- Accurate, reliable, and relevant information about rights/protections easily accessible
- Improved decision-making by beneficiaries

Holding the System Accountable - Outreach

Create a process to capture and incorporate the “voice of the beneficiary”

Open Door Forums

National conference calls open to beneficiaries, their caregivers and advocates (Next ODF - 3/28/06)

Regional/Local Advocate Meetings

Targeted discussions with regional and local advocates within the beneficiary communities that they support (1st Event - Atlanta, GA, Next stop – Dallas region)

Beneficiary Feedback Meetings

Roundtable discussions with small groups of beneficiaries within their community (1st Event- Atlanta, Georgia, Next stop – Dallas region)

Types of Issues

The OMO is seeking input on issues that:

- **Affect large numbers of beneficiaries**
 - Unique or exceptional circumstances will be triaged
- **Fall under the Ombudsman's purview**
 - Cannot change statute
- **Are actionable**
- **Enhance awareness**

Holding the System Accountable - Systems

- **Implement a performance measurement system**
 - Medicare Ombudsman Data System
 - Consolidate data from systems across the agency
 - Identify and monitor performance metrics
 - Identify and confirm systemic issues

Holding the System Accountable - Reporting

- Make recommendations for overall program improvement and report back to...
 - CMS leadership
 - Partners
 - Congress

Performance-Based Approach

- Continuous improvement
- Better coordination
- Sustained improved performance

Performance-Based Approach

- **Desired results are...**
 - Articulated
 - Defined
 - Measured
- **Problems identified**
- **“Best Practices” shared**
- **Data fed back into the system**

Working with the Ombudsman

- **The Ombudsman's role:**
 - Understand what beneficiaries are experiencing
 - Identify underlying systemic issues and make recommendations for long term resolution
 - Communicate findings to CMS leadership
 - Connect partners and beneficiaries to appropriate resources
- **How should the Ombudsman work with ESRD Networks?**

Q & A