

MEDICAID ELIGIBLES ENROLLED IN QUALIFIED HEALTH PLANS

(FY2007 Appropriation Bill - Public Act 330 of 2006)

December 1, 2007

Section 1656: (1) The department shall provide an expedited complaint review procedure for Medicaid eligible persons enrolled in HMOs for situations in which failure to receive any health care service would result in significant harm to the enrollee.

(2) The department shall provide for a toll-free telephone number for Medicaid recipients enrolled in managed care to assist with resolving problems and complaints. If warranted, the department shall immediately disenroll persons from managed care and approve fee-for-service coverage.

(3) Annual reports summarizing the problems and complaints reported and their resolution shall be provided to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office.

*Michigan Department
of Community Health*



**Jennifer M. Granholm, Governor
Janet Olszewski, Director**

LEGISLATIVE REPORT: FY 07 COMPLAINTS AND INQUIRIES
PA 330 (Senate Bill 1083 of 2006), Section 1656(3)
Report Prepared By: Medical Services Administration

An INQUIRY is a request for information, assistance, referral, to check eligibility status, or to report a change in status or residence. In general, inquiries are resolved at the time the call is received, or the beneficiary is referred to the appropriate agency for resolution. Referrals would include FIA caseworkers, Medicaid Health Maintenance Organizations (HMOs), local public health department, or providers.

A COMPLAINT is an expression of dissatisfaction and generally requires further review investigation to achieve resolution. Reviews include contacting providers, Medicaid HMOs, and other health care entities to examine the nature of the complaint, and determine appropriate action to resolve the complaint.

All complaints and inquiries are tracked via the Beneficiary/Provider Contact Tracking System (BPCT). Each contact is documented, and remains active until designated "resolved". This report includes all contacts created during Fiscal Year (FY) 2007. It should be noted that the FY 07 reflects that both complaints and inquiries declined in actual numbers, as well as relative numbers, even though total Medicaid enrollment increased:

- Complaint rates have decreased by .040 complaints/1000 beneficiaries/year.
 - FY 07 - .29 complaints/1000 beneficiaries/year (5,058 complaints)
 - FY 06 - .33 complaints/1000 beneficiaries/year (5,499 complaints)
 - FY 05 - .31 complaints/1000 beneficiaries/year (4,778 complaints)

- Inquires have decreased by 1.727 inquiries/per 1000 beneficiaries/year.
 - FY 07 – 29.261 inquiries/1000 beneficiaries/year (514,504 inquiries)
 - FY 06 – 30.988 inquiries/1000 beneficiaries/year (519,597 inquiries)
 - FY 05 – 30.025 inquires/1000 beneficiaries/year (465,094 inquiries)

NOTE: In preparing the 2007 report it discovered that an error in calculation of the Pharmacy, Third Party Liability and TMA Plus inquiry data for the 2006 report occurred. This error has been corrected and the revised report is attached.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Customer Services Division
Enrollment Services Section
INQUIRIES AND COMPLAINTS RECEIVED
10/01/2006 through 09/30/2007

TYPE OF INQUIRY	TOTAL NUMBER	TYPE AS % OF TOTAL INQUIRY	NUMBER OF INQUIRIES PER 1,000 MEDICAID BENEFICIARIES	MO AVG	MO AVG NUMBER OF INQUIRIES PER 1,000 MEDICAID BENEFICIARIES
Billing question/problem	22558	4%	1.283	1880	0.107
Calls related to requesting an exception to managed care	5632	1%	0.320	469	0.027
Coverage	71239	14%	4.051	5937	0.338
Dental	21692	4%	1.234	1808	0.103
Durable medical equipment, medical supplies, other inquiries	15544	3%	0.884	1295	0.074
Enrollments	2913	1%	0.166	243	0.014
General Complaints	7740	2%	0.440	645	0.037
Informational calls related to Medicaid eligibility	114265	22%	6.498	9522	0.542
Medicaid Card Questions (lost cards, address changes, etc.)	164033	32%	9.329	13669	0.777
Medicare Buy-In	7502	1%	0.427	625	0.036
Pharmacy	19394	4%	1.103	1616	0.092
Third Party Liability (other insurances)	43719	8%	2.486	3643	0.207
TMA Plus	223	0%	0.013	19	0.001
Vision	8237	2%	0.468	686	0.039
Informational calls related to the CSHCS Program	1115	0%	0.063	93	0.005
Provider Calls	8698	2%	0.495	725	0.041
Total	514,504	100%	29.261	42,875	2.438

TYPE OF COMPLAINT	TOTAL NUMBER	% OF TOTAL COMPLAINTS	NUMBER OF COMPLAINTS PER 1,000 MEDICAID BENEFICIARIES	MO AVG	MO AVG NUMBER OF COMPLAINTS PER 1,000 MEDICAID BENEFICIARIES
Qualified Health Plans:					
Mental Health Services	12	0%	0.001	1	0.000
PCP Availability/Selection	38	1%	0.002	3	0.000
Pregnancy Issues	191	4%	0.011	16	0.001
Problem obtaining covered services	64	1%	0.004	5	0.000
Problem obtaining durable medical equipment and medical supplies	0	0%	0.000	0	0.000
Problem obtaining prescriptions	191	4%	0.011	16	0.001
Problem obtaining referrals for specialty care	20	0%	0.001	2	0.000
Quality of Care	0	0%	0.000	0	0.000
Transportation	9	0%	0.001	1	0.000
Vision	0	0%	0.000	0	0.000
Fee For Service:					
Mental Health Services	14	0%	0.001	1	0.000
PCP Availability/Selection	2	0%	0.000	0	0.000
Pregnancy Issues	269	5%	0.015	22	0.001
Problem obtaining covered services	60	1%	0.003	5	0.000
Problem obtaining durable medical equipment and medical supplies	1	0%	0.000	0	0.000
Problem obtaining prescriptions	1148	23%	0.065	96	0.005
Problem obtaining referrals for specialty care	5	0%	0.000	0	0.000
Quality of Care	1	0%	0.000	0	0.000
Transportation	2	0%	0.000	0	0.000
Vision	1	0%	0.000	0	0.000
Administrative Error	182	4%	0.010	15	0.001
Billing Problem	2298	45%	0.131	192	0.011
Dental	34	1%	0.002	3	0.000
Enrollment Problems	329	7%	0.019	27	0.002
Medicare/Buy-In	57	1%	0.003	5	0.000
Possible Fraud	4	0%	0.000	0	0.000
Third Party Liability (other insurances)	27	1%	0.002	2	0.000
Eligibility	99	2%	0.006	8	0.000
Total	5,058	100%	0.288	422	0.024

ANNUAL INQUIRIES AND COMPLAINTS: 519,562