

MEDICAID ELIGIBLES ENROLLED IN QUALIFIED HEALTH PLANS

(FY2006 Appropriation Bill - Public Act 154 of 2005)

December 1, 2006

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 06 COMPLAINTS AND INQUIRIES
P.A. 154 (House Bill 4831 of 2005), Section 1656(3)
Report Prepared By: Medical Services Administration
November 2006

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) 2006. It should be noted that the FY 06 report also includes Adult Benefit Waiver beneficiary call information. For the period FY 05:

- Complaint rates have increased by .018 complaints/1000 beneficiaries/year.
 - FY 06 - .33 complaints/1000 beneficiaries/year (5,499 complaints)
 - FY 05 - .31 complaints/1000 beneficiaries/year (4,778 complaints)
 - FY 04 - .28 complaints/1000 beneficiaries/year (4,222 complaints)

- Inquires have increased by .948 inquiries/per 1000 beneficiaries/year, many related to Medicare Part D eligibility and enrollment, and questions related to Medicare/Medicaid dual eligibility.
 - FY 06 – 30.973 inquiries/1000 beneficiaries/year (519,597 inquiries)
 - FY 05 – 30.025 inquiries/1000 beneficiaries/year (465,094 inquiries)
 - FY 04 – 33.867 inquires/1000 beneficiaries/year (524,593 inquiries)

LEGISLATIVE REPORT: FY 06 COMPLAINTS AND INQUIRIES

PA 330 (Senate Bill 1083 of 2006) Section 1656

Report Prepared By: Medical Services Administration

Michigan Department of Community Health

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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	23486	5%	1.400	1957	0.117
Calls related to requesting an exception to managed care	6245	1%	0.372	520	0.031
Coverage	73731	14%	4.395	6144	0.366
Dental	27661	5%	1.649	2305	0.137
Durable medical equipment, medical supplies, other inquiries	18667	4%	1.113	1556	0.093
Enrollments	4320	1%	0.258	360	0.021
General Complaints	8816	2%	0.526	735	0.044
Informational calls related to Medicaid eligibility	104259	20%	6.215	8688	0.518
Medicaid Card Questions (lost cards, address changes, etc.)	157323	30%	9.378	13110	0.782
Medicare Buy-In	9320	2%	0.556	777	0.046
Pharmacy	10454	2%	0.623	871	0.052
Third Party Liability (other insurances)	16861	3%	1.005	1405	0.084
TMA Plus	40163	8%	2.394	3347	0.200
Vision	8620	2%	0.514	718	0.043
Informational calls related to the CSHCS Program	1560	0%	0.093	130	0.008
Provider Calls	8111	2%	0.483	676	0.040
Total	519,597	100%	30.973	43,300	2.581

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	9	0%	0.001	1	0.000
PCP Availability/Selection	42	1%	0.003	4	0.000
Pregnancy Issues	238	4%	0.014	20	0.001
Problem obtaining covered services	120	2%	0.007	10	0.001
Problem obtaining durable medical equipment and medical supplies	5	0%	0.000	0	0.000
Problem obtaining prescriptions	149	3%	0.009	12	0.001
Problem obtaining referrals for specialty care	40	1%	0.002	3	0.000
Quality of Care	1	0%	0.000	0	0.000
Transportation	17	0%	0.001	1	0.000
Vision	1	0%	0.000	0	0.000
Fee For Service:					
Mental Health Services	13	0%	0.001	1	0.000
PCP Availability/Selection	1	0%	0.000	0	0.000
Pregnancy Issues	384	7%	0.023	32	0.002
Problem obtaining covered services	63	1%	0.004	5	0.000
Problem obtaining durable medical equipment and medical supplies	17	0%	0.001	1	0.000
Problem obtaining prescriptions	1194	22%	0.071	100	0.006
Problem obtaining referrals for specialty care	10	0%	0.001	1	0.000
Quality of Care	4	0%	0.000	0	0.000
Transportation	4	0%	0.000	0	0.000
Vision	5	0%	0.000	0	0.000
Administrative Error	251	5%	0.015	21	0.001
Billing Problem	2227	40%	0.133	186	0.011
Dental	27	0%	0.002	2	0.000
Enrollment Problems	265	5%	0.016	22	0.001
Medicare/Buy-In	222	4%	0.013	19	0.001
Possible Fraud	18	0%	0.001	2	0.000
Third Party Liability (other insurances)	44	1%	0.003	4	0.000
Eligibility	128	2%	0.008	11	0.001
Total	5,499	100%	0.328	458	0.027

ANNUAL INQUIRIES AND COMPLAINTS: 525,096