

2024 ACL OHIC Conference: CMS & ACL Avenues for Medicare Beneficiary Assistance



Agenda

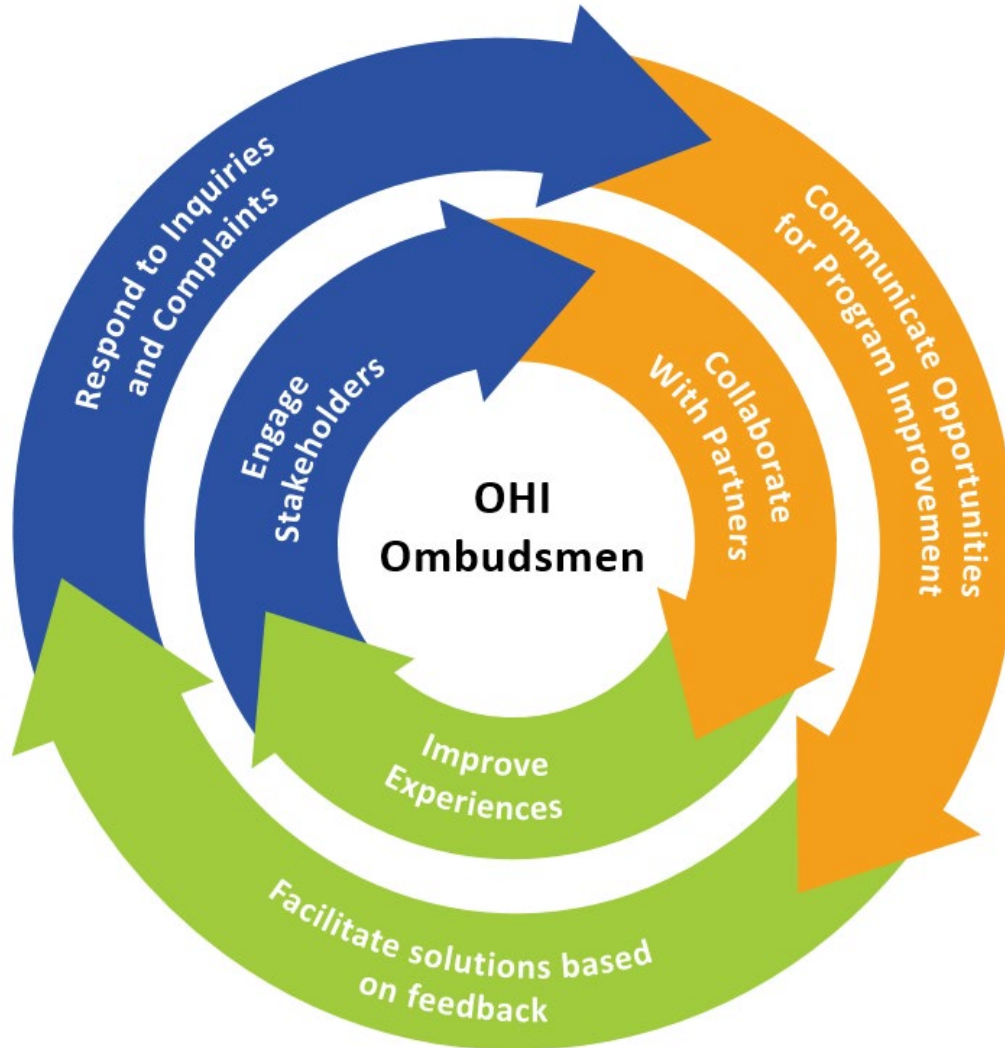
- CMS Offices of Hearings and Inquiries (OHI)
 - Medicare Beneficiary Ombudsman (MBO) & Associate Ombudsmen (AO)
 - Medicare Ombudsman Group (MOG)
- CMS Office of Program Operations and Local Engagement (OPOLE)
 - Local Engagement and Administration (LEA)
 - Innovation and Financial Management (IFM)
 - Drug and Health Plans Operations (DHPO)
- Administration for Community Living (ACL) Office of Long-Term Care Ombudsman Programs

Role of the Medicare Beneficiary Ombudsman

- The Medicare Beneficiary Ombudsman (MBO) was established by Congress to
 - Receive and respond to beneficiary inquiries and complaints
 - Work with partners to provide outreach and education to beneficiaries
 - Provide recommendations for improving the administration of Medicare
 - Report its activities to Congress¹
- Associate Ombudsman
- Medicare Ombudsman Group (MOG)

¹Social Security Act § 1808(c), 42 U.S.C. 1395b-9.

Medicare Beneficiary Ombudsman



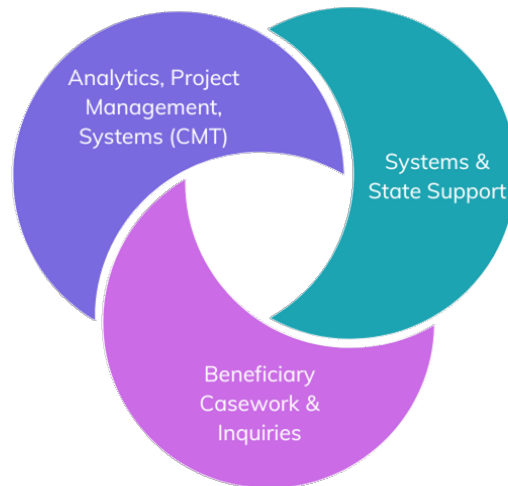
When to Contact the MBO/MOG

- If you have a systemic issue potentially affecting multiple beneficiaries.
- If you have a topic of interest for research.
- To provide feedback about beneficiary experiences with Medicare.

Medicare Ombudsman Group

Division of Medicare Data Analysis & Project Management (DAPM)

- Data Analysis & Reporting
- Project Management for Special Initiatives
- Contracts & Budget Oversight
- Ombudsman Program Support



Division of Medicare System Exceptions & Interfaces (DMSEI)

- Systems Exceptions
- System Issues and Anomalies
- State Buy-In
- Contract PM Support for DMSEI

Division of Medicare Inquires & Customer Support (DMICS)

- Priority Casework
- Direct Bill Casework
- OPM Casework
- Contract PM Support for DMICS

DMICS' Core Work Areas



Priority Casework

- Focal point in CMS for Medicare beneficiary high profile/urgent/complex cases, including cases received from Senior Leadership through the Ombudsman Assistance email feature and requests to speak to the Medicare Beneficiary Ombudsman
- Reviews/triages, analyzes, and resolves cases; reports/tracks cases to determine emerging issues or trends

Direct Bill Casework

- Reviews/handles escalated direct billing issues from 1-800-MEDICARE, SSA, and OFM
- Performs complex Direct Bill casework analysis and resolution; reports/tracks cases to determine emerging issues or trends

OPM Casework

- Reviews/handles escalated OPM issues and accretion requests from 1-800-MEDICARE, OPM, and SSA
- Performs complex OPM casework analysis and resolution; reports/ tracks cases to determine emerging issues or trends

Contract PM Support for DMICS

- Supports project management activities for Document Processing Unit (DPU) contract

DMSEI's Core Work Areas



State Buy-In

- Reviews/Triages, analyzes and resolves Medicare State Buy-In Congressional/high-priority/public relations/complex cases that require accretions, deletions, corrections, and/or adjustments for the Medicare Shared Savings programs.
- Tracks state-initiated actions rejected through the data exchange process to issues and/or trends.
- Educates and engages state partners on state buy-in operational issues through technical assistance and open forums.

System Issues and Anomalies

- Analyzes system exceptions to identify recurring issues and system anomalies. Initiates corrective action or recommendations for continuous process improvement.
- Reviews and corrects system-generated alerts (DIRT codes) and exceptions that impact beneficiary entitlement, enrollment, eligibility, and payment status

System Exception Cases

- Provides resolution to data discrepancies related to state buy-in, third-party, and OPM transactions.
- Coordinates with business partners including ROs, states and OPM to triage/resolve beneficiary system exceptions.

Contract PM Support for DMSEI

- Provides DMSEI related PM support for the Medicare Casework Support Contract.
- Oversees correction of banking errors preventing or delaying processing of beneficiary payments and cross reference issues.

Office of Program Operations and Local Engagement (OPOLE)

- Local Engagement and Administration (LEA)
- Innovation and Financial Management (IFM)
- Drug and Health Plan Operations (DHPO)

OPOLE REGIONAL OFFICES

Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region 2: New Jersey, New York

Region 3: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia

Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region 7: Iowa, Kansas, Missouri, Nebraska

Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region 9: Arizona, California, Hawaii, Nevada, Pacific Territories

Region 10: Alaska, Idaho, Oregon, Washington

Puerto Rico: Puerto Rico, US Virgin Islands

OPOLE Local Engagement and Outreach (LEA)

- Monthly meetings with SHIP/SMP/MIPPA grantees
- Assists with general inquiries or triages/refers casework and inquiries when needed for Agency response and disposition.
- Conducts local outreach and education to strengthen customer understanding of national policy and Agency initiatives and support expeditious action in emergencies
- Educates local consumers, providers, and other stakeholders regarding CMS' policies, initiatives, and programs.
- Gathers and reports on on-the-ground impact and feedback to inform future policy-making and messaging
- Major campaigns include Medicare Open Enrollment, the flu and COVID-19 vaccines, the ACA Marketplace, collaboration with the National Training Program and educating Medicare providers

LEA Contacts: SHIP/SMP/MIPPA Liaisons

RO 1: Jackeline Rodriguez, ROBOSORA@cms.hhs.gov

RO 2: Deborah Merced (SHIP), Frank Winter (SMP)
RONYCORA@cms.hhs.gov

RO 3: Monique Scott, ROPHORA@cms.hhs.gov

RO 4: Teresa Zayas, ROATLORA@cms.hhs.gov

RO 5: Gregg McAllister ROCHIORA@cms.hhs.gov

RO 6: Gaye Humphrey, RODALORA@cms.hhs.gov

RO 7: Rori Leeks, ROKCMORA@cms.hhs.gov

RO 8: Dennis Delpizzo, ROREAORA@cms.hhs.gov

RO 9: Peter Bauer, ROSFOORA@cms.hhs.gov

RO 10: Juan Garcia, ROSEA_ORA2@cms.hhs.gov

Puerto Rico: Marina Diaz/**US Virgin Islands:** Raul
Alicea CMSPRVI@cms.hhs.gov

OPOLE Innovation and Financial Management (IFM)

Beneficiary Inquiries

- Claims Processing and Billing (claim denials, incorrect coding, etc...)
- Coverage & Payment Policy (DME, SNF, Drugs & Biologicals, etc...)
- Beneficiary complaints
- Premium and enrollment issues
- Appeals
- Beneficiary reported Fraud

Medicare Card

- Ordering a new MBI replacement card
- Request a new MBI when appropriate (Stolen card or suspected fraud)

New Email Box Feeforservicequestions@cms.hhs.gov

OPOLE Drug and Health Plan Operations (DHPO)

- **Casework and Account Management:**
 - Medicare Advantage, Drug Plans, PACE, MMPs
 - Marketplace Exchanges
 - Regulatory oversight of related regulations, procedures, operations
- **DHPO casework staff:**
 - Complaint entries by 1 800 Medicare, CMS and other partners
 - DHPO ensures appropriate plan resolutions and outcomes
 - DHPO provides plan guidance, trends issues for Account Manager
- **DHPO account management staff have oversight of plan performance**
 - Meet regularly with plan compliance teams
 - Conduct impact analysis of trends/root causes
 - Initiate compliance activity in conjunction with CMS Baltimore for
 - Notices of non-compliance, CAPs, Sanctions, Penalty assessments

OPOLE Drug and Health Plan Operations (DHPO)

DHPO monitors CTM for trends, plan performance, plan audits and star ratings data.

SHIPs are able to follow the steps in the SHIP SOP to request access for CTM and can contact their POC for more information.

OPOLE DHPO

Medicare C/D Casework Contacts

All Medicare C/D casework inquiries should be sent to:

- MedicarePartCDQuestions@cms.hhs.gov
- The corporate email boxes are no longer active. All inquiries are re-directed to the Part CD Questions email above.

OPOLE DHPO

Medicare C/D Casework Contacts

- SHIPs can continue to reach their CTM SHIP POC for questions or status of complaints.
- POCs:
 - Sherice Fleet (BOS/NY)
 - Scott Spilky (KC/CHI)
 - Roberto Diaz (SEA/SF)
 - Panya Nash (ATL/PA)
 - Mary Munoz (DAL/DEN)

OPOLE REMINDERS

- OPOLE LEA handles all activities related to outreach and local engagement
- OPOLE IFM handles all beneficiary and Provider inquiries for Medicare A/B
- OPOLE DHPO handles all operations and casework for Medicare C/D – Medicare Advantage, Drug Plans, PACE, Medicare-Medicaid Plans and Marketplace Exchanges

ACL Long-Term Care Ombudsman

- Authorized by the Older Americans Act
 - Administration for Community Living/Administration on Aging
 - Office of Long-Term Care Ombudsman Programs



LTC Ombudsman

Structure, Role, & Responsibilities

- Office of the State Long-Term Care Ombudsman
- National Ombudsman Resource Center
- Designation
- Identify, investigate, and resolve complaints
 - Action, inaction, or decisions that may adversely affect health, safety, welfare, or rights of residents
 - Providers
 - Public agencies
 - Health and social service agencies



Open Discussion



Contact Information & Resources

Catherine Rippey, Medicare Beneficiary Ombudsman

E-mail: Catherine.Rippey@cms.hhs.gov

Website: [Get help with your rights & protections |](#)

[Medicare](#)

Contact Information & Resources

**Beverley Laubert, National Ombudsman Program
Coordinator**

Beverley.Laubert@acl.hhs.gov

Administration for Community Living

<https://acl.gov/programs/Protecting-Rights-and-Preventing-Abuse/Long-term-Care-Ombudsman-Program>

National Ombudsman Resource Center

https://theconsumervoice.org/get_help

