

National Health Law Program

July 1997

To: Health Advocates

Attached are a set of tools to assist with monitoring Medicaid managed care. Please copy and distribute these documents as you see fit. Let us know how you are using them, adapting them, and what you are learning from them.

Attachments:

1. Medicaid Managed Care: Client Questionnaire
2. Medicaid Managed Care: Your Legal Rights Brochure
3. Medicaid Managed Care: Suggestions for Health Plan Monitoring
4. Medicaid Managed Care: HMO Comment Form

National Health Law Program

July 1997

Along with Legal Services of Southern Piedmont, the National Health Law Program has drafted the following managed care questionnaire and flyer. We have found ready use for these documents in legal aid waiting rooms, for surveying clients at public meetings, and while they wait at department of social services offices. This questionnaire can identify both individual and systemic problems. Legal aid and consumer-based organizations should feel free to tailor these documents to meet the consumer education and informational needs of your program and community.

Medicaid Managed Care: Client Questionnaire

1	Are you or your children getting Medicaid? Yes ___ No ___ (If no, stop).
2	Are you or your children enrolled in _____ ? Yes ___ No ___ [name of managed care program] (If no, stop. If client is not sure, briefly describe the program's features.)
3	What plan did you choose? _____ If you didn't choose a plan, what plan were you assigned to? _____ [If applicable] Did you get a copy of the Medicaid agency's member handbook (show it)? Yes ___ No ___ Did you get a copy of the health plan's member handbook? Yes ___ No ___
4	How long have you been in this plan? _____ Who is your doctor? _____
5	[If applicable] Did you know you can switch plans or doctors if you want to? Yes ___ No ___ Have you ever switched ? Yes ___ No ___ If yes, when and why? _____ Do you know how to switch plans? Yes ___ No ___ Do you know how to switch doctors? Yes ___ No ___

6	<p>[If applicable (North Carolina's contract requires HMOs to provide an initial face-to-face assessment of each member.)]</p> <p>Have you and your kids each been to the doctor for a check up since you enrolled? Yes ___ No ___</p> <p>If not, has your plan or doctor contacted you about scheduling a visit? Yes ___ No ___</p>
7	<p>Have you had any problems getting care for you or your children? Yes ___ No ___</p> <p>Is there any type of care you thought you needed or asked for that you didn't get? Yes ___ No ___</p> <p>If you had a problem getting care, what was it?: _____</p> <p>If you did not get care that you asked for, did you get a written notice [if applicable, show a blank form]? Yes ___ No ___</p> <p>Have you been able to see a doctor as soon as you needed to? Yes ___ No ___</p>
8	<p>Since you have been in the plan, have you been to the emergency room? Yes ___ No ___</p> <p>When? _____</p> <p>Did you call the doctor or plan first? Yes ___ No ___</p> <p>Were you billed for that visit? Yes ___ No ___</p>
9	<p>Have you asked your doctor to refer you to a specialist? Yes ___ No ___</p> <p>If yes, were you able to get the referral? Yes ___ No ___</p> <p>If not, were you told why? Yes ___ No ___</p>
10	<p>Have you gotten a bill for any medical care since you enrolled?</p> <p>Yes ___ No ___</p> <p>If yes, explain? _____</p>
11	<p>Have you complained to anyone about a problem with your doctor or plan?</p> <p>Yes ___ No ___ (If no, stop)</p> <p>Who did you complain to? _____</p> <p>Did the problem get fixed? Yes ___ No ___</p> <p>Explain: _____</p>
<p>If client identified any problem above, did client ask for legal aid's assistance?</p> <p>Yes ___ No ___ (if no, stop)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State Zip: _____</p> <p>Phone number: _____</p>	



MEDICAID MANAGED CARE: YOUR LEGAL RIGHTS

Most families in your area who get Medicaid are in a “managed care” plan. This means that you have a primary care provider, and you must go to the primary care provider for your care. Some people have found this to be a good program, but some people have had problems. Legal services may be able to help if you have a problem.

If you are in a managed care plan, ask yourself these questions:

- ✓ Are you happy with the health care you and your family are getting?
- ✓ Are your children getting regular check-ups?
- ✓ Do you know how to switch plans or doctors if you want?

- ✗ Have you had any problems getting care?
- ✗ Have you had to wait too long to get an appointment to see a doctor?
- ✗ Have you asked to see a specialist and been told no?
- ✗ Have you been billed for any of your care?

If you are having a problem with your managed care plan, you have the right to ask the plan to fix it. If they do not, you can have a fair hearing. You have the right to have a lawyer help you in this process.

Legal Services of _____ provides free legal services to eligible Medicaid recipients.

Requesting our services:

If you want to talk to a lawyer about a problem you are having getting health care, call _____. Ask for a lawyer to talk with you about a problem with Medicaid.

National Health Law Program

To: Health Advocates
Re: Medicaid Managed Care: Health Plan Monitoring
Date: 7/9/97

The following are suggestions for legal services and community-based advocates who want to monitor the implementation and operation of Medicaid managed care at the health plan level. These suggestions are taken from activities undertaken by advocates across the country, and we have given examples in parenthesis. **Please let us know about your activities so that we can share these suggestions with other advocates.**

1. Ask your state to conduct pre-enrollment readiness reviews of health plans seeking to contract with the state. Tell the state you want to be involved in the development of the tool and in the reviews, including site visits. (E.g., MI, PA).
2. Ask the health plans serving your area and the state to share drafts of written education and enrollment materials (e.g., handbooks, policies, notices, forms) so you can “pre-test” them for consumer friendliness (e.g., Ohio).
3. Inform health plans, beneficiaries, communities, and providers about impending changes in federal/state laws.
4. Encourage Medicaid beneficiaries to request information from their health plans/providers on physician incentives. Health plans that use physician incentives plan to cover services provided to Medicare and Medicaid patients and that place physicians and physician groups at “substantial financial risk” must disclose to beneficiaries, *on request*, the types of incentives used and the results of consumer satisfaction surveys. 42 C.F.R. § 434.67.
5. After enrollment has begun, ask Medicaid beneficiaries about their experiences. The information you get can be used to identify and monitor systemic problems, as well as to provide individual legal services. A sample questionnaire is attached. (E.g., North Carolina).
6. Meet regularly with beneficiaries to monitor activities. Hold trainings and identify beneficiaries who can, in turn, train others. (E.g., DC, NYC, NC).
7. Post descriptions of consumers’ managed care rights in your offices. A sample posting of consumer rights is attached. (E.g., North Carolina).
8. Develop and disseminate a comment form for providers, consumers, and others to anonymously report problems about the plan (e.g., the plan is denying medically necessary care). Make the form returnable to your organization. A sample comment form is attached. (E.g., Ohio).

9. Ask plans serving your community to establish consumer advisory boards. Seek appointment to these boards. Let consumers know about this opportunity. Mentor consumers who serve on these boards (e.g., training in public speaking, orientation to managed care, ongoing briefing) (E.g., Ohio).
10. Identify key personnel at the plan and seek regular discussions with them. Share information you have learned about problems consumers are facing.
11. File Public Records Act requests for copies of grievance and appeal logs, disenrollments, and audits of health plans serving your community. (The National Health Law Program is completing An Advocate's Guide to Using Managed Care Data.)
12. Use the Medicaid Managed Care Monitoring Guides developed by the Health Care Financing Administration. These Guides provide regional HCFA offices a set of monitoring questions on the following: state organization/administration; marketing, member services, enrollment/disenrollment; delivery systems; access to care; special populations; eligibility; quality assurance; fiscal management; and EPSDT. For a copy of the Guides and NHeLP's suggestions for additional questions, contact the National Health Law Program (310/ 204-6010).
13. Compile a list of individuals willing to talk to the media and others about their experiences.
14. Organize public forums to share information with (and from) HCFA, state, and health plan representatives. (E.g., New York City Medicaid Managed Care Task Force; Family Voices, CA).
15. To the extent that it does not create a conflict of interest, contract with the state or seek foundation support to serve as the state-wide or area ombudsperson. (E.g., San Mateo, CA; Sacramento, CA — Center for Health Care Rights).
16. To the extent that it does not create a conflict of interest, contract with the state or seek foundation support to serve as the state hotline. (E.g., Tennessee Crisis Intervention Advocacy Line).
17. Seek funding for all of the above. For information on grants, check the "Foundations" link on the "Links" page of our website, www.healthlaw.org.

HMO Comment Form

This form is to gather information about problems and concerns with HMOs. It is not part of the HMO or state complaint process. If you have a problem and your HMO does not correct it, you should file a grievance with your HMO or the state. Check your member handbook or call your HMO to determine how to file a grievance. If you need help, Legal Services may be able to provide free legal assistance.

This form is being completed by: Consumer Provider/Physician Agency Advocate

Patient is insured by: Medicaid Medicare Private

NAME OF HMO: _____

Please check all categories that apply.

TREATMENT OR COVERAGE

- HMO says service is not medically necessary
- HMO says service is not covered by plan
- Questions not answered by provider/plan
- Other: _____

PAYMENT

- Payment denied for emergency services
- Payment denied for non-emergency services
- Payment denied because not preauthorized
- Payment delayed
- Inadequate payment
- Other: _____

TRANSPORTATION

- Provider is too far away
- HMO does not provide transportation
- Other: _____

ACCESS

- Cannot get appointment
- Cannot see provider of choice
- Trouble getting to see specialist
- Trouble getting medicine
- Trouble getting help nights or weekends
- Wait too long in office
- Language or cultural problems
- Other: _____

INFORMATION/MARKETING

- Enrollment counseling problems
- Direct marketing by HMO
- Fraud
- Questions not answered by HMO
- Questions not answered by DSS
- Information is wrong or incomplete
- Other: _____

Comments: _____

(over)

Have you tried to solve this problem? How? What happened? _____

OPTIONAL

Your name: _____

Agency or organization (if applicable): _____

Address: _____

Phone: _____

Please return to:

This form was developed by Ohio State Legal Services Association and UHCAN Ohio (Universal Health Care Action Network Ohio), with modifications by the National Health Law Program. The form can be made returnable to legal services offices, consumer advocacy organizations, or the state Medicaid agency to gather information about problems and concerns with HMOs.