

Role of the Ombudsman

Key Duties/Responsibilities

- **Accessibility** – The services of the Ombudsman are available to all Medicaid beneficiaries enrolled in KanCare, with priority given to those receiving long-term services and supports (institutional, residential and community based). The Ombudsman must be accessible through multiple entryways (phone, internet, office, etc.) and must use various means (mail, phone, in person) as appropriate, to reach out to beneficiaries and/or authorized representatives.
- **Functions** – The Ombudsman assists beneficiaries to navigate and access covered health care services and supports. Help individuals understand the delivery system and resolve problems and concerns that may arise between the individual and a provider/payer.
 1. Serve as an access point for complaints and concerns about access to services and other related matters when the beneficiary isn't able to resolve their concern directly with a provider or health plan.
 2. Help enrollees understand the state's Medicaid fair hearing process, grievance and appeal rights and grievance and appeal processes provided by the health plan, and assist enrollees in navigating those processes and/or accessing community legal resources if needed/requested.
 3. Develop a protocol for referring unresolvable issues to the State Medicaid Agency and other state officials as necessary to ensure the safety and well-being of beneficiaries.
 4. Develop and implement a program of training and outreach with KanCare MCOs providers, and community based organizations to facilitate cross-organizational collaboration, understanding, and the development of system capacity to support beneficiaries in obtaining covered plan benefits. The state shall track and report all such activities to the State Medicaid Agency and CMS as specified in subparagraph v. of the STC.
 5. Assist enrollees to understand and resolve billing issues, or notices of action.
 6. Serve as a point of contact and resource for legislative and other inquiries into the provision of long term supports and services (LTSS) in managed care
- **Staffing and Training** – The Ombudsman must employ individuals who are knowledgeable about the state's Medicaid programs; beneficiary protections and rights under Medicaid managed care arrangements; the health and support needs of persons with complex needs, including those with a chronic condition, disability, and cognitive or behavioral needs, and the community based systems that support them. In addition, the Ombudsman shall ensure that its services are delivered in a culturally competent manner and are accessible to individuals with limited English proficiency and people with disabilities. The state shall develop an access standard to measure the availability and responsiveness of the system to an beneficiaries and others seeking support from the Ombudsman, and shall report compliance with this standard to CMS in its quarterly and annual reports , as specified in STC77 and 78. The system shall be staffed sufficiently to address all request for support consistent with this access standard.
- **Data Collection and Reporting** - a robust system of data collection and reporting. Include this data in quarterly and annual reports to CMS (STCs 77 and 78) and develop a mechanism for public reporting. Data elements to collect and report on at a minimum are:
 1. Date of incoming request as well as the date of any change in status.
 2. Volume and type (email, phone, verbal, etc.) of incoming request for assistance

3. Time required for beneficiaries to receive assistance from Ombudsman, including time from initial request to resolution.
 4. The issue(s) presented in incoming requests for assistance
 5. The health plan(s) involved in the request for assistance, if any
 6. The geographic area where the beneficiary involved resides, if applicable
 7. Which 1915© waiver authority if applicable (ID/DD, PD, Aging, etc.) the beneficiary receives services from.
 8. The current status of the request for assistance, including actions taken to resolve
 9. The number and type of education and outreach events conducted by the Ombudsman
 10. System Enhancement. The Ombudsman shall generate any enhancements to the program that the state makes. The first report will be submitted to CMS within 6 months of approval of the demonstration. Subsequent reports will be submitted to CMS with 6 months of the end of the calendar year.
 11. Transparency and Stakeholder Involvement. The State shall assure transparency in the operation of the Ombudsman, including public reporting of all aggregate data and performance reports and changes made to improve the Ombudsman program. The State shall develop a mechanism to secure stakeholder input into the operation and performance of the Ombudsman and demonstrate inclusion of stakeholder input in its on-going operation, evaluation and enhancement of the program.
- **Organizational Structure-** The Ombudsman shall be autonomous to any KanCare MCO and the State Medicaid agency. If the Ombudsman operates within a sister state agency, the State shall establish protections such that no undue influence will be imposed that restricts the ability of the Ombudsman to perform all of the core functions. The Ombudsman will receive administrative and legal support from the Office of the Secretary division of KDADS. The organizational structure of the Ombudsman shall demonstrate transparency and collaboration with beneficiaries, MCOs community based organizations, and state government.
The Ombudsman will make an annual report to the legislature detailing the activities of the office and other relevant information related to the provision of long term care services in KanCare.
 - **Policy and Advocacy –** The Ombudsman will advocate for the rights and proper treatment of KanCare consumers through direct involvement and mediation with consumers, State policy divisions, and KanCare plans. Additionally, the Ombudsman will represent the Secretary of KDADS on consumer councils and focus groups convened by the KanCare plans, and provide the Secretary with counsel on suggested policy changes or additions to enhance consumer protections and engagement under KanCare. The Ombudsman will present the Legislature an annual report detailing the activities of the office, summarizing major issues of concern, and present suggested policy changes or additions to enhance consumer protections and engagement under KanCare.
 - **Performance –** The state and CMS will review the performance of the Ombudsman against the access standard and against the functions described in these STCs 12 months following approval of this demonstration. The State shall take any necessary corrective action to comply with this standard.
 - The State will evaluate the impact of the Ombudsman program in the demonstration evaluation per STC 101.