



Medi-Cal Access to Care Quarterly Monitoring Report #5 2012 Quarter 4



Beneficiary Feedback

September 2013

California Department of Health Care Services
Research and Analytic Studies Branch
MS 1200, P.O. Box 997413
Sacramento, CA 95899-7413

Contents

List of Figures	2
List of Tables	3
Beneficiary Help Line Feedback	4
Introduction	4
Highlights	4
Methods	5
Results	6
Call Volume by Quarter	7
Modified Call Categories	8
Distribution of Calls by Call Category	10
Calls by Aid Code Category	11
Distribution of Calls from Family Aid Codes by Call Category	12
Distribution of Calls from Blind/Disabled Aid Codes by Call Category	13
Reason for Call	14
Conclusions.....	16

List of Figures

Figure BF-1. Calls Received by FFS Beneficiaries by Month for January 2012-December 2012 ...	6
Figure BF-2. Calls Received by FFS Beneficiaries by Call Category for January 2012–December 2012	10
Figure BF-3. Monthly Call Volumes from Family Aid Codes by Call Category for January 2012–December 2012.....	12
Figure BF-4. Monthly Calls from Blind/Disabled Beneficiaries by Call Category for January 2012–December 2012.....	13

List of Tables

Table BF-1. Number of Calls Received from FFS Beneficiaries by Quarter for January 2012– December 2012	7
Table BF-2. Modified Call Categories	9
Table BF-3. Calls for Enrollment/Continuity of Care and Provider/Availability Issues by Aid Category for January 2012–December 2012.....	11
Table BF-4. Top 3 Reasons for Calls from Family Aid Codes for January 2012–December 2012	14
Table BF-5. Top 3 Reasons for Calls from Blind/Disabled Aid Codes for January 2012–December 2012	15

Beneficiary Help Line Feedback

Introduction

In 2011, the Centers for Medicare and Medicaid Services strongly encouraged DHCS to implement a beneficiary help line as part of the DHCS' comprehensive health care access monitoring plan. Though DHCS has several administrative data sources that can be used to monitor health care access, there is no ongoing mechanism in place allowing beneficiaries to provide feedback pertaining to their experiences, including difficulties finding a provider, receiving referrals to specialists, and their difficulties with enrollment. In addition, though data from claims provides DHCS with information regarding services that were utilized by its members, beneficiaries who encounter factors that impede their use of services cannot be accounted for using this data source. The DHCS help line will address this gap in information for monitoring health care access, and provide needed assistance to FFS beneficiaries having difficulties navigating the health care system.

Highlights

Calls increased by the end of the reporting period, with nearly 400 calls in August 2012 compared with over 800 calls in November 2012.

The largest percentage (51%) of calls were regarding Enrollment/Continuity of Care.

For the Enrollment/Continuity of Care call category, those in Families and Blind/Disabled aid categories were the top groups of callers. For the Provider/Availability call category, Families and Other aid categories were the top two groups of callers.

The Medi-Cal beneficiary help line was implemented in December 2011, and is similar to the Medi-Cal Managed Care Division's Office of the Ombudsman call center that addresses the needs of Medi-Cal managed care beneficiaries. The rate that Medi-Cal FFS beneficiaries contact the help line for information and complaints can offer one measure of how well the program is meeting the needs of its FFS beneficiaries and solving problems when they arise.

Methods

DHCS continues to rely on data obtained from the Office of the Ombudsman for the purpose of monitoring health care access until such time that data from the newly-implemented Call Center becomes available.

The Office of the Ombudsman call center documented 8,532¹ calls from FFS beneficiaries from the first quarter of 2012 to the fourth quarter of 2012. For each of these calls, the call center recorded the date and time of call, beneficiary aid category, county of residence, and reasons for the call. Data for these calls were summarized by month received, six aid category groupings (Families, Blind/Disabled, Aged, Foster Care, Undocumented, and Other), and reason for call.

¹ A different data extraction method was used by the Office of the Ombudsman to identify calls made by FFS beneficiaries. Using data obtained by this new method, call counts are slightly higher (3%–6%) than noted in previous access quarterly reports.

Results

Between January 2012 and December 2012, the Office of the Ombudsman documented a total of 8,532 calls received from Medi-Cal FFS beneficiaries.

The total number of calls remained relatively the same as the previous reporting period (8,509 calls for October 2011-September 2012). Figure BF-1 provides a graph of the total calls received during the current reporting period by month. A general downward trend in call volume was observed during the first half of the year, with call volume returning to higher levels during the last quarter of 2012.

Call volume experienced a downward trend during the first half of the year, but returned to higher levels during the last quarter of 2012.

Figure BF-1. Calls Received by FFS Beneficiaries by Month for January 2012-December 2012



Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries, January 2012–December 2012.

Beginning in September 2012, call volume notably increased, particularly for calls pertaining to miscellaneous reasons (data not shown). This increase in call volume may be attributed, in part, to the Department’s transitioning of children served by the Healthy Families Program into Medi-Cal beginning in January 2013. A definitive explanation of this rise in call volume can only be reached upon further investigation.

Call Volume by Quarter

Table BF-1 presents the number of calls received for each quarter of the current reporting period. Call volume for the second and third quarters of 2012 decreased significantly from the first quarter (34% and 23%, respectively). Call volume increased 49% in the fourth quarter to 2,208 calls.

Call volume nearly doubled between the months of August and November 2012.

Table BF-1. Number of Calls Received from FFS Beneficiaries by Quarter for January 2012–December 2012

Quarter	Calls per Quarter	% Change from Previous Quarter
Jan–Mar 2012	2,912	
Apr–Jun 2012	1,931	-34%
Jul–Sep 2012	1,481	-23%
Oct–Dec 2012	2,208	49%

Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by the DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries, January 2012–December 2012.

Modified Call Categories

To help monitor whether managed care health plans are operating in line with their contractual obligation, the Ombudsman call center staff assigns codes to each call based on the reason for the call. The codes fall under certain categories such as “Enrollment/Continuity of Care” and “Quality of Care,” which enables the Ombudsman to identify potential problems among particular health plans or counties that may need investigating.

While the coding scheme used by the Ombudsman is helpful for overseeing health plans, call groupings are categorized differently for the purpose of this report to better identify whether beneficiaries are having problems accessing the care they need, including whether they are able to find a provider, continue with the same provider as their “usual source of care,” and access specialty services when needed.

Table BF-2 presents these groupings and a description of the codes that fall within each category. The first two categories, Enrollment/Continuity of Care and Provider/Availability Issues, are key elements in understanding whether beneficiaries are experiencing access-related problems.

Table BF-2. Modified Call Categories

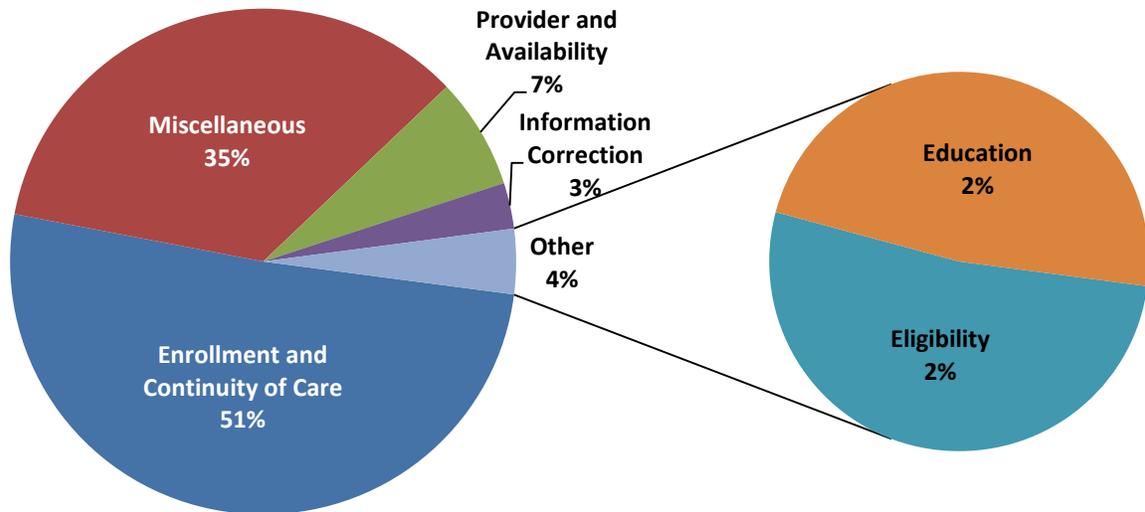
Call Category	Reason for Call
Enrollment and Continuity of Care	<ul style="list-style-type: none"> • Seeking information for new enrollment into plan • Wanting to change plans or disenroll from managed care • Seeking medical exemptions • Emergency plan disenrollment requests • Pregnancy or other qualifying conditions • Enrollment issues for specific beneficiary groups such as Seniors and Persons with Disabilities (SPDs), foster care • Mandatory enrollment issues • Change or default into other managed care plan • Issues regarding dental plan enrollment
Provider and Availability Issues	<ul style="list-style-type: none"> • Medi-Cal eligibility was terminated • Seeking to obtain or change provider • Issue with transportation or distance to provider • Issue with disability/physical access • Was refused care or given inappropriate care • Was refused medications, Durable Medical Equipment (DME), or medical supplies • Delayed referral or appointment • Unable to access PCP/specialist/provider • Language access issues • Delay of prior authorization
Information Correction	<ul style="list-style-type: none"> • Need to correct beneficiary information (aid code, county code, address) • Need to fix provider billing issues
Education	<ul style="list-style-type: none"> • Seeking information about Medi-Cal program (e.g., Adult Day Health Center, Healthy Families) • Seeking information regarding notice of action
Eligibility	<ul style="list-style-type: none"> • Beneficiary has share of cost (SOC) or restricted aid code • Beneficiary resides in a restricted or carved out zip code
Miscellaneous	<ul style="list-style-type: none"> • Voicemail calls • Complaints about plan/provider staff • Referrals to external organizations such as Social Security Administration, County Eligibility, Medicare • Other issues

Note: These modified call categories in the first column were developed based on the reasons for call in the second column, which are the call codes used by the Ombudsman.

Distribution of Calls by Call Category

Figure BF-2 presents the distribution of total calls received by FFS beneficiaries and reasons for their call. Enrollment/Continuity of Care represented 51% of calls, while another 35% of calls were categorized as Miscellaneous. The remaining 14% of calls pertained to Provider and Availability, Information Correction, Education, and Eligibility issues.

Figure BF-2. Calls Received by FFS Beneficiaries by Call Category for January 2012–December 2012



Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries, January 2012–December 2012.

As key elements in understanding whether beneficiaries are experiencing access-related problems, the remainder of this analysis will focus on two call categories: Enrollment/Continuity of Care and Provider/Availability issues. Of the total calls received, there were 4,343 calls categorized as Enrollment/Continuity of Care and 606 calls categorized as Provider/Availability.

Calls by Aid Code Category

The Medi-Cal aid codes reported by FFS beneficiary callers were collapsed into six aid code categories. Table BF-3 presents the calls received by FFS beneficiaries based on the primary access issue (Enrollment/Continuity of Care and Provider/Availability) and aid code in which the beneficiary was enrolled.

Table BF-3. Calls for Enrollment/Continuity of Care and Provider/Availability Issues by Aid Category for January 2012–December 2012

Aid Category	Call Category			
	Enrollment and Continuity of Care		Provider and Availability	
	# of Calls	% of Calls	# of Calls	% of Calls
Families	2,122	49%	215	35%
Blind/Disabled	1,224	28%	139	23%
Other	443	10%	161	27%
Aged	315	7%	58	10%
Foster Care	225	5%	8	1%
Undocumented	14	0.3%	25	4%
Total	4,343	100%	606	100%

Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries January 2012–December 2012.

Patterns of call volume by aid category were similar between Enrollment/Continuity of Care and Provider/Availability. The majority of calls for each call category were received from beneficiaries in the Families aid category, followed by beneficiaries in the Blind/Disabled, Other, and Aged aid categories.

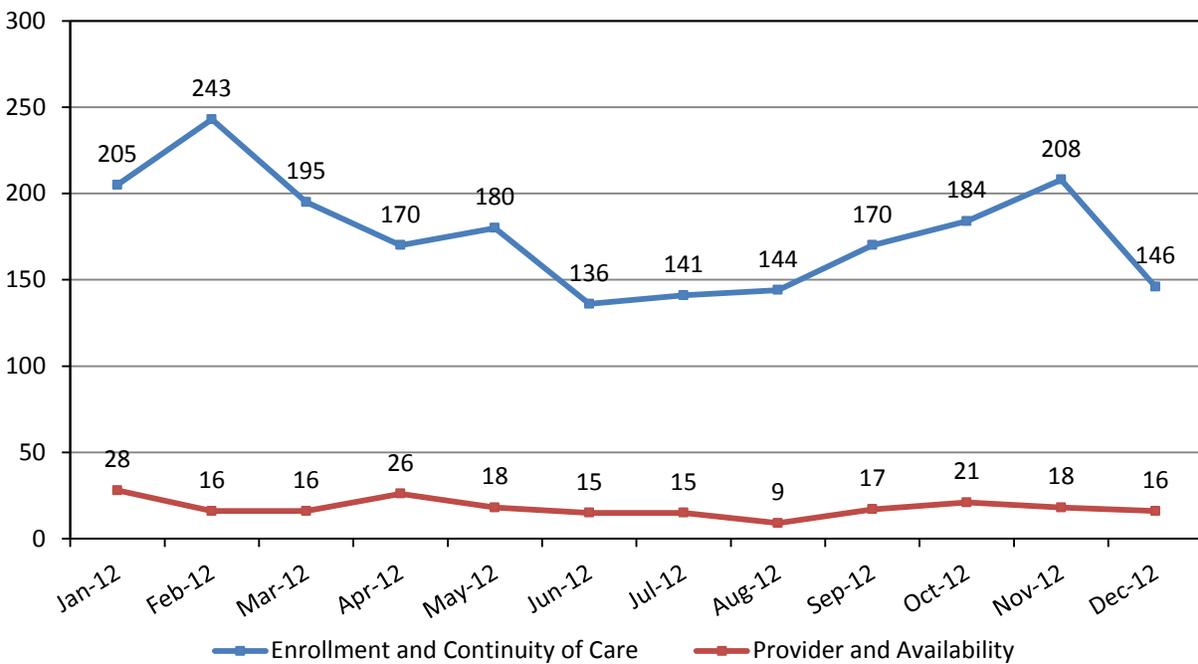
In general, a large proportion of calls received by the Ombudsman’s Office pertained to Enrollment/Continuity of Care issues as compared with Provider/Availability issues. However, among beneficiaries enrolled in Undocumented aid codes, a larger volume of calls pertained to Provider/Availability issues.

The majority of calls categorized under Enrollment/Continuity of Care and Provider/Availability were from beneficiaries in Families, Blind/Disabled, and Other aid codes.

Distribution of Calls from Family Aid Codes by Call Category

Since the majority of calls were received from callers in Family and Blind/Disabled aid codes, the following sections of the report will focus on calls received by beneficiaries in these two aid categories, analyzed by month and call category. Figure BF-3 represents calls made by FFS beneficiaries enrolled in the Families aid category. As with overall call volume, calls made by beneficiaries in the Families aid category and pertaining to Enrollment/Continuity of Care issues, experienced a downward trend during the first half of 2012, but increased in the months of September, October, and November. Calls pertaining to Provider/Availability issues from beneficiaries in the Families aid category were less frequent but stable during the period under study.

Figure BF-3. Monthly Call Volumes from Family Aid Codes by Call Category for January 2012–December 2012

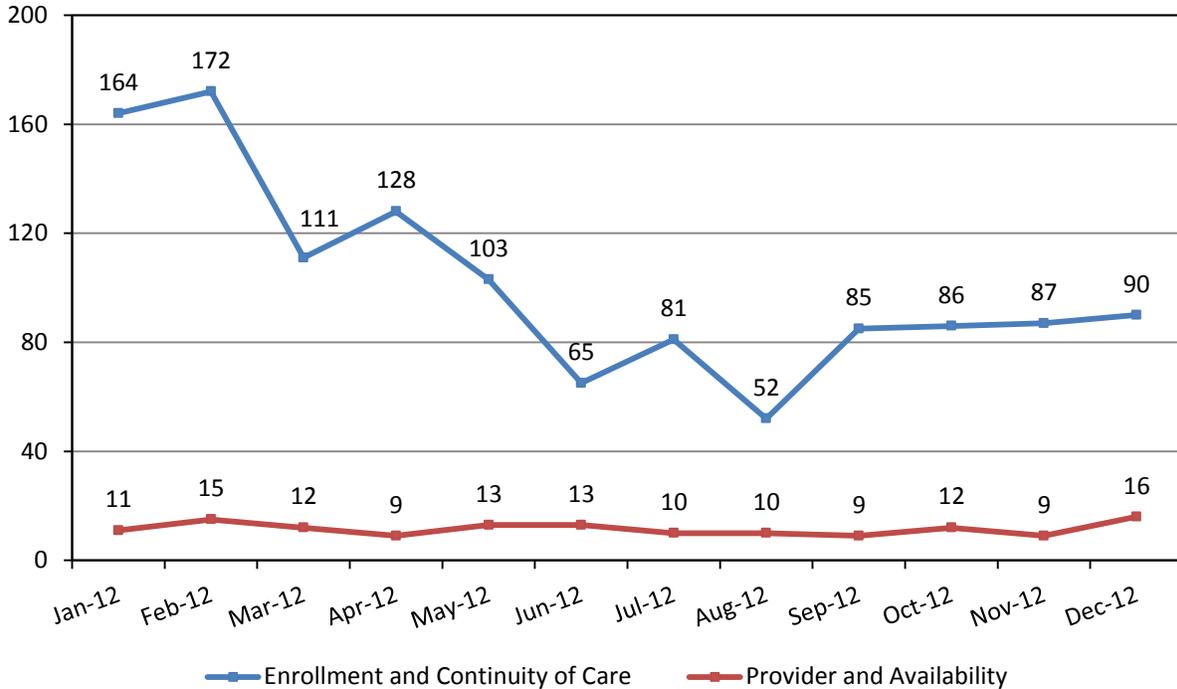


Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries January 2012–December 2012.

Distribution of Calls from Blind/Disabled Aid Codes by Call Category

Figure BF-4 presents the distribution of calls from FFS beneficiaries in Blind/Disabled aid codes by call category and month. Among this beneficiary subgroup, calls pertaining to Enrollment/Continuity of Care experienced a notable decline from February to August 2012, but stabilized during the last four months of 2012. Calls pertaining to Provider/Availability issues were infrequent but stable for most of 2012.

Figure BF-4. Monthly Calls from Blind/Disabled Beneficiaries by Call Category for January 2012–December 2012



Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries January 2012–December 2012.

Reason for Call

To further investigate calls received by FFS beneficiaries, the top reasons for calls under each call category were identified. Table BF-4 presents the top three reasons for calls among calls received from beneficiaries in the Family aid category. Nearly 80% of calls categorized as Enrollment and Continuity of Care pertained to requests for new enrollment. Another 7% of Enrollment and Continuity of Care calls were regarding Foster Care/Adoption issues, and 3% were requests to disenroll from managed care.

Among beneficiaries in Family aid codes, 80% of calls regarding Enrollment/Continuity of Care were requests for new enrollment.

Of the calls categorized under Provider and Availability, nearly 85% were addressing the termination of Medi-Cal eligibility. Another 6.5% were related to beneficiaries being billed for services, and 3.3% concerned refusal of medications.

Table BF-4. Top 3 Reasons for Calls from Family Aid Codes for January 2012–December 2012

Reason for Call	# of Calls	% of All Calls*
Enrollment and Continuity of Care (n=2,122)		
Requesting New Enrollment into Plan	1,692	80%
Foster Care/Adoption (Disenrollment Exemption Request)	142	7%
Wants to Disenroll from Plan to Become FFS	60	3%
Provider and Availability (n=215)		
Medi-Cal Eligibility Terminated	182	8%
Beneficiary Being Billed	14	7%
Refusal of Medications	7	3%

Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries, January 2012–December 2012

*Percents are based on all calls received during the study period. Only the top three call subcategories are displayed here, so percentages will not add up to 100%.

Table BF-5 presents the top three reasons for calls among calls received from beneficiaries in the Blind/Disabled aid category. Approximately 46% of the calls categorized as Enrollment/Continuity of Care involved callers requesting new enrollment. Nearly 20% concerned Medical Exemption Requests (MERs) or Emergency Disenrollment Exemption Requests (EDERs), and nearly 11% pertained to calls from beneficiaries in the Seniors and Persons with Disabilities aid codes with concerns pertaining to denied medical exemptions and emergency disenrollment exemption requests.

Among beneficiaries in the Blind/Disabled aid codes, nearly 45% of those categorized as Provider and Availability issues called about termination of Medi-Cal eligibility.

Of the calls categorized under Provider/Availability, nearly 45% of calls involved termination of Medi-Cal eligibility. Two issues, a provider not being part of the beneficiaries' plan and the refusal of medications, both received nearly 17% of calls for the reporting period.

Table BF-5. Top 3 Reasons for Calls from Blind/Disabled Aid Codes for January 2012–December 2012

Reason for Call	# of Calls	% of All Calls*
Enrollment and Continuity of Care (n=1,224)		
Requesting New Enrollment into Plan	564	46%
Status Checks on MERs/EDERs	242	20%
Denial of SPD MERs/EDERs	129	11%
Provider and Availability (n=139)		
Medi-Cal Eligibility Terminated	62	45%
Provider Not a Plan Partner	23	17%
Refusal of Medications	23	17%

Source: Analysis of data from the Office of the Ombudsman, Medi-Cal Managed Care Division, prepared by DHCS Research and Analytic Studies Branch. Calls received from FFS beneficiaries, January 2012–December 2012

*Percents are based on all calls received during the study period. Only the top three call subcategories are displayed here, so percentages will not add up to 100%.

Conclusions

1. Between January 2012 and December 2012, the Ombudsman call center staff documented 8,532 calls from FFS beneficiaries in the Medi-Cal program. The call total during this 12-month period remained similar to the October 2011–September 2012 reporting period.
2. About 51 percent of the calls pertained to Enrollment/Continuity of Care. Another 35 percent of calls were categorized under Miscellaneous. Due to the ambiguity of Miscellaneous calls, they were not further analyzed. The focus of the analyses were on calls related to Enrollment/Continuity of Care and Provider/Availability as these key elements help identify access-related issues experienced by beneficiaries.
3. Among calls categorized as Enrollment/Continuity of Care and Provider/Availability, the majority of calls were from FFS beneficiaries enrolled in Family, Blind/Disabled, and Other aid categories.
4. Callers in Family aid codes were primarily concerned with requesting new enrollment. Other important issues included foster care/adoption issues and disenrolling from or changing to a FFS delivery system. These callers also sought information regarding the termination of their Medi-Cal eligibility, as well as being billed for services and refusal of medications.
5. Callers from Blind/Disabled aid codes were primarily concerned with requesting new enrollment. These callers also requested medical exemptions and emergency disenrollment exemption requests, as well as following up on denied requests for exemptions. Other reasons for these calls included termination of Medi-Cal eligibility, provider not being a plan participant, and refused medications.