

SUMMARY BRIEF:

**OMBUDSMAN PROGRAM PREPARATIONS FOR
ASSISTING LONG-TERM CARE RESIDENTS TO
UNDERSTAND THE MEDICARE PRESCRIPTION
DRUG PROGRAM**

Prepared by the National Association of State Units on Aging

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NASUA is a private, nonprofit organization whose membership is comprised of the 56 state and territorial offices on aging.

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SUMMARY BRIEF:

OMBUDSMAN PROGRAM PREPARATIONS FOR ASSISTING LONG-TERM CARE RESIDENTS TO UNDERSTAND THE MEDICARE PRESCRIPTION DRUG PROGRAM

Introduction

It is anticipated that ombudsmen will receive many questions from residents in nursing homes and assisted living facilities, their families, and even providers about the impact of the new Medicare Prescription Drug Program on the coverage, delivery, packaging and monitoring of the medications needed by residents. The Medicare Prescription Drug Program is scheduled to go into effect January 1, 2006. The Centers for Medicare and Medicaid Services (CMS) is working on operational guidance to clarify provisions in the recently released regulations. While details about the implementation are not fully known, ombudsman programs still need to be prepared to respond to requests for information and assistance. At the state level the state health insurance counseling and assistance programs (SHIPs) are the primary, though not exclusive, portals for information about Medicare. Given the prominent role that SHIPs are likely to play, ombudsman programs are beginning to focus their attention on how the two programs will work together to help residents and their families with information and assistance.

State ombudsman programs will undoubtedly prepare for the implementation of the Medicare Prescription Drug Program in different ways. A fundamental consideration is determining what role the ombudsman program should play in educating and assisting residents with the potential impact. For instance, ombudsman programs may already be involved in training staff about the Medicare Prescription Drug Program, be working with a wide range of agencies and organizations to organize outreach efforts to residents, or planning to initiate discussions with their state licensure and certification agency about how medication problems related to the Medicare Prescription Drug Program will be handled.

In January 2005, the National Association of State Units on Aging (NASUA), as part of its work plan to support the National Ombudsman Resource Center, convened a small workgroup comprised of state ombudsmen and state unit on aging staff to begin gathering information regarding ombudsman programs' preparations to assist residents understand and take full advantage of their benefits under the Medicare Prescription Drug Program. The discussion focused on two primary issues: *educating ombudsman program staff* to respond to inquiries from consumers and long-term care providers; and *coordinating with other agencies and organizations* involved in helping consumers understand the new program and their rights, including developing outreach and education plans. Based on the workgroup's discussion, a short questionnaire was designed and emailed to all state ombudsmen in March 2005 (see Appendix A).

Questionnaire Content

The questionnaire gathered basic information about how ombudsman programs are planning to educate program staff about the Medicare Prescription Drug Program and about their plans for coordinating with other agencies and organizations. Specifically, state ombudsmen were asked how they plan to inform ombudsman program staff about the Medicare Prescription Drug Program; their experience with using CMS' website and toll-free number to obtain information about the prescription drug program; and what they most want to know about the prescription drug program. They were also asked to identify the agencies and organizations with which they are planning to coordinate to provide outreach, education and assistance to long-term care residents; how they are planning to work with these groups; their plans for developing consumer materials; and their plans to provide outreach, education, and assistance to non-English speaking residents. A copy of the questionnaire can be found in Appendix A.

Responses

Twenty-four (24) programs responded to the questionnaire by the March 30, 2005 response deadline.

Ombudsman Programs responding to the questionnaire:

Alabama	Illinois	Nebraska
Arizona	Kansas	Ohio
California	Kentucky	Puerto Rico
Colorado	Massachusetts	Texas
District of Columbia	Michigan	Virginia
Georgia	Missouri	Washington
Hawaii	Montana	Wisconsin
Idaho	North Dakota	West Virginia

Questionnaire Results

While some programs have not fully determined their role relative to the implementation of the new Medicare Prescription Drug Program, the information provided from the responses helps paint a picture of where programs stand at the present time with their planning and preparations.

Educating Ombudsman Program Staff

The following is a summary of ombudsman programs' responses to questions about educating ombudsman program staff.

- **Ombudsman programs are looking primarily to the SHIPs for information about the Medicare Prescription Drug Program**

Twenty-three (23) ombudsman programs will coordinate with their state's SHIP to help educate ombudsman program staff about the Medicare Prescription Drug Program. State health insurance counseling and assistance programs (SHIPs) are providing training to the ombudsman programs in at least half of the states that responded to the questionnaire. In some cases the training is specifically for ombudsman program staff and in others it is part of a larger training coordinated by the SHIP for aging network professionals. In **Montana** all ombudsmen are cross-trained as SHIP counselors.

Ombudsman programs plan to use a variety of methods to provide education and information about the Medicare Prescription Drug Program to their staffs. Sixteen (16) ombudsman programs will use training and inservices, 14 will use periodic information briefs and fact sheets, and 6 plan to use a website. One program has not yet determined how they will provide information to their staff.

Ombudsman programs are also taking advantage of other opportunities to train their statewide staff.

- ✓ **West Virginia** is planning to have a speaker from the Center for Medicare Advocacy conduct a workshop on the basics of the Medicare Prescription Drug Program at the Governor's Summit on Aging, which many regional ombudsmen will attend.
 - ✓ In **Montana** the Office on Aging and the SHIP are planning to focus this year's Governor's Conference on Aging on the Medicare Modernization Act (MMA).
 - ✓ In **Missouri**, CMS regional representatives gave a presentation to all ombudsman staff.
 - ✓ The **Nebraska** LTC Ombudsman Program receives the Senior Medicare Patrol grant for the state, and in coordination with the state's SHIP has begun educating program staff and volunteers on the Medicare Prescription Drug Program.
- **The majority of ombudsman programs that have used the CMS website or toll-free number have found it helpful but want more information**

Thirteen (13) of the 24 programs that responded to the questionnaire have used the CMS website or toll-free number to obtain information about the new Medicare Prescription Drug Program. The majority (10) reported that it was helpful. However, some programs reported that the information was limited or confusing. State ombudsmen stated that they wanted more information about how the Medicare Prescription Drug Program applies to nursing home residents.

- **State ombudsmen want basic information about the Medicare Prescription Drug Program including the appeals and formulary exception processes**

In response to the question, ‘what do you want to know or feel you need to know about the Medicare prescription drug benefit?’ state ombudsmen identified three kinds of information they would find most valuable.

Overwhelmingly, state ombudsmen expressed a desire for basic information about the prescription drug benefit and how it will apply to residents of nursing homes and assisted living facilities, particularly residents who are dual eligible for Medicaid and Medicare. They also expressed concern about incapacitated residents, wanting to know who will make decisions for residents without the capacity to make decisions for themselves and who do not have family or a legal representative to act on their behalf. A number of programs expressed interest in obtaining more information about the formulary exception process and transition guidance for residents moving back and forth between hospitals, communities and nursing homes.

What State Ombudsmen Want to Know
<ul style="list-style-type: none"> • Basic information about how the new Medicare Prescription Drug Program applies to nursing home residents and particularly residents who are “dual eligible” for both Medicaid and Medicare. • How decisions and appeals will be handled for incapacitated residents who do not have a surrogate decision maker. • The formulary exception process and transition guidance for residents moving back and forth between hospitals, communities and nursing homes.

Ombudsman programs want more information about specific drugs, drug formats, and categories of medication that will not be covered under the Medicare Prescription Drug Program. The **Nebraska** Ombudsman Program is coordinating with the state Medicaid Agency to keep up with the state’s plan to cover medications not covered under Medicare’s Prescription Drug Program (e.g., benzodiazepines) for those residents who are dually eligible for Medicare and Medicaid, as well as other issues.

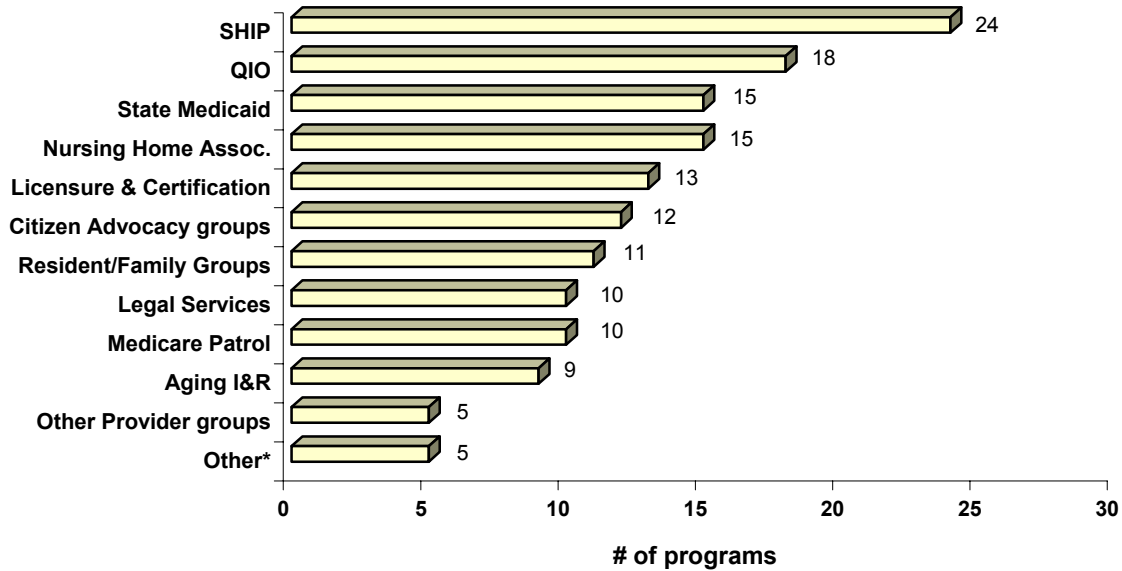
Coordinating with Other Agencies and Organizations

- **Ombudsman programs are coordinating with a wide range of agencies and organizations to provide outreach, education and assistance to residents**

State ombudsmen identified a wide range of agencies and organizations with which they are either planning, or already are working in order to help residents understand and access information and assistance about the Medicare Prescription Drug Program. Most frequently cited were the SHIP, the Quality Improvement Organization (QIO), state Medicaid Agency, nursing home associations, and the state Licensure & Certification agency (L&C). The graph below illustrates the wide range of groups and

organizations identified by ombudsman programs and the number of programs reporting that they plan to coordinate with each type.

Organizations with which Ombudsman Programs Plan to Coordinate



* “Other” includes area agencies on aging, AARP, the Social Security Administration, Families USA, a state senior citizen association, and the media.

- **State Ombudsmen are coordinating with other organizations primarily to educate ombudsman program staff**

When asked to describe the ombudsman program’s coordination efforts, 22 of the 24 programs indicated that they are working with other organizations and programs in order to educate ombudsman program staff. Seventeen (17) programs (AL, AZ, CA, DC, GA, IL, KS, MA, MI, MO, MT, NE, ND, OH, VA, WA, WI) are serving on an advisory group such as a QIO Medicare Advisory Committee.

- **Ombudsman programs are coordinating with other organizations to develop consumer materials and outreach campaigns**

None of the ombudsman programs that responded to the questionnaire are planning to develop their own consumer education materials about the Medicare Prescription Drug Program at this time. Several ombudsmen stated that limited resources make it unlikely that materials could be developed independently. However, eight programs (CA, MA, MI, NE, ND, OH, PR, WI) are working with other organizations and programs to develop consumer materials and outreach campaigns. Fourteen (14) ombudsman programs have not yet decided whether to develop consumer materials,

reporting that they are waiting to see what kinds of information becomes available. Ombudsman programs not planning to develop any materials reported that they plan to distribute materials made available from other programs (e.g., CMS, SHIPs, QIOs).

Ombudsman programs in **Alabama**, **Montana** and **Puerto Rico** are actively engaged in efforts to provide outreach, education and assistance about the Medicare Prescription Drug Program to non-English speaking residents through the development and distribution of materials. **Montana** is coordinating with the area agencies on aging and representatives of the state's seven tribes to provide information to the Native American population, including the residents of two nursing homes located on reservations.

Summary

The National Association of State Units on Aging (NASUA) emailed a short questionnaire to all state ombudsmen in March 2005 requesting basic information about their preparations for educating ombudsman program staff about the Medicare Prescription Drug Program and about coordinating with other organizations to provide outreach, education and assistance to residents. Twenty-four (24) programs responded.

Responses to the questionnaire revealed that ombudsman programs are relying primarily on the state health insurance counseling and assistance programs (SHIPs) for information about the Medicare Prescription Drug Program, and that ombudsman programs are coordinating with a wide range of other organizations including the SHIPs, Quality Improvement Organizations (QIOs), state Medicaid agencies and state nursing home associations to develop and provide outreach, education and assistance to residents on this topic. Ombudsman programs are not independently developing consumer materials at this point, but are coordinating with other organizations to help develop materials or are planning to use materials developed by other sources such as the SHIPs, QIOs and CMS.

Ombudsman programs are working to educate program staff about the new Medicare Prescription Drug Program are actively involved in coordinating with other organizations and agencies to provide education, outreach and assistance to nursing home residents.

Responses to the questionnaire reveal that ombudsman programs want and need basic information about the Medicare Prescription Drug Program as it applies to nursing home residents. Specifically, they want information about: how the Medicare Prescription Drug Program applies to residents who are eligible for Medicare and Medicaid; how decisions and appeals will be handled for incapacitated residents who do not have a surrogate decision maker; and about the exception process for residents whose medications will not be covered under a prescription drug plan's formulary.

APPENDIX A

Questionnaire

Ombudsman Program Preparations for Assisting Long-Term Care Residents To Understand the Medicare Prescription Drug Program (Part D)

Please take a few minutes to respond to the questions below. This brief questionnaire is intended to capture information on current ombudsman program activities to address this issue. Responses will be aggregated and shared with all state ombudsmen.

State: _____

Person completing the questionnaire: _____

1. What are the ombudsman program's plans for informing program staff about the Medicare prescription drug benefit as it relates to long-term care residents? (Check all that apply and describe activities as appropriate.)

- Training/in-service sessions. Describe.
- Information briefs/fact sheets/newsletters. Describe.
- Website. Describe.
- Coordinate with the State Health Insurance Counseling and Assistance Program (SHIP). Describe.
- Other. Describe.
- Not yet determined.

[Example: In Montana the LTCOP plans to work with the SHIP Program to disseminate accurate information by compiling a Q & A sheet every couple of weeks for distribution to local ombudsman programs.]

- 2.A. Has the ombudsman program used the CMS website (www.Medicare.gov) or toll-free number (1-800-Medicare) to obtain information about the Medicare prescription drug benefit?

- Yes
- No

- B. If yes, was it helpful?

- Yes
- No

Please explain how it was helpful or why it was not helpful.

3. What do you want to know or feel you need to know about the Medicare prescription drug benefit?

4. Please indicate which organizations and programs the ombudsman program plans to work with to provide outreach, education and assistance to residents about the Medicare prescription drug benefit? (Check all that apply)

- State Health Insurance Information Counseling and Assistance Program (SHIP)
- Quality Improvement Organization (QIO)
- Legal services (including legal service developers, pro bono groups, bar associations, law firms, poverty law centers, etc.)
- State Medicaid Agency
- Licensure and certification agency
- Medicare Patrol
- Aging Information & Referral Program (I&R)
- Nursing home association
- Other provider association
- Citizen advocacy groups
- Resident and/or family counsel groups
- Other (please specify)

5. Describe how the ombudsman program will be working with other organizations and programs. (Check all that apply)

- Educating ombudsman program staff
- Developing consumer materials
- Developing an outreach and education campaign
- Serving on an advisory group (e.g., QIO Medicare Advisory Committee)
- Other (please describe)
- Not yet determined

6. Is the ombudsman program developing/planning to develop any materials for consumers relative to the Medicare prescription drug benefit?

- Yes (please describe)
- No
- Not yet determined

7. A. Is the ombudsman program aware of any efforts at the state or local level to provide outreach, education, and assistance to non-English speaking residents about the Medicare prescription drug benefit?

- Yes
- No

B. Is the ombudsman program involved in these efforts?

Yes

No

If yes, please describe.

8. Please provide any additional information that you think may be helpful to share with other ombudsman programs about how you are preparing for the Medicare prescription drug benefit implementation (e.g., training, outreach, education, partnerships, etc.).

Thank you for your input.

Please return this questionnaire to:

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Fax: (202) 898-2578

by COB

March 30, 2005