

LEGISLATIVE REPORT: FY 05 COMPLAINTS AND INQUIRIES
PA 349 (Senate Bill 1063 of 2004), Section 1656
Report Prepared By: Medical Services Administration
November 2005

Enrolled Senate Bill 1063, Section 1656(3): Annual reports summarizing the problems and complaints reported (by Medicaid recipients) and their resolution shall be provided to the House of Representatives and Senate Appropriations Subcommittees on Community Health, the House and Senate Fiscal Agencies, the State Budget Office, and the Department's Health Plans Advisory Council.

An INQUIRY is a request for information, assistance, referral, to check eligibility status, or to report a change in status or residence. In general, inquiries are resolved at the time the call is received, or the beneficiary is referred to the appropriate agency for resolution. Referrals would include FIA caseworkers, Medicaid Health Maintenance Organizations (HMOs), local public health department, or providers.

A COMPLAINT is an expression of dissatisfaction and generally requires further review investigation to achieve resolution. Reviews include contacting providers, Medicaid HMOs, and other health care entities to examine the nature of the complaint, and determine appropriate action to resolve the complaint.

All complaints and inquiries are tracked via the Beneficiary/Provider Contact Tracking System (BPCT). Each contact is documented, and remains active until designated "resolved". This report includes all contacts created during Fiscal Year (FY) 2005. It should be noted that the FY 05 report also includes Adult Benefit Waiver beneficiary call information. For the period FY 05:

- Complaint rates have increased by .013 complaints/per 1000 beneficiaries/year.
 - FY 05 - .31 complaints/per 1000 beneficiaries/per year (4,778 complaints)
 - FY 04 - .28 complaints/per 1000 beneficiaries/per year (4,222 complaints)
 - FY 03 - .34 complaints/per 1000 beneficiaries/per year (4,993 complaints)

- Inquires have declined, primarily due to fewer calls regarding eligibility and mihealth card questions.
 - FY 05 – 30.025 inquiries/per 1000 beneficiaries/per year (465,094 inquiries)
 - FY 04 – 33.867 inquires/per 1000 beneficiaries/per year (524,593 inquiries)
 - FY 03 – 28.232 inquiries/per 1000 beneficiaries/per year (412,263 inquiries)

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TYPE OF INQUIRY	TOTAL NUMBER	TYPE AS % OF TOTAL INQUIRY	NUMBER OF INQUIRIES PER 1,000 MEDICAID BENEFICIARIES PER YEAR	MO AVG	NUMBER OF INQUIRIES PER 1,000 MEDICAID BENEFICIARIES PER MONTH
Billing question/problem	22585	5%	1.458	1882	0.122
Calls related to requesting an exception to managed care	6563	1%	0.424	547	0.035
Coverage	72183	16%	4.660	6015	0.388
Dental	20580	4%	1.329	1715	0.111
Durable medical equipment, medical supplies, other inquiries	18697	4%	1.207	1558	0.101
Enrollments	3639	1%	0.235	303	0.020
General Complaints	6089	1%	0.393	507	0.033
Informational calls related to Medicaid eligibility	84367	18%	5.447	7031	0.454
Medicaid Card Questions (lost cards, address changes, etc.)	159715	34%	10.311	13310	0.859
Medicare Buy-In	5960	1%	0.385	497	0.032
Pharmacy	16141	3%	1.042	1345	0.087
Third Party Liability (other insurances)	34390	7%	2.220	2866	0.185
TMA Plus	221	0%	0.014	18	0.001
Vision	6997	2%	0.452	583	0.038
Informational calls related to the CSHCS Program	1162	0%	0.075	97	0.006
Provider Calls	5805	1%	0.375	484	0.031
Total	465,094	100%	30.025	38,758	2.502

TYPE OF COMPLAINT	TOTAL NUMBER	% OF TOTAL COMPLAINTS	NUMBER OF COMPLAINTS PER 1,000 MEDICAID BENEFICIARIES PER YEAR	MO AVG	NUMBER OF COMPLAINTS PER 1,000 MEDICAID BENEFICIARIES PER MONTH
Qualified Health Plans:					
Mental Health Services	11	0%	0.001	1	0.000
PCP Availability/Selection	91	2%	0.006	8	0.000
Pregnancy Issues	219	5%	0.014	18	0.001
Problem obtaining covered services	198	4%	0.013	17	0.001
Problem obtaining durable medical equipment and medical supplies	14	0%	0.001	1	0.000
Problem obtaining prescriptions	211	4%	0.014	18	0.001
Problem obtaining referrals for specialty care	131	3%	0.008	11	0.001
Quality of Care	0	0%	0.000	0	0.000
Transportation	20	0%	0.001	2	0.000
Vision	1	0%	0.000	0	0.000
Fee For Service:					
Mental Health Services	27	1%	0.002	2	0.000
PCP Availability/Selection	4	0%	0.000	0	0.000
Pregnancy Issues	246	5%	0.016	21	0.001
Problem obtaining covered services	65	1%	0.004	5	0.000
Problem obtaining durable medical equipment and medical supplies	33	1%	0.002	3	0.000
Problem obtaining prescriptions	235	5%	0.015	20	0.001
Problem obtaining referrals for specialty care	3	0%	0.000	0	0.000
Quality of Care	1	0%	0.000	0	0.000
Transportation	11	0%	0.001	1	0.000
Vision	16	0%	0.001	1	0.000
Administrative Error	510	11%	0.033	43	0.003
Billing Problem	2164	45%	0.140	180	0.012
Dental	41	1%	0.003	3	0.000
Enrollment Problems	202	4%	0.013	17	0.001
Medicare/Buy-In	12	0%	0.001	1	0.000
Possible Fraud	46	1%	0.003	4	0.000
Third Party Liability (other insurances)	13	0%	0.001	1	0.000
Eligibility	253	5%	0.016	21	0.001
Total	4,778	100%	0.308	398	0.026

ANNUAL INQUIRIES AND COMPLAINTS: 469,872