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The Importance of Ombudsman Programs in Transitioning from Medicare-Medicaid Programs to Dual Special Needs Plans

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The Importance of Ombudsman Programs in Transitioning from Medicare-Medicaid Programs to Dual Special Needs Plans

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Abstract

In this paper, we examine the critical role of Ombudsman programs in facilitating the transition from Medicare-Medicaid Plans (MMPs) to Dual Special Needs Plans (D-SNPS) for dual-eligible members. As states implement this federally mandated transition, Ombudsman programs serve as essential supports for the dual-eligible population who are navigating complex healthcare changes. Through analysis of Ombudsman programs in California, Massachusetts, Rhode Island, and Michigan, we highlight how these services address beneficiary concerns, resolve access issues, and provide valuable insights to policymakers. We emphasize the importance of maintaining and potentially expanding Ombudsman programs during and after the transition to ensure person-centric, high-quality care for dual-eligible members.

1. Background

1.1. Introduction

In January 2022, The Centers for Medicare and Medicaid Services (CMS) published a proposed rule, finalized in May 2022, aiming to strengthen Dual Special Needs Plans (D-SNPs), which serve dual-eligible beneficiaries or "duals"--individuals enrolled in both Medicare and Medicaid programs. The rule aimed to strengthen alignment and integration of D-SNPs to improve health outcomes and reduce costs.

However, the rule also meant the end of all existing Medicare Medicaid Plans (MMP), which state demonstration programs set up under the Affordable Care Act to develop innovative models for

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22 delivering care to dual-eligibles. All existing MMP demonstrations were to convert into D-SNPs
23 by the end of 2025, and incorporate successful MMP policies into the D-SNP regulations.

24 States with active MMPs are in the process of transitioning them into D-SNPs, each with their own
25 timeline and approach. California has already completed its transition from Cal Medi-Connect to
26 the D-SNP model (California Department of Health Care Services, 2024). In Massachusetts, One
27 Care as an MMP, under the Financial Alignment Initiative (FAI), will be converted into an
28 integrated Medicare Advantage D-SNP model by January 1, 2026 (Massachusetts Executive
29 Office of Health and Human Services, 2022). Rhode Island is re-procuring its Medicaid Managed
30 Care program, which will involve the creation of three Fully Integrated Dual Eligible Special
31 Needs Plans or FIDE-SNPs (The Executive Office of Health and Human Services, State of Rhode
32 Island, 2023). Michigan is planning a two-phase transition: first to Highly Integrated Dual Eligible
33 Special Needs Plans (HIDE-SNPs) in January 2026, followed by a statewide expansion in January
34 2027 (Michigan Health and Human Services, 2024).

35 In this context, state Ombudsman programs have proven critical in supporting dual-eligible
36 individuals, and by gathering data on complaints, challenges, and trends from the transition. These
37 programs also provide valuable insights into key aspects of member experience, such as input into
38 care plans and effective care coordination, which serve as essential tools for policymakers, health
39 plans, and other stakeholders.

40 While there is literature on various care models for dual-eligible beneficiaries, including national
41 policy analyses (MedPAC, 2019), and state-specific empirical studies (Kim et al., 2019), there has
42 been limited scholarship specifically addressing the role of Ombudsman programs in the transition
43 to D-SNPs due to the relatively recent nature of these transitions. This paper aims to provide a

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44 comprehensive analysis of the role these Ombudsman programs can play during and after the
45 transition.

46 Currently, there are nine states with Ombudsman programs, each assisting thousands of dually
47 eligible members (Centers for Medicare & Medicaid Services [CMS], 2024). These members have
48 complex care needs and navigate an often-unintuitive web of relationships between providers,
49 plans, and state Medicaid agencies. Ombudsman programs provide these members with person-
50 centered guidance, ensuring that the benefits and services they receive are fair, equitable, and
51 accessible. They have well-established relationships with plans and Medicaid agencies, allowing
52 them to escalate complex cases for further action when appropriate. All these aspects are relevant
53 in ensuring that current MMP members experience as little disruption as possible when
54 transitioning into new D-SNP plans.

55 In addition to CMS websites, literature review and other websites, this commentary draws on
56 informational interviews with representatives from four Ombudsman programs--Medicare-
57 MediCal Ombudsperson Program (MMOP) in California, My Ombudsman (MYO) program in
58 Massachusetts, Rhode Island Parent Information Network (RIPIN) in Rhode Island, and MI
59 Health Link Ombudsman (MHLO) program in Michigan—this paper highlights emphasizes the
60 importance of Ombudsman programs in addressing the challenges faced by dual-eligible
61 individuals during this transition.

62 **1.2. Comparing MMPs vs D-SNPs**

63 MMPs and D-SNPs are distinct models for integrating care for dually eligible members. MMPs,
64 established under the Medicare-Medicaid Financial Alignment Initiative (FAI), operate as

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65 managed care plans under three-way contracts between CMS, states, and health plans, to
66 coordinate delivery of the full array of Medicare and Medicaid services. D-SNPs are a specific
67 type of Medicare Advantage plan, created to coordinate Medicare and Medicaid benefits for dually
68 eligible enrollees.

69 The dually eligible population, comprising approximately 12.2 million individuals as of 2023
70 (Centers for Medicare & Medicaid Services [CMS], 2023), faces significant challenges in
71 accessing their fragmented benefits across Medicare and Medicaid. These individuals often have
72 complex health and social needs, including chronic conditions, functional limitations, and
73 socioeconomic challenges. Sorbero et al. (2018) emphasized the importance of addressing social
74 determinants of health for this population, a task that requires comprehensive care coordination.

75 Moreover, navigating Medicare, Medicaid, Long-Term Services and Supports (LTSS), and
76 behavioral health benefits demands high-level health literacy and self-advocacy skills. The
77 transition to D-SNPs aims to improve care coordination but also introduces new complexities for
78 beneficiaries.

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79 In this context, Ombudsman programs can play a critical role in bridging the gaps that arise during
80 such large-scale policy transitions. By providing hands-on support, advocacy, and problem-
81 solving, Ombudsman programs help beneficiaries navigate these changes while ensuring their
82 needs and rights remain a priority.

83 1.3. The Importance of Ombudsman Programs during the Transition from MMP to D-
84 SNP

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85 Evaluating the design of programs serving dually eligible individuals has been a focus on
86 significant research. Kim et al. (2019) conducted a comprehensive assessment of health service
87 use and quality of care across five coverage models in Oregon, highlighting the complexities and
88 variations in care delivery for this population. Similarly, Grabowski et al. (2017) examined the
89 early impacts of the financial alignment initiative demonstrations, providing valuable insights into
90 integrated care models. Multiple analyses of D-SNPS have also been conducted, such as a 2019
91 report providing detailed analyses of D-SNPs and their integration with Medicaid services,
92 offering insights into policy considerations and potential improvements in care delivery (Medicare
93 Payment Advisory Commission, 2019). Verdier et al. (2016) also highlighted the importance of
94 state contracting with D-SNPs to ensure integrated care, while Musumeci (2014) provided valuable
95 insights into earlier demonstration programs.

96 However, there is a notable gap when it comes to specifically considering the role of ombudsman
97 programs in MMPs or their potential utility in the D-SNP transition. Each of the four states we
98 discuss is at a different stage in the transition process. California has already completed its
99 transition, offering valuable insights into the full cycle of this process. Massachusetts is preparing
100 for its transition, with One Care set to convert into an integrated Medicare Advantage D-SNP
101 model by January 1, 2026. Rhode Island is re-procuring its Medicaid Managed Care program,
102 which will involve the creation of three Fully Integrated Dual Eligible Special Needs Plans (FIDE-
103 SNPs). Michigan's transition involves a two-phase approach, transitioning to Highly Integrated
104 Dual Eligible Special Needs Plans (HIDE-SNPs) in January 2026, followed by a statewide
105 expansion in January 2027.

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106 Each of these states has developed strategies to support their dually eligible beneficiaries during
107 this transition. By examining these diverse approaches, we can gain a comprehensive
108 understanding of the role Ombudsman programs play in navigating the complexities of healthcare
109 system changes for the dual-eligible population.

110 2. California: Medicare-Medi-Cal Ombudsperson Program (MMOP)

111 Since 2014, the Legal Aid Society of San Diego (LASSD) has been contracted by California's
112 Medicaid agency, the Department of Health Care Services (DHCS), to operate Ombudsman
113 services, initially for Cal MediConnect (California's FAI demonstration program), and now for
114 the D-SNP model, dubbed as the Medicare-Medi-Cal Plan (MMP). Beginning in 2023, the
115 ombudsman program is known as the Medicare-Medi-Cal Ombudsman Program (MMOP)
116 (California Department of Health Care Services, n.d.).

117 LASSD serves as the lead contracting agency and coordinator of the Health Consumer Alliance
118 (HCA), a statewide partnership of health consumer assistance programs collocated within legal
119 services non-profits throughout California. HCA's network of direct service partners (10) and
120 technical assistance partners (3), offer ombudsman services across 58 California counties, a
121 significant expansion from the original 7 Cal MediConnect counties. The HCA network offers a
122 centralized website and a statewide toll-free number and database that supports near real-time
123 reporting on case activities. This kind of statewide reach reflects California's recognition of the
124 need for coordinated support of duals in integrated care models.

125 Co-locating health consumer assistance and/or Ombudsman services within a legal services
126 organization enables LASSD and its HCA direct service partners to offer multi-faceted legal

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127 services that extend beyond health system-related barriers and speak to the broader social
128 determinants of health. For example, a member reaching out for help with an LTSS issue may have
129 other areas of need identified in a holistic screening process, enabling Ombudsman to warm hand-
130 off the consumer to an array of civil legal service providers such as landlord-tenant eviction
131 prevention and fair housing legal advocacy services, consumer debt protection, immigration law,
132 special education, and accessing government benefits such as Supplemental Security Income (SSI)
133 and Supplemental Nutrition Assistance Program (SNAP). Furthermore, in San Diego County,
134 LASSD also features a team of dedicated short-term case managers that support clients' access to
135 other social services resources in the community, as well as facilitate successful engagement of
136 the legal services by LASSD.

137 During California's transition to the D-SNP model, the state's DHCS applied lessons from its
138 experience with Cal MediConnect to ensure a smoother transition to the D-SNP model. It focused
139 on culturally competent outreach and network adequacy to reduce mistrust and high-opt out rates,
140 particularly among culturally and linguistically diverse communities. This was crucial given the
141 previous experiences with linguistically distinct communities. Jack Dailey, Director of Policy and
142 Training and Coordinator of the Health Consumer Alliance, noted:

143 > "The Korean-speaking population in Los Angeles provided an important lesson. Provider
144 > influence during the Cal MediConnect rollout led to mistrust and high opt-out rates. DHCS
145 > prioritized culturally competent outreach and network adequacy in the D-SNP transition,
146 > which helped maintain access to trusted providers and supported linguistically diverse
147 > communities", (J. Dailey, personal communication, June 2024).

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148 Additionally, peers played a key role throughout the planning and implementation phases. Over
149 the 18+ months of stakeholder planning meetings hosted by DHCS, numerous peers and peer-
150 supported organizations actively participated in the process. Feedback from committed peer dual-
151 eligible beneficiaries living in counties impacted by the initial transitions helped highlight
152 consumer concerns regarding access to trusted health systems and partners (e.g., hospital and
153 specialty networks), the enrollment process and options, and the content of notices.

154 In planning, outreach, and education efforts related to the transition, DHCS collaborated with the
155 Department of Aging's SHIP (State Health Insurance Assistance Program) network, known as
156 HICAP (Health Insurance Counselling and Advocacy Program) to ensure consistent education was
157 distributed. Many HICAPs relied on peer volunteers to counsel consumers, and MMOP worked
158 closely with these HICAP partners throughout the state to identify emerging trends and coordinate
159 services.

160 Furthermore, MMOP partner sites individually rely on peer staff and/or volunteers. For example,
161 in San Diego, LASSD's MMOP coordinates peer volunteers for outreach locations at local senior
162 centers. Many MMOP sites also participated in or led local stakeholder convenings regarding the
163 Cal MediConnect program and transition. The MMOP continues to participate in Exclusively
164 Aligned Enrollment D-SNPs (EAE-DSNPs) community advisory committee meetings convened
165 by plans regularly with members and other stakeholders. These convenings provide an important
166 communication channel for consumers and peers, their family members, and the professionals that
167 support them, enabling them not only to receive updates and information but also to provide
168 feedback and identify concerns.

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169 The DHCS initiated the transition process from CalMediConnect to MMPs well in advance,
170 establishing multi-sector stakeholder workgroups and technical assistance subgroups 18-24
171 months prior to transition, allowing for thorough policy development, stakeholder engagement,
172 and refinement of communication and rollout strategies. The state's focus on network readiness
173 resulted in over 95% alignment between Medicare and Medi-Cal networks of the D-SNPs,
174 minimizing disruption for beneficiaries.

175 The MMOP played a vital role in ensuring a smooth experience for beneficiaries. When the state
176 erroneously sent out 87,000 disenrollment notices in December 2022, the MMOP swiftly
177 coordinated with state agencies, SHIP programs, and health plans to disseminate corrective
178 information and mitigate confusion. It was also actively involved in educating beneficiaries about
179 the changes, addressing individual beneficiary issues, resolving enrollment and continuity of care
180 problems, and ensuring access to services.

181 The MMOP and its HCA partners at Justice in Aging also advocated for robust integrated appeals
182 processes that exceeded federal requirements, ensuring strong protections for beneficiaries under
183 both Medicare and Medi-Cal standards. Recently, their collaboration with DHCS and other
184 stakeholders extended to providing feedback on DHCS' default enrollment pilot project for new
185 dual eligibles in three counties, helping to provide feedback on communication strategies and
186 enrollment processes that protected consumer choice to the extent possible.

187 This transition's success is evident: out of 117,000 Cal MediConnect beneficiaries transitioning,
188 only about 450 enrollment errors occurred (J. Dailey, personal communication, June 2024).
189 Recognizing the MMOP's value, DHCS extended its contract through March 2023 for the

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190 transition, then secured a new contract through 2026. This new agreement expands the MMOP's
191 scope to serve duals in various integrated plans, including D-SNPs in all counties. The success and
192 continued support of the MMOP set an example for other states, particularly in addressing diverse
193 population needs.

194 **3. My Ombudsman Program (MYO)**

195 In Massachusetts, the MYO program is operated under contract to MassHealth (the state's
196 Medicaid agency) by Disability Policy Consortium, an independent advocacy and research
197 organization run by and for people with disabilities. While it began as the One Care Ombudsman,
198 only serving members of Massachusetts' MMP demonstration for people with disabilities under
199 age 65, MYO supports MassHealth members of all ages and abilities, and with all types of
200 Medicaid coverage. It prioritizes a culturally and linguistically competent model of services,
201 including having Ombudsmen who can directly serve members fluently in Spanish, French,
202 Haitian Creole, and American Sign Language. MYO serves as a neutral third party[1] with staff who
203 solve members' healthcare issues, and ensure they understand their rights (My Ombudsman, n.d.).
204 The program employs both Community Liaisons (CLs), who handle intake, answer questions, and
205 make referrals to partner organizations where appropriate, and Ombudsmen, who work to resolve
206 issues and coordinate between members, plans, vendors, providers, and escalate complaints to
207 MassHealth personnel where needed. This coordinating role has been key to resolving issues. For
208 example, during the COVID-19 pandemic, MYO received urgent complaints from members with
209 disabilities facing delays receiving essential Durable Medical Equipment (DME) due to supply

1 MYO cannot legally represent a member when they file a grievance/appeal, but can explain the process, coordinate with plans, providers, and other parties.

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210 chain disruptions. Due to its relationships with MassHealth and health plans, MYO was able to
211 help members promptly access critical DME.

212 Many MYO staff and all leadership team members have disabilities (Tempus Unlimited, 2022),
213 and several are current or former MassHealth enrollees--aligning with principles of self-advocacy
214 and peer support that have shown positive outcomes in healthcare settings (Solomon, 2004). One
215 staff member shared their experience:
216 "I have cerebral palsy, and I am enrolled in MassHealth. My personal experiences have enabled
217 me to approach my work with members from a place of empathy, and I am grateful that I can bring
218 this mindset to our work" (personal communication, December 2023).
219 Another staff member added: "As someone with a mental health disability, I've connected with
220 the struggles that many MassHealth members face. When I was a Medicaid member, I had
221 difficulty finding a therapist who understood my cultural identity. This experience enables me to
222 approach members in the same situation with genuine understanding of why finding the right
223 mental health providers is so important" (personal communication, December 2023).
224 The impact of MYO's work is significant. In 2023, the program handled 1039 "complaints" --cases
225 where a member asked an Ombudsman to help them resolve an issue. 342 were from One Care
226 members and around 220 of were from other dual-eligible members. These calls came from 787
227 unique individuals, demonstrating the recurring nature of some challenges. Common issues
228 addressed included Benefits/Access (including appeals/grievances), DME, Claims/Payment, and
229 LTSS access. In interviews, staff provided examples of cases in which the program had resolved
230 significant issues for members, from coordinating to get a member scheduled for an (ultimately
231 successful) evaluation for Personal Care Attendant hours, to helping a member understand the

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232 appeals process and gather documents so that they could file an again ultimately successful) appeal
233 regarding the denial of an elevating seat.

234 Quantitative and qualitative reporting by MYO also provides an opportunity to both identify trends
235 impacting members and engage with community oversight of the state's MMP programs. The One
236 Care Implementation Council is an oversight body consisting of a mandated majority of
237 MassHealth members with disabilities (or their family members or guardians) alongside
238 representatives from One Care plans, MassHealth, CMS, and other stakeholders, (Massachusetts
239 Executive Office of Health and Human services, n.d.). MYO shares data on key issues at the
240 Implementation Council's quarterly meetings and takes questions from council members. For
241 example, in a presentation in November 2022, MYO highlighted that One Care members' had
242 been reporting difficulties in finding in-network providers, in part because of out-of-date provider
243 directories. After providing data and case summaries to underscore the issue, MYO suggested that
244 plans consider updating their provider directories more frequently, not only for the benefit of their
245 members, but also for the care coordinators who assist members in using the directories.

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246 MYO could play a crucial role in Massachusetts' D-SNP transition. As an independent,
247 community-led program, MYO is well-positioned to ensure equitable healthcare access for
248 Medicaid beneficiaries during this change. Serving as a neutral third party to address healthcare
249 issues, MYO will be crucial in helping members understand plan changes and mediating requests
250 for key services and flexibilities. Its experience and deep understanding of the disability
251 community's needs make it an essential resource for minimizing disruption during the transition
252 to D-SNPs. By leveraging their expertise as knowledgeable guides and mediators, MYO can help
253 ensure this transition is as smooth as possible.

254 **4. Rhode Island Parent Information Network (RIPIN)**

255 RIPIN, a 33-year-old community nonprofit has been serving consumers for over three decades.
256 Initially founded to assist families navigate special education systems for their children, RIPIN has
257 since expanded to encompass health insurance, healthcare access, and healthy aging, (Rhode Island
258 Parent Information Network, n.d.). RIPIN operates the state's dual-eligible ombudsman program
259 and an all-payer health insurance consumer assistance program, employing a "peer model" in
260 which most staff members have personal experience with the systems they help consumers
261 navigate. RIPIN serves members of the state's Medicare-Medicaid Plan (operated by a single
262 health insurer, Neighborhood Health Plan, as "NHP Integrity") and duals who obtain their
263 coverage through any other form of Medicare coverage. Notably, about 20-25% of RIPIN's call
264 center clients are Spanish speaking, with front-line staff available to take calls in Spanish. They
265 also assist a small but meaningful number of individuals who speak other languages through a
266 language line. RIPIN's client base is more diverse than Rhode Island as a whole.

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267 As Rhode Island undergoes a significant transition in its Medicaid Managed Care program,
268 RIPIN's role becomes even more critical. The state is re-procuring its Medicaid Managed Care
269 program, part of which will involve the creation of three new FIDE-SNPs (Fully Integrated Dual
270 Eligible Special Needs Plans). This change is expected to improve care integration for individuals
271 not currently enrolled in the MMP, but RIPIN anticipates challenges for current MMP members
272 in navigating the transition period, and aims to serve as a watchdog, ensuring that consumers'
273 access to care is not unduly interrupted.

274 The organization notes that D-SNPs have gained popularity, in some part due to offering additional
275 benefits like prescription cards and cash incentives for appointments which Medicare-Medicaid

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276 Plans couldn't offer, leading some individuals to leave MMPs for D-SNPs, where routine medical
277 care could become more difficult to obtain. RIPIN encourages states to limit the licensure of D-
278 SNPs to integrated plans (i.e., FIDE- and HIDE-SNPs), to require the highest level of integration
279 allowed by the federal government (particularly vis-à-vis consumers' experience of their care), to
280 limit competition on bonus benefits outside of traditional metrics (such as provider networks,
281 formularies, customer service), and to minimize care disruption during transitions. Shamus Durac,
282 Staff Attorney at RIPIN, highlights the unique challenges faced by dual eligibles: "Dual eligible
283 individuals have arguably the most complicated pathway to coverage and payment for health care
284 services while frequently having among the highest care needs. This combination makes
285 particularized assistance of high importance, especially during transitions like the one from MMPs
286 D-SNPs" (S. Durac, personal communication, July 2023). As the healthcare landscape for dual
287 eligible individuals becomes increasingly complex, RIPIN's ombudsman program will likely be
288 an essential resource for helping this vulnerable population navigate their coverage options and
289 maintain access to necessary care. RIPIN is hopeful that states recognize the importance of the
290 ombudsman programs as resources to identify individual and systemic issues that could disrupt
291 individuals' access to care.

292 **5. MI Health Link Ombudsman (MHLO)**

293 The Michigan Elder Justice Initiative (MEJI), in partnership with the Counsel and Advocacy Law
294 Line (CALL), operates the MHLO program. This program supports beneficiaries of MI Health
295 Link–an integrated health care program for dual-eligible adults in select Michigan counties. Since
296 its beginning in late 2015, MHLO has been instrumental in addressing issues ranging from
297 enrollment eligibility and waiver complications to service denials and personal care challenges.

298 MI Health Link is now preparing for significant transformations. The Request for Proposal (RFP)
299 outlined a two-phase transition: first to Highly Integrated Dual Eligible Special Needs Plans
300 (HIDE-SNPs) in January 2026, followed by a statewide expansion in January 2027.

301 This shift will expand the program's current limited geographic scope to a comprehensive
302 statewide model. As of December 2024, the Michigan Department of Health and Human Services
303 (MDHHS) has announced updated award recommendations for nine health plans to provide
304 services under the new MI Coordinated Health program, set to launch in specific counties on Jan
305 1 2026, with a planned statewide expansion in 2027 (Michigan Department of Health and Human
306 Services, 2024).

307 The ombudsman program's role becomes even more critical during this transition. As an advocate
308 and problem-solver for beneficiaries, MHLO will be essential in navigating the complexities of
309 this change. The program's services – from answering questions and resolving care issues to
310 assisting with grievances and identifying systemic problems – will be crucial in ensuring a smooth
311 transition for beneficiaries. Moreover, MHLO's collaborative efforts with health plans, state
312 agencies, and federal entities position it uniquely to address emerging challenges and contribute
313 to the program's improvement.

314 As MI Health Link evolves and expands, the ombudsman program's importance cannot be
315 overstated. It serves as a vital link between beneficiaries and the healthcare system, ensuring that
316 the voices of vulnerable populations are heard, and their needs are met. The upcoming transitions
317 will likely bring new challenges and an increased demand for MHLO's services, underlining the
318 need for continued support and potentially expanded resources for this crucial program.

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319 ## 6. Recommendations

320 Based on insights from the Ombudsman programs in California, Massachusetts, Rhode Island, and
321 Michigan, we emphasize that states must prioritize the role of Ombudsman programs as essential
322 support systems during the transition from MMPs to D-SNPs. Concerns raised by disability
323 organizations as public comments, accessible online (Disability Advocates Advancing Our Health
324 Rights, 2022), had emphasized essential areas in which we argue that Ombudsman programs are
325 uniquely positioned to address the identified challenges and ensure support for beneficiaries:

326 A. **The need to preserve integrated appeals and grievance processes** to avoid
327 administrative burdens for beneficiaries: Ombudsman programs, as neutral and
328 experienced advocates, can help beneficiaries navigate complex grievance procedures and
329 ensure timely resolution of care disruptions.
330 B. **Ensuring provider networks that meet accessibility standards for individuals with**
331 **disabilities:** Ombudsman programs monitor trends in access complaints and escalate
332 systemic issues, such as network gaps or out-of-date provider directories, to plans and
333 policymakers for resolution.

334 C. **Clear and Accessible Materials for Informed Plan Choices and for diverse linguistic**
335 **and cultural needs:** Ombudsman programs can assist beneficiaries in understanding their
336 plan options, translating technical information, and advocating for materials in alternative
337 formats, such as large print or American Sign Language.

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D. **Ensuring proper handling of ADA accommodation requests**: Ombudsman programs can provide individual-level support to beneficiaries seeking accommodations and advocate for standardized processes to ensure fair and equitable treatment across plans.

E. **The importance of sustaining the federal funding for dedicated Ombudsman services:** In the final rule, CMS acknowledged these concerns, but noted that it cannot definitively commit to ongoing dedicated funding for Ombudsman programs under the new D-SNP structure (Centers for Medicare & Medicaid Services, 2022). Given our findings across multiple states, Ombudsman programs have demonstrated their unique ability to address individual and systemic issues, minimize care disruptions, and ensure that beneficiaries' rights are upheld. Sustained and stable funding for these programs is essential to support dually eligible individuals during and after the transition to D-SNPs.

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7. Conclusion

Across a wide variety of organizations, sectors, and even nations, the value of Ombudsman services in ensuring healthcare access is recognized. Given the medical complexity of dual-eligible individuals, making Ombudsman programs part of MMP demonstrations was a highly prudent decision. Therefore, Ombudsman programs can be valuable during and after the D-SNP transition. The final rule does not always guarantee support for Ombudsman programs within the D-SNP structure and risks the withdrawal of federal funding. This could prove to be disruptive in accessing the care dual-eligible members require. By providing information, making referrals, offering expert mediation, leveraging relationships, and collecting data, Ombudsman programs help all Medicaid members access the services they need and live healthier and more independent lives, making it crucial to continue to fund all Ombudsman programs.

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360 **References**

361 1. **87 FR 1842.** (2022). Medicare Program: Contract Year 2023 Policy and Technical
362 Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs.
363 *Federal Register.* Retrieved from
364 https://www.federalregister.gov/documents/2022/01/12/2022-00117/medicare-program-
365 contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and.
366 2. **87 FR 27704.** (2022). Medicare Program; Contract Year 2023 Policy and Technical
367 Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs.
368 *Federal Register.* Retrieved from
369 https://www.federalregister.gov/documents/2022/05/09/2022-09375/medicare-program-
370 contract-year-2023-policy-and-technical-changes-to-the-medicare-advantage-and.
371 3. California Department of Health Care Services. (2024). Cal MediConnect to D-SNP
372 transition. Retrieved from https://www.dhcs.ca.gov/provgovpart/Pages/Cal-MediConnect-
373 to-D-SNP-Transition.aspx.
374 4. California Department of Health Care Services. (n.d.). Medicare-Medi-Cal Plans
375 transition overview. Retrieved from https://www.dhcs.ca.gov.
376 5. Centers for Medicare & Medicaid Services. (2023). *Medicare-Medicaid Enrollee State*
377 *Profiles*. https://www.cms.gov/data-research/research/statistical-resources-dually-
378 eligible-beneficiaries/medicare-medicaid-enrollee-state-profiles
379 6. Centers for Medicare & Medicaid Services. (2024). *Beneficiary Counseling &*
380 *Ombudsman Programs*. https://www.cms.gov/medicaid-chip/medicare-
381 coordination/financial-alignment/beneficiary-counseling-ombdudsman

Journal Pre-proof

382 7. Cousineau, M. R., Nascimento, L. M., & Ponce, M. (2010). Using an alliance of
383 independent health consumer assistance centers to change public policy in California.
384 *Progress in Community Health Partnerships,* 4(4), 331–340. doi:10.1353/cpr.2010.0014.
385 8. Disability Advocates Advancing Our Healthcare Rights (DAAHR). (2022, March 7).
386 Comments on: CMS-4192-P. *Medicare Program; Contract Year 2023 Policy and*
387 *Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit*
388 *Programs.* Submitted to Centers for Medicare & Medicaid Services.
389 9. Grabowski, D. C., Joyce, N. R., McGuire, T. G., & Frank, R. G. (2017). Passive
390 enrollment of dual-eligible beneficiaries into Medicare and Medicaid managed care has
391 not met expectations. *Health Affairs,* 36(5), 846–854. doi:10.1377/hlthaff.2016.1082.
392 10. Kim, H., Charlesworth, C. J., McConnell, K. J., Valentine, J. B., & Grabowski, D. C.
393 (2019). Comparing care for dual-eligibles across coverage models: Empirical evidence
394 from Oregon. *Medical Care Research and Review,* 76(5), 661–677.
395 doi:10.1177/1077558717740206.
396 11. Legal Aid Society of San Diego. (n.d.). Health Consumer Alliance overview. Retrieved
397 from https://www.lassd.org.
398 12. Massachusetts Executive Office of Health and Human Services. (2022). One Care
399 program overview. Retrieved from https://www.mass.gov.
400 13. Massachusetts Executive Office of Health and Human Services. (2022, September 30).
401 One Care transition planning. Retrieved July 1, 2024, from https://www.mass.gov/info-
402 details/one-care-transition-planning.

Journal Pre-proof

403 14. Medicare Payment Advisory Commission (MedPAC). (2019). Promoting integration in
404 Dual-Eligible Special Needs Plans. In *June 2019 Report to the Congress: Medicare and*
405 *the Health Care Delivery System.*
406 15. Michigan Department of Health and Human Services. (2024). Highly integrated dual
407 eligible special needs plan. Retrieved from https://www.michigan.gov/mdhhs/doing-
408 business/providers/highly-integrated-dual-eligible-special-needs-plan.
409 16. Michigan Department of Health and Human Services. (2024). MI Coordinated Health
410 program updates. Retrieved from https://www.michigan.gov/mdhhs.
411 17. Michigan Elder Justice Initiative. (2023). *Program history and services.* Retrieved from
412 https://meji.org.
413 18. Musumeci, M. (2014). Financial and administrative alignment demonstrations for dual
414 eligible beneficiaries compared: States with memoranda of understanding approved by
415 CMS. *Kaiser Family Foundation.*
416 19. My Ombudsman. (n.d.). My Ombudsman services. Retrieved from
417 https://myombudsman.org.
418 20. Rhode Island Executive Office of Health and Human Services. (2023). MMP transition
419 plan. Retrieved from https://eohhs.ri.gov/mmp-transition-plan.
420 21. Rhode Island Parent Information Network. (n.d.). About RIPIN. Retrieved from
421 https://www.ripin.org.
422 22. Solomon, P. (2004). Peer support/peer-provided services: Underlying processes, benefits,
423 and critical ingredients. *Psychiatric Rehabilitation Journal,* 27(4), 392–401.
424 doi:10.2975/27.2004.392.401.

Journal Pre-proof

425 23. Sorbero, M. E., Kranz, A. M., Bouskill, K. E., Ross, R., Palimaru, A. I., & Meyer, A.
426 (2018). Addressing social determinants of health needs of dually enrolled beneficiaries in
427 Medicare Advantage plans: Findings from interviews and case studies. *RAND*
428 *Corporation.*
429 24. Tempus Unlimited. (2022). *Annual report.* Retrieved from https://tempusunlimited.org.
430 25. Verdier, J. M., Kruse, A., Lester, R. S., Philip, A. M., & Chelminsky, D. (2016). State
431 contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and
432 options. *Integrated Care Resource Center.*

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442 **Figure Legend:**

443 Figure 1: California's MMOP and related agencies organizational flow chart

444 Figure 2 : My Ombudsman and related agencies organizational chart

445 Figure 3: A flowchart demonstrating MYO case intake and handling.

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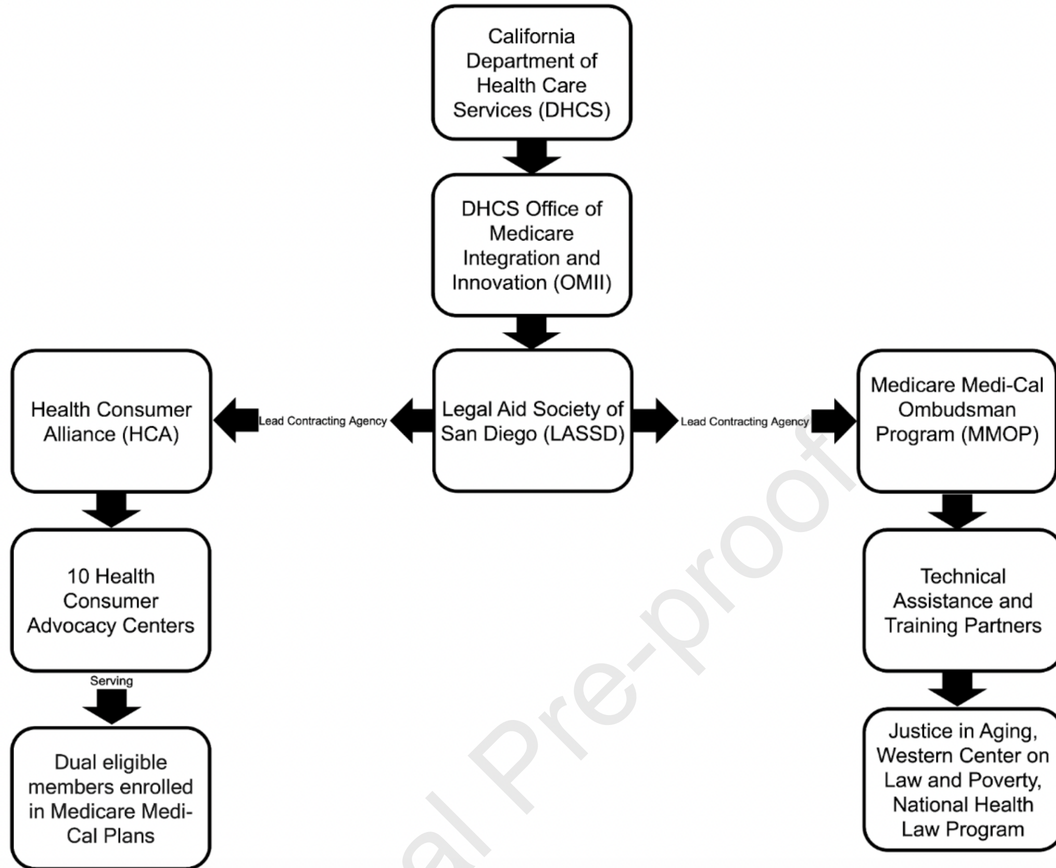

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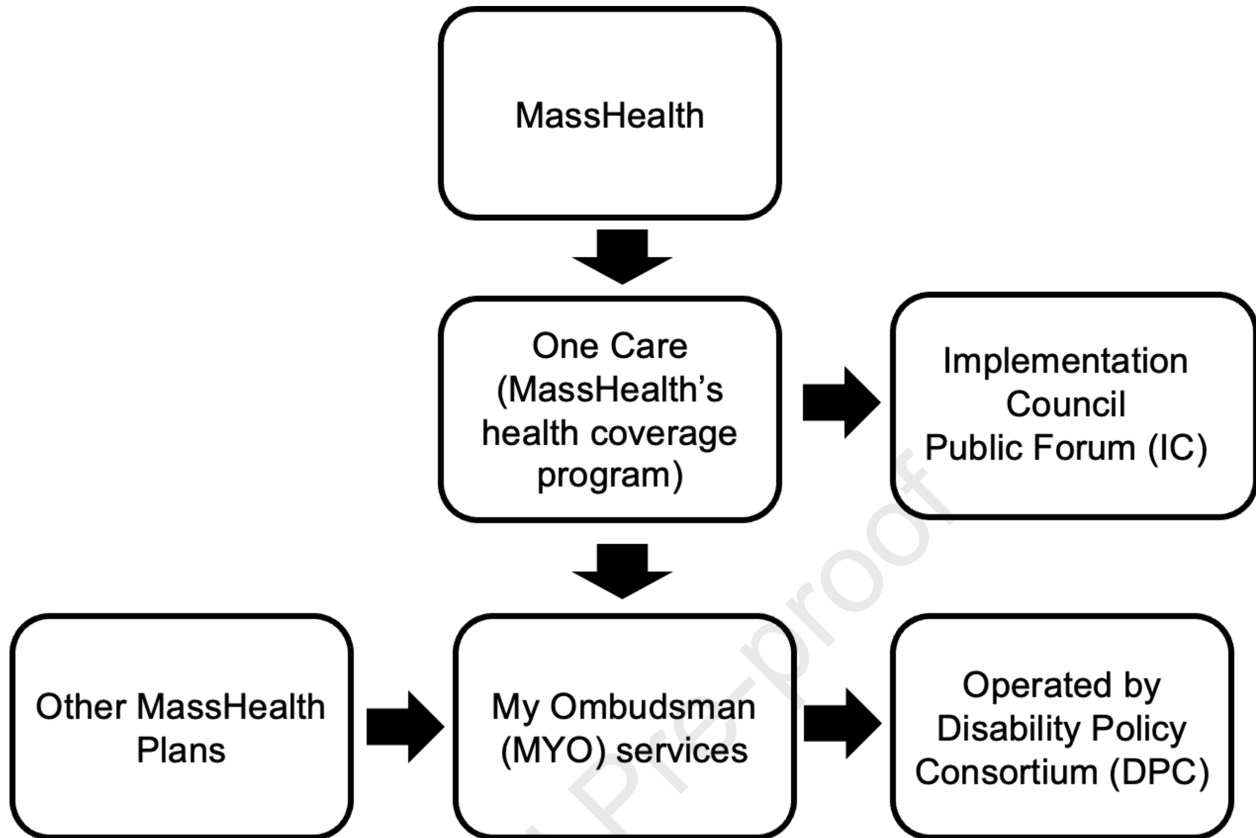

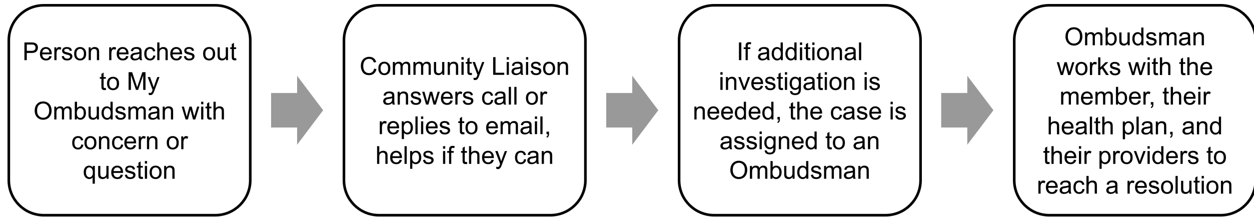

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