

Beneficiary Rights / Problem-Solving

The Virginia Department for Aging and Rehabilitative Services Long-Term Care Ombudsman Program will ensure the beneficiaries of Commonwealth Coordinated Care (CCC) - as well as their caregivers and authorized representatives have access to person-centered assistance in resolving problems related to the CCC Demonstration.

The State Long-Term Care Ombudsman Program serves individuals in nursing facilities, assisted living facilities or through community-based services at home. Coordinated Care Advocates serve individuals in the community.

Ombudsmen and Coordinated Care Advocates will provide the following services:

- Provide assistance in understanding member rights, responsibilities and benefits;
- Assist beneficiaries to resolve problems with their CCC health plans or services;
- Help CCC enrollees to resolve problems with their healthcare, behavioral health care, prescription drugs, and long-term care services and supports;
- Assist beneficiaries to access covered benefits, urgent needs for services and quality issues;
- Be a resource for beneficiaries, family members and advocates;
- Track problems reported and provide recommendations for quality improvement.

Types of Issues CCC Advocates & Ombudsmen May Encounter

- ✓ Enrollment and Disenrollment
- ✓ Continuity of Care
- ✓ Accessibility and Information
- ✓ Access to Care Managers
- ✓ Timeliness of Plan Responses to Beneficiary Inquiries
- ✓ Covered Services
- ✓ Appeals and Grievances

CCC Member Rights

CCC Enrollees have rights as a member of the Commonwealth Coordinated Care plans. The plans must honor your rights. Member rights are listed below:

1. You have a right to get information in a way that meets your needs.

To get information in a way you can understand, call your plan's Member Services. All three plans have people who can answer questions in different languages and can also provide you with information in large print or Braille.
2. You must be treated with respect, fairness, and dignity at all times.
3. Plans must ensure that you get timely access to covered services and drugs.
4. Your personal information is protected.
5. Plans must provide you information about the plan, its network providers, and your covered services.

6. Network providers cannot bill you directly.
7. You have the right to leave the plan at any time.
8. You have the right to make decisions about your health care.
9. You have the right to make complaints and to ask plans to reconsider decisions they have made.

Coverage Decisions and Appeals

CCC Plans provide Member handbooks for all CCC members. If you or your doctor disagrees with a coverage decision made by your plan for a service, item or drug, the handbook describes how to appeal that decision.

An appeal is a formal way of asking for a review of a decision or change for a service, drug or item. Plan members have 60 days to make an appeal and plans must answer this appeal within 30 calendar days.

Members can also request a “fast appeal” and plans must give you an answer to your complaint within 72 hours.

For additional information about appeals and grievances contact the Office of the State Long-Term Care Ombudsman listed below:

Commonwealth Coordinated Care Advocate Program Contact Information:

Susan Johnson, CCC Advocate Manager
Office of the State Long-Term Care Ombudsman
Virginia Department for Aging and Rehabilitative Services
804-662-7162
Voice Toll-free: 800-552-5019
Susan.Johnson@dars.virginia.gov
www.elderrightsva.org

You can also contact the Virginia Insurance Counseling Assistance Program (VICAP) at 1-800-552-3402 if you need assistance with health insurance options. VICAP is an independent program that is free and not connected to a plan.