510 E 12th St., Ste. 2 Des Moines, IA 50319

866-236-1430

TO: Iowa Department of Human Services

CC: Centers for Medicare and Medicaid Services

FROM: Angela Van Pelt, State Long-Term Care Ombudsman

SUBJECT: Managed Care Ombudsman Program Monthly Report

TIME PERIOD: 11/1/22-11/30/22

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached, please see the November 2022 Program Highlights.

The Managed Care Ombudsman Program serves as the independent advocate for Medicaid managed care members receiving care in a health care facility as well as members enrolled in one of the seven home and community-based services (HCBS) waivers.

Advocacy is more than complaint resolution or assistance with filing a grievance, appeal or fair hearing. It includes providing education, information, consultation, technical assistance or making a referral to the appropriate entity to ensure members have the information needed to make informed decisions regarding their care and partnering with community stakeholders to connect members to resources beyond the Managed Care Ombudsman's programmatic scope.

Additionally, the Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of our communications materials and tools can be found on our website at https://www.iowaaging.gov/statelong-term-care-ombudsman/managed-care-ombudsman-program.

For further information or more detailed data, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email managedcareombudsman@iowa.gov.

OFFICE OF THE
State Long-Term Care
Ombudsman

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November 2022 Managed Care Ombudsman Program Highlights

Complaints:

During the month of November 2022, the Managed Care Ombudsman Program received 58 complaints from the managed care members we serve. The ***top complaints*** addressed in November were:

- Access to Services / Benefits
- Care Coordinator / Case Manager was rude or gave poor customer service
- Transition services/coverage gap, inadequate or inaccessible

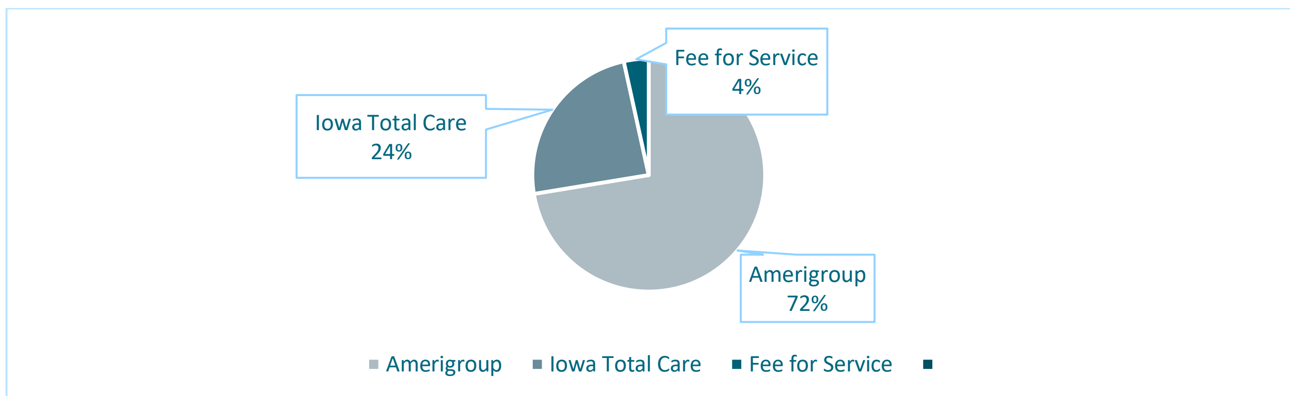
Waiver members reported a lack of available providers. The lack of providers available to members had a direct impact on the members' overall health, as did the wait time members experienced for service benefits to be approved. Some members did not receive all services, for which they were approved. These issues effect the members directly, resulting in members rights being ignored and de-valued.

Case management issues are ongoing with poor communication from their case managers. Members share they have experienced a lack of case manager services when needed.

Medicaid members report lengthy wait times when needing assistance with transitioning to a new residence and/or Medicaid program. A lack of care planning or disruption in the continuity of care of the member creates a gap of services where the member does not receive the care they need ultimately placing the member at risk.

Of the complaints received, 42 were from Amerigroup members, 14 were from members with Iowa Total Care and two were fee for service individuals.

Complaints by MCO



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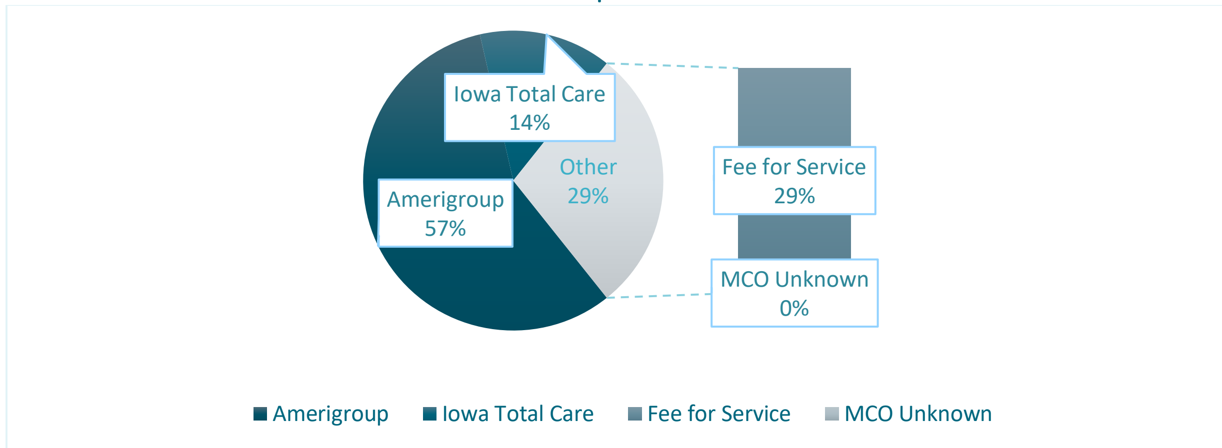
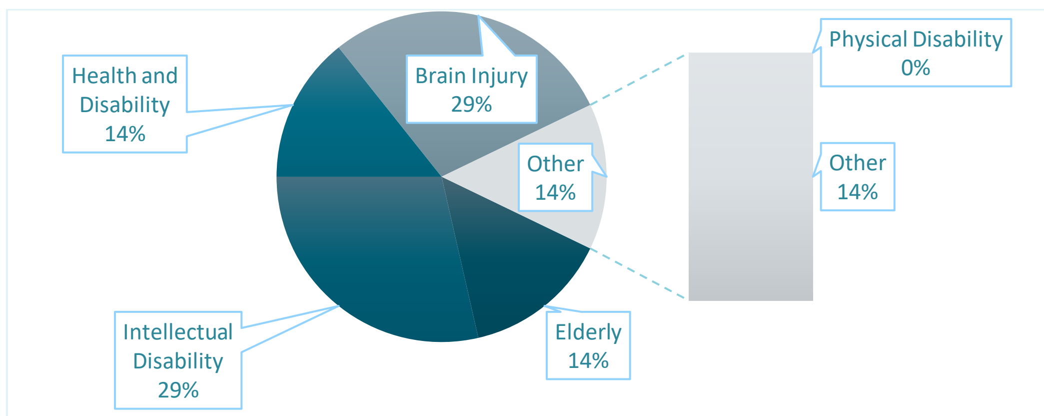
Members Served: The complaints received resulted in activities, such as advocacy and investigation, for 29 managed care members during the month of November. Of these members; 19 were served by Amerigroup, 9 were served by Iowa Total Care and one member was a fee for service member.

Cases: The Managed Care Ombudsman Program opened seven new cases and closed four in November. Amerigroup had four, Iowa Total Care had two and the remainder were fee for service or unknown MCO. Most of the cases opened were managed care members that were served by the Brain Injury Waiver, and the Intellectual Disability Waiver.

Cases Open Per MCO



Cases Per Waiver / Program Type



For more detailed data, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430.