OFFICE OF THE
State Long-Term Care
Ombudsman

Managed Care Ombudsman Quarterly Report

Year 6, Quarter 1

(April 1 - June 30, 2021)

EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a healthcare facility, assisted living program, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs, which include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

For this reporting quarter, the Office experienced a fluctuation of individual member cases/complaints per month, as follows: 45 in April, 43 in May and 39 in June.

The issues identified for the first quarter are primary managed care member issues addressed in April, May and June 2021. The Office works with a variety of essential stakeholders to help address and resolve issues. The Office deploys a variety of methods including encouraging use of best practices; facilitating and coordinating communication with necessary parties; and referring to outside agencies as necessary. During Quarter 1-Year 6 of Medicaid managed care, members reported the following primary issues:

1. Access to Services/Benefits Waiver members reported a lack of available contracted providers with the MCO's. The lack of providers includes medical physicians, skilled care providers, transportation drivers, chore/homemaking providers and home modification 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.

2. Services being reduced, denied or terminated Members needing long-term services and supports. Members that need long-term services and supports reported reductions or denials in their HCBS waiver services in their homes or assisted living programs. This often affected consumer directed attendant care (CDAC) and consumer choice option (CCO) service hours. In response to reductions in services, members are requesting formal appeals and fair hearings to access the services they feel are necessary for their health and safety.

3. CDAC/CCO. Members have reported a lack of approved CDAC providers for members living in remote rural areas, this issue was more prevalent. Some members have lost their providers due to the provider not being paid for services rendered. CDAC providers continue to report nonpayment or receive inadequate payments. Some CDAC providers have had to find other means of employment which decreases the lack of providers available to Medicaid members.

The report that follows includes an overview of the first programmatic quarter of Year 6 (April, May and June 2021), as well as an update on the program, community partnerships, outreach efforts and administrative activities.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program

MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. Transition services/coverage gap, inadequate or inaccessible. Members and their legal guardians report members are transitioned without a care plan established. Such care plans are essential to meet the needs of the member during the transition. This 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.

2. Lack of Providers. Members have reported a lack of approved providers to choose from in order to receive health services. Reasons shared for lack of providers are attributed to the MCOs and/or the providers who are not wanting to contract with one another. This issue was most prevalent for members living in remote rural areas. The lack of providers includes medical physicians, transportation drivers and home modification providers as well as CDAC staff.

3. DME Access. Medicaid members experienced denials when trying to obtain durable medical equipment (DME) prescribed and recommended by their physician. Members reported that the lack of contracted providers willing to work with the MCO's, added more time to the process of waiting on bid approval by the assigned MCO. Further adding to the waiting time for necessary medical equipment, MCO's have a lengthy approval process; after which it has to be ordered and accessed. These barriers continue to affect the quality of life for the member.

4. CDAC and CCO Impacts. Consumer Directed Attendant Care and Consumer Choice Options, are choices available to Medicaid members who are eligible for one of the home and community-based services (HCBS) waiver programs and is a service frequently used by HCBS waiver members. The Managed Care Ombudsman Program continues to receive a high number of complaints from members reporting dissatisfaction with changes affecting their CDAC services. Changes include service reductions or denials, and also changes that impact the day to day use of CDAC services. Members were also concerned over their CDAC providers not receiving payment on time.

5. Care planning. New and existing members requested assistance for their upcoming care planning meetings. Members feel there is a direct conflict of interest with the Managed Care Organization completing LOC assessments internally and providing internal Case Management.

COMMUNITY PARTNERSHIPS AND OUTREACH

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. In addition to partnering with community stakeholders, this frequently involves connecting members to resources beyond the Managed Care Ombudsman's scope.

The Managed Care Ombudsman Program networks with other advocacy and provider groups, associations, organizations and agencies to coordinate the provision of assistance to members. The Managed Care Ombudsman Program also participates, when possible, in various forums and work groups on a regular basis to inform and discuss and to address collective concerns expressed by members.

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 communications materials and tools can be found at https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program

The Managed Care Ombudsman Program as well as the State Long Term Care Ombudsman Program invites all LTSS members and their providers to visit our social media sites. You can find information by checking out our Facebook and Instagram pages.

https://www.facebook.com/profile.php?id=100076034146712

https://www.instagram.com/iowa_ltc_ombudsman/