



## Managed Care Ombudsman Quarterly Report

Year 6, Quarter 2

(July 1 - September 30, 2021)

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## 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: 43 in July, 34 in August and 31 in September.

The issues identified for the second quarter are the primary managed care member issues addressed in July, August and September 2021. The Office works with a variety of stakeholders who are necessary to address and resolve issues. 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 2-Year 6 of Medicaid managed care, members reported the following primary issues:

**1. Access to Services/Benefits** Waiver members reported a lack of available providers contracted 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 that need long-term services and supports reported reductions or denials in their HCBS waiver services in their homes or assisted living programs. This directly impacted attendant care (CDAC) and consumer choice options (CCO) service hours.

**3. Case Management** Members continue to experience delayed response time from case managers and a lack of support and understanding of their health care needs. Members report a lack of understanding from newly assigned case managers, requiring the member to build new relationships and endure a lack of consistency and knowledge of their overall goals and health care needs.

The report that follows includes an overview of the second programmatic quarter of Year 6 (July, August and September 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>

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## 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. Members have chosen to start the appeal process with their MCO for approval of those services necessary for the member to remain safe and healthy in their home.** Members are exercising their right to express dissatisfaction with their MCO through a grievance, or their disagreement with a decision about their health care, through an appeal and/or state fair hearing. The process remains confusing, intimidating and further delays access to care.

**2. Members have reported a lack of approved providers to choose from in order to receive health services.** Providers are reporting that there is a lack of qualified staff to hire and challenges with retention of staff. For members living in remote rural areas, this issue was more prevalent. 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 the lack of contracted providers contracted with their MCO. Members also reported having to wait for medically necessary equipment to be approved and then 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 provider not receiving payment on time. Covid-19 impacts are creating challenges regarding staff placement and retention.

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## 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.

The Managed Care Ombudsman presented at the Medicaid Assistance Advisory Council meeting and continues to attend the Olmstead Task Force meetings.

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/](https://www.instagram.com/iowa_ltc_ombudsman/)