

## Executive Summary

The Office of the State Long-Term Care Ombudsman (OSLTCO), through long-term care ombudsman/managed care ombudsman, advocates for concerns and rights of Medicaid managed care members who receive long-term services and supports in health care facilities or through one of the seven home and community-based waiver programs.

Long-term care ombudsman/managed care ombudsman are charged with assisting recipients with understanding members' rights regarding services, care and access to managed care. Long-term care ombudsman/managed care ombudsman also provide advice and assistance to managed care members that wish to file complaints, grievances and appeals.

House File 2460 directed the OSLTCO to review Medicaid managed care as it relates to the OSLTCO's statutory duties and annually submit an executive summary of pertinent information. OSLTCO's statutory duties include advocacy and assistance for recipients of long-term supports and services provided by the Medicaid program. This Executive Summary contains a summary of the member issues brought to the attention of the OSLTCO for the time period of October 1, 2016 through September 30, 2017, as well as issues to watch.

### I. Member Issues

The OSLTCO has received a total of 4,187 contacts regarding managed care from October 1, 2016 to September 29, 2017. Contacts were made with the OSLTCO by telephone and email. Members, their legal decision makers, and caregivers were the source of contacts with the OSLTCO. The following table identifies the total contacts received by month and the top three issues raised by those contacting the OSLTCO.

Months	Total Contacts	Top 3 Issues
October 2016	152	<ul style="list-style-type: none"> <li>• Change in care setting</li> <li>• Transition services inadequate/inaccessible</li> <li>• Other service gap/coverage issue</li> </ul>

Months	Total Contacts	Top 3 Issues
November 2016	181	<ul style="list-style-type: none"> <li>• Transition services inadequate/inaccessible</li> <li>• Change in care setting</li> <li>• Access to preferred/necessary durable medical equipment</li> </ul>
December 2016	181	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Guardianship documents not on file</li> <li>• Transition services inadequate/inaccessible</li> </ul>
January 2017	273	<ul style="list-style-type: none"> <li>• Services reduced, denied, terminated</li> <li>• MCO was rude or gave poor customer service</li> <li>• Other service gap/coverage issue</li> </ul>
February 2017	355	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Care planning participation</li> <li>• Change in care setting</li> </ul>
March 2017	556	<ul style="list-style-type: none"> <li>• Service reduce, denied, terminated</li> <li>• Care coordinator/case manager was rude/gave poor customer service</li> <li>• Care planning participation</li> </ul>

Months	Total Contacts	Top 3 Issues
April 2017	448	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Other</li> <li>• Care planning participation</li> </ul>
May 2017	439	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Access to information/information sharing</li> <li>• MCO was rude or gave poor customer service</li> </ul>
June 2017	466	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Access to information/information sharing</li> <li>• Care planning participation</li> </ul>
July, 2017	354	<ul style="list-style-type: none"> <li>• Service reduced, denied or terminated</li> <li>• Access to information/information sharing</li> <li>• Care planning participation</li> </ul>

Months	Total Contacts	Top 3 Issues
August 2017	468	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Access to preferred/necessary durable medical equipment</li> <li>• Access to information/information sharing</li> </ul>
September 2017	314	<ul style="list-style-type: none"> <li>• Service reduced, denied, terminated</li> <li>• Access to preferred/necessary durable medical equipment</li> <li>• Home/vehicle modifications</li> </ul>

In addition to the issues in the table above, the OSLTCO tracked resolution times for issues reported to the OSLTCO by managed care members, or someone reporting on their behalf. Resolution times fluctuated from a low of 5 days in October 2016, to a high of 29 in January 2017.

Most of the contacts the OSLTCO received were from Elderly Waiver managed care members or someone reporting on their behalf.

## II. Issues To Watch

CDAC providers and their members have reported continued issues with payment. While payment is not a specific member issue, members are often concerned about losing a trusted CDAD provider as a result of payment issues.

The OSLTCO noted an increase in the number of contacts from managed care members or someone reporting on their behalf regarding state fair hearings. For the months of October, November and December of 2016, the OSLTCO had 18 contacts regarding state fair hearings. For the months of July, August and September of 2017 the number of contacts regarding state fair hearings had increased to 169 contacts.