



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: 1/01/23-1/31/23

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 January 2023 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.

JANUARY 2023 Managed Care Ombudsman Program Highlights

Complaints: During the month of January 2023, the Managed Care Ombudsman Program received 67 complaints from the managed care members we serve. The *top complaints* addressed in January were:

- Access to Services/Benefits
- Access to durable medical equipment
- Member Rights

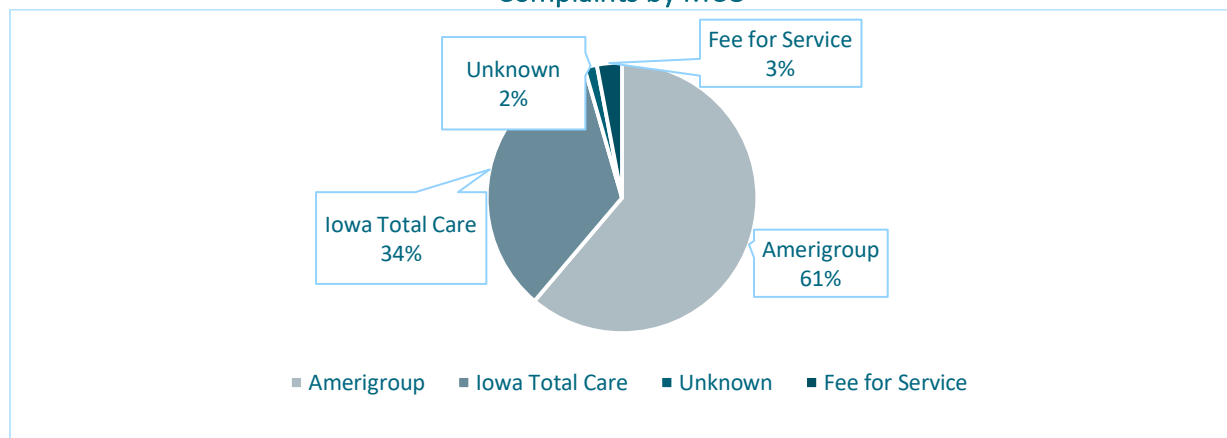
Waiver members reported a lack of available providers. The lack of providers includes but is not limited to medical physicians, skilled care providers, transportation drivers, chore/homemaking providers and home modification providers. The lack of providers available to members had a direct impact on 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.

Members experienced denials when trying to obtain durable medical equipment (DME) prescribed and recommended by their physician. Members reported the lack of contracted providers willing to work with the MCO's, and approved bids by the assigned MCO created more barriers. 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.

Member rights issues continue as they continue to need adequate and quality services, when this does not occur, staff will assist in advocating for what the member desires.

Of the complaints received, 41 were Amerigroup members, 23 were members with Iowa Total Care, two were Fee for Service and one had no associated MCO.

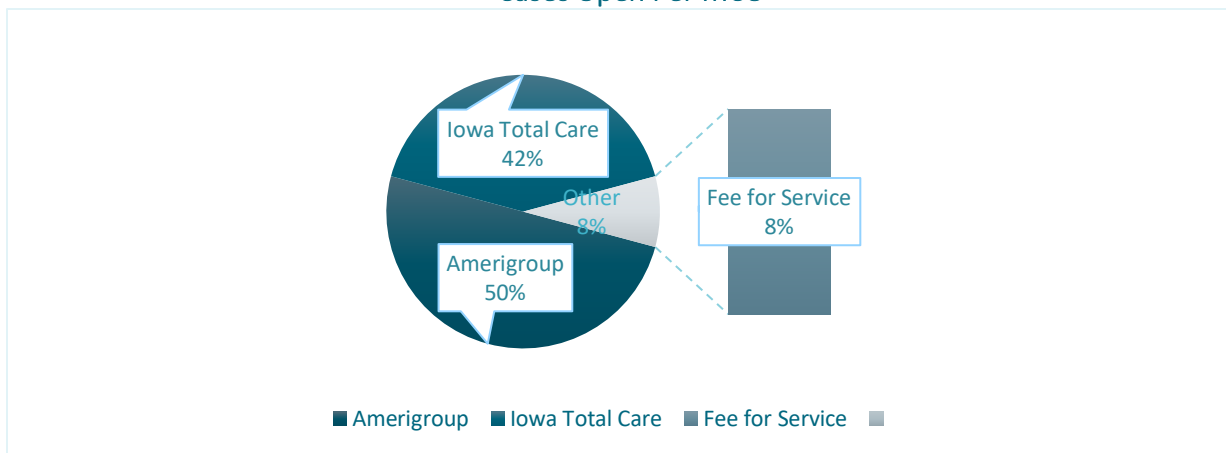
Complaints by MCO



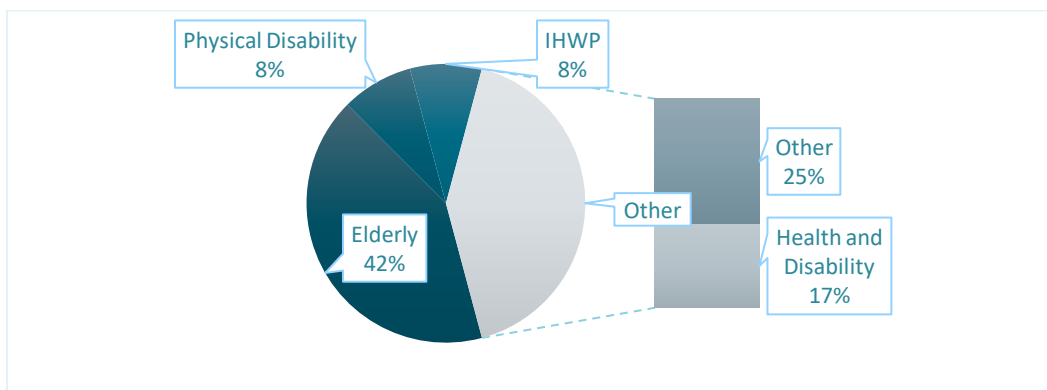
Members Served: The complaints received resulted in activities, such as advocacy and investigation, for 33 managed care members during the month of December. Of these members; 23 were served by Amerigroup, 9 were served by Iowa Total Care and 1 member was unknown.

Cases: The Managed Care Ombudsman Program opened 12 cases and closed three in January. Amerigroup had 6, Iowa Total Care had five and one was fee for service. Most of the cases opened were managed care members that were served by the Elderly 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.