



**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:** 12/1/22-12/31/22

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 December 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](mailto:managedcareombudsman@iowa.gov).

## DECEMBER 2022 Managed Care Ombudsman Program Highlights

**Complaints:** During the month of December 2022, the Managed Care Ombudsman Program received 59 complaints from the managed care members we serve. The *top complaints* addressed in December were:

- Access to Services / Benefits
- Care Planning
- CDAC
- Care Coordinator / Case Manager was rude or gave poor customer service

Waiver members reported a lack of available providers and lengthy wait time for service approvals resulting in an impact on the members' overall health. Some members did not receive all services, for which they were approved.

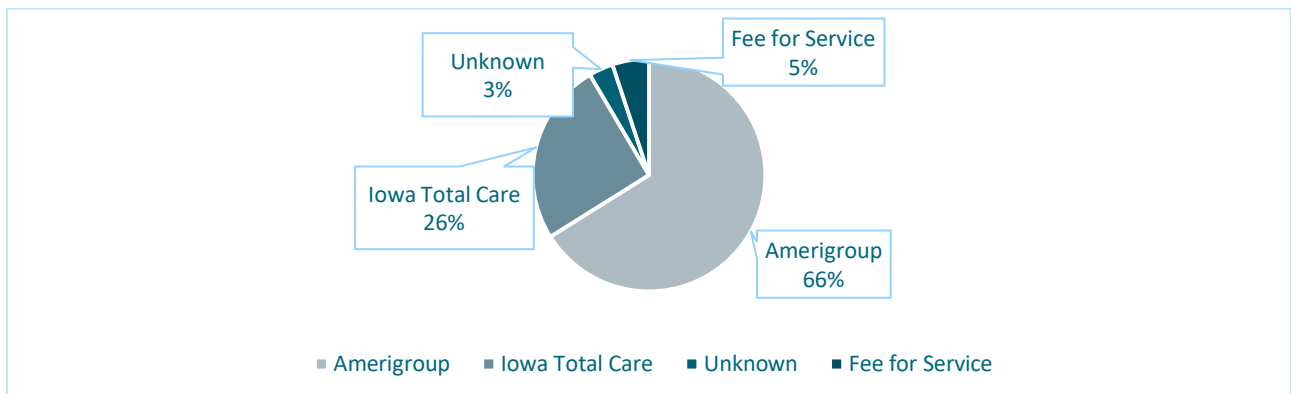
Medicaid members report lengthy wait times when needing assistance with transitioning to a new residence and/or Medicaid program. A lack of care planning or disruption in continuity of care creates a gap in services where the member does not receive the care they need ultimately placing the member at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

Members have continued reports of dissatisfaction with changes affecting their Consumer Directed Attendant Care (CDAC) services. Changes include service reductions or denials, and changes that impact the day to day use of CDAC services.

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.

Of the complaints received, 39 were Amerigroup members, 15 were members with Iowa Total Care and 3 were Fee for Service and 2 had no associated MCO.

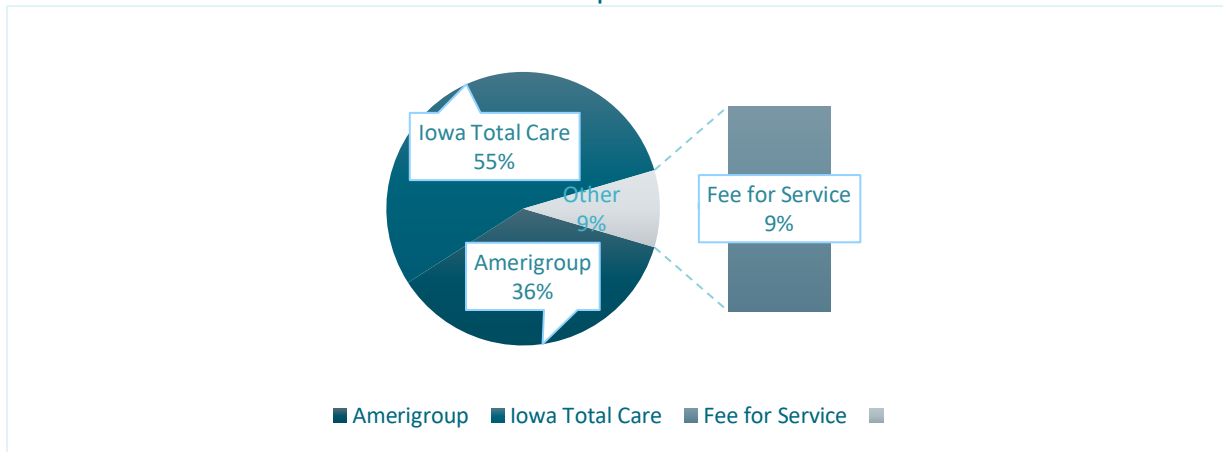
Complaints by MCO



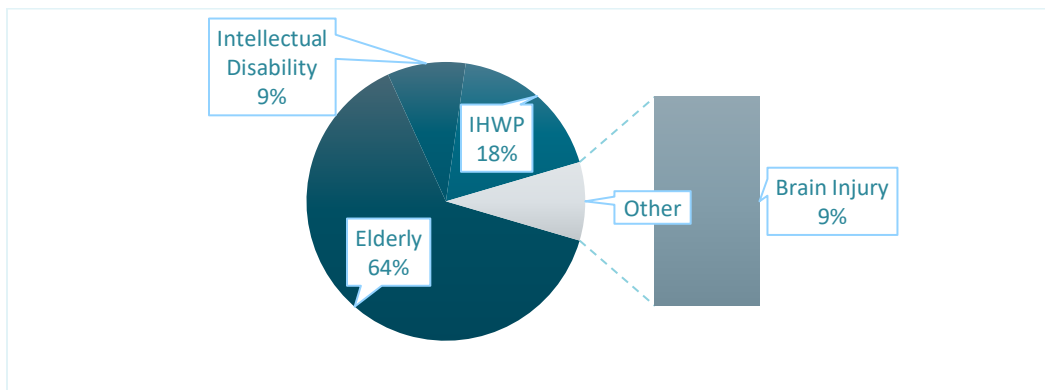
**Members Served:** The complaints received resulted in activities, such as advocacy and investigation, for 41 managed care members during the month of December. Of these members; 27 were served by Amerigroup, 12 were served by Iowa Total Care and 2 members were Fee for Service.

**Cases:** The Managed Care Ombudsman Program opened 11 cases and closed three in December. Amerigroup had four, Iowa Total Care had six 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.