



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: 2/01/23-2/28/23

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 February 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.

FEBRUARY 2023 Managed Care Ombudsman Program Highlights

Complaints: During the month of February 2023, the Managed Care Ombudsman Program received 76 complaints from the managed care members we serve. The *top complaints* addressed in February were:

- Access to Services/Benefits
- Discharge
- CDAC

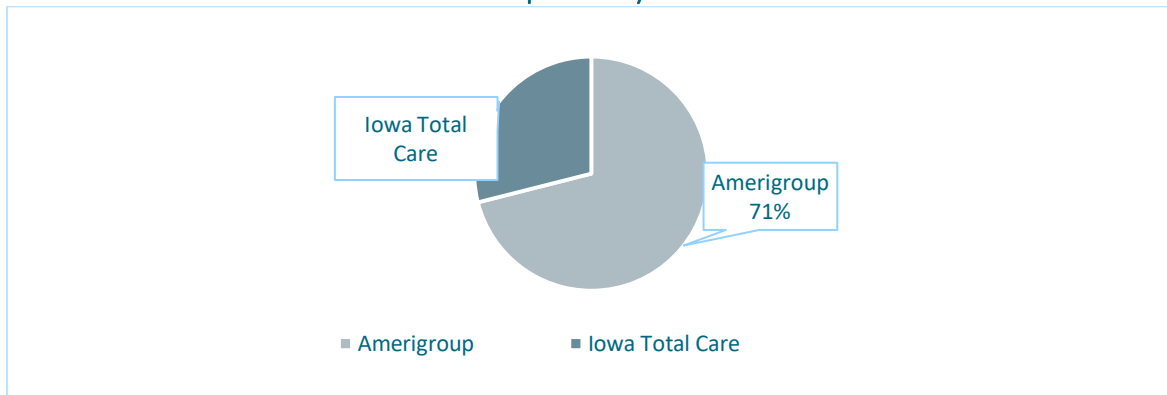
Waiver members reported a lack of available providers. The lack of providers includes but is not limited to medical physicians, skilled care providers, transportation drivers, chore/homemaking providers and home modification providers. The lack of providers available to members had a direct impact on 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 that are needing long-term services and supports reported discharge, reductions or denials in their HCBS waiver services in their homes or assisted living programs. In response to reductions in services, members requested more formal appeals and fair hearings to gain access to the services they feel are necessary for their health and safety.

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 changes that impact the day to day use of CDAC services. Members were also concerned over their CDAC provider not receiving payment on time.

Of the complaints received, 54 were Amerigroup members and 22 were members with Iowa Total Care.

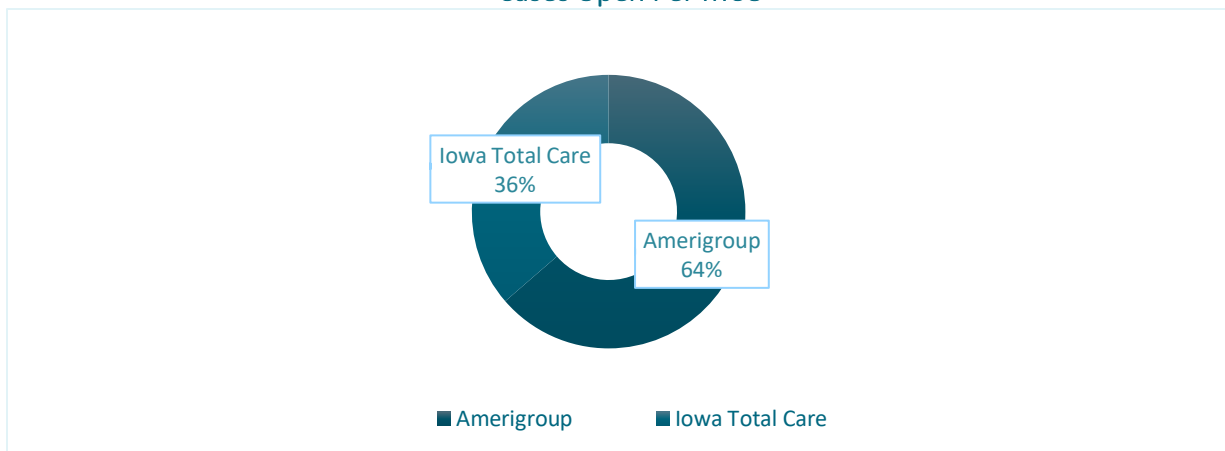
Complaints by MCO



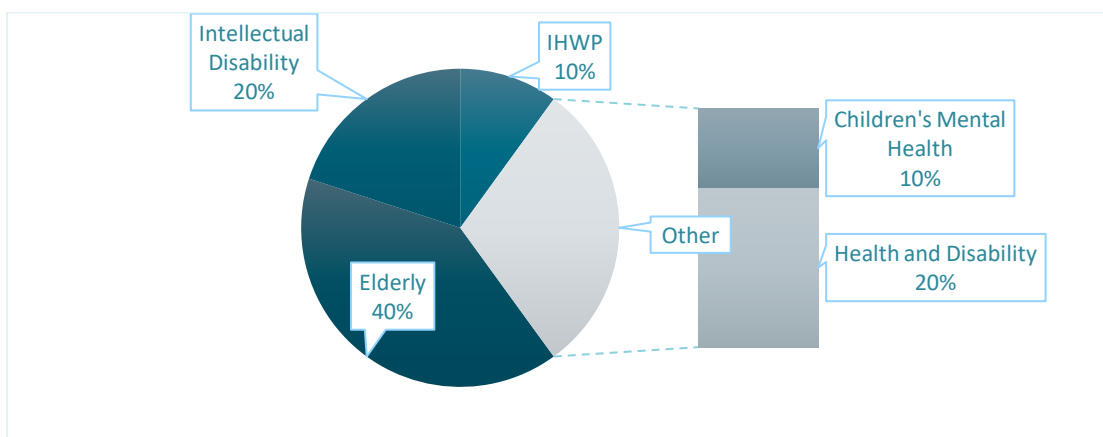
Members Served: The complaints received resulted in activities, such as advocacy and investigation, for 39 managed care members during the month of February. Of these members; 28 were served by Amerigroup and 11 were served by Iowa Total Care.

Cases: The Managed Care Ombudsman Program opened 11 cases and closed 5 in February. Of the open cases, Amerigroup had seven and Iowa Total Care had four. 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.