



**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:** 3/01/23-3/31/23

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

## MARCH 2023 Managed Care Ombudsman Program Highlights

**Complaints:** During the month of March 2023, the Managed Care Ombudsman Program received 85 complaints from the managed care members we serve. The *top complaints* addressed in March were:

- Access to Services / Benefits
- Services reduced, denied, terminated
- DME

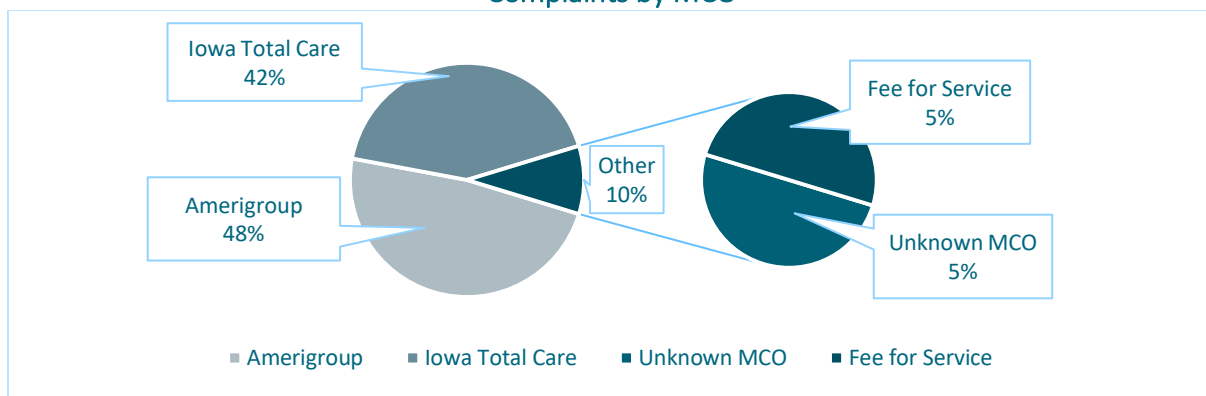
Waiver members reported a lack of available providers which includes but is not limited to medical physicians, skilled care providers, transportation drivers, chore/homemaking providers and home modification providers. This has had a direct impact on the members' overall health, as did the wait time members experienced for service benefits to be approved. Some members did not receive all services, for which they were approved.

Members needing long-term services and supports reported reductions or denials in their HCBS waiver services in their homes or assisted living programs. Many times, these health services had been approved in the past. The unexpected change often affected consumer directed attendant care (CDAC) and consumer choice options (CCO) service hours.

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.

Of the complaints received, 45 were Amerigroup members, 36 were members with Iowa Total Care, four were Fee for Service and 4 had unknown MCO's.

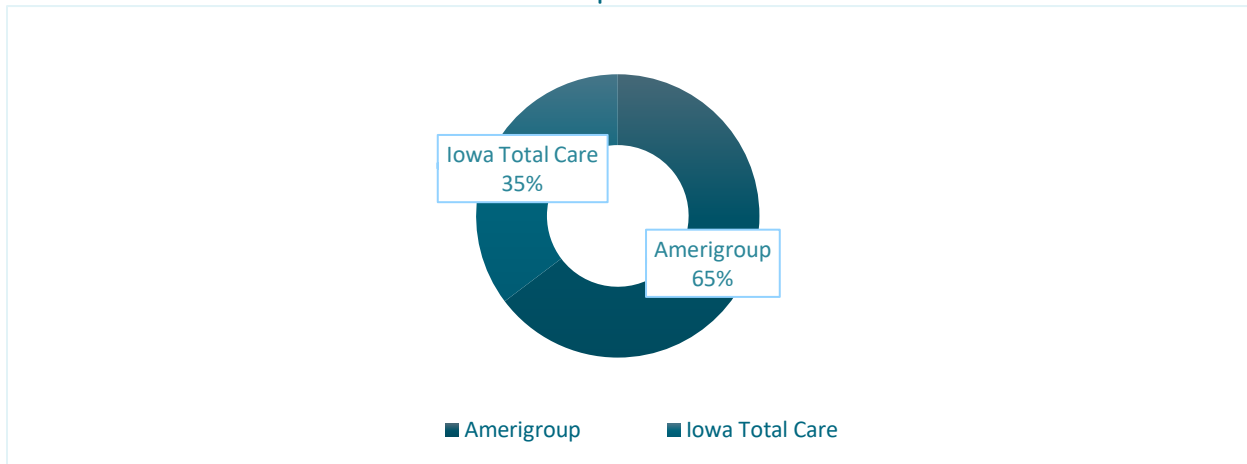
Complaints by MCO



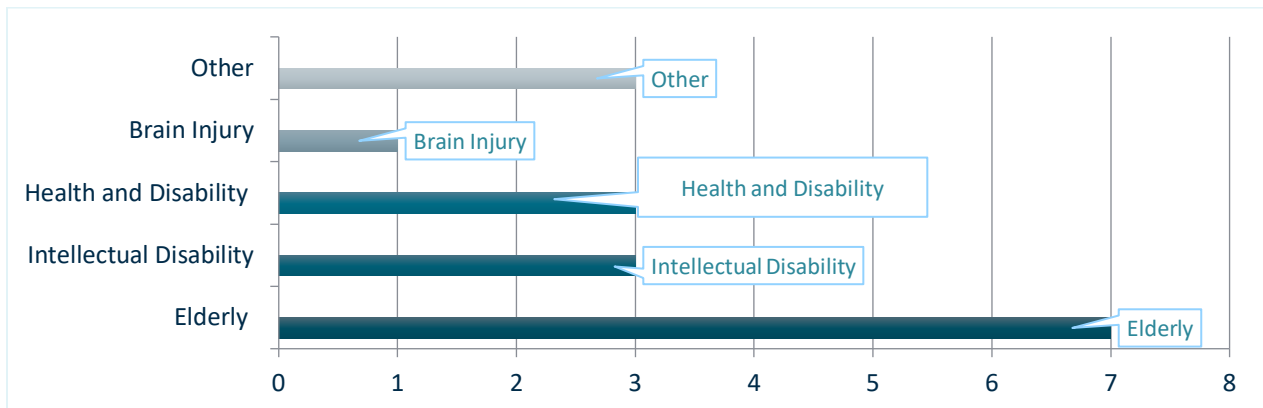
**Members Served:** The complaints received resulted in activities, such as advocacy and investigation, for 32 managed care members during the month of March. Of these members; 15 were served by Amerigroup, 11 by Iowa Total Care, one each that were Fee for Service and MCO Unknown.

**Cases:** The Managed Care Ombudsman Program opened 17 cases and closed 4 in March. Of the open cases, Amerigroup had 11 and Iowa Total Care had six. While the majority of the cases were serving consumers on the Elderly Waiver, individuals from almost every other waiver received services from the Managed Care Ombudsman Program in March.

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.