Managed Care Ombudsman Program Quarterly Report

1st Quarter - April/May/June 2016

Managed Care
OMBUDSMAN PROGRAM
A Division of the Office of the State Long-Term Care Ombudsman
866.236.1430 | ManagedCareOmbudsman@iowa.gov

EXECUTIVE SUMMARY

On April 1, 2016, Iowa launched the IA Health Link program, a new Medicaid managed care program that coordinates physical health, behavioral health, and long-term services and supports (LTSS) for most Medicaid members. The Office of the State Long-Term Care Ombudsman (OSLTCO) developed and currently administers the Managed Care Ombudsman Program to advocate for Medicaid managed care members who receive care in a health care facility, assisted living program or elder group home, or are enrolled in one of the seven home and community-based services (HCBS) waiver programs, which include:

- AIDS/HIV Waiver
- Brain Injury Waiver
- Children's Mental Health Waiver
- Elderly Waiver
- Health and Disability Waiver
- Intellectual Disability Waiver
- Physical Disability Waiver

The Managed Care Ombudsman Program provides various services including education and information regarding managed care plans, services, care and processes, advocacy and outreach on behalf of members, and appeals assistance and complaint resolution for members needing assistance with resolving issues with their managed care plan or navigating the managed care system.

This report provides an update on the following items for the first programmatic quarter (April, May and June 2016):

- 1st Quarter Overview
- Systemic Trends
- Community Partnerships and Outreach
- Managed Care Ombudsman Program Administrative Update

QUARTERLY OVERVIEW

The Managed Care Ombudsman Program is required to track issues on a monthly basis. For analysis purposes, this report provides a high-level overview of the data aggregated over the three months of April, May and June 2016.

Contacts

The Managed Care Ombudsman is available by telephone, email and mail; however, most contacts made to the program are received via telephone. The total number of contacts fluctuates among months for various reasons, such as the approach of a deadline for members to change their managed care organization (MCO) without cause or the issuance of materials by Iowa Medicaid Enterprise (IME) that are difficult for members to understand.

Top Issues

There are nine major issue categories that the program tracks on a monthly basis (please refer to the Monthly Report for the categories). Each major category has subcategories that further define the issue. The most prevalent issues addressed during this quarter included:

- Access to Services/Benefits
- Eligibility
- Care Planning

Average Resolution Time

The resolution time begins when the Managed Care Ombudsman receives the issue and ends when the issue is resolved. The average resolution time is calculated each month by adding the resolution time for each issue together and dividing by the total number of issues handled that month. Oftentimes, the Managed Care Ombudsman must work with other agencies or organizations (i.e., IME, the member's MCO, the Office of the State Long-Term Care Ombudsman) to resolve the issue.

Consumer concerns became increasingly complex as the quarter progressed, requiring the Ombudsman to devote more time to the many calls received.

Program

Within the first quarter, the majority of calls received came from members enrolled or inquiring about the Elderly Waiver program or the Intellectual Disability Waiver program. The program also received several contacts it reported as Unknown (due to the inability to verify a member's waiver enrollment) or N/A (if the caller was a member of a waiver program not included in the populations served by the Managed Care Ombudsman).

A new Medicaid member was not receiving her Elderly Waiver Services in a timely manner. Once her services were arranged, a specific provider was not available to help the member during a week where she needed assistance.

The Managed Care Ombudsman worked with the member to identify the specific tasks that she needed assistance with, approximately how much time it would take a worker to complete the tasks, and what days and times worked best with the member's schedule that week. The Managed Care Ombudsman then contacted the MCO and advocated for the member's requests. The MCO was able to provide a worker with the member's preferences.

Grievances/Appeals/Fair Hearings

The Managed Care Ombudsman Program attempts to resolve issues informally in effort to expedite issue resolution. For Quarter 1, the Managed Care Ombudsman Program received 1 contact regarding a grievance and 7 regarding an appeal. There have been no contacts regarding a fair hearing during this quarter.

The table below shows a side-by-side comparison of the data discussed:

Month	Number of Contacts	Top Three Issues	Average Resolution Time	Program	Contacts per MCO	Contacts Related to Grievances/Appeals/ Fair Hearings
April	143	1. Care coordinator/ case manager 2. Access to services/benefits 3. Eligibility	5 days	1. Unknown 2. Health & Disability 3. Elderly	Amerigroup = 20 AmeriHealth = 18 United = 30	Grievances = 0 Appeals = 0 Fair Hearings = 0
May	89	1. Access to services/benefits 2. Customer service 3. Care planning	4 days	1. Elderly 2. Intellectual Disability 3. N/A, Unknown	Amerigroup = 16 AmeriHealth = 35 United = 25	Grievances = 0 Appeals = 5 Fair Hearings = 0
June	107	1. Access to services/benefits 2. Care planning 3. Eligibility	7 days	1. Elderly 2. Intellectual Disability 3. IA Health & Wellness	Amerigroup = 21 AmeriHealth = 39 United = 24	Grievances = 1 Appeals = 2 Fair Hearings = 0
Qtr 1 Total	339	1. Access to services/benefits 2. Care planning 3. Eligibility		1. Elderly 2. Intellectual Disability 3. Unknown	Amerigroup = 57 AmeriHealth = 92 United = 79	Grievances = 1 Appeals = 7 Fair Hearings = 0

TABLE 1: QUARTER 1 CONTACT DATA (APRIL, MAY, JUNE 2016)

SYSTEMIC TRENDS

In addition to tracking monthly member issues, the Managed Care Ombudsman Program documents and tracks systemic trends brought to the attention of the office. The following discusses the systemic trends identified:

PRIOR TO APRIL 1:

November 2015 – February 2016

- Members reported that their MCO selections were not being recorded at IME
- IME Member Services call center wait times up to 2 hours
- Members who are unable to speak and who had a guardian that was not accessible had a challenging time or were unable to actively select their MCO
- Members did not understand letters received from IME

March 2016

- Provider directories were inconsistent between IME and MCOs

FOLLOWING APRIL 1 GO-LIVE DATE:

April 2016

- Members were denied access to their providers at Mayo due to out of network
- Lag time of three to six months for members being able to access waiver services from date of approved eligibility by IME
- MCO case managers were not knowledgeable about nursing facility protocol or federal requirements or had no experience in long-term care facilities prior to serving their members in a long-term care facility
- Case managers demanded member records from long-term care facility administrators. Such records are typically expected to be purchased from the facility.

May 2016

- Providers received delayed reimbursement or no reimbursement at all
- Lag time of three to six months for members being able to access waiver services from date of approved eligibility by IME continued
- Providers advocated on behalf of their members by calling the Managed Care Ombudsman
- Members communicated that their new MCO case manager pressured them to sign up with new MCO case manager thus breaching the 6 month contractual obligation allowing for member choice

June 2016

- Lag time of three to six months for members being able to access waiver services from date of approved eligibility by IME continued
- Providers advocated on behalf of their members by continuing to call the Managed Care Ombudsman
- Providers continued to receive delayed reimbursement or no reimbursement at all

A Medicaid member with high needs was "dumped" at a local emergency room by his home and community-based provider, who refused to take him back. He was moved to an inpatient room, despite being an inappropriate placement, while the hospital determined next steps through the MCO and those involved in the member's care.

An appeal was filed while the member had been in the hospital for 25 days with no response from the MCO. The Managed Care Ombudsman was notified of the appeal and connected with the MCO. With the partnership between the MCO, the Managed Care Ombudsman and those involved in the member's care, he was able to move to appropriate placement within two weeks of the appeal submission.

COMMUNITY PARTNERSHIPS AND OUTREACH

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.

The Managed Care Ombudsman Program has built a network with other advocacy and provider groups, associations, organizations and agencies to coordinate the provision of assistance to members. The Managed Care Ombudsman Program also participates in various forums and workgroups on a regular basis to inform discussion and to address collective concerns expressed when possible.

The Managed Care Ombudsman Program has presented at various workgroups and forums and distributed program materials. The table below identifies programmatic outreach efforts and total number of communication materials distributed (please note, April represents a combined total of materials distributed during the monthq mf March and April 2016):

Month	Presentations	Brochures	Bookmarks
April	10	9,055	7,554
May	7	969	415
June	2	36	11
Qtr 1 Total	19	10,060	7,980

TABLE 2: QUARTER 1 OUTREACH DATA (APRIL, MAY, JUNE 2016)

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/long-term-care-ombudsman/managed-care-ombudsman.

ADMINISTRATIVE UPDATE

The Office of the State Long-Term Care Ombudsman will serve on the Medical Assistance Advisory Council (MAAC) per 2016 legislation to provide the unique perspective gained through daily interactions with the members the office serves, as well as interactions among the State, MCOs and many other stakeholder organizations. The Managed Care Ombudsman will continue to advocate on behalf of Medicaid managed care members and remain a responsive resource to individuals needing assistance.

If interested in staying connected to the program to receive updates on managed and deadline reminders, please send an email to managedcareombudsman@iowa.gov indicating your interest to stay in touch. You will then be added to the distribution list.

Jessie Parker Building
510 E. 12th Street, Ste. 2
Des Moines, IA 50319
www.iowaaging.gov

866.236.1430
ManagedCareOmbudsman@iowa.gov