



Managed Care Ombudsman Program Quarterly Report

4th Quarter - Jan/Feb/Mar 2017



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

EXECUTIVE SUMMARY

Since the launch of managed care, the Office of the State Long-Term Care Ombudsman has collected and reported data on a monthly and quarterly basis. This quarterly report wraps up the final quarter of the first full year of managed care.

The office remained busy throughout the quarter. Total contacts increased each month with 273 contacts in January, 355 contacts in February, and 556 contacts in March.

The issues identified for the quarter are the primary issues that were addressed in January, February, and March 2017. The issues may fluctuate each quarter. However, many of the issues have remained consistent throughout the year. The office works with a variety of stakeholders necessary to address and resolve issues that come to the office and do so through a variety of ways such as through modifying policies and processes, encouraging use of best practices, and facilitating and coordinating communication with necessary parties. The office values its relationships with agencies and stakeholders and seeks to remain a collaborative partner to better members' managed care experience. During Quarter 4 of managed care, members reported the following primary issues:

- 1) Services are being reduced, denied or terminated primarily for consumer directed attendant care (CDAC) and consumer choice options (CCO) service hours as well as home health and skilled nursing visits. The office recognizes that with the change to managed care, processes and documentation expectations for CDAC providers have also changed. However, the office will continue to monitor this issue to ensure members' needs are adequately met.
- 2) Members not having the opportunity to participate in the care planning process has been an issue. Care planning participation is a key element of providing person-centered care. Members both desire and should be expected to be central to conversations regarding their care. Decisions that involve changing providers, case managers, services, and level of care should involve the member. This allows the member the opportunity to understand why a change might be needed and to engage in the discussion as a valued participant. Simply understanding why a change might be needed enables members to make informed decisions, respond appropriately to the change, and work together with those providing their care in a collaborative way.
- 3) Change in care setting was another primary issue identified throughout the quarter and over the course of the year. During this quarter, members reported having issues with maintaining their current residence or securing new placement due to providers not accepting reduced reimbursement rates for members that require a higher level of care. Members rely on their providers and care team to assist them with activities of daily living. Losing a provider that is known and trusted can cause great distress to the member and potentially disrupt their provision of services.

The enclosed report includes an overview of the fourth programmatic quarter (January, February, March) as well as an update on systemic trends, community partnerships and outreach efforts, and administrative activities.

For further information, please contact the Office of the State Long-Term Care Ombudsman Legislative Liaison Lynzey Kenworthy at lynzey.kenworthy@iowa.gov.

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 January, February, and March 2017. This quarter finalizes the first year of managed care.

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:

- Service reduced, denied or terminated
- Care planning participation
- Change in care setting

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 State Ombudsman's Office) to resolve the issue.

Average resolution time is impacted by the complexity of issues and changes in the managed care system such as MCO model changes or change in provider rates. The office was able to resolve 91 percent of issues.

Program

During the fourth quarter of managed care, the majority of calls received came from members enrolled in the Intellectual Disability Waiver, the Elderly Waiver, and the Brain Injury Waiver. Members enrolled in these particular waivers have consistently needed assistance from the managed care ombudsmen throughout this quarter and over the course of the year.

A managed care ombudsman advocated for a member on the Health and Disability waiver program in maintaining their services needed at home. The member was at risk of being discharged from their provider which would have left the member without skilled nursing care or CDAC providers. With the aide of the managed care ombudsman and support from the MCO, the member remained safe in their home with skilled nursing care.

Grievances/Appeals/Fair Hearings

The Managed Care Ombudsman Program attempts to resolve issues informally in an effort to expedite resolution. For Quarter 4, the Managed Care Ombudsman Program received 57 contacts regarding a grievance and 98 regarding an appeal. There have been 27 contacts regarding a state 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
January	273	1. Service reduced, denied, terminated 2. MCO was rude or gave poor customer service 3. Other service gap/coverage issue	29 days	1. Elderly Waiver 2. Intellectual Disability Waiver 3. Dual eligibles	Amerigroup = 67 AmeriHealth = 145 United = 46	Grievances = 17 Appeals = 18 Fair hearings = 14
February	355	1. Service reduced, denied, terminated 2. Care planning participation 3. Change in care setting	22 days	1. Intellectual Disability Waiver 2. Elderly Waiver 3. Brain Injury Waiver	Amerigroup = 34 AmeriHealth = 243 United = 60	Grievances = 28 Appeals = 4 Fair hearings = 5
March	556	1. Service reduced, denied, terminated 2. Care coord/case manager was rude/gave poor customer service 3. Care planning part.	17 days	1. Brain Injury Waiver 2. Health & Disability Waiver 3. Elderly Waiver	Amerigroup = 114 AmeriHealth = 252 United = 156	Grievances = 12 Appeals = 76 Fair hearings = 8
Qtr 4 Total	1,184	1. Service reduced, denied, terminated 2. Care planning participation 3. Change in care setting		1. Intellectual Disability Waiver 2. Elderly Waiver 3. Brain Injury Waiver	Amerigroup = 215 AmeriHealth = 640 United = 262	Grievances = 57 Appeals = 98 Fair hearings = 27

TABLE 1: QUARTER 4 CONTACT DATA (JANUARY, FEBRUARY, MARCH 2017)

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:

1) Written notification of change in care - Consistent with previous quarters, members report not receiving written notifications from their MCO regarding a change in their care such as a reduction in hours of a particular service or denial of a previously authorized benefit or service. Instead, members consistently reported receiving a verbal decision about a change in their care from their case manager.

2) Consumer Directed Attendant Care (CDAC) documentation processes impacting members - Members frequently contacted the office about reductions to their CDAC hours. The amount of time for CDAC services are being reduced and, in some circumstances, have been drastically decreased. Changes to the CDAC agreements and service plans are concerning to members. These reductions resulted from the MCOs' audit of CDAC documentation and finding that the documentation was either inaccurate, insufficient or did not justify the hours previously granted. While this impacts the CDAC provider in their provision of services to the member(s) they serve, the office recognizes that changes affecting providers can, in many cases, impact members as well. The office continues to monitor this issue and its impact on members.

3) Changes in provider rates are impacting members - Members reported having to find a new provider since their provider can no longer care for them due to the decreased reimbursement rate. Members have also reported issues with maintaining their current residence or securing new placement due to providers not accepting the reduced reimbursement rates for members that require higher level of care. This was a primary issue noted in the February 2017 report. Providers are a critical component of the member's care plan. Therefore, the office will continue to monitor this issue and its impacts on members.

4) Communication issues between case managers and members are impacting member care - Service reductions has been one reason why members have contacted our office during this quarter and throughout the year. In several instances, case managers had not obtained all the necessary information from the member regarding their care needs and, therefore, did not supply the MCO with accurate information. As a result, services were reduced. Members have also notified our office that their case manager did not know what information to submit to the MCO or fully understand the member's needs and how to respond to them as well as how to navigate the new managed care system and processes within the new system. Training for case managers should be provided on an ongoing basis as they serve in one of the most important roles in the member's care. The office will continue to monitor this issue and work with necessary stakeholders to prevent future occurrences.

A member requested a vehicle modification and was denied by their MCO. The member contacted the Managed Care Ombudsman Program to discuss their appeal rights. A managed care ombudsman advocated for the member and assisted the member with providing the MCO with more information. The MCO approved the vehicle modification.

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, when possible, in various forums and work groups on a regular basis to inform discussion and to address collective concerns expressed.

The Managed Care Ombudsman Program has presented at various work groups and forums and distributed program materials. The table below identifies programmatic outreach efforts and total number of communication materials distributed:

Month	Presentations	Brochures	Bookmarks	Member Packets
January	0	6	0	863
February	3	312	0	30
March	5	513	60	115
Qtr 4 Total	8	831	60	1,008

TABLE 2: QUARTER 4 OUTREACH DATA (JANUARY, FEBRUARY, MARCH 2017)

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/state-long-term-care-ombudsman/managed-care-ombudsman-program>.

ADMINISTRATIVE UPDATE

Throughout the quarter, the office continued to work with members, each managed care organization (MCO), and other state agencies to creatively and efficiently resolve issues. The office continues to meet with stakeholders including Iowa Medicaid Enterprise (IME) to creatively address these issues across the state. For example, the office is working with stakeholders to revise outdated state administrative rules that no longer serve members to mitigate unnecessary issues, establish best practices, and improve the sharing of information regarding how best to navigate the managed care system. The office continues to participate in various meetings such as the Medical Assistance Advisory Council (MAAC) to inform and improve policies and processes.

The office has seen an increase in the use of the Managed Care Ombudsman Program complaint form. This form continues to be a resource available for members to communicate any issues or concerns that they might have. The form can be found on our website at www.iowaaging.gov under the State Long-Term Care Ombudsman's Managed Care Ombudsman Program tab.

The office has accepted interns to assist with office initiatives. This allows students to gain real world experience and apply their critical thinking skills within a professional, supportive environment prior to graduating. This effort has been a productive endeavor and an effective cost-saving method that contributes to preparing Iowa's future workforce. Students interested in interning with the office should send an email to managedcareombudsman@iowa.gov expressing interest.

The office continues to update the website with announcements. However, if interested in staying connected to the program to receive updates on managed care and deadline reminders, please send an email to managedcareombudsman@iowa.gov to be added to the distribution list.



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

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