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TO: Iowa Department of Human Services
CC: Centers for Medicare and Medicaid Services
FROM: Cynthia Pederson, State Long-Term Care Ombudsman
SUBJECT: Managed Care Ombudsman Program Monthly Report for February 2018
DATE: Wednesday, March 7, 2018

The Office of the State Long-Term Care Ombudsman is required by the Centers for Medicare and Medicaid Services (CMS) to report data from the Managed Care Ombudsman Program on a monthly basis. Attached is the February 2018 Report.

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.

Contacts and Main Issues

During the month of February, the Managed Care Ombudsman Program received 225 member contacts through phone and email. This number does not reflect the total contacts received from all stakeholders including providers as this report only discusses member-specific issues. Oftentimes, multiple issues were addressed in one call with a member. The top three issues addressed in February 2018 were:

1. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.
2. Access to preferred/necessary durable medical equipment –Waiver members experienced challenges with long waiting periods for medically necessary equipment in their residence.
3. Discharge – Guardians reported concerns and questions regarding discharge for members receiving services from providers being affected by the tier rate system.

Medicaid Program

Most calls were related to the Elderly Waiver, the Intellectual Disability Waiver, and the Brain Injury Waiver.

Resolution Time

On average, it took 5 business days to resolve an issue.

Additional information can be found in the attached February 2018 Report. For further information, please contact the Managed Care Ombudsman Program by phone at 866-236-1430 or email at managedcareombudsman@iowa.gov.

Managed Care Ombudsman Program Monthly Report

Per CMS Special Terms and Conditions, the monthly Managed Care Ombudsman Program data is provided below.

DATE: 02/2018

Number of Contacts ¹		225
Contact Categories²		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	23
	Access to preferred/necessary medication	8
	Home/vehicle modifications	1
	Prior authorization	11
	Provider/pharmacy/hospital not in network	16
	Service reduced, denied or terminated	38
	Transition services/coverage inadequate or inaccessible	9
	Transportation not available, timely or adequate	16
	Other service/coverage gap issue	19
	Other	20
Billing	Member charged improper cost sharing	-
	Other	1
Care Planning	Access to information or information sharing	-
	Care planning participation	15
	Change in care setting	18
	Discharge	22
	Level of care assessment	19
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	8
	MCO was rude or gave poor customer service	12
	Member has not received MCO card or other materials	12
	Provider/pharmacy was rude or gave poor customer service	4
	Scheduling	4
	Other	-
Eligibility	Member has lost eligibility status or was denied	19
	Member needs assistance with acquiring Medicaid eligibility information	15
	Member needs assistance with checking on application status	8
	Other	-
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	7
	Other	-
Guardianship	Guardian not receiving information	11
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		-
N/A		13
Contacts Related to Grievances/ Appeals/Fair Hearings ³	Grievances	8
	Appeals	34
	Fair Hearings	8
Contacts per MCO ⁴	Amerigroup Iowa	17
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	177
	Fee for Service	12

Program⁵	AIDS/HIV Waiver	-
	Brain Injury Waiver	22
	Children's Mental Health Waiver	-
	Dental	2
	Duals	12
	Elderly Waiver	67
	Habilitation	5
	Health & Disability Waiver	18
	HIPP	7
	Institutional Care	11
	Iowa Health & Wellness	14
	Intellectual Disability Waiver	26
	Medicare	4
	PACE	-
	Physical Disability Waiver	8
	QMB or SLMB	-
	Traditional Medicaid	20
Other	-	
N/A	5	
Unknown	11	
Average Resolution Time⁶		5
Referrals per Entity⁷	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	7
	Iowa Compass	1
	Iowa Legal Aid	6
	Lifelong Links	2
	MCO	4
	Medicaid Fraud Control Unit	-
	Provider	2
	Senior Health Insurance Information Program	2
	State Ombudsman Office	6
Other	2	
Service(s) Provided to Contact⁸	Grievance assistance	3
	Appeals assistance	15
	Fair hearing assistance	2
	Advocacy	59
	Education and information	6
	Investigation	159
	Referral	25
Service(s) Provided to Stakeholders⁹	Community education	-
	Information and consultation	8
	Technical assistance	5
	Training	-

¹*Number of Contacts*: Total Number of contacts received via phone and email.

²*Contact Categories*: Reason contact was made to the program. "Other" is used for issues not listed. "N/A" is used for issues unknown.

³*Contacts Related to Grievances/Appeals/Fair Hearings*: Contacts concerning filing or filed grievances/appeals/fair hearings.

⁴*Contacts per MCO*: Contacts received regarding the respective MCO.

⁵*Program*: Type of program discussed during the contact. "Other" is used for programs beyond those captured in this report. "N/A" is used when the contact inquires about unrelated programs/issues. "Unknown" is used when the contact does not know the program they are enrolled with/inquiring about.

⁶*Average Resolution Time*: Average number of days required for resolution.

⁷*Referrals per Entity*: Referrals made to external organizations that provide services beyond the scope of the program.

⁸*Service(s) Provided to Contact*: Services provided to the contact who may be the member, family member or their authorized representative.

⁹*Service(s) Provided to Stakeholders*: Services provided to stakeholders, including but not limited to community organizations, advocacy organizations and MCOs.

Note: Total Number of Contacts may not equal total number of issues identified under *Contact Categories* due to the identification of multiple issues during one contact.