Managed Care
OMBUDSMAN PROGRAM
A Division of the Office of the State Long-Term Care Ombudsman

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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 March 2018

DATE: Friday, April 6, 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 March 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 March, the Managed Care Ombudsman Program received 214 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 March 2018 were:

1. Level of care assessment –New level of care assessments required by the MCO for some members are resulting in changes to members' services that do not meet members' health care needs whether or not there has been a change in the member's health.
2. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.
3. Care planning participation – Members and guardians are reporting a lack of care planning prior to receiving notification of a change in service as well as delays in services being set up in the home once assigned with an MCO.

Medicaid Program

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

Resolution Time

On average, it took 10 business days to resolve an issue. Member issues reported to the Managed Care Ombudsman Program are more frequently moving through the formal appeal and state fair hearing processes, which increases average resolution time.

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

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Managed Care Ombudsman Program Monthly Report

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

DATE: 03/2018

Number of Contacts[1]		214
Contact Categories[2]		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	23
	Access to preferred/necessary medication	5
	Home/vehicle modifications	1
	Prior authorization	-
	Provider/pharmacy/hospital not in network	2
	Service reduced, denied or terminated	61
	Transition services/coverage inadequate or inaccessible	2
	Transportation not available, timely or adequate	25
	Other service/coverage gap issue	2
	Other	14
Billing	Member charged improper cost sharing	-
	Other	1
Care Planning	Access to information or information sharing	26
	Care planning participation	37
	Change in care setting	7
	Discharge	20
	Level of care assessment	66
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	2
	MCO was rude or gave poor customer service	1
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	1
	Member needs assistance with acquiring Medicaid eligibility information	4
	Member needs assistance with checking on application status	4
	Other	-
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	13
	Other	-
Guardianship	Guardian not receiving information	3
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		4
N/A		2
Contacts Related to Grievances/ Appeals/Fair Hearings[3]	Grievances	14
	Appeals	29
	Fair Hearings	5
Contacts per MCO[4]	Amerigroup Iowa	38
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	148
	Fee for Service	18

Program[5]	AIDS/HIV Waiver	-
	Brain Injury Waiver	51
	Children's Mental Health Waiver	-
	Dental	2
	Duals	7
	Elderly Waiver	27
	Habilitation	1
	Health & Disability Waiver	24
	HIPP	-
	Institutional Care	-
	Iowa Health & Wellness	3
	Intellectual Disability Waiver	63
	Medicare	-
	PACE	-
	Physical Disability Waiver	18
	QMB or SLMB	10
	Traditional Medicaid	6
	Other	-
	N/A	-
	Unknown	4
Average Resolution Time[6]		10
Referrals per Entity[7]	Department of Human Services	6
	Department of Inspections and Appeals	-
	Disability Rights Iowa	9
	Iowa Compass	-
	Iowa Legal Aid	4
	LifeLong Links	3
	MCO	6
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	1
	State Ombudsman Office	2
	Other	1
Service(s) Provided to Contact[8]	Grievance assistance	7
	Appeals assistance	19
	Fair hearing assistance	3
	Advocacy	39
	Education and information	8
	Investigation	153
	Referral	21
Service(s) Provided to Stakeholders[9]	Community education	1
	Information and consultation	2
	Technical assistance	3
	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.