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TO: Iowa Department of Human Services
CC: Centers for Medicare and Medicaid Services
FROM: Deanna Clingan-Fischer
SUBJECT: Managed Care Ombudsman Program Monthly Report for April 2016
DATE: Friday, May 6, 2016

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 April 2016 Report.

The Managed Care Ombudsman Program serves 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 which include AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability Waiver Programs.

Contacts and Main Issues

During the month of April, the Managed Care Ombudsman Program received 143 contacts through phone and email. Oftentimes, multiple issues were addressed in one call. The top three issues addressed were Care Coordinator/Case Manager (i.e., issues with transitioning to a new case manager, not getting ahold of the case manager), Access to Services (i.e., inability to access a type of provider or service in an area, a service doesn't exist or inability to access an existing provider), and Eligibility (i.e., not receiving communication regarding application status, lengthy time getting services arranged once determined eligible).

Medicaid Program

Most calls were related to the Elderly Waiver and the Health and Disability Waiver. However, the majority of the contacts received were reported as "unknown" since the Managed Care Ombudsman was unable to verify the caller's Medicaid program.

Resolution time

On average, it took five days to resolve an issue. Oftentimes, issues required the Managed Care Ombudsman to obtain additional information from other agencies and organizations necessary to resolve the issue. Therefore, the resolution time includes the time it took for those agencies and organizations to provide that information.

Additional information can be found in the attached April 2016 Report. For further information, please contact the Office of the State Long-Term Care Ombudsman Legislative Liaison Lynzey Kenworthy at lynzey.kenworthy@iowa.gov.



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

Managed Care Ombudsman Program – April 2016 Report		
Total Number of Calls		143
Types of Calls	Access to services	26
	Billing	8
	Care coordinator/Case manager	28
	Change in level of care/services	9
	Customer service	3
	Denial of services	-
	Discharge	-
	Durable medical equipment (DME)	3
	Eligibility	21
	Enrollment	12
	Guardianship	4
	Not receiving information	6
	Prior Authorizations	-
	Provider issue	2
	Quality of care	2
	Scheduling	-
	Service terminated	-
Other	9	
N/A	7	
Total Number of Calls Related to Grievances, Appeals and Fair Hearings	Grievances	-
	Appeals	-
	Fair hearings	-
Total Number of Calls Related to Each MCO	Amerigroup Iowa	20
	AmeriHealth Caritas	18
	UnitedHealthcare Plan of the River Valley	30
Medicaid Program¹	AIDS/HIV	-
	Brain Injury	-
	Children's Mental Health	-
	Dental	1
	Elderly	21
	Fee for service	-
	Habilitation	-
	Health & Disability	30
	<i>hawk-i</i>	1
	HIIP	-

	Intellectual Disability	-
	Institutional Care	6
	Iowa Health & Wellness	11
	Medicare	-
	PACE	-
	Physical Disability	-
	Other	-
	N/A	15
	Unknown	58
Average Time Required for Resolution²		
		5
Average Number of Resources Required for Resolution³		
		1
Total Number of Referrals Made by Entity⁴		
	Department of Human Services	8
	Department of Inspections and Appeals	-
	Disability Rights Iowa	-
	Iowa Legal Aid	1
	LifeLong Links	3
	MCO	7
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	-
Managed Care Ombudsman Program Services Provided to Members⁵		
	Advocacy	12
	Grievance assistance	-
	Appeals assistance	-
	Fair hearing assistance	-
	Complaint resolution	-
	Education and information	26
	Investigation (onsite)	-
	Investigation (offsite)	29
	Outreach	2
	Referral	23
	Other	16
	N/A	3
Managed Care Ombudsman Program Services Provided to Stakeholders⁶		
	Training	-
	Technical assistance	1
	Information and consultation	20
	Community education	10

¹ The Medicaid Program refers to the type of Medicaid program or service identified by the caller

² The Average Time Required for Resolution is the average amount of time it takes for the Managed Care Ombudsman to resolve the issue

³ The Average Number of Resources Required for Resolution identifies the number of resources necessary to address the issue or concern

⁴ Total Number of Referrals Made identifies referrals made to external organizations that provide services beyond the scope of the Managed Care Ombudsman Program

⁵ Members refers to Medicaid managed care members

⁶ Stakeholders refers to individuals who are not the member including but not limited to MCOs, advocacy organizations, community organizations