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: Deanna Clingan-Fischer, State Long-Term Care Ombudsman

SUBJECT: Managed Care Ombudsman Program Monthly Report for April 2017

DATE: Monday, May 8, 2017

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 2017 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 April, the Managed Care Ombudsman Program received 448 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 were:

1. Service reduced, denied or terminated – Members reported a denial or reduction in services that enable members to remain independent in their home. Several contacts were related specifically to reductions in previous exceptions to policies.
2. Other – Members reported varied issues that did not fall into the issue categories.
3. Care planning participation – Members have reported concern with the change with AmeriHealth's case management and desired to maintain their existing case manager as many members have worked with their case managers for years. Members have also requested to have an advocate throughout the care planning process.

Medicaid Program

Most calls were related to the Intellectual Disability Waiver, the Elderly Waiver, the Brain Injury Waiver, and the Health and Disability Waiver, which remains consistent with previous months.

Resolution Time

On average, it took 20 business days to resolve an issue. The issues reported to the Managed Care Ombudsman Program are moving more frequently through the formal appeal processes with the MCOs. Several appeals have escalated to the fair hearing level with the State.

Additional information can be found in the attached April 2017 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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Managed Care Ombudsman Program Monthly Report

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

DATE: 04/2017

Number of Contacts[1]		448
Contact Categories[2]		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	20
	Access to preferred/necessary medication	16
	Home/vehicle modifications	20
	Prior authorization	12
	Provider/pharmacy/hospital not in network	-
	Service reduced, denied or terminated	240
	Transition services/coverage inadequate or inaccessible	16
	Transportation not available, timely or adequate	6
	Other service/coverage gap issue	21
	Other	5
Billing	Member charged improper cost sharing	4
	Other	5
Care Planning	Access to information or information sharing	6
	Care planning participation	37
	Change in care setting	32
	Discharge	13
	Level of care assessment	16
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	33
	MCO was rude or gave poor customer service	29
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	26
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	12
	Member needs assistance with acquiring Medicaid eligibility information	11
	Member needs assistance with checking on application status	10
	Other	-
Enrollment	Disenrollment from MCO – good cause eligible	6
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	3
	Selecting/changing MCO	-
	Other	-
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	2
	Unable to contact guardian	-
	Other	-
Other		57
N/A		11
Contacts Related to Grievances/ Appeals/Fair Hearings[3]	Grievances	4
	Appeals	136
	Fair Hearings	11
Contacts per MCO[4]	Amerigroup Iowa	61
	AmeriHealth Caritas	247
	UnitedHealthcare Plan of the River Valley	124

Program[5]	AIDS/HIV Waiver	-
	Brain Injury Waiver	70
	Children's Mental Health Waiver	-
	Dental	-
	Duals	7
	Elderly Waiver	92
	Fee for Service	-
	Habilitation	-
	Health & Disability Waiver	70
	HIPP	5
	Institutional Care	3
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	112
	Medicare	-
	PACE	-
	Physical Disability Waiver	21
	QMB or SLMB	-
	Other	12
	N/A	-
	Unknown	57
Average Resolution Time[6]		20
Referrals per Entity[7]	Department of Human Services	6
	Department of Inspections and Appeals	1
	Disability Rights Iowa	3
	Iowa Compass	2
	Iowa Legal Aid	2
	LifeLong Links	2
	MCO	6
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	6
	Other	-
Service(s) Provided to Contact[8]	Grievance assistance	-
	Appeals assistance	1
	Fair hearing assistance	-
	Advocacy	282
	Education and information	38
	Investigation	314
	Referral	15
Service(s) Provided to Stakeholders[9]	Community education	2
	Information and consultation	2
	Technical assistance	-
	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 Made to Entities:* Referrals made to external organizations that provide services beyond the scope of the program.
[8]*Services Provided to Contact:* Services provided to the contact who may be the member, family member or their authorized representative.
[9]*Services Provided to Stakeholder(s):* 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.