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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 April 2018  
**DATE:** Monday, May 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 April 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 April, the Managed Care Ombudsman Program received 211 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 reasons for calls in April 2018 were:

1. Care planning participation – New and existing Medicaid members requested assistance for their upcoming yearly assessment and care planning meetings.
2. Level of care assessment – Members required assistance requesting a review of their level of care assessment to better supports their needs.
3. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.

#### **Medicaid Program**

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

#### **Resolution Time**

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

Additional information can be found in the attached April 2018 Report. For further information, please contact the Managed Care Ombudsman Program by phone at 866-236-1430 or email at [managedcareombudsman@iowa.gov](mailto: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: 04/2018

Number of Contacts <sup>1</sup>		211
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	8
	Access to preferred/necessary medication	1
	Home/vehicle modifications	-
	Prior authorization	-
	Provider/pharmacy/hospital not in network	5
	Service reduced, denied or terminated	36
	Transition services/coverage inadequate or inaccessible	6
	Transportation not available, timely or adequate	10
	Other service/coverage gap issue	26
	Other	-
Billing	Member charged improper cost sharing	-
	Other	15
Care Planning	Access to information or information sharing	8
	Care planning participation	44
	Change in care setting	32
	Discharge	14
	Level of care assessment	42
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	10
	MCO was rude or gave poor customer service	-
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	9
	Other	-
Eligibility	Member has lost eligibility status or was denied	9
	Member needs assistance with acquiring Medicaid eligibility information	4
	Member needs assistance with checking on application status	10
	Other	6
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	-
	Other	-
Guardianship	Guardian not receiving information	12
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		2
N/A		1
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>	Grievances	8
	Appeals	23
	Fair Hearings	1
<b>Contacts per MCO<sup>4</sup></b>	Amerigroup Iowa	26
	AmeriHealth Caritas	0
	UnitedHealthcare Plan of the River Valley	155
	Fee for Service	27

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	-
	Brain Injury Waiver	33
	Children's Mental Health Waiver	10
	Dental	-
	Duals	23
	Elderly Waiver	45
	Habilitation	-
	Health & Disability Waiver	20
	HIPP	-
	Institutional Care	-
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	44
	Medicare	2
	PACE	-
	Physical Disability Waiver	10
	QMB or SLMB	-
	Traditional Medicaid	2
Other	18	
N/A	-	
Unknown	4	
<b>Average Resolution Time<sup>6</sup></b>		7
<b>Referrals per Entity<sup>7</sup></b>	Department of Human Services	4
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	2
	Iowa Legal Aid	4
	Lifelong Links	4
	MCO	3
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
State Ombudsman Office	3	
Other	1	
<b>Service(s) Provided to Contact<sup>8</sup></b>	Grievance assistance	4
	Appeals assistance	16
	Fair hearing assistance	1
	Advocacy	99
	Education and information	25
	Investigation	165
Referral	15	
<b>Service(s) Provided to Stakeholders<sup>9</sup></b>	Community education	-
	Information and consultation	8
	Technical assistance	2
	Training	-

<sup>1</sup>*Number of Contacts*: Total Number of contacts received via phone and email.

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

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

<sup>4</sup>*Contacts per MCO*: Contacts received regarding the respective MCO.

<sup>5</sup>*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.

<sup>6</sup>*Average Resolution Time*: Average number of days required for resolution.

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

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

<sup>9</sup>*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.

## Complaints by Recipient

The data reported on pages 1 and 2 of this report provides detailed information about all of the contacts made to the Managed Care Ombudsman Program over the course of the month. The number of contacts reported is representative of the number of times the Managed Care Ombudsman Program is contacted; it does not represent the number of complaints made to the Managed Care Ombudsman Program.

This month, the 211 contacts reported on page 1 resulted in the Managed Care Ombudsman Program working on complaints from 40 individual members. The top complaint received this month was in regard to services reduced, denied or terminated (23 members). Additional complaints included:

- Care planning (4 members)
- Eligibility (4 members)
- Service coverage gap issues (2 members)
- Case manager rude or poor customer service (1 member)
- Change in care setting (1 member)
- Level of care assessments (1 member)
- Case manager not getting paid (1 member)
- Provider not in network (1 member)
- Transition services/coverage inadequate/inaccessible (1 member)
- Transportation (1 member)

Complaint(s) by Program Type		
	Intellectual Disability Waiver Recipient	9
	Elderly Waiver Recipient	7
	Brain Injury Waiver Recipient	4
	Health & Disability Waiver Recipient	4
	Dual Eligibility	4
	Program Unspecified	3
	Children's Mental Health Waiver Recipients	3
	Traditional Medicaid	2
	Medicare	2
	PMIC	1
	Physical Disability Waiver Recipients	1
	<b>TOTAL:</b>	<b>40</b>