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 May 2016

DATE: Tuesday, June 7, 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 May 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 May, the Managed Care Ombudsman Program received 89 contacts through phone and email. Oftentimes, multiple issues were addressed in one call. The top three issues addressed were Selecting/changing MCO, Transition services/coverage inadequate or inaccessible, and Care planning participation. In addition to these issues, the Managed Care Ombudsman Program also received contacts categorized as Other (i.e., issues with CDAC enrollment and reimbursement).

Medicaid Program

Most calls were related to the Elderly Waiver and the Intellectual Disability Waiver. However, many 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 four 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 May 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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Managed Care Ombudsman Program Monthly Report

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

DATE: 05/2016

Number of Contacts[1]		89
Contact Categories[2]		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	
	Access to preferred/necessary medication	3
	Prior authorization	6
	Provider/pharmacy/hospital not in network	6
	Service reduced, denied or terminated	5
	Transition services/coverage inadequate or inaccessible	7
	Transportation not available, timely or adequate	2
	Other service/coverage gap issue	2
	Other	1
Billing	Member charged improper cost sharing	2
	Other	
Care Planning	Access to information or information sharing	
	Care planning participation	7
	Change in care setting	
	Discharge	2
	Level of care assessment	
	Other	1
Customer Service	Care coordinator/case manager was rude or gave poor customer service	4
	MCO was rude or gave poor customer service	3
	Member has not received MCO card or other materials	1
	Provider/pharmacy was rude or gave poor customer service	3
	Scheduling	
	Other	2
Eligibility	Member has lost eligibility status or was denied	6
	Member needs assistance with acquiring Medicaid eligibility information	1
	Member needs assistance with checking on application status	2
	Other	
Enrollment	Disenrollment from MCO – good cause eligible	
	Disenrollment from MCO – not good cause eligible	
	Disenrollment from Medicaid program	
	Selecting/changing MCO	8
	Other	
Guardianship	Guardian not receiving information	
	Guardianship documents not on file	6
	Unable to contact guardian	
	Other	
Other		9
N/A		5
Contacts Related to Grievances/ Appeals/Fair Hearings[3]	Grievances	
	Appeals	5
	Fair Hearings	
Contacts per MCO[4]	Amerigroup Iowa	16
	AmeriHealth Caritas	35
	UnitedHealthcare Plan of the River Valley	25

Program[5]	AIDS/HIV Waiver	
	Brain Injury Waiver	6
	Children's Mental Health Waiver	4
	Dental	2
	Duals	
	Elderly Waiver	27
	Fee for Service	
	Habilitation	
	Health & Disability Waiver	6
	HIPP	
	Institutional Care	2
	Iowa Health & Wellness	2
	Intellectual Disability Waiver	16
	Medicare	6
	PACE	
	Physical Disability Waiver	
	QMB or SLMB	
	Other	
	N/A	13
	Unknown	13
Average Resolution Time[6]		4
Average Number of Entities Required for Resolution[7]		1
Referrals per Entity[8]	Department of Human Services	2
	Department of Inspections and Appeals	
	Disability Rights Iowa	
	Iowa Legal Aid	1
	LifeLong Links	3
	MCO	
	Medicaid Fraud Control Unit	
	Provider	
	Senior Health Insurance Information Program	
	State Ombudsman Office	
	Other	3
Service(s) Provided to Contact[9]	Grievance assistance	
	Appeals assistance	
	Fair hearing assistance	
	Advocacy	13
	Education and information	15
	Investigation	20
	Outreach	
	Referral	11
	Other	
	N/A	
Service(s) Provided to Stakeholders[10]	Community education	7
	Information and consultation	9
	Technical assistance	1
	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]*Average Number of Entities Required for Resolution:* Average number of entities required to resolve the issue.
[8]*Referrals Made to Entities:* Referrals made to external organizations that provide services beyond the scope of the program.
[9]*Services Provided to Contact:* Services provided to the contact who may be the member, family member or their authorized representative
[10]*Services Provided to Stakeholder(s):* Service 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.