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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 September 2016  
**DATE:** Monday, October 10, 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 September 2016 Report.

The Managed Care Ombudsman Program serves as an 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 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 September, the Managed Care Ombudsman Program received 188 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. Change in care setting – Members are experiencing difficulty with transitioning between settings such as from a nursing facility returning home or community or transitioning back to Iowa from out-of-state placement or finding appropriate placement once discharged from jail or the hospital. Members have reported residing in a hospital for over 30 days due to delayed care placement.
2. Member has lost eligibility status or was denied – Members enrolled in the Elderly Waiver have been losing their waiver services when they receive skilled care to address a temporary health care need in a facility and then return home. Once home, members are having difficulty with accessing necessary waiver services due to losing their eligibility status as result of their temporary stay in a skilled facility. This has resulted in receiving delayed necessary services at home that members require to maintain quality of life.
3. Other under Access to Services/Benefits – Members are experiencing difficulty with accessing additional necessary services or obtaining services that meet their new care needs as their health and care needs evolve over time.

#### **Medicaid Program**

Most calls were related to the Elderly Waiver and Dual eligibles (i.e., individuals who are enrolled in both Medicare and Medicaid). However, many contacts received were reported as "unknown" since the Managed Care Ombudsman Program was unable to verify the caller's Medicaid program.

#### **Resolution Time**

On average, it took eleven business days to resolve an issue. The issues reported to the Managed Care Ombudsman Program have increased in complexity and oftentimes impact processes and policies at a systemic level.

Additional information can be found in the attached September 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](mailto:lynzey.kenworthy@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: 09/2016

Number of Contacts <sup>1</sup>		188
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	4
	Access to preferred/necessary medication	16
	Prior authorization	4
	Provider/pharmacy/hospital not in network	2
	Service reduced, denied or terminated	8
	Transition services/coverage inadequate or inaccessible	9
	Transportation not available, timely or adequate	-
	Other service/coverage gap issue	1
	Other	23
Billing	Member charged improper cost sharing	6
	Other	14
Care Planning	Access to information or information sharing	18
	Care planning participation	-
	Change in care setting	40
	Discharge	2
	Level of care assessment	2
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	5
	MCO was rude or gave poor customer service	18
	Member has not received MCO card or other materials	4
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	34
	Member needs assistance with acquiring Medicaid eligibility information	5
	Member needs assistance with checking on application status	2
	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	-
	Guardianship documents not on file	1
	Unable to contact guardian	-
	Other	-
Other		17
N/A		2
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>	Grievances	12
	Appeals	4
	Fair Hearings	-
<b>Contacts per MCO<sup>4</sup></b>	Amerigroup Iowa	42
	AmeriHealth Caritas	90
	UnitedHealthcare Plan of the River Valley	29

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	-
	Brain Injury Waiver	17
	Children's Mental Health Waiver	6
	Dental	-
	Duals	21
	Elderly Waiver	77
	Fee for Service	-
	Habilitation	2
	Health & Disability Waiver	6
	HIPP	-
	Institutional Care	7
	Iowa Health & Wellness	16
	Intellectual Disability Waiver	14
	Medicare	6
	PACE	-
	Physical Disability Waiver	3
	QMB or SLMB	-
Other	2	
N/A	-	
Unknown	22	
<b>Average Resolution Time<sup>6</sup></b>		<b>11</b>
<b>Referrals per Entity<sup>8</sup></b>	Department of Human Services	3
	Department of Inspections and Appeals	-
	Disability Rights Iowa	2
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	2
	MCO	3
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	3
Other	3	
<b>Service(s) Provided to Contact<sup>9</sup></b>	Grievance assistance	-
	Appeals assistance	-
	Fair hearing assistance	-
	Advocacy	63
	Education and information	50
	Investigation	83
	Referral	17
	Other	-
N/A	-	
<b>Service(s) Provided to Stakeholders<sup>10</sup></b>	Community education	1
	Information and consultation	12
	Technical assistance	11
	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>Average Number of Entities Required for Resolution: Average number of entities required to resolve the issue.

<sup>8</sup>Referrals Made to Entities: Referrals made to external organizations that provide services beyond the scope of the program.

<sup>9</sup>Services Provided to Contact: Services provided to the contact who may be the member, family member or their authorized representative

<sup>10</sup>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.