



Jessie Parker Building  
510 E 12th Street, Ste. 2  
Des Moines, IA 50319  
P: 515.725.3333 | F: 515.725.3313 | 866.236.1430  
[www.iowaaging.gov](http://www.iowaaging.gov)

**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 October 2017  
**DATE:** Tuesday, November 7, 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 October 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 October, the Managed Care Ombudsman Program received 318 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 in October 2017 were:

1. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.
2. Care planning participation – Members reported concerns regarding a lack of care planning prior to receiving notification of a change in services. Members also reported delays in care planning with their case manager once effective with an MCO.
3. Access to information or information sharing – Members contacted the Managed Care Ombudsman Program for assistance accessing their MCO member file while preparing for a state fair hearing.

#### **Medicaid Program**

Most calls were related to the Elderly Waiver, the Physical Disability Waiver, and the Health and Disability Waiver.

#### **Resolution Time**

On average, it took 52 business days to resolve an issue. The issues reported to the Managed Care Ombudsman Program are moving more frequently through the formal appeal and state fair hearing processes, which increases average resolution time.

Additional information can be found in the attached October 2017 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: 10/2017

Number of Contacts <sup>1</sup>		318
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	9
	Access to preferred/necessary medication	1
	Home/vehicle modifications	13
	Prior authorization	9
	Provider/pharmacy/hospital not in network	9
	Service reduced, denied or terminated	176
	Transition services/coverage inadequate or inaccessible	30
	Transportation not available, timely or adequate	8
	Other service/coverage gap issue	26
	Other	2
Billing	Member charged improper cost sharing	9
	Other	-
Care Planning	Access to information or information sharing	41
	Care planning participation	52
	Change in care setting	-
	Discharge	6
	Level of care assessment	16
	Other	16
Customer Service	Care coordinator/case manager was rude or gave poor customer service	4
	MCO was rude or gave poor customer service	9
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	8
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	2
	Member needs assistance with acquiring Medicaid eligibility information	-
	Member needs assistance with checking on application status	15
	Other	4
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	12
	Other	-
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	10
Other		10
N/A		11
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>	Grievances	10
	Appeals	40
	Fair Hearings	61
<b>Contacts per MCO<sup>4</sup></b>	Amerigroup Iowa	50
	AmeriHealth Caritas	169
	UnitedHealthcare Plan of the River Valley	73

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	6
	Brain Injury Waiver	30
	Children's Mental Health Waiver	-
	Dental	-
	Duals	-
	Elderly Waiver	116
	Fee for Service	15
	Habilitation	1
	Health & Disability Waiver	38
	HIPP	-
	Institutional Care	-
	Iowa Health & Wellness	7
	Intellectual Disability Waiver	16
	Medicare	1
	PACE	-
	Physical Disability Waiver	40
	QMB or SLMB	-
	Other	8
N/A	6	
Unknown	25	
<b>Average Resolution Time<sup>6</sup></b>		<b>52</b>
<b>Referrals per Entity<sup>7</sup></b>	Department of Human Services	7
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	-
	Iowa Legal Aid	9
	LifeLong Links	1
	MCO	6
	Medicaid Fraud Control Unit	1
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	5
Other	5	
<b>Service(s) Provided to Contact<sup>8</sup></b>	Grievance assistance	-
	Appeals assistance	5
	Fair hearing assistance	26
	Advocacy	152
	Education and information	56
	Investigation	138
	Referral	27
<b>Service(s) Provided to Stakeholders<sup>9</sup></b>	Community education	-
	Information and consultation	11
	Technical assistance	-
	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 Made to Entities*: Referrals made to external organizations that provide services beyond the scope of the program.

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

<sup>9</sup>*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.