



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:** Deanna Clingan-Fischer, State Long-Term Care Ombudsman  
**SUBJECT:** Managed Care Ombudsman Program Monthly Report for November 2016  
**DATE:** Monday, December 5, 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 November 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 November, the Managed Care Ombudsman Program received 181 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. Transition services/coverage inadequate or inaccessible – Members have reported issues with transitioning from settings and among Medicaid programs and have reported residing in hospitals for months due to the inability of finding appropriate placement during their transition.
2. Change in care setting – Members continue to experience difficulty with transitioning between settings such as from a nursing facility returning home or to the community largely due to the inability in locating placement that can adequately meet the member's needs or are losing their waiver services. Members have also reported difficulty with facilities maintaining admission of members transitioning from private pay to Medicaid status or facilities not accepting new Medicaid members due to lack of reimbursement from MCOs.
3. Access to preferred/necessary durable medical equipment – Members continue to report issues with obtaining necessary home and vehicle modifications that enable members to remain independent in a timely manner. In some cases, members have reported waiting 2 to 3 months before obtaining the modification.

#### **Medicaid Program**

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

#### **Resolution Time**

On average, it took twelve 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 November 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: 11/2016

Number of Contacts <sup>1</sup>		181
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	32
	Access to preferred/necessary medication	12
	Prior authorization	16
	Provider/pharmacy/hospital not in network	-
	Service reduced, denied or terminated	28
	Transition services/coverage inadequate or inaccessible	43
	Transportation not available, timely or adequate	4
	Other service/coverage gap issue	7
	Other	4
Billing	Member charged improper cost sharing	10
	Other	9
Care Planning	Access to information or information sharing	1
	Care planning participation	7
	Change in care setting	37
	Discharge	-
	Level of care assessment	7
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	1
	MCO was rude or gave poor customer service	7
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	7
	Member needs assistance with acquiring Medicaid eligibility information	14
	Member needs assistance with checking on application status	1
	Other	2
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	1
	Other	-
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		2
N/A		10
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>	Grievances	2
	Appeals	2
	Fair Hearings	-
<b>Contacts per MCO<sup>4</sup></b>	Amerigroup Iowa	28
	AmeriHealth Caritas	106
	UnitedHealthcare Plan of the River Valley	24

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	2
	Brain Injury Waiver	20
	Children's Mental Health Waiver	18
	Dental	-
	Duals	14
	Elderly Waiver	31
	Fee for Service	-
	Habilitation	-
	Health & Disability Waiver	3
	HIPP	-
	Institutional Care	-
	Iowa Health & Wellness	11
	Intellectual Disability Waiver	23
	Medicare	5
	PACE	-
	Physical Disability Waiver	-
	QMB or SLMB	3
Other	-	
N/A	-	
Unknown	-	
<b>Average Resolution Time<sup>6</sup></b>		<b>12</b>
<b>Referrals per Entity<sup>8</sup></b>	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	3
	Iowa Compass	5
	Iowa Legal Aid	1
	Lifelong Links	4
	MCO	1
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	-
Other	5	
<b>Service(s) Provided to Contact<sup>9</sup></b>	Grievance assistance	-
	Appeals assistance	-
	Fair hearing assistance	-
	Advocacy	86
	Education and information	24
	Investigation	83
	Referral	10
	Other	-
N/A	1	
<b>Service(s) Provided to Stakeholders<sup>10</sup></b>	Community education	5
	Information and consultation	-
	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>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.