



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

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 November 2017
DATE: Friday, December 8, 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 November 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 November, the Managed Care Ombudsman Program received 223 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 November 2017 were:

1. Transition services/coverage inadequate or inaccessible – New Medicaid members requested assistance as they transitioned to MCO coverage, needing advocacy with the initial meetings required between the MCO and the member in order for waiver services to begin.
2. Selecting/changing MCO – Members reported concerns and questions regarding AmeriHealth Caritas withdrawal from the IA Health Link managed care program
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, the Brain Injury Waiver, and the Intellectual Disability Waiver.

Resolution Time

On average, it took 29 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 November 2017 Report. For further information, please contact the Managed Care Ombudsman Program by phone at 866-236-1430 or email at 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: 11/2017

Number of Contacts ¹		223
Contact Categories²		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	4
	Access to preferred/necessary medication	6
	Home/vehicle modifications	20
	Prior authorization	27
	Provider/pharmacy/hospital not in network	7
	Service reduced, denied or terminated	46
	Transition services/coverage inadequate or inaccessible	59
	Transportation not available, timely or adequate	10
	Other service/coverage gap issue	9
	Other	10
Billing	Member charged improper cost sharing	6
	Other	1
Care Planning	Access to information or information sharing	7
	Care planning participation	12
	Change in care setting	-
	Discharge	7
	Level of care assessment	9
	Other	2
Customer Service	Care coordinator/case manager was rude or gave poor customer service	9
	MCO was rude or gave poor customer service	5
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	1
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	-
	Member needs assistance with acquiring Medicaid eligibility information	17
	Member needs assistance with checking on application status	3
	Other	5
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	46
	Other	3
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	-
	Unable to contact guardian	-
	Other	-
Other		3
N/A		11
Contacts Related to Grievances/ Appeals/Fair Hearings³	Grievances	7
	Appeals	17
	Fair Hearings	16
Contacts per MCO⁴	Amerigroup Iowa	75
	AmeriHealth Caritas	119
	UnitedHealthcare Plan of the River Valley	66

Program⁵	AIDS/HIV Waiver	-
	Brain Injury Waiver	27
	Children's Mental Health Waiver	-
	Dental	-
	Duals	-
	Elderly Waiver	82
	Fee for Service	23
	Habilitation	-
	Health & Disability Waiver	22
	HIPP	-
	Institutional Care	7
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	27
	Medicare	-
	PACE	-
	Physical Disability Waiver	6
	QMB or SLMB	-
	Other	1
N/A	2	
Unknown	20	
Average Resolution Time⁶		29
Referrals per Entity⁷	Department of Human Services	6
	Department of Inspections and Appeals	-
	Disability Rights Iowa	2
	Iowa Compass	1
	Iowa Legal Aid	-
	Lifelong Links	1
	MCO	7
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	1
	State Ombudsman Office	4
Other	3	
Service(s) Provided to Contact⁸	Grievance assistance	1
	Appeals assistance	1
	Fair hearing assistance	7
	Advocacy	97
	Education and information	30
	Investigation	111
	Referral	20
Service(s) Provided to Stakeholders⁹	Community education	3
	Information and consultation	6
	Technical assistance	-
	Training	-

¹Number of Contacts: Total Number of contacts received via phone and email.

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

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

⁴Contacts per MCO: Contacts received regarding the respective MCO.

⁵Program: 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.

⁶Average Resolution Time: Average number of days required for resolution.

⁷Referrals Made to Entities: Referrals made to external organizations that provide services beyond the scope of the program.

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

⁹Services 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.