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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 December 2017
DATE: Friday, January 5, 2018

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 December 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 December, the Managed Care Ombudsman Program received 173 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 December 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 coordinator/case manager was rude or gave poor customer service - Members reported concerns and challenges when trying to resolve issues independently and with their assigned care coordinator/case manager
3. Care planning participation - Members requested assistance in connecting with a new case manager in order to arrange or continue services

Medicaid Program

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

Resolution Time

On average, it took 28 business days to resolve an issue. Members continued to pursue the formal appeal and state fair hearing processes, which increases average resolution time.

Additional information can be found in the attached December 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: 12/2017

Number of Contacts ¹		173
Contact Categories²		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	-
	Access to preferred/necessary medication	13
	Home/vehicle modifications	12
	Prior authorization	9
	Provider/pharmacy/hospital not in network	-
	Service reduced, denied or terminated	41
	Transition services/coverage inadequate or inaccessible	21
	Transportation not available, timely or adequate	2
	Other service/coverage gap issue	6
	Other	10
Billing	Member charged improper cost sharing	6
	Other	-
Care Planning	Access to information or information sharing	-
	Care planning participation	29
	Change in care setting	-
	Discharge	2
	Level of care assessment	-
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	32
	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	12
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	-
	Member needs assistance with acquiring Medicaid eligibility information	4
	Member needs assistance with checking on application status	-
	Other	-
Enrollment	Disenrollment from MCO – good cause eligible	-
	Disenrollment from MCO – not good cause eligible	-
	Disenrollment from Medicaid program	-
	Selecting/changing MCO	6
	Other	12
Guardianship	Guardian not receiving information	-
	Guardianship documents not on file	7
	Unable to contact guardian	-
	Other	-
Other		-
N/A		-
Contacts Related to Grievances/ Appeals/Fair Hearings³	Grievances	4
	Appeals	26
	Fair Hearings	1
Contacts per MCO⁴	Amerigroup Iowa	27
	AmeriHealth Caritas	33
	UnitedHealthcare Plan of the River Valley	113
	Fee for Service	15

Program⁵	AIDS/HIV Waiver	-
	Brain Injury Waiver	12
	Children's Mental Health Waiver	-
	Dental	-
	Duals	14
	Elderly Waiver	43
	Habilitation	-
	Health & Disability Waiver	46
	HIPP	9
	Institutional Care	1
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	18
	Medicare	-
	PACE	-
	Physical Disability Waiver	8
	QMB or SLMB	-
	Traditional Medicaid	21
Other	-	
N/A	-	
Unknown	9	
Average Resolution Time⁶		28
Referrals per Entity⁷	Department of Human Services	7
	Department of Inspections and Appeals	1
	Disability Rights Iowa	3
	Iowa Compass	-
	Iowa Legal Aid	-
	Lifelong Links	1
	MCO	6
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	5
Other	-	
Service(s) Provided to Contact⁸	Grievance assistance	3
	Appeals assistance	23
	Fair hearing assistance	-
	Advocacy	84
	Education and information	9
	Investigation	64
	Referral	14
Service(s) Provided to Stakeholders⁹	Community education	-
	Information and consultation	12
	Technical assistance	4
	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*Referrals per Entity*: Referrals made to external organizations that provide services beyond the scope of the program.

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

⁹*Service(s) Provided to Stakeholders*: 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.