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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 September 2020
DATE: Friday, October 16, 2020

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached is the September 2020 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.

Cases and Complaints:

During the month of September 2020, the Managed Care Ombudsman Program received 45 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 14 managed care members during the month of September. The top three complaints addressed in September were:

1. Access to Services/Benefits
2. CCO/CDAC
3. Services Reduced, Denied or Terminated

Medicaid Programs:

Most of the complaints received from the managed care members were related to the Elderly Waiver, Health and Disability Waiver and Brain Injury Waiver.

Additional information can be found in the attached September 2020 Report. For further information, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email managedcareombudsman@iowa.gov.

Managed Care Ombudsman Program Monthly Report

DATE: 09/2020

Members per MCO* in process September 2020	Amerigroup Iowa	35
	Iowa Total Care	15
	Fee for Service	2
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	7
	Iowa Compass	-
	Iowa Legal Aid	-
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
Grievances/Appeals/Fair Hearings	State Ombudsman Office	2
	Other	1
	Grievance assistance	2
	Appeals assistance	6
	Fair Hearing assistance	1

Complaints by Member

In September the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 34 active cases, 14 are newly opened. The top complaint from managed care members in September was in regard to Access to Services/Benefits (22 members). Additional complaints include:

All open cases:

Case Management (7 members)
 Access to Services/Benefits (16 members)
 Services reduced, denied or terminated (13 members)
 CCO & CDAC (17 members)
 Transition services/coverage gap, inadequate or inaccessible (6 members)
 Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member)
 Member Rights (12 members)
 Level of Care (8 members)
 NOD, Appeals, Fair Hearing (3 members)
 Complaints against provider (6 members)
 Eligibility & Enrollment (1 member)
 Care Planning (9 members)
 Access to durable medical equipment and medications (8 members)
 Discharge (4 members)
 Transportation (3 members)
 Home and vehicle modifications (11 members)
 Member Relations & Grievances (7 members)
 Guardianship (0 members)
 Exception to Policy (8 members)
 Prior Authorization (1 member)
 Network Adequacy (3 members)vid
 COVID-19 (8 members)

Closed cases:

Case Management (4 members)
 Access to Services/Benefits (6 members)
 Services reduced, denied or terminated (6 members)
 CCO & CDAC (3 members)
 Transition services/coverage gap, inadequate or inaccessible (2 members)
 Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (1 member)
 Member Rights (4 members)
 Level of Care (1 member)
 NOD, Appeals, Fair Hearing (6 members)
 Complaints against provider (1 member)
 Eligibility & Enrollment (3 members)
 Care Planning (2 members)
 Access to durable medical equipment and medications (3 members)
 Discharge (2 members)
 Transportation (0 members)
 Home and vehicle modifications (2 members)
 Member Relations & Grievances (3 members)
 Guardianship (2 members)
 Exception to Policy (3 members)
 Prior Authorization (1 member)
 Network Adequacy (1 member)
 COVID-19 (2 members)

¹ Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

* One individual served by the MCOP this month is a member of the PACE program.

Complaint(s) Resolution by Program Type

Amerigroup Iowa	Fully or partially resolved to Member's satisfaction	Not resolved to Member's satisfaction	No action needed or appropriate	Open	Total
AIDS/HIV Waiver		-			
Brain Injury Waiver	3	-		3	6
Children's Mental Health Waiver		-	-		
Dental			-		
Duals					
Elderly Waiver	13	-	-	6	19
Habilitation			-		
Health & Disability Waiver	7		4	7	18
HIPP		-	-		
Institutional Care					
Iowa Health & Wellness		-	-		
Intellectual Disability Waiver	26	-	-	2	28
Medicare		-	-		
PACE					
Physical Disability Waiver	-	-	-		
QMB or SLMB					
Traditional Medicaid		-			
Other	-		2	6	8
N/A					
Unknown					
TOTAL:	49	0	6	24	79

Fee for Service	Fully or partially resolved to Member's satisfaction	Not resolved to Member's satisfaction	No action needed or appropriate	Open	Total
AIDS/HIV Waiver		-	-	-	
Brain Injury Waiver		-	-	-	
Children's Mental Health Waiver		-	-		
Dental					
Duals		-	-		
Elderly Waiver		-	-		
Habilitation		-	-		
Health & Disability Waiver		-	-		
HIPP		-	-	-	
Institutional Care				-	
Iowa Health & Wellness		-	-	-	
Intellectual Disability Waiver		-	-		
Medicare		-	-	-	
PACE				-	
Physical Disability Waiver		-	-		
QMB or SLMB				-	
Traditional Medicaid			-		
Other	-	3			3
N/A				-	
Unknown			-	-	
TOTAL:	0	3	0	0	3

Complaint(s) Resolution by Program Type

Iowa Total Care	Fully or partially resolved to Member's satisfaction	Not resolved to Member's satisfaction	No action needed or appropriate	Open	Total
AIDS/HIV Waiver		-	-		
Brain Injury Waiver		-	4	5	9
Children's Mental Health Waiver		-	-		
Dental					
Duals		-	-		
Elderly Waiver	2	-	-	7	9
Habilitation		-	-		
Health & Disability Waiver		-	-	3	3
HIPP		-	-		
Institutional Care					
Iowa Health & Wellness		-	-		
Intellectual Disability Waiver	6	-	-	4	10
Medicare		-	-		
PACE					
Physical Disability Waiver	6	-	-	2	8
QMB or SLMB					
Traditional Medicaid		-	-		
Other	2				2
N/A					
Unknown			-		
TOTAL:	16	0	4	21	41