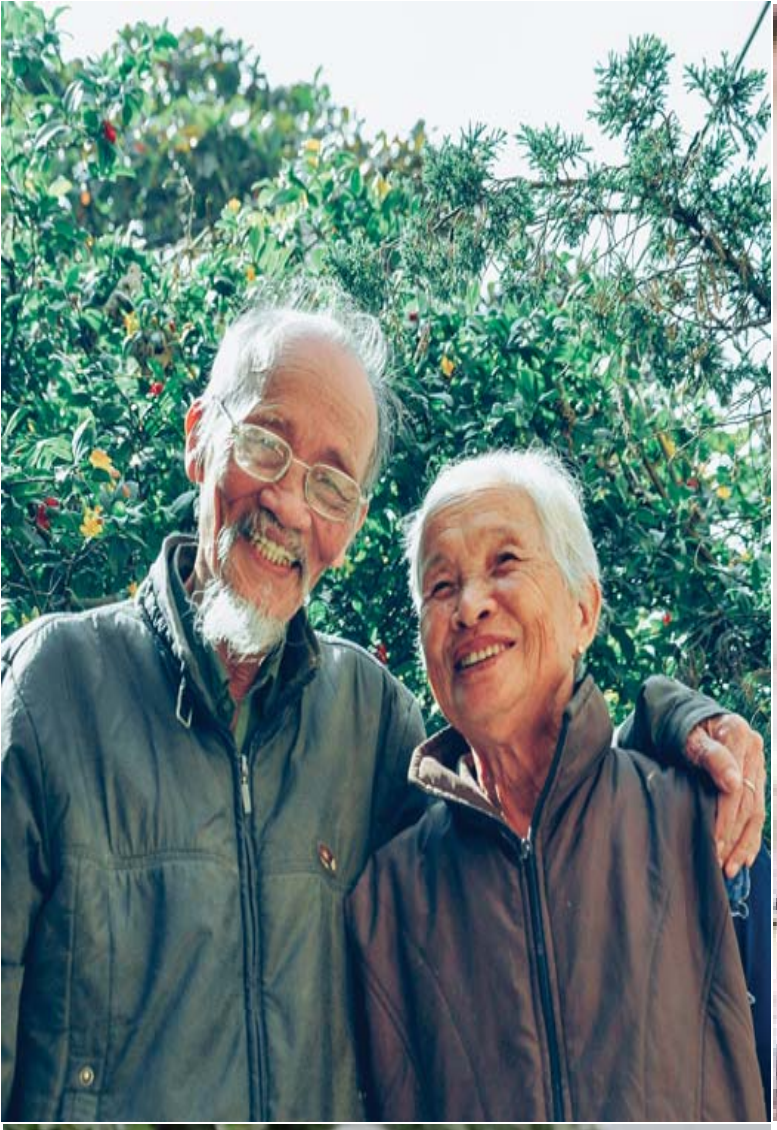

MANAGED CARE OMBUDSMAN PROGRAM

QUARTERLY REPORT

Year 4, Quarter 1
(April 1 - June 30, 2019)

Managed Care
OMBUDSMAN PROGRAM
A Division of the Office of the State Long-Term Care Ombudsman
866.236.1430 | ManagedCareOmbudsman@iowa.gov

EXECUTIVE SUMMARY

The Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program advocates to resolve managed care issues on behalf of Medicaid managed care members who receive care in a health care facility, assisted living program, or elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs, which include: AIDS/HIV Waiver, Brain Injury Waiver, Children's Mental Health Waiver, Elderly Waiver, Health and Disability Waiver, Intellectual Disability Waiver and Physical Disability Waiver.

Beginning January 1, 2019 the reporting format for the Managed Care Ombudsman Program monthly reports changed. The Managed Care Ombudsman Program now only reports cases and complaints from the managed care members this Office serves. This reporting method more accurately reflects members served and those members' issues as opposed to the previous contacts reporting method.

For this reporting quarter, the office experienced a slight fluctuation of cases/complaints per month, with 56 individual member cases in April, 38 in May and 44 in June.

The issues identified for the first quarter are the primary managed care member issues addressed in April, May and June 2019. The Office works with a variety of stakeholders who are necessary to address and resolve issues. The Office does so through a variety of methods, including encouraging use of best practices; facilitating and coordinating communication with necessary parties; and referring to outside agencies as necessary. During Quarter 1-Year 4 of Medicaid managed care, members reported the following primary issues:

1. Access to Services/Benefits. Waiver members reported a lack of available providers contracted with the MCO's. Lack of consumer directed attendant care (CDAC) providers, budgets not completed on time, and payment issues to members' providers also impacted overall member health service benefits.

2. Members are reporting challenges connecting with their case managers. Many members express concerns regarding conflicts of interest with internal case management. Members reported they feel their health needs are not being individually addressed and members are having to wait long periods of time to reach their case manager and to seek resolution.

3. Services are being reduced, denied or terminated for members needing long-term services and supports. Members needing long-term services and supports reported reductions or denials in their HCBS waiver services in their homes or assisted living programs. This often effected CDAC and consumer choice options (CCO) service hours. In response to reductions in services, members are requesting formal appeals and fair hearings to access the services they feel are necessary for their health and safety.

The report that follows includes an overview of the first programmatic quarter of Year 4 (April, May and June 2019), as well as an update on the program, community partnerships and outreach efforts and administrative activities.

For further information, please contact the Managed Care Ombudsman Program at (866) 236-1430 or managedcareombudsmanprogram@iowa.gov.

MEMBER ASSISTANCE

Members per MCO in process April 2019	Amerigroup Iowa	23
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	28
	Fee for Service	2
Referrals per Entity[1]	Department of Human Services	2
	Department of Inspections and Appeals	4
	Disability Rights Iowa	3
	Iowa Compass	-
	Iowa Legal Aid	3
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	3
	Senior Health Insurance Information Program	-
	State Ombudsman Office	3
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	3
	Fair Hearing assistance	2

Members per MCO in process May 2019	Amerigroup Iowa	19
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	18
	Fee for Service	-
Referrals per Entity[1]	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	4
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	-
	State Ombudsman Office	4
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	2
	Appeals assistance	1
	Fair Hearing assistance	1

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

MEMBER ASSISTANCE

Members per MCO in process June 2019	Amerigroup Iowa	14
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	29
	Fee for Service	-
Referrals per Entity[1]	Department of Human Services	3
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	1
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	2
	Senior Health Insurance Information Program	-
	State Ombudsman Office	4
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	4
	Fair Hearing assistance	1

A Health and Disability Waiver Member experienced a gap in services when needing a CDAC provider and access to approved meals during the transition to a new MCO . The member reported challenges in reaching his case manager to assist prior to the change effective July 1, 2019. The Managed Care Program worked with the member's MCO and IME to resolve the issues quickly. The case manager contacted the member and assisted with access to food by assisting the meal provider with the correct authorization process and scheduled the approved CDAC provider to begin in home health services.

[1] *Referrals per Entity: Referrals made to external organization that provide services beyond the scope of the program.*

COMPLAINTS & CASES

APRIL

The Managed Care Ombudsman Program worked on complaints from 56 individual members. The top complaint received this month was in regard to services reduced denied or terminated (13 members). Additional complaints included:

All open cases:
Services reduced, denied or terminated (9 members) Access to Services/Benefits (7 members) CCO-CDAC (9 members) Eligibility & Enrollment (4 members) Other-Members being billed (5 members) Case Management (4 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Member Rights (4 members) Access to durable medical equipment & medications (4 members) Level of Care (3 members) Transportation (1 member) Discharge (1 member) Member Relations & Grievances (4 members) Complaints against Provider (1 member) Home and vehicle modification (2 members) Guardianship (1 member) NOD, Appeals, Fair-Hearing (1 member) Care Planning (2 members)

Closed cases:
Services reduced, denied or terminated (4 members) Access to Services/Benefits (5 members) CCO-CDAC (1 member) Eligibility & Enrollment (6 members) Other-Members being billed (4 members) Case Management (4 members) Transition services/coverage gap, inadequate or inaccessible (5 members) Member Rights (2 members) Access to durable medical equipment & medications (2 members) Level of Care (3 members) Transportation (4 members) Discharge (4 members) Member Relations & Grievances (1 member) Complaints against Provider (3 members) Home and vehicle modification (1 member) Guardianship (2 members) NOD, Appeals, Fair-Hearing (1 member) Care Planning (0 members)

MAY

In May, the Managed Care Ombudsman Program worked on complaints from 38 individual members. Out of the 38 active cases, 10 are newly open. 1 case will not be captured in the following grids due to eligibility not determined. The top complaint from manged care members in May was in regard to services reduced, denied or terminated (9 members). Additional complaints include:

All open cases:
Services reduced, denied or terminated (7 members) CCO & CDAC (7 members) Member Rights (2 members) Access to durable medical equipment and medications (4 members) Access to Services/Benefits (7 members) Transition services/coverage gap, inadequate or inaccessible (1 member) Case Management (7 members) Care Planning (4 members) Discharge (0 members) Eligibility & Enrollment (1 member) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (0 members) MCOP-Other/Member charged improper cost sharing/Dental (2 members) Level of Care (2 members) Guardianship (0 members) Member Relations & Grievances (3 members) Home and vehicle modifications (2 members) Transportation (2 members)

COMPLAINTS & CASES

Closed cases:
Services reduced, denied or terminated (2 members) CCO & CDAC (0 members) Member Rights (1 member) Access to durable medical equipment and medications (1 members) Access to Services/Benefits (8 members) Transition services/coverage gap, inadequate or inaccessible (3 members) Case Management (2 members) Care Planning (5 members) Discharge (1 member) Eligibility & Enrollment (4 members) NOD, Appeals, Fair Hearing (1 member) Complaints against provider (3 members) MCOP-Other/Member charged improper cost sharing/Dental (3 members) Level of Care (2 members) Guardianship (1 member) Member Relations & Grievances (1 member) Home and vehicle modifications (1 member) Transportation (0 members)

JUNE

In June, the Managed Care Ombudsman Program worked on complaints from 44 individual members. Out of the 17 active cases, 7 are newly open. 1 case will not be captured in the following grids due to eligibility not determined. The top complaint from manged care members in June was in regard to case management (18 members). Additional complaints include:

All open cases:
Case Management (6 members) Access to Services/Benefits (6 members) Services reduced, denied or terminated (7 members) CCO & CDAC (6 members) Transition services/coverage gap, inadequate or inaccessible (3 members) MCOP-Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (3 members) Member Rights (5 members) Level of Care (2 members) NOD, Appeals, Fair Hearing (5 members) Complaints against provider (2 members) Eligibility & Enrollment (3 members) Care Planning (3 members) Access to durable medical equipment and medications (3 members) Discharge (3 members) Transportation (3 members) Home and vehicle modifications (3 members) Member Relations & Grievances (2 members)

Closed cases:
Case Management (12 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (4 members) CCO & CDAC (4 members) Transition services/coverage gap, inadequate or inaccessible (5 members) MCOP-Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (5 members) Member Rights (2 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (0 members) Complaints against provider (3 members) Eligibility & Enrollment (2 members) Care Planning (2 members) Access to durable medical equipment and medications (1 member) Discharge (1 member) Transportation (1 member) Home and vehicle modifications (0 members) Member Relations & Grievances (0 members)

Complaint(s) Resolution by Program Type

Amerigroup Iowa	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J	
AIDS/HIV Waiver				-	-	-	-	-	-				-	-	-	0
Brain Injury Waiver	1			-	-	-	-	-	-	-	-	-	7	1	1	10
Children's Mental Health Waiver				-	-	-	-	-	-	-	-	-	-	-	-	0
Dental				-	-	-	-			-	-	-	-	-	-	0
Duals		3		-	-	-							6	-	-	9
Elderly Waiver	13	7		-	-	-	-	-	-	-	-	-	5	-	-	25
Habilitation				-	-	-	-	-	-	-	-	-	-	-	-	0
Health & Disability Waiver	3			-	-	-	-	-	-	-	-	-	6	9	4	22
HIPP				-	-	-	-	-	-	-	-	-	-	-	-	0
Institutional Care												1	-	-	1	2
Iowa Health & Wellness				-	-	-	-	-	-	-	-	-	-	-	-	0
Intellectual Disability Waiver	5		2	-	-	-	-	-	-	1	-		8	10	4	30
Medicare				-	-	-	-	-	-	-	-	-	-	-	-	0
PACE													-	-	-	0
Physical Disability Waiver			2	-	-	-	-	-	-	-	-	-	1	2	-	5
QMB or SLMB													-	-	-	0
Traditional Medicaid				-	-	-	-	-	-	-	-	-	-	-	-	0
Other	1											2	1	2	-	6
N/A													-	-	-	0
Unknown		1											-	-	-	1
TOTAL:	23	11	4	0	0	0	0	0	0	1	0	3	34	24	10	110

UnitedHealthcare Plan of the River Valley Complaint(s) Resolution by Program Type	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J	
AIDS/HIV Waiver				-	-	-	-	-	-			-	-	-	-	0
Brain Injury Waiver			2	-	-		-	-	-	-	-	1	-	1	-	4
Children's Mental Health Waiver				-	-		-	-	-	-	-	-	-	-	-	0
Dental				-	-		-				-		-	-	-	0
Duals	1		1	-	-					-		-	1	-	6	9
Elderly Waiver	3	1	3	-	-	1	-	-	9	-	-	4	4	1	15	41
Habilitation	4	1	2	-	-	-	-	-	-	-	-	2	2	-	2	13
Health & Disability Waiver	2	2	8	-	-	2	-	-	-	-	-	-	5	-	3	22
HIPP				-	-	-	-	-	-	-	-	-	-	-	-	0
Institutional Care																0
Iowa Health & Wellness				-	-	-	-	-	-		-		-	-	-	0
Intellectual Disability Waiver		6	6	-	-	4	-	-	-	1	1	4	1	4	12	39
Medicare				-	-	-	-	-	-	-	-	-	-	-	-	0
PACE													-	-	-	0
Physical Disability Waiver	4		5	-	-	-	-	-	-	-	-	-	4	-	5	18
QMB or SLMB													-	-	-	0
Traditional Medicaid				-	-	-	-	-	-	-	-	-	-	-	-	0
Other	2	3	2										3	4	3	17
N/A												1	-	-	-	1
Unknown													-	-	-	0
TOTAL:	16	13	29	0	0	7	0	0	9	1	1	12	20	10	46	164

Complaint(s) Resolution by Program Type

Fee for Service	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	A	M	J	A	M	J	A	M	J	A	M	J	A	M	J	
AIDS/HIV Waiver		-	-	-	-	-	-	-	-			-	-	-		0
Brain Injury Waiver		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Children's Mental Health Waiver		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Dental				-	-	-	-			-	-					0
Duals		-	-	-	-	-						-	-	-		0
Elderly Waiver				-	-	-	-	-	-	-	-					0
Habilitation		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Health & Disability Waiver		-	-	-	-	-	-	-	-	-	-	-	-	-		0
HIPP		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Institutional Care		-	-									-	-	-		0
Iowa Health & Wellness		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Intellectual Disability Waiver		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Medicare		-	-	-	-	-	-	-	-	-	-	-	-	-		0
PACE		-	-									-	-	-		0
Physical Disability Waiver				-	-	-	-	-	-	-	-					0
QMB or SLMB		-	-									-	-	-		0
Traditional Medicaid	3	-	-	-	-	-	-	-	-	-		-	-	-		3
Other	-															0
N/A	-	-	-								1	-	-	-	1	2
Unknown	-	-	-							2		-	-	-		2
TOTAL:	3	0	0	0	0	0	0	0	0	2	1	0	0	0	1	7

MANAGED CARE OMBUDSMAN PROGRAM TRENDS

In addition to tracking member issues on a monthly basis, the Managed Care Ombudsman Program documents and tracks trends discussed by members. Issues and trends identified this quarter included:

1. UnitedHealthcare Plan of the River Valley, Inc. exited Iowa's Medicaid managed care program, IA Health Link, effective July 1, 2019.

2. Iowa Total Care joined Iowa's Medicaid managed care program effective July 1, 2019.

3. Open Choice Period for IA Health Link members. Members may choose to enroll with either Amerigroup or Iowa Total Care through September 30, 2019 for any reason.

4. Case Management. Members reported challenges when trying to reach their case manager during the transition to a new MCO. Members were not notified as to who their temporary case manager or point of contact would be during the transition period.

5. CDAC and CCO Impacts. Consumer Directed Attendant Care and Consumer Choice Options, are choices available to Medicaid members who are eligible for one of the HCBS waiver programs and is a service frequently used by HCBS waiver members. The Managed Care Ombudsman Program continues to receive a high number of complaints from members reporting dissatisfaction with changes affecting their CDAC services. Changes include service reductions or denials, and also changes that impact the day to day use of CDAC services. Members reported issues accessing the CDAC provider of their choosing, barriers to using CDAC services they would like, and perceived decreased flexibility within the service. Members were also concerned over their CDAC provider not receiving payment on time. Medicaid members have reported CCO budgets have not been completed on time, effecting the members ability to schedule staff to provide services needed.

6. Lack of Providers. Members have reported a lack of approved providers to choose from in order to receive health services. Reasons shared for lack of providers are that the MCO and/or the provider are not wanting to contract with one another. For members living in remote rural areas, this issue was more prevalent. The lack of providers includes medical physicians, transportation drivers and home modification providers as well as CDAC staff.

7. Discharge. Members faced discharge from their current providers due to reasons reported to them such as not having enough staff or skilled staff to provide health services in the members home. These members did not have a discharge plan in place through the process subsequently then placing the member at risk in their home without a care plan or staff in place to provide services to the member which they have been approved to receive.

8. Enrollment packets not received. Some Medicaid members did not receive their enrollment packet to inform them of changes or who their new MCO would be in the time frame necessary for the members to have their initial choice of MCO prior to July 1st.

9. Delays in enrollment. Delays in the time between becoming eligible for a waiver and being assessed by the MCO caused Medicaid members to experience a delay in assignment to case managers, level of care assessments being completed, and services being received in the members home.

COMMUNITY PARTNERSHIPS AND OUTREACH

Advocacy is more than complaint resolution or assistance with filing a grievance, appeal or fair hearing. It includes providing education, information, consultation, technical assistance or making a referral to the appropriate entity to ensure members have the information needed to make informed decisions regarding their care, in addition to partnering with community stakeholders to connect members to resources beyond the Managed Care Ombudsman's scope.

The Managed Care Ombudsman Program networks with other advocacy and provider groups, associations, organizations and agencies to coordinate the provision of assistance to members. The Managed Care Ombudsman Program also participates, when possible, in various forums and work groups on a regular basis to inform and discuss and to address collective concerns expressed.

Additionally, the Managed Care Ombudsman Program maintains a website with information regarding the program's services, informational materials and links to other resources. Electronic versions of communications materials and tools can be found at https://www.iowaaging.gov/state-long-term-care-ombudsman/managed-care-ombudsman-program.

A Medicaid member on the Physical Disability Waiver program was not able to contact her case manager and did not know who her new MCO would be beginning July 1, 2019. The member had faced a reduction of services and needed an increase of services. The Managed Care Ombudsman program advocated for the member by informing her MCO of the increase of services necessary for the member to remain safe and healthy in her home. The MCO approved the increase and assisted the member through the transition to a new MCO.

UPCOMING EVENTS

Wednesday, August 21 1:00 pm

Legal Basics: Accessing Behavioral Health Services for Older Adults

Managed Care
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