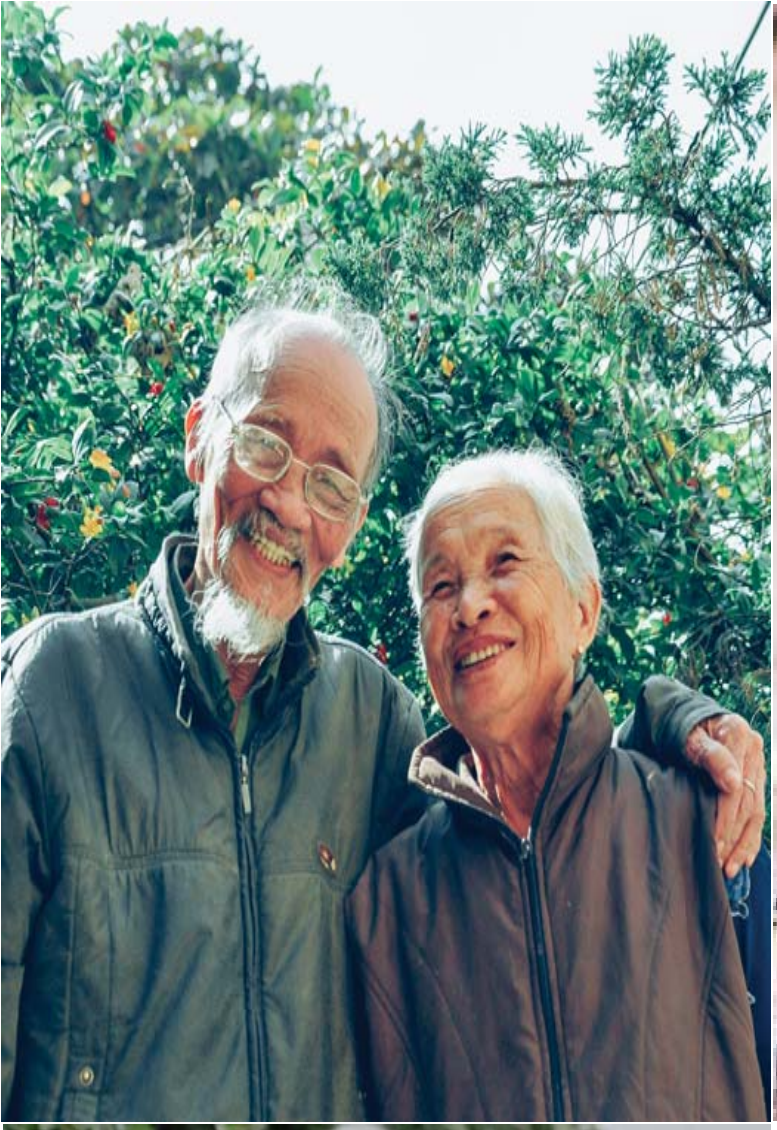

MANAGED CARE OMBUDSMAN PROGRAM

QUARTERLY REPORT

Year 4, Quarter 2

(July 1 - September 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 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.

The issuance of this quarterly report was significantly delayed due to a change in the federal reporting system for long-term care ombudsman programs which impacted the Managed Care Ombudsman Program's ability to compile figures and run reports. We apologize for any inconvenience this delay has caused and do not anticipate these types of delays in the future.

For this reporting quarter, the office experienced a slight fluctuation of cases/complaints per month, with individual member cases 53 in July, 46 in August and 53 in September.

The issues identified for this second quarter are the primary managed care member issues addressed in July, August and September 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 2-Year 4 of Medicaid managed care, members reported the following primary issues:

1. Members are reporting challenges with their case management. 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.

2. Access to Services/Benefits. Waiver members reported a lack of available providers contracted with their Managed Care Organizations. The lack of providers available to members had a direct impact to the members overall health service benefits. Members were approved for services yet did not receive all services for which they were approved.

3. Members are reporting dissatisfaction with changes affecting their CDAC/CCO services. Changes include service reductions or denials and ability to self direct changes in 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.

The report that follows includes an overview of the second programmatic quarter of Year 4 (July, August and September 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[1] in process July 2019	Amerigroup Iowa	28
	Iowa Total Care	14
	UnitedHealthcare Plan of the River Valley	15
	Fee for Service	2
Referrals per Entity[2]	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	2
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	1
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	6
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	2
	Appeals assistance	5
	Fair Hearing assistance	1

Members per MCO[1] in process August 2019	Amerigroup Iowa	35
	Iowa Total Care	7
	UnitedHealthcare Plan of the River Valley	4
	Fee for Service	2
Referrals per Entity[2]	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	2
	Iowa Compass	-
	Iowa Legal Aid	2
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	3
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	2
	Appeals assistance	2
	Fair Hearing assistance	-

1 Members per MCO: Due to the MCO transition some of the managed care members are duplicated.

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

MEMBER ASSISTANCE

Members per MCO[1] in process September 2019	Amerigroup Iowa	41
	Iowa Total Care	12
	UnitedHealthcare Plan of the River Valley	2
	Fee for Service	-
Referrals per Entity[2]	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	1
	Iowa Legal Aid	-
	LifeLong Links	1
	MCO	2
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	5
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	2
	Fair Hearing assistance	1

1 Members per MCO: Due to the MCO transition some of the managed care members are duplicated.

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

A Intellectual Disability Waiver Member received an Exception to Policy from their MCO . The Managed Care Ombudsman Program worked with the member's MCO, IME and Veridian to resolve the issue quickly. The MCO worked with Veridian on the authorization for the budget to be completed and uploaded. The case manager contacted the member and assisted with the scheduled and authorized CCO services to begin in the home. The staff were able to provide services and upload their documentation on time ensuring the member did not experience a gap in health services.

Complaint(s) Resolution by Program Type

Amerigroup Iowa July, August and September	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver				-	-	-	-	-	-				-	-	-	0
Brain Injury Waiver	2	2		-	-	-	-	-	-	-	-	-	1	-	-	5
Children's Mental Health Waiver				-	-	-	-	-	-	-	-	-	-	-	-	0
Dental				-	-	-	-			-	-	-	-	-	-	0
Duals				-	3	-							-	-	-	3
Elderly Waiver	7	7	14	-	-	-	-	-	-	-	-	-	26	18	20	92
Habilitation				-	-	-	-	-	-	-	-	-	-	-	-	0
Health & Disability Waiver	11	2	7	-	-	-	-	-	-	-	-	-	20	3	-	43
HIPP				-	-	-	-	-	-	-	-	-	-	-	-	0
Institutional Care													-	-	-	0
Iowa Health & Wellness				-	-	-	-	-	-	-	-	-	-	-	-	0
Intellectual Disability Waiver	9	2	14	-	-	-	-	1	-			1	15	13	13	68
Medicare				-	-	-	-	-	-	-	-	-	-	-	-	0
PACE													-	-	-	0
Physical Disability Waiver	5		2	-	-	-	-	-	-	-	-	-	10	--	4	21
QMB or SLMB													-	-	-	0
Traditional Medicaid				-	-	-	-	-	-	-	-	-	-	-	-	0
Other			1										-	-	5	6
N/A													-	-	-	0
Unknown													-	-	-	0
TOTAL:	34	13	38	0	3	0	0	1	0	0	0	1	72	34	42	238

UnitedHealthcare Plan of the River Valley July, August and September	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver				-	-	-	-	-	-			-	-	-		0
Brain Injury Waiver				-	-		-	2	-	-	-	-	-	2		4
Children's Mental Health Waiver				-	-		-	-	-	-	-	-	-	-		0
Dental				-	-		-				-		-	-		0
Duals				1	-		5			-		-	-	-		6
Elderly Waiver	1			-	1	-		2	-	-	-	-	1	-		5
Habilitation				-	-	-	-	-	-	-	-	-	-	-		0
Health & Disability Waiver				-	4	-	-	1	-	-	-	-	-	-		5
HIPP				-	-	-	-	-	-	-	-	-	-	-		0
Institutional Care														-		0
Iowa Health & Wellness				-	-	-	-	-	-		-		-	-		0
Intellectual Disability Waiver	5	2	2	-	-	-	-	3	-	3	-	-	5		4	24
Medicare				-	-	-	-	-	-	-	-	-	-	-		0
PACE													-	-		0
Physical Disability Waiver	3			2	-	-	3	-	-	-	-	-	-	-		8
QMB or SLMB													-	-		0
Traditional Medicaid				-		-	-		-		-	-		-		0
Other					1			3				1	1	-		6
N/A										1			1	-		2
Unknown													-	-		0
TOTAL:	9	2	2	3	6	0	8	11	0	4	0	1	8	2	4	60

Complaint(s) Resolution by Program Type

Fee for Service July, August and September	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver		-	-	-	-	-	-	-	-			-	-	-		0
Brain Injury Waiver		-	-	-	-	-	-	-	-	-	-	-	-	-		0
Children's Mental Health Waiver			-	-	-	-	-	-	-	-	-	-	-	-		0
Dental				-	-	-	-			-	-					0
Duals			-	-	-	-						-	-			0
Elderly Waiver	4	3		-	-	-	-	-	-	-	-		7			14
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		-	-	-		-	-	-	-	-		-	-			0
Other	-				4									7		11
N/A	-	-	-								-	-	-	-	-	0
Unknown	-	-	-							-		-	-	-		0
TOTAL:	4	3	0	0	4	0	0	0	0	0	0	0	7	7	0	25

Iowa Total Care July, August and September	Resolved to Member's satisfaction			Partially resolved to Member's satisfaction			Not resolved to Member's satisfaction			No action needed or appropriate			Open			Total
	J	A	S	J	A	S	J	A	S	J	A	S	J	A	S	
AIDS/HIV Waiver		-	-	-	-	-	-	-	-			-		-	-	0
Brain Injury Waiver		-	-	-	-	-	-	-	-	-	-	-		-	-	0
Children's Mental Health Waiver		-	-	-	-	-	-	-	-	-	-	-		-	-	0
Dental				-	-	-	-			-	-					0
Duals		-	-	-	-	-						-		-		0
Elderly Waiver	10			-	-	-	-	-	-	-	-		10		3	23
Habilitation	2	-	-	-	-	-	-	-	-	-	-	-	2	-	-	4
Health & Disability Waiver	4	-	-	-	-	2	-	-	-	-	-	1	4	-	3	14
HIPP		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Institutional Care		-	-									-	-	-	-	0
Iowa Health & Wellness		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Intellectual Disability Waiver	12	-	4	-	-	-	-	-	-	-	-	-	12	3	6	37
Medicare		-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
PACE		-	-									-	-	-	-	0
Physical Disability Waiver				-	-	-	-	-	-	-	-					0
QMB or SLMB		-	-									-	-	-	-	0
Traditional Medicaid			-	-	-	-	-	-	-	-		-	-			0
Other		1												6	10	17
N/A		-	-								-	-	-	-	-	-
Unknown		-	-							-		-	-	-	-	-
TOTAL:	28	1	4	0	0	2	0	0	0	0	0	1	28	9	22	95

COMPLAINTS & CASES

JULY

In July, the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 39 active cases, 15 are newly open. The top complaint from managed care members in July was in regard to Case Management (26 members). Additional complaints include:

All open cases:
Case Management (13 members) Access to Services/Benefits (8 members) Services reduced, denied or terminated (7 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (2 members)Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (5 members) Member Rights (5 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (3 members) Complaints against provider (1 member) Eligibility & Enrollment (4 members) Care Planning (7 members) Access to durable medical equipment and medications (6 members) Discharge (2 members) Transportation (3 members)Home and vehicle modifications (1 member) Member Relations & Grievances (3 members) Guardianship (1 member)

Closed cases:
Case Management (13 members) Access to Services/Benefits (6 members) Services reduced, denied or terminated (6 members) CCO & CDAC (11 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other/Member charged improper cost sharing or waiting on CDAC staff to be approved (7 members) Member Rights (9 members) Level of Care (4 members) NOD, Appeals, Fair Hearing (3 members) Complaints against provider (4 members) Eligibility & Enrollment (5 members) Care Planning (2 members)Access to durable medical equipment and medications (3 members) Discharge (3 members) Transportation (2 members) Home and vehicle modifications (2 members) Member Relations & Grievances (4 members) Guardianship (1 member)

AUGUST

In August, the Managed Care Ombudsman Program worked on complaints from 46 individual members. Out of the 30 active cases, 16 are newly open. The top complaint from managed care members in August was in regard to Case Management (26 members). Additional complaints include:

All open cases:
Case Management (18 members) Access to Services/Benefits (11 members) Services reduced, denied or terminated (8 members) CCO & CDAC (10 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/Member charged improper cost sharing or needing an ETP (6 members) Member Rights (5 members) Level of Care (7 members) NOD, Appeals, Fair Hearing (2 members) Complaints against provider (4 member) Eligibility & Enrollment (3 members) Care Planning (10 members) Access to durable medical equipment and medications (6 members) Discharge (3 members) Transportation (3 members) Home and vehicle modifications (0 members) Member Relations & Grievances (2 members) Guardianship (2 members)

COMPLAINTS & CASES

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

SEPTEMBER

In September, the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 30 active cases, 25 are newly open. The top complaint from managed care members in September was in regard to Case Management (24 members). Additional complaints include:

All open cases:
Case Management (15 members) Access to Services/Benefits (16 members) Services reduced, denied or terminated (9 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/Exception to Policy and Prior Authorizations (7 members) Member Rights (6 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (4 members) Complaints against provider (3 member) Eligibility & Enrollment (2 members) Care Planning (7 members) Access to durable medical equipment and medications (6 members) Discharge (3 members) Transportation (5 members) Home and vehicle modifications (0 members) Member Relations & Grievances (3 members) Guardianship (1 member)

Closed cases:
Case Management (9 members) Access to Services/Benefits (6 members) Services reduced, denied or terminated (4 members) CCO & CDAC (6 members) Transition services/coverage gap, inadequate or inaccessible (2 members) Other/Exception to Policy and Prior Authorizations (2 members) Member Rights (1 member) Level of Care (1 member) NOD, Appeals, Fair Hearing (2 members) Complaints against provider (1 member) Eligibility & Enrollment (1 member) Care Planning (1 member) Access to durable medical equipment and medications (5 members) Discharge (1 member) Transportation (3 members) Home and vehicle modifications (0 members) Member Relations & Grievances (2 members) Guardianship (0 members)

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. Effective July 1, 2019 Medicaid members have the option of choosing either Iowa Total Care or Amerigroup.

2. Effective July 1, 2019 Brain Injury Waiver recipients no longer need to request an exception to policy (ETP) to exceed the monthly cap allowed under the Brain Injury Waiver.

3. Case Management. Members reported challenges when trying to reach their case manager and long wait times to hear back from the case manager. Members have been assigned new case managers multiple times at the direction of the MCO. During the transition period members assigned to a new MCO waited months to hear from their new case manager.

4. 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, skilled care providers, transportation drivers, chore/homemaking providers and home modification providers as well as CDAC staff. Some members have lost their providers due to the provider not being paid for services rendered.

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 home and community-based services (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. Many providers have lost their CDAC staff due to payment issues, lengthy periods of time to become an approved CDAC provider even when already approved through the state and lack of available CDAC providers available to them.

6. 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.

7. Transportation issues created challenges for many members trying to attend regularly scheduled medical appointments or access specialty healthcare. Members reported safety concerns with new transportation individuals who were strangers to the members and who did not understand the individual member needs or did not have vehicles equipped for specific types of medical equipment. Members were not always able to choose their provider of choice.

MANAGED CARE OMBUDSMAN PROGRAM TRENDS

8. Transition services/coverage gap, inadequate or inaccessible. Members and their legal guardians report members are transitioned without a care plan established which fits the needs of the member during the transition. This disruption in the continuity of care of the member creates a gap of services where the member does not receive the care they need placing the member at risk.

A Medicaid member on the Intellectual Disability Waiver program was transitioned to a new MCO beginning July 1, 2019. The member had faced a reduction of CCO hours, denial in medication, and primary care physician of choice. The Managed Care Ombudsman informed the family of the members right to receive a Notice of Decision and Appeal and Grievance rights. The MCO was informed of the issues and approved the CCO hours needed in the home, called the pharmacy to approve the medication and assigned the primary care physician of choice.

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.

ADDITIONAL MATERIALS

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 the Managed Care Ombudsman website. Additionally, How to Be Your Own Best Advocate: A Guide on How to Navigate Managed Care In Iowa is a resource for members.

UPCOMING EVENTS

Assessing the Humanity of Nursing Home Care: A Special Report From the Long Term Care Community Coalition
Jan. 21 (12:00 pm)
More Information | Register

Managed Care
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Jessie Parker Building
510 E. 12th Street, Ste. 2
Des Moines, IA 50319
www.iowaaging.gov

866.236.1430
ManagedCareOmbudsman@iowa.gov