Managed Care
OMBUDSMAN PROGRAM
A Division of the Office of the State Long-Term Care Ombudsman

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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 November 2018

DATE: Thursday, December 6, 2018

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 159 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 2018 were:

1. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services.
2. Access to information or information sharing – Members continue to report not receiving proper written notice when their services are reduced, denied or terminated. While MCO case managers may provide verbal notification to members when there is a change in their care, written notification is required when services are reduced, denied or terminated. Members also reported issues obtaining information from their MCO to understand various processes that impact their ability to utilize waiver services.
3. Care planning participation – New and existing Medicaid members requested assistance for their upcoming yearly assessment and care planning meetings. Members reported their health needs are not being individually addressed. Members also reported they were unaware of who their case manager was or how often they would have meetings.

Medicaid Program

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

Additional information can be found in the attached November 2018 Report. For further information, please contact the Managed Care Ombudsman Program by phone at 866-236-1430 or email at managedcareombudsman@iowa.gov.

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Managed Care Ombudsman Program Monthly Report

Per CMS Special Terms and Conditions, the monthly Managed Care Ombudsman Program data is provided below.

DATE: 11/2018

Number of Contacts[1]		159
Contact Categories[2]		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	7
	Access to preferred/necessary medication	-
	Home/vehicle modifications	9
	Prior authorization	-
	Provider/pharmacy/hospital not in network	1
	Service reduced, denied or terminated	81
	Transition services/coverage inadequate or inaccessible	5
	Transportation not available, timely or adequate	-
	Other service/coverage gap issue	3
	Other	9
Billing	Member charged improper cost sharing	-
	Other	-
Care Planning	Access to information or information sharing	12
	Care planning participation	24
	Change in care setting	2
	Discharge	11
	Level of care assessment	10
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	8
	MCO was rude or gave poor customer service	5
	Member has not received MCO card or other materials	1
	Provider/pharmacy was rude or gave poor customer service	-
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	4
	Member needs assistance with acquiring Medicaid eligibility information	3
	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	1
	Other	-
Guardianship	Guardian not receiving information	1
	Guardianship documents not on file	1
	Unable to contact guardian	-
	Other	-
Other		-
N/A		-
Contacts Related to Grievances/ Appeals/Fair Hearings[3]	Grievances	5
	Appeals	50
	Fair Hearings	2
Contacts per MCO[4]	Amerigroup Iowa	14
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	137
	Fee for Service	5

Program[5]	AIDS/HIV Waiver	27
	Brain Injury Waiver	7
	Children's Mental Health Waiver	-
	Dental	32
	Duals	4
	Elderly Waiver	22
	Habilitation	4
	Health & Disability Waiver	39
	HIPP	-
	Institutional Care	-
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	37
	Medicare	-
	PACE	-
	Physical Disability Waiver	18
	QMB or SLMB	-
	Traditional Medicaid	-
	Other	-
	N/A	-
	Unknown	-
Average Resolution Time[6]		30
Referrals per Entity[7]	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	6
	Iowa Compass	-
	Iowa Legal Aid	4
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	-
Service(s) Provided to Contact[8]	Grievance assistance	2
	Appeals assistance	15
	Fair hearing assistance	1
	Advocacy	147
	Education and information	4
	Investigation	116
	Referral	7
Service(s) Provided to Stakeholders[9]	Community education	-
	Information and consultation	-
	Technical assistance	2
	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.

Complaints by Recipient

The data reported on pages 1 and 2 of this report provides detailed information about all of the contacts made to the Managed Care Ombudsman Program over the course of the month. The number of contacts reported is representative of the number of times the Managed Care Ombudsman Program is contacted; it does not represent the number of complaints made to the Managed Care Ombudsman Program.

This month, the 159 contacts reported on page 1 resulted in the Managed Care Ombudsman Program working on complaints from 37 individual members (12 members were affected by more than one issue). The top complaint received this month was in regard to services reduced, denied or terminated (16 members). Additional complaints included:

Access to information or information sharing (8 members)
Care planning participation (8 members)
Access to preferred/necessary durable medical equipment (3 members)
Access to Services/Benefits-Other (3 members)
Level of care assessment (3 members)
MCO was rude or gave poor customer service (3 members)
Discharge (2 members)
Care Coordinator/case manager was rude or gave poor customer service (2 members)
Home/vehicle modifications (2 members)
Other service/coverage gap issue (2 members)
Transition services/coverage inadequate or inaccessible (2 members)
Provider/pharmacy/hospital not in network (1 member)
Selecting/changing MCO (1 member)
Guardianship documents not on file (1 member)
Member needs assistance with acquiring Medicaid eligibility information (1 member)
Member has lost eligibility status or was denied (1 member)
Member has not received MCO card or other materials (1 member)
Guardian not receiving information (1 member)
Change in care setting (1 member)
Member needs assistance with checking on application status (1 member)

		Amerigroup Iowa	UnitedHealthcare Plan of the River Valley	Fee for Service	Total
Complaint(s) by Program Type	AIDS/HIV Waiver	-	1	-	1
	Brain Injury Waiver	-	3	-	3
	Children's Mental Health Waiver	-	-	-	0
	Dental	-	1	1	2
	Duals	3	-	-	3
	Elderly Waiver	2	4	-	6
	Habilitation	-	2	-	2
	Health & Disability Waiver	2	8	-	10
	HIPP	-	-	-	0
	Institutional Care	-	-	-	0
	Iowa Health & Wellness	-	-	-	0
	Intellectual Disability Waiver	-	7	-	7
	Medicare	-	-	-	0
	PACE	-	-	-	0
	Physical Disability Waiver	-	2	-	2
	QMB or SLMB	-	-	-	0
	Traditional Medicaid	-	-	-	0
	Other	-	-	-	0
	N/A	-	-	-	0
	Unknown	1	-	-	1
	TOTAL:	8	28	1	37