



MANAGED CARE
OMBUDSMAN PROGRAM
QUARTERLY REPORT

Year 5, Quarter 1
(April 1 - June 30, 2020)

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, elder group home, or who are enrolled in one of the seven home and community-based services (HCBS) waiver programs. The waiver programs 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.

The Managed Care Ombudsman Program's monthly and quarterly report reports cases and complaints from the managed care members this Office serves.

For this reporting quarter, the office experienced a slight fluctuation of cases/complaints per month, with 23 new complaints from 9 individual members in April, 33 new complaints from 15 individual members cases in May, and 29 new complaints from 12 individual members in June.

The issues identified for this first quarter are the primary managed care member issues addressed in April, May and June 2020. The Office works with a variety of stakeholders who are necessary to address and resolve issues. During Quarter 1-Year 5 of Medicaid managed care, the primary issues reported to the Managed Care Ombudsman Program by managed care members included:

1. Access to Services/Benefits. Waiver members reported a lack of available providers contracted with their Managed Care Organizations as well as a lack of staff available within certain provider agencies. The lack of providers available to members had a direct impact to the members' overall health service benefits. As such members were approved for services yet did not receive all services for which they were approved.
2. Members are reporting issues with their case management. Members continue to experience delayed response time from case managers and a lack of support and understanding of their health needs. At times members were assigned new case managers against the members wishes, requiring the member to build new relationships and endure a lack of consistency and understanding of their overall goals and health care needs.
3. Services reduced, denied or terminated for members needing long-term services and supports. Members reported reductions or denials in their HCBS waiver services in their homes or assisted living programs. This often affected consumer directed attendant care (CDAC) and consumer choice options (CCO) service hours. In response to reduction in services, members are filing grievances, 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 5 (April, May, and June 2020), as well as an update on the program.

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

MEMBER ASSISTANCE

Members per MCO¹ in process April 2020	Amerigroup Iowa	41
	Iowa Total Care	12
	UnitedHealthcare Plan of the River Valley	-
	Fee for Service	-
Referrals per Entity²	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	4
	Iowa Compass	1
	Iowa Legal Aid	2
	LifeLong Links	1
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
Other	3	
Grievances/Appeals/Fair Hearings	Grievance assistance	-
	Appeals assistance	3
	Fair Hearing assistance	2

Members per MCO¹ in process May 2020	Amerigroup Iowa	33
	Iowa Total Care	14
	Fee for Service	3
Referrals per Entity²	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	6
	Iowa Compass	-
	Iowa Legal Aid	2
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	-
	State Ombudsman Office	-
Other	3	
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	4
	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.

MEMBER ASSISTANCE

Members per MCO in process June 2020	Amerigroup Iowa	40
	Iowa Total Care	12
	Fee for Service	1
Referrals per Entity¹	Department of Human Services	-
	Department of Inspections and Appeals	-
	Disability Rights Iowa	7
	Iowa Compass	-
	Iowa Legal Aid	3
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
Other	-	
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	5
	Fair Hearing assistance	2

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 needed a communication device which the physician had approved. MCO denied member's application for the device. Managed care ombudsman followed up with the managed care organization for several months and the member was finally able to receive their communication device.

Complaint(s) Resolution by Program Type

Amerigroup Iowa April, May and June	Fully or 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		
	AIDS/HIV Waiver		2											
Brain Injury Waiver	4	3	5									1	13	
Children's Mental Health Waiver			3											
Dental														
Duals														
Elderly Waiver	10							1			3	4	3	21
Habilitation			4					-						4
Health & Disability Waiver	7	2	3					3			5		9	29
HIPP														
Institutional Care														
Iowa Health & Wellness														
Intellectual Disability Waiver	17	1	20			2	6		1	1	10	4	62	
Medicare														
PACE														
Physical Disability Waiver	5	5	4								3		17	
QMB or SLMB														
Traditional Medicaid														
Other	5	2								2	2	5	19	
N/A														
Unknown														
TOTAL:	48	15	39	0	0	2	6	4	1	11	19	22	167	

UnitedHealthcare Plan of the River Valley April, May and June	Fully or 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	
	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													
N/A													
Unknown													
TOTAL:	0	0	0	0	0	0	0	0	0	0	0	0	0

Complaint(s) Resolution by Program Type

Fee for Service April, May and June	Fully or 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	
	AIDS/HIV Waiver												
Brain Injury Waiver													
Children's Mental Health Waiver													
Dental													
Duals											1		1
Elderly Waiver													
Habilitation													
Health & Disability Waiver													
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver											2		2
Medicare													
PACE													
Physical Disability Waiver													
QMB or SLMB													
Traditional Medicaid													
Other		3									3		6
N/A													
Unknown													
TOTAL:	0	3	0	0	0	0	0	0	0	0	6	0	9

Iowa Total Care April, May and June	Fully or 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	
	AIDS/HIV Waiver												
Brain Injury Waiver										4			4
Children's Mental Health Waiver													
Dental													
Duals										4			4
Elderly Waiver	2											3	5
Habilitation											3		3
Health & Disability Waiver	12									4	2	3	21
HIPP													
Institutional Care													
Iowa Health & Wellness													
Intellectual Disability Waiver	4												4
Medicare													
PACE													
Physical Disability Waiver													
QMB or SLMB													
Traditional Medicaid													
Other	5	5	1								3	1	15
N/A													
Unknown													
TOTAL:	23	5	1	0	0	0	0	0	0	12	8	7	56

COMPLAINTS & CASES

APRIL

In April the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 31 active cases, 9 are newly opened. The top complaint from managed care members in April was in regard to Access to Services/Benefits (24 members). Additional complaints include:

All open cases:

Case Management (10 members) Access to Services/Benefits (20 members) Services reduced, denied or terminated (10 members) CCO & CDAC (8 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Covid-19 planning (0 members) Member Rights (8 members) Level of Care (7 members) NOD, Appeals, Fair Hearing (6 members) Complaints against provider (5 members) Eligibility & Enrollment (3 members) Care Planning (9 members) Access to durable medical equipment and medications (7 members) Discharge (2 members) Transportation (4 members) Home and vehicle modifications (4 members) Member Relations & Grievances (8 members) Guardianship (0 members) Exception to Policy (3 members) Prior Authorization (1 member) Network Adequacy (3 members)

Closed cases:

Case Management (7 members) Access to Services/Benefits (4 members) Services reduced, denied or terminated (9 members) CCO & CDAC (6 members) Transition services/coverage gap, inadequate or inaccessible (4 members) Other/Covid-19 planning (1 member) Member Rights (5 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (2 members) Complaints against provider (3 members) Eligibility & Enrollment (4 members) Care Planning (9 members) Access to durable medical equipment and medications (4 members) Discharge (3 members) Transportation (1 member) Home and vehicle modifications (0 members) Member Relations & Grievances (3 members) Guardianship (0 members) Exception to Policy (6 members) Prior Authorization (2 members) Network Adequacy (1 member)

MAY

In May the Managed Care Ombudsman Program worked on complaints from 50 individual members. Out of the 37 active cases, 15 are newly opened. The top complaint from managed care members in May was in regard to Access to Services and Benefits (28 members). Additional complaints include:

All open cases:

Case Management (9 members) Access to Services/Benefits (23 members) Services reduced, denied or terminated (13 members) CCO & CDAC (10 members) Transition services/coverage gap, inadequate or inaccessible (6 members) Other/ (1 member) Member Rights (7 members) Level of Care (5 members) NOD, Appeals, Fair Hearing (8 members) Complaints against provider (7 members) Eligibility & Enrollment (2 members) Care Planning (9 members) Access to durable medical equipment and medications (5 members) Discharge (4 members) Transportation (2 members) Home and vehicle modifications (4 member) Member Relations & Grievances (7 members) Guardianship (0 members) Exception to Policy (5 members) Prior Authorization (2 members) Network Adequacy (5 members)

COMPLAINTS & CASES

Closed cases:

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

JUNE

In June the Managed Care Ombudsman Program worked on complaints from 53 individual members. Out of the 39 active cases, 13 are newly opened. The top complaint from managed care members in June was in regard to Access to Services/Benefits (28 members). Additional complaints include:

All open cases:

Case Management (13 members) Access to Services/Benefits (25 members) Services reduced, denied or terminated (14 members) CCO & CDAC (12 members) Transition services/coverage gap, inadequate or inaccessible (7 members) Other (1 member) Member Rights (9 members) Level of Care (7 members) NOD, Appeals, Fair Hearing (7 members) Complaints against provider (7 members) Eligibility & Enrollment (1 member) Care Planning (14 members) Access to durable medical equipment and medications (6 members) Discharge (4 members) Transportation (5 members) Home and vehicle modifications (5 members) Member Relations & Grievances (9 members) Guardianship (1 member) Exception to Policy (5 members) Prior Authorization (3 members) Network Adequacy (5 members)

Closed cases:

Case Management (3 members) Access to Services/Benefits (3 members) Services reduced, denied or terminated (3 members) CCO & CDAC (4 members) Transition services/coverage gap, inadequate or inaccessible (0 members) Other (0 members) Member Rights (0 members) Level of Care (3 members) NOD, Appeals, Fair Hearing (5 members) Complaints against provider (1 member) Eligibility & Enrollment (2 members) Care Planning (1 member) Access to durable medical equipment and medications (5 members) Discharge (0 members) Transportation (0 members) Home and vehicle modifications (2 members) Member Relations & Grievances (3 members) Guardianship (0 members) Exception to Policy (0 members) Prior Authorization (2 members) Network Adequacy (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. For the second quarterly reporting period in a row, 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 providers showing up to provide transportation for the members, lacking knowledge of the members disabilities and challenges pertaining to mobility. Many providers sent drivers out with ill equipped vehicles which did not meet the members needs or provide a safe transportation ride. Members were not always able to utilize their provider of choice and experienced poor customer service.
2. COVID-19 was a trend noted this quarterly reporting period. Concerns reported by members included staffing issues due to providers inability or unwillingness to make in home visits due to COVID-19 concerns.
- 3 Provider payments continue to be a trend for this quarterly reporting period, placing the member at risk of being in their home without staff or service. Lack of payment and late payments, have had a direct impact on the amount of providers available to provide services necessary to adequately maintain a member's daily health requirements.
4. Access to services/benefits, particularly chore and law services are a trend again this quarterly reporting period. Members report they did not have a provider to assist and provide approved services such as daily chore services which include lawn care, snow removal and housecleaning.

Member's units of CDAC services were reduced even though the member's needs had not changed for years. Member requested a Fair Hearing and while the hearing was pending, the managed care ombudsman was able to assist the member in getting the full amount of CDAC units restored.

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.



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