



Jessie Parker Building
510 E 12th Street, Ste. 2
Des Moines, IA 50319
P: 515.725.3333 | F: 515.725.3313 | 866.236.1430
www.iowaaging.gov

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 February 2020
DATE: Friday, March 27, 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 February 2020 Report.

As was explained in the Year 4, Quarter 2 Quarterly Report a federally mandated change in the reporting system for the long-term care ombudsman program caused issues with the data collection and subsequent reporting for the Managed Care Ombudsman Program. That is why the report for February 2020 has not been able to be issued until now.

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 February 2020, the Managed Care Ombudsman Program received 49 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 22 managed care members during the month of February. The top three complaints addressed in February 2020 were:

1. Access to Services/Benefits
2. Case Management
3. Care Planning and Services Reduced, Denied or Terminated

Medicaid Programs:

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

Additional information can be found in the attached February 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: 02/2020

Members per MCO¹ in process February 2020	Amerigroup Iowa	65
	Iowa Total Care	10
	UnitedHealthcare Plan of the River Valley	1
	Fee for Service	1
Referrals per Entity²	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	5
	Iowa Compass	-
	Iowa Legal Aid	-
	LifeLong Links	-
	MCO	7
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	1
	State Ombudsman Office	-
Other	3	
Grievances/Appeals/Fair Hearings	Grievance assistance	5
	Appeals assistance	3
	Fair Hearing assistance	-

Complaints by Member

In the month of February the Managed Care Ombudsman Program worked on complaints from 77 individual members. Out of the 39 active cases, 15 are newly opened. The top complaint from managed care members in February was in regard to Access to Services/Benefits (32 members). Additional complaints include:

All open cases:

Case Management (16 members)
 Access to Services/Benefits (15 members)
 Services reduced, denied or terminated (11 members)
 CCO & CDAC (12 members)
 Transition services/coverage gap, inadequate or inaccessible (5 members)
 Member Rights (6 members)
 Level of Care (9 members)
 NOD, Appeals, Fair Hearing (9 members)
 Complaints against provider (3 members)
 Eligibility & Enrollment (6 members)
 Care Planning (13 members)
 Access to durable medical equipment and medications (7 members)
 Discharge (5 members)
 Transportation (5 members)
 Home and vehicle modifications (1 member)
 Member Relations & Grievances (6 members)
 Guardianship (1 member)
 Exception to policy (4 members)
 Network Adequacy (3 members)
 Prior Authorization (1 member)

Closed cases:

Case Management (14 members)
 Access to Services/Benefits (17 members)
 Services reduced, denied or terminated (9 members)
 CCO & CDAC (6 members)
 Transition services/coverage gap, inadequate or inaccessible (5 members)
 Member Rights (8 members)
 Level of Care (8 members)
 NOD, Appeals, Fair Hearing (5 members)
 Complaints against provider (5 members)
 Eligibility & Enrollment (8 members)
 Care Planning (8 members)
 Access to durable medical equipment and medications (6 members)
 Discharge (1 member)
 Transportation (8 members)
 Home and vehicle modifications (1 member)
 Member Relations & Grievances (4 members)
 Guardianship (0 members)
 Exception to policy (2 members)
 Network Adequacy (0 members)
 Prior Authorization (0 members)

¹ Members per MCO: Due to the 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. *Managed Care Ombudsman Monthly Report | Page 1 of 3*

Complaint(s) Resolution by Program Type

Complaint resolution is not recorded in the tables below until the case is closed.

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		-		2	2
Brain Injury Waiver		-			
Children's Mental Health Waiver		-	-		
Dental			-		
Duals					
Elderly Waiver	43	-	-	10	53
Habilitation	1	-	-	4	5
Health & Disability Waiver	12	-	-	3	15
HIPP		-	-		
Institutional Care					
Iowa Health & Wellness		-	-		
Intellectual Disability Waiver	36	-	-	14	50
Medicare		-	-		
PACE					
Physical Disability Waiver	3	-	-	3	6
QMB or SLMB					
Traditional Medicaid		-	-		
Other	1			3	4
N/A					
Unknown					
TOTAL:	96	0	0	39	135

UnitedHealthcare Plan of the River Valley	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		-		-	
N/A			-	-	
Unknown				-	
TOTAL:	0	0	0	0	0

Complaint(s) Resolution by Program Type

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	5	1	1		7
N/A				-	
Unknown			-	-	
TOTAL:	5	1	1	0	7

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	5	-	-		5
Children's Mental Health Waiver		-	-		
Dental					
Duals		-	-		
Elderly Waiver		-	-		
Habilitation		-	-		
Health & Disability Waiver	3	-	-	3	6
HIPP		-	-		
Institutional Care					
Iowa Health & Wellness		-	-		
Intellectual Disability Waiver		-	-		
Medicare		-	-		
PACE					
Physical Disability Waiver		-	-		
QMB or SLMB					
Traditional Medicaid	1	-	-	7	8
Other	4				4
N/A					
Unknown			-		
TOTAL:	13	0	0	10	23