



Managed Care Ombudsman Program Quarterly Report

3rd Quarter, Year 2 - Oct/Nov/Dec 2017

EXECUTIVE SUMMARY

Since the launch of managed care in Iowa, the Office of the State Long-Term Care Ombudsman's Managed Care Ombudsman Program has been advocating 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
- Physical Disability Waiver

The goal of the Managed Care Ombudsman Program is to provide information about Medicaid managed care options and members' rights, serve as a resource for answers regarding managed care rules, and advocate for managed care members by investigating and attempting to resolve complaints made by, or on behalf of, members.

During Quarter 3-Year 2 of managed care, members reported the following primary issues:

1. Services being reduced, denied or terminated - Members contacted the Managed Care Ombudsman Program regarding HCBS services being reduced, denied or terminated.
2. Care planning participation - Members requested assistance in connecting with a new case manager in order to arrange or continue services, either when transitioning to a new MCO or when newly eligible for Medicaid and waiver services. Members also reported concerns regarding a lack of care planning prior to receiving notification of a change in services.
3. Transition services/coverage inadequate or inaccessible - New Medicaid members requested assistance as they transitioned to MCO coverage, needing advocacy with the initial meetings required between the MCO and the member in order for waiver services to begin. In addition, the Managed Care Ombudsman Program was also contacted regarding concerns or complaints as members transitioned from AmeriHealth Caritas to Amerigroup or DHS Fee for Service.

The enclosed report includes an overview of the third programmatic quarter of year two (October, November, December 2017) as well as an update on trends, community partnerships and outreach efforts, and administrative activities.

For further information, please contact the Managed Care Ombudsman Program by phone at 1-866-236-1430 or email at managedcareombudsmanprogram@iowa.gov.

QUARTERLY OVERVIEW

The Managed Care Ombudsman Program is required to track issues on a monthly basis. For analysis purposes, this report provides a high-level overview of the data aggregated over the three months of October, November, and December 2017.

Contacts

The Managed Care Ombudsman is available by telephone, email and mail; however, most contacts made to the program are received via telephone. The total number of contacts fluctuates among months for various reasons, such as the approach of a deadline for members to change their managed care organization (MCO) without cause or the issuance of materials by Iowa Medicaid Enterprise (IME) that are difficult for members to understand.

Top Issues

There are nine major issue categories that the program tracks on a monthly basis (please refer to the Monthly Report for the categories). Each major category has subcategories that further define the issue. The most prevalent issues addressed during this quarter included:

- Service reduced, denied or terminated
- Care planning participation
- Transition services/coverage inadequate or inaccessible

Average Resolution Time

Resolution time begins when the Managed Care Ombudsman receives the issue and ends when the issue is resolved. Average resolution time is calculated each month by adding the resolution time for each issue together and dividing by the total number of issues handled that month. Oftentimes, the Managed Care Ombudsman must work with other agencies or organizations (i.e., IME, the member's MCO, the Office of State Ombudsman) to resolve the issue.

Ombudsmen continued to work on existing member issues. General member contacts about the IA Health Link program did not require escalation to the MCO.

Program

During the third quarter, the majority of calls received came from members enrolled in the Elderly Waiver, Health and Disability Waiver, and the Intellectual Disability Waiver programs.

A Medicaid member receiving waiver services through an MCO, was in need of assistance in acquiring medically necessary equipment. The contracted providers available to the member were far from the family's home and challenging to access. The Managed Care Ombudsman worked with the MCO to creatively seek resolutions in order for the member to obtain what they needed to stay safe and maintain their level of health.

Grievances/Appeals/Fair Hearings

The Managed Care Ombudsman Program attempts to resolve issues informally in an effort to expedite resolution. For Quarter 3, the Managed Care Ombudsman Program received 21 contacts regarding a grievance and 83 regarding an appeal. There have been 78 contacts regarding a state fair hearing during this quarter. The table below shows a side-by-side comparison of the data discussed:

Month	Number of Contacts	Top Three Issues	Average Resolution Time	Program	Contacts per MCO	Contacts Related to Grievances/Appeals/Fair Hearings
October	318	1. Service reduced, denied or terminated 2. Care planning participation 3. Access to information or information sharing	52 days	1. Elderly Waiver 2. Physical Disability Waiver 3. Health & Disability Waiver	Amerigroup = 50 AmeriHealth = 169 United = 73	Grievances = 10 Appeals = 40 Fair Hearings = 61
November	223	1. Transition services/coverage inadequate or inaccessible 2. Selecting/changing MCO 3. Service reduced, denied or terminated	29 days	1. Elderly Waiver 2. Brain Injury Waiver 3. Intellectual Disability Waiver	Amerigroup = 75 AmeriHealth = 119 United = 66	Grievances = 7 Appeals = 17 Fair hearings = 16
December	173	1. Service reduced, denied, terminated 2. Care coordinator/case manager was rude or gave poor customer service 3. Care planning participation	28 days	1. Health & Disability Waiver 2. Elderly Waiver 3. Intellectual Disability Waiver	Amerigroup = 27 AmeriHealth = 33 United = 113 FFS = 15	Grievances = 4 Appeals = 26 Fair hearings = 1
Qtr 3 Total	714	1. Service reduced, denied or terminated 2. Care planning participation 3. Transition services/coverage inadequate or inaccessible		1. Elderly Waiver 2. Health & Disability Waiver 3. Intellectual Disability Waiver	Amerigroup = 152 AmeriHealth = 321 United = 252 FFS = 15	Grievances = 21 Appeals = 83 Fair hearings = 78

TABLE 1: QUARTER 3 CONTACT DATA (OCTOBER, NOVEMBER, DECEMBER 2017)

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. AmeriHealth Caritas exited Iowa's Medicaid managed care program, IA Health Link, effective December 1, 2017.
2. Amerigroup announced that it would not be accepting new members, and any AmeriHealth Caritas members that had opted to transition to Amerigroup would receive Fee for Service coverage until Amerigroup is at capacity.

These program changes had a significant impact on members. As a result, the Managed Care Ombudsman Program experienced a shift in the contacts received. Managed Care Ombudsmen have frequently been contacted when a member has experienced a service reduction or denial and is pursuing the appeal and state fair hearing process. With the IA Health Link Program announcements during this quarter, the Managed Care Ombudsman Program experienced a shift in contact content as members increasingly contacted the Program regarding selecting or changing an MCO and ensuring continuity of care and services during the transition. Contact content was similar to what Managed Care Ombudsmen received when the IA Health Link program was initially implemented and regarded general MCO process and information.

Examples of questions:

- How do I contact my MCO?
- Can I change my MCO?
- How does this impact my services?
- What do I need to do?

These contacts did not necessarily require an inquiry to the MCO on the member's behalf as Managed Care Ombudsmen are equipped to answer questions about IA Health Link program changes and provide accurate information about each MCO. Ombudsmen also use these calls as an opportunity to educate members on the services and advocacy the Managed Care Ombudsman Program provides.

The Managed Care Ombudsman Program also experienced a trend related to case management. Long term services and supports members rely on their case managers to assist with accessing the services that enable them to remain independent and healthy. When transitioning from AmeriHealth, members were anxious to be assigned to a new case manager and to have the initial contact with them. Members contacted the Managed Care Ombudsman Program to request assistance connecting with a new case manager in order to arrange or continue services. In anticipation of these requests, Managed Care Ombudsmen worked collaboratively with United and DHS to develop processes to connect members with the case management department as well as to escalate the members that were in immediate need of assistance. Managed Care Ombudsmen follow up with the member as needed and requested to ensure member satisfaction.

While the Managed Care Ombudsman Program experienced a shift in contacts related to the MCO transition, continuity of care, and case management, there was an overall decrease in contacts related to service reductions, grievances, appeals and fair hearings. This trend may be the result of the continuity of care provisions that were instituted for members transitioning from AmeriHealth.

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.

During Quarter 3-Year 2, the Managed Care Ombudsman Program conducted three presentations. These presentations provided an overview of the Managed Care Ombudsman Program, discussed partnership opportunities, and answered questions about managed care in Iowa.

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>.

An Elderly Waiver member whose health needs had increased over the past few years, needed assistance with obtaining staff support to and from medical appointments and all other community activities. The guardian for the member had contacted the Managed Care Ombudsman Program for assistance. A Managed Care Ombudsman contacted the respective MCO and discussed the importance of providing staff assistance to the member to ensure the member was not alone during trips. The MCO was able to connect with the facility and assist with the member's staff support needs.

ADMINISTRATIVE UPDATE

During Quarter 3-Year 2, Iowa's Medicaid managed care program, IA Health Link, experienced significant changes. The Managed Care Ombudsman Program relied heavily on strong partnerships with the Iowa Medicaid Enterprise (IME) and the Iowa Department of Human Services (DHS), and each MCO during this time of transition. These partnerships ensured that Managed Care Ombudsmen were equipped to answer questions about IA Health Link program changes, provide accurate and up to date information about each MCO, and work collaboratively to resolve member issues.

In response to feedback from stakeholders, the Managed Care Ombudsman Program Complaint Form is now available through an online form on the website. Once completed, the form is automatically submitted to the Managed Care Ombudsman Program email for review by a Managed Care Ombudsman. The Managed Care Ombudsman Program Complaint Form is still available for download and may be submitted by mail, fax or email as well. The Program hopes that this will be a useful tool for members, their representatives, and advocates.

If interested in staying connected to the program to receive updates on managed care and deadline reminders, please send an email to managedcareombudsman@iowa.gov to be added to the distribution list.



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

866.236.1430

ManagedCareOmbudsman@iowa.gov