MANAGED CARE OMBUDSMAN PROGRAM

QUARTERLY REPORT

Year 3, Quarter 4

(January 1 - March 31, 2019)

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

For this reporting quarter, the office experienced a fluctuation of cases/complaints per month, with 45 individual member cases in January, 26 in February and 38 in March.

The issues identified for the fourth quarter are the primary managed care member issues addressed in January, February and March 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 4-Year 3 of Medicaid managed care, members reported the following primary issues:

1. 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 consumer directed attendant care (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.

2. Access to Services/Benefits. Waiver members reported a lack of available providers contracted with the MCO's. Lack of CDAC providers, budgets not completed on time, and payment issues to their providers also impacted overall member health service benefits.

3. Members are reporting challenges connecting with their case managers. 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.

The report that follows includes an overview of the fourth programmatic quarter of Year 3 (January, February and March 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 in process January 2019	Amerigroup Iowa	11
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	33
	Fee for Service	1
Referrals per Entity	Department of Human Services	2
	Department of Inspections and Appeals	2
	Disability Rights Iowa	4
	Iowa Compass	4
	Iowa Legal Aid	4
	LifeLong Links	4
	MCO	1
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	-
	State Ombudsman Office	3
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	3
	Appeals assistance	4
	Fair Hearing assistance	2

Members per MCO in process February 2019	Amerigroup Iowa	6
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	17
	Fee for Service	1
Referrals per Entity	Department of Human Services	2
	Department of Inspections and Appeals	-
	Disability Rights Iowa	4
	Iowa Compass	-
	Iowa Legal Aid	1
	LifeLong Links	-
	MCO	-
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	-
	State Ombudsman Office	1
	Other	1
Grievances/Appeals/Fair Hearings	Grievance assistance	1
	Appeals assistance	4
	Fair Hearing assistance	1

MEMBER ASSISTANCE

Members per MCO in process March 2019	Amerigroup Iowa	11
	AmeriHealth Caritas	-
	UnitedHealthcare Plan of the River Valley	26
	Fee for Service	-
Referrals per Entity	Department of Human Services	1
	Department of Inspections and Appeals	1
	Disability Rights Iowa	2
	Iowa Compass	1
	Iowa Legal Aid	1
	LifeLong Links	1
	MCO	1
	Medicaid Fraud Control Unit	-
	Provider	1
	Senior Health Insurance Information Program	-
	State Ombudsman Office	2
	Other	-
Grievances/Appeals/Fair Hearings	Grievance assistance	-
	Appeals assistance	3
	Fair Hearing assistance	2

An Elderly Waiver Member experienced a gap with her home-making and in-home nursing services being set up after being assigned a Managed Care Organization. The member had a legal guardian to assist with communicating her needs, yet the MCO did not have her guardianship papers on file. The Managed Care Ombudsman worked with the member's guardian and their prospective MCO to ensure that IME and the MCO received the guardianship documents necessary to establish in-home services and a new case manager right away. The member and guardian reported they were happy with the staff assigned to her and felt her health care needs were being met.

Complaint(s) Resolution by Program Type

Amerigroup Iowa	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	F	M	J	F	M	J	F	M	J	F	M	J	F	M	
AIDS/HIV Waiver	-			-	-	-	-	-	-				-	-	-	0
Brain Injury Waiver	-	-		-	-	-	-	-	-	-	-	-	2	-	-	2
Children's Mental Health Waiver	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
Dental	-	-	1	-	-	-	-			-	-	-	-	-	-	1
Duals	3			1	-	-							4	-	-	8
Elderly Waiver	3	-		-	2	-	-	-	-	-	-	-	3	5	5	18
Habilitation	-	-		-	-	1	-	-	-	-	-	-	-	-	1	2
Health & Disability Waiver	-	-		-	-	1	-	1	-	-	-	-	-	-	-	2
HIPP	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
Institutional Care	-												-	-	-	0
Iowa Health & Wellness	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
Intellectual Disability Waiver	1	-		-	-	-	-	-	-	1	-	1	5	4	3	15
Medicare	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
PACE	-												-	-	-	0
Physical Disability Waiver	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
QMB or SLMB	-												-	-	-	0
Traditional Medicaid	-	-		-	-	-	-	-	-	-	-	-	-	-	-	0
Other	-												-	-	-	0
N/A	-												-	-	-	0
Unknown	-												-	-	-	0
TOTAL:	7	0	1	1	2	2	0	1	0	1	0	1	14	9	9	48

UnitedHealthcare Plan of the River Valley Complaint(s) Resolution by Program Type	Resolved to Member's satisfaction	Partially resolved to Member's satisfaction	Not resolved to Member's satisfaction	No action needed or appropriate	Open	Total
AIDS/HIV Waiver	-	-	-	-	-	0
Brain Injury Waiver	-	-	-	-	-	0
Children's Mental Health Waiver	-	-	-	-	-	0
Dental	-	1			2	3
Duals	1	-	-	-	-	1
Elderly Waiver	8	1	-	-	2	11
Habilitation	-	-	-	-	-	0
Health & Disability Waiver	-	-	-	-	-	0
HIPP	-	-	-	-	-	0
Institutional Care	1					1
Iowa Health & Wellness	-	-	-		-	0
Intellectual Disability Waiver	12	6	-	1	7	26
Medicare	-	-	-	-	-	1
PACE	-				-	0
Physical Disability Waiver	-	-	-	-	2	2
QMB or SLMB	-				-	0
Traditional Medicaid	-	-	-	-	-	0
Other	-				1	0
N/A	-				-	0
Unknown	-				-	0
TOTAL:	22	8	0	1	14	44

Complaint(s) Resolution by Program Type

Fee for Service	Resolved to Member's satisfaction	Partially resolved to Member's satisfaction	Not resolved to Member's satisfaction	No action needed or appropriate	Open	Total
AIDS/HIV Waiver	-	-	-	-	-	0
Brain Injury Waiver	-	-	-	-	-	0
Children's Mental Health Waiver	-	-	-	-	-	0
Dental	-					0
Duals	-	-	-	-	-	0
Elderly Waiver	-	-	-	-		0
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	-	-	-	2	4	6
Other	-					0
N/A	-				-	0
Unknown	-				-	0
TOTAL:	0	0	0	2	4	6

COMPLAINTS & CASES

JANUARY

The Managed Care Ombudsman Program worked on complaints from 45 individual members. The top complaint received this month was in regard to services reduced, denied or terminated (11 members). Additional complaints included:

Open Cases:
Care Planning (4 members)
Services reduced, denied or terminated (4 members)
Member Rights (2 members)
CCO-CDAC (3 members)
Member Relations & Grievances (3 members)
Case Management (4 members)
Level of Care (0 members)
Access to durable medical equipment & medications (3 members)
Home and vehicle modifications (1 member)
Access to Services/Benefits (2 member)
Discharge (1 member)
Eligibility & Enrollment (2 members)
NOD, Appeals, Fair-Hearing (3 members)

Closed Cases:
Care Planning (5 members)
Services reduced, denied or terminated (7 members)
Member Rights (2 members)
CCO-CDAC (0 members)
Member Relations & Grievances (7 members)
Case Management (3 members)
Level of Care (5 members)
Access to durable medical equipment & medications (2 members)
Home and vehicle modifications (0 members)

FEBRUARY

The managed Care Ombudsman Program worked on complaints from 25 individual members. Out of the 11 open cases 1 case will not be captured in the following grids due to eligibility not determined at that time. The top complaint was in regard to access to services and benefits (6 members). Additional complaints include:

Open Cases:
Care Planning (2 members)
Services reduced, denied or terminated (4 members)

COMPLAINTS & CASES

Member Rights (1 member)
CCO & CDAC (3 members)
Member Relations & Grievances (1 member)
Case Management (1 member)
Level of Care (2 members)
Access to durable medical equipment (0 members)
Access to Services/Benefits (4 members)
Transportation (0 members)
Guardianship (1 member)
Discharge (3 members)
Eligibility & Enrollment (2 members)
NOD, Appeals, Fair Hearing (0 members)
Transition services/coverage gap, inadequate or inaccessible (4 members)

Closed Cases:
Care Planning (1 member)
Services reduced, denied or terminated (1 member)
Member Rights (1 member)
CCO & CDAC (1 member)
Member Relations & Grievances (1 member)
Case Management (1 member)
Level of Care (0 members)
Access to durable medical equipment (3 members)
Access to Services/Benefits (2 members)
Transportation (0 members)
Guardianship (0 members)
Discharge (0 members)
Eligibility & Enrollment (0 members)
NOD, Appeals, Fair Hearing (1 member)
Transition services/coverage gap, inadequate or inaccessible (1 member)

MARCH

In March, the Managed Care Ombudsman Program worked on complaints from 38 individual members. Out of the 25 active cases, 15 are newly open. 1 case will not be captured in the following grids due to eligibility not determined. The top complaint from manged care members in March was in regard to services reduced, denied or terminated (11 members). Additional complaints include:

All open cases:
Services reduced, denied or terminated (8 members)
CCO & CDAC (6 members)
Member Rights (6 members)

COMPLAINTS & CASES

Access to durable medical equipment (5 members)
Access to Services/Benefits (5 members)
Transition services/coverage gap, inadequate or inaccessible (5 members)
Case Management (5 members)
Care Planning (3 members)
Discharge (4 members)
Eligibility & Enrollment (2 members)
NOD, Appeals, Fair Hearing (2 members)
Complaints against provider (2 members)
MCOP-Other/Member charged improper cost sharing (2 members)
Level of Care (2 members)
Guardianship (1 member)
Member Relations & Grievances (1 member)

Closed cases:
Services reduced, denied or terminated (3 members)
CCO & CDAC (0 members)
Member Rights (0 members)
Access to durable medical equipment (2 members)
Access to Services/Benefits (2 members)
Transition services/coverage gap, inadequate or inaccessible (2 members)
Case Management (2 members)
Care Planning (0 members)
Discharge (0 members)
Eligibility & Enrollment (3 members)
NOD, Appeals, Fair Hearing (1 member)
Complaints against provider (0 members)
MCOP-Other (0 members)
Level of Care (0 members)
Guardianship (0 members)
Member Relations & Grievances (1 member)

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. 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.

2. 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, transportation drivers and home modification providers as well as CDAC staff.

3. DME Access. Medicaid members experienced denials when trying to obtain durable medical equipment (DME) prescribed and recommended by their physician. Members reported the lack of contracted providers willing to work with the MCO's, and approved bids by the assigned MCO created more barriers. Members also reported having to wait for medically necessary equipment to be approved and then accessed. These barriers continue to affect the quality of life for the member.

4. 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.

5. Care planning. New and existing members requested assistance for their upcoming care planning meetings. Members feel there is a direct conflict of interest with the Managed Care Organization completing LOC assessments internally and providing internal Case Management.

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.

The Managed Care Ombudsman presented at the Patient-Centered Health Advisory Council and met with Easter Seals (Rural Solutions and Assistive Technology Center) to discuss the program's ability to assist members and distribute Managed Care Ombudsman materials.

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.

A Medicaid member with dual coverage, needed assistance with health insurance decisions after receiving high co-pays for her prescriptions. The member did not know who her Managed Care Organization was. The Managed Care Ombudsman worked with IME, SHIIP and the members prospective MCO to assist the member in finding out what type of Dual coverage she had, who her MCO was and resolve the co-pay issue.

UPCOMING EVENTS

Wednesday, May 29 1:00 pm

Legal Basics: Dual Eligible Older Adults

Thursday, May 30 12 - 1 pm

10 Common Nursing Home Problems and How to Resolve Them

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