



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 April 2019
DATE: Friday, May 17, 2019

The Office of the State Long-Term Care Ombudsman reports data from the Managed Care Ombudsman Program on a monthly basis. Attached is the April 2019 Report.

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 April 2019, the Managed Care Ombudsman Program received 54 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 29 managed care members during the month of April. The top three complaints addressed in April 2019 were:

1. Services reduced, denied or terminated
2. Access to Services/Benefits and Transition services/coverage gap inadequate or inaccessible
3. CCO & CDAC/ Eligibility and Enrollment

Medicaid Programs:

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

Additional information can be found in the attached April 2019 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: 04/2019

| | | |
|---|---|----|
| Members per MCO in process April 2019 | Amerigroup Iowa | 23 |
| | AmeriHealth Caritas | - |
| | UnitedHealthcare Plan of the River Valley | 28 |
| | Fee for Service | 2 |
| Referrals per Entity¹ | Department of Human Services | 2 |
| | Department of Inspections and Appeals | 4 |
| | Disability Rights Iowa | 3 |
| | Iowa Compass | - |
| | Iowa Legal Aid | 3 |
| | LifeLong Links | - |
| | MCO | - |
| | Medicaid Fraud Control Unit | - |
| | Provider | 3 |
| | Senior Health Insurance Information Program | - |
| | State Ombudsman Office | 3 |
| Other | - | |
| Grievances/Appeals/Fair Hearings | Grievance assistance | 3 |
| | Appeals assistance | 3 |
| | Fair Hearing assistance | 2 |

Complaints by Member

The Managed Care Ombudsman Program worked on complaints from 56 individual members. The top complaint received this month was in regard to services reduced denied or terminated (13 members). Additional complaints included:

All open cases:

Services reduced, denied or terminated (9 members)
 Access to Services/Benefits (7 members)
 CCO-CDAC (9 members)
 Eligibility & Enrollment (4 members)
 Other-Members being billed (5 members)
 Case Management (4 members)
 Transition services/coverage gap, inadequate or inaccessible (2 members)
 Member Rights (4 members)
 Access to durable medical equipment & medications (4 members)
 Level of Care (3 members)
 Transportation (1 member)
 Discharge (1 member)
 Member Relations & Grievances (4 members)
 Complaints against Provider (1 member)
 Home and vehicle modification (2 members)
 Guardianship (1 member)
 NOD, Appeals, Fair-Hearing (1 member)
 Care Planning (2 members)

Closed cases:

Services reduced, denied or terminated (4 members)
 Access to Services/Benefits (5 members)
 CCO-CDAC (1 member)
 Eligibility & Enrollment (6 members)
 Other-Members being billed (4 members)
 Case Management (4 members)
 Transition services/coverage gap, inadequate or inaccessible (5 members)
 Member Rights (2 members)
 Access to durable medical equipment & medications (2 members)
 Level of Care (3 members)
 Transportation (4 members)
 Discharge (4 members)
 Member Relations & Grievances (1 member)
 Complaints against Provider (3 members)
 Home and vehicle modification (1 member)
 Guardianship (2 members)
 NOD, Appeals, Fair-Hearing (1 member)
 Care Planning (0 members)

¹Referrals per Entity: Referrals made to external organizations that provide services beyond the scope of the program.

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 |
|---------------------------------|-----------------------------------|---|---------------------------------------|---------------------------------|-----------|-----------|
| AIDS/HIV Waiver | | - | - | | - | 0 |
| Brain Injury Waiver | 1 | - | - | | 7 | 8 |
| Children's Mental Health Waiver | | - | - | - | - | 0 |
| Dental | | - | - | - | - | 0 |
| Duals | | - | | | 6 | 6 |
| Elderly Waiver | 13 | - | - | - | 5 | 18 |
| Habilitation | | - | - | - | - | 0 |
| Health & Disability Waiver | 3 | - | - | - | 6 | 9 |
| HIPP | | - | - | - | - | 0 |
| Institutional Care | | | | | - | 0 |
| Iowa Health & Wellness | | - | - | - | - | 0 |
| Intellectual Disability Waiver | 5 | - | - | 1 | 8 | 14 |
| Medicare | | - | - | - | - | 0 |
| PACE | | | | | - | 0 |
| Physical Disability Waiver | | - | - | - | 1 | 1 |
| QMB or SLMB | | | | | - | 0 |
| Traditional Medicaid | | - | - | - | - | 0 |
| Other | 1 | | | | 1 | 2 |
| N/A | | | | | - | 0 |
| Unknown | | | | | - | 0 |
| TOTAL: | 23 | 0 | 0 | 1 | 34 | 58 |

| UnitedHealthcare Plan of the River Valley | 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 | | - | - | 1 | - | 1 |
| Children's Mental Health Waiver | | - | - | - | - | 0 |
| Dental | | - | | | - | 0 |
| Duals | 1 | - | - | - | 1 | 2 |
| Elderly Waiver | 3 | - | - | 2 | 4 | 9 |
| Habilitation | 4 | - | - | - | 2 | 6 |
| Health & Disability Waiver | 2 | - | - | - | 5 | 7 |
| HIPP | | - | - | - | - | 0 |
| Institutional Care | | | | | | 0 |
| Iowa Health & Wellness | | - | - | | - | 0 |
| Intellectual Disability Waiver | | - | - | - | 1 | 1 |
| Medicare | | - | - | - | - | 0 |
| PACE | | | | | - | 0 |
| Physical Disability Waiver | 4 | - | - | - | 4 | 8 |
| QMB or SLMB | | | | | - | 0 |
| Traditional Medicaid | | - | - | - | - | 0 |
| Other | 2 | | | | 3 | 5 |
| N/A | | | | | - | 0 |
| Unknown | | | | | - | 0 |
| TOTAL: | 16 | 0 | 0 | 3 | 20 | 39 |

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 | 3 | - | - | - | - | 3 |
| Other | - | - | - | - | - | 0 |
| N/A | - | - | - | - | - | 0 |
| Unknown | - | - | - | 2 | - | 2 |
| TOTAL: | 3 | 0 | 0 | 0 | 0 | 5 |