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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 March 2019
DATE: Wednesday, April 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 March 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 March 2019, the Managed Care Ombudsman Program received 22 new complaints from the managed care members we serve. The complaints resulted in new investigations and advocacy for 15 managed care members during the month of March. The top three complaints addressed in March 2019 were:

1. Services reduced, denied or terminated
2. Access to Services/Benefits and Transition services/coverage gap inadequate or inaccessible
3. Access to durable medical equipment and Case Management

Medicaid Programs:

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

Additional information can be found in the attached March 2019 Report. For further information, please contact the Managed Care Ombudsman Program, by phone at 866-236-1430 or email at <mailto:managedcareombudsman@iowa.gov>.

Managed Care Ombudsman Program Monthly Report

DATE: 03/2019

| | | |
|---|---|----|
| Members per MCO in process March 2019 | Amerigroup Iowa | 11 |
| | AmeriHealth Caritas | - |
| | UnitedHealthcare Plan of the River Valley | 26 |
| | Fee for Service | - |
| Referrals per Entity¹ | 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 |

Complaints by Member

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 managed 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)
 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)

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 | | - | - | - | - | 0 |
| Children's Mental Health Waiver | | - | - | - | - | 0 |
| Dental | 1 | - | - | - | - | 1 |
| Duals | | - | | | - | 0 |
| Elderly Waiver | | - | - | - | 5 | 5 |
| Habilitation | | 1 | - | - | 1 | 2 |
| Health & Disability Waiver | | 1 | - | - | - | 1 |
| HIPP | | - | - | - | - | 0 |
| Institutional Care | | | | | - | 0 |
| Iowa Health & Wellness | | - | - | - | - | 0 |
| Intellectual Disability Waiver | | - | - | 1 | 3 | 4 |
| Medicare | | - | - | - | - | 0 |
| PACE | | | | | - | 0 |
| Physical Disability Waiver | | - | - | - | - | 0 |
| QMB or SLMB | | | | | - | 0 |
| Traditional Medicaid | | - | - | - | - | 0 |
| Other | | | | | - | 0 |
| N/A | | | | | - | 0 |
| Unknown | | | | | - | 0 |
| TOTAL: | 1 | 1 | 0 | 1 | 9 | 12 |

| 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 | - | - | - | - | - | 0 |
| Children's Mental Health Waiver | - | - | - | - | - | 0 |
| Dental* | 0 | - | | | - | 0 |
| Duals | - | - | - | - | 1 | 1 |
| Elderly Waiver | 1 | 1 | - | - | 1 | 3 |
| Habilitation | - | - | - | - | - | 0 |
| Health & Disability Waiver | - | - | - | - | - | 0 |
| HIPP | - | - | - | - | - | 0 |
| Institutional Care | 1 | | | | | 1 |
| Iowa Health & Wellness | - | - | - | | - | 0 |
| Intellectual Disability Waiver | 1 | - | - | 1 | 4 | 6 |
| Medicare | - | - | - | - | - | 0 |
| PACE | - | | | | - | 0 |
| Physical Disability Waiver | 6 | - | - | - | 3 | 9 |
| QMB or SLMB | - | | | | - | 0 |
| Traditional Medicaid | - | - | - | | - | 0 |
| Other | 2 | | | 1 | 3 | 6 |
| N/A | - | | | | - | 0 |
| Unknown | - | | | | - | 0 |
| TOTAL: | 11 | 1 | 0 | 2 | 12 | 26 |

*Two complaint resolutions unknown as those complaints are provider issues referred to another agency.

| 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 | 1 | - | - | - | 1 | 2 |
| PACE | - | - | - | - | - | 0 |
| Physical Disability Waiver | - | - | - | - | - | 0 |
| QMB or SLMB | - | - | - | - | - | 0 |
| Traditional Medicaid | - | - | - | - | - | 0 |
| Other | - | - | - | - | - | 0 |
| N/A | - | - | - | - | - | 0 |
| Unknown | - | - | - | - | - | 0 |
| TOTAL: | 1 | 0 | 0 | 0 | 1 | 2 |