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TO: Iowa Department of Human Services
CC: Centers for Medicare and Medicaid Services
FROM: Deanna Clingan-Fischer, State Long-Term Care Ombudsman
SUBJECT: Managed Care Ombudsman Program Monthly Report for June 2016
DATE: Thursday, July 7, 2016

The Office of the State Long-Term Care Ombudsman is required by the Centers for Medicare and Medicaid Services (CMS) to report data from the Managed Care Ombudsman Program on a monthly basis. Attached is the June 2016 Report.

The Managed Care Ombudsman Program serves 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 which include AIDS/HIV, Brain Injury, Children's Mental Health, Elderly, Health and Disability, Intellectual Disability, and Physical Disability Waiver Programs.

Contacts and Main Issues

During the month of June, the Managed Care Ombudsman Program received 107 contacts through phone and email. Oftentimes, multiple issues were addressed in one call. The top three issues addressed were Change in care setting, Member has lost eligibility status or was denied, and Transition services/coverage inadequate or inaccessible.

Medicaid Program

Most calls were related to the Elderly Waiver, the Intellectual Disability Waiver, and Iowa Health and Wellness Plan. However, many contacts received were reported as "unknown" since the Managed Care Ombudsman was unable to verify the caller's Medicaid program.

Resolution Time

On average, it took seven days to resolve an issue. Oftentimes, issues required the Managed Care Ombudsman to obtain additional information from another agency or organization necessary to resolve the issue. Therefore, the resolution time includes the time it took for those agencies and organizations to respond to the Managed Care Ombudsman with the necessary information.

Additional information can be found in the attached June 2016 Report. For further information, please contact the Office of the State Long-Term Care Ombudsman Legislative Liaison Lynzey Kenworthy at lynzey.kenworthy@iowa.gov.

Managed Care Ombudsman Program Monthly Report

Per CMS Special Terms and Conditions, the monthly Managed Care Ombudsman Program data is provided below.

DATE: _____

| Number of Contacts ¹ | | |
|---|---|--|
| Contact Categories² | | |
| Access to Services/Benefits | Access to preferred/necessary durable medical equipment | |
| | Access to preferred/necessary medication | |
| | Prior authorization | |
| | Provider/pharmacy/hospital not in network | |
| | Service reduced, denied or terminated | |
| | Transition services/coverage inadequate or inaccessible | |
| | Transportation not available, timely or adequate | |
| | Other service/coverage gap issue | |
| Other | | |
| Billing | Member charged improper cost sharing | |
| | Other | |
| Care Planning | Access to information or information sharing | |
| | Care planning participation | |
| | Change in care setting | |
| | Discharge | |
| | Level of care assessment | |
| | Other | |
| Customer Service | Care coordinator/case manager was rude or gave poor customer service | |
| | MCO was rude or gave poor customer service | |
| | Member has not received MCO card or other materials | |
| | Provider/pharmacy was rude or gave poor customer service | |
| | Scheduling | |
| | Other | |
| Eligibility | Member has lost eligibility status or was denied | |
| | Member needs assistance with acquiring Medicaid eligibility information | |
| | Member needs assistance with checking on application status | |
| | Other | |
| Enrollment | Disenrollment from MCO – good cause eligible | |
| | Disenrollment from MCO – not good cause eligible | |
| | Disenrollment from Medicaid program | |
| | Selecting/changing MCO | |
| | Other | |
| Guardianship | Guardian not receiving information | |
| | Guardianship documents not on file | |
| | Unable to contact guardian | |
| | Other | |
| Other | | |
| N/A | | |
| Contacts Related to Grievances/ Appeals/Fair Hearings ³ | Grievances | |
| | Appeals | |
| | Fair Hearings | |
| Contacts per MCO ⁴ | Amerigroup Iowa | |
| | AmeriHealth Caritas | |
| | UnitedHealthcare Plan of the River Valley | |

| | | |
|---|---|--|
| Program⁵ | AIDS/HIV Waiver | |
| | Brain Injury Waiver | |
| | Children's Mental Health Waiver | |
| | Dental | |
| | Duals | |
| | Elderly Waiver | |
| | Fee for Service | |
| | Habilitation | |
| | Health & Disability Waiver | |
| | HIPP | |
| | Institutional Care | |
| | Iowa Health & Wellness | |
| | Intellectual Disability Waiver | |
| | Medicare | |
| | PACE | |
| | Physical Disability Waiver | |
| | QMB or SLMB | |
| | Other | |
| N/A | | |
| Unknown | | |
| Average Resolution Time⁶ | | |
| Average Number of Entities Required for Resolution⁷ | | |
| Referrals per Entity⁸ | Department of Human Services | |
| | Department of Inspections and Appeals | |
| | Disability Rights Iowa | |
| | Iowa Legal Aid | |
| | LifeLong Links | |
| | MCO | |
| | Medicaid Fraud Control Unit | |
| | Provider | |
| | Senior Health Insurance Information Program | |
| | State Ombudsman Office | |
| Other | | |
| Service(s) Provided to Contact⁹ | Grievance assistance | |
| | Appeals assistance | |
| | Fair hearing assistance | |
| | Advocacy | |
| | Education and information | |
| | Investigation | |
| | Outreach | |
| | Referral | |
| | Other | |
| N/A | | |
| Service(s) Provided to Stakeholders¹⁰ | Community education | |
| | Information and consultation | |
| | Technical assistance | |
| | Training | |

¹Number of Contacts: Total Number of contacts received via phone and email.

²Contact Categories: Reason contact was made to the program. "Other" is used for issues not listed. "N/A" is used for issues unknown.

³Contacts Related to Grievances/Appeals/Fair Hearings: Contacts concerning filing or filed grievances/appeals/fair hearings.

⁴Contacts per MCO: Contacts received regarding the respective MCO.

⁵Program: Type of program discussed during the contact. "Other" is used for programs beyond those captured in this report. "N/A" is used when the contact inquires about unrelated programs/issues. "Unknown" is used when the contact does not know the program they are enrolled with/inquiring about.

⁶Average Resolution Time: Average number of days required for resolution.

⁷Average Number of Entities Required for Resolution: Average number of entities required to resolve the issue.

⁸Referrals Made to Entities: Referrals made to external organizations that provide services beyond the scope of the program.

⁹Services Provided to Contact: Services provided to the contact who may be the member, family member or their authorized representative

¹⁰Services Provided to Stakeholder(s): Service provided to stakeholders including but not limited to community organizations, advocacy organizations, and MCOs.

Note: Total Number of Contacts may not equal total number of issues identified under Contact Categories due to the identification of multiple issues during one contact.