VOP Statewide Conference Call Minutes

Wednesday, November 16, 2016; 2:00 – 2:55 PM

Topic: What the Medicaid Managed Care Ombudsman Program provides for members in Iowa.

Hosts:
Pamela Heagle, Medicaid Managed Care Ombudsman
Jennifer Nguyen-Vu, AmeriCorps VISTA VOP Coordinator

Staff:
Sarah Hinzman, VOP Coordinator
Shannon Snyder, AmeriCorps VISTA VOP Coordinator

Volunteer Ombudsmen Attendees:
Kay Cota, Embassy Healthcare – Sergeant Bluff
Jerry Hampton, Lamoni Specialty Care and Southern Hills Specialty Care - Osceola
Liz Seiser, Scottish Rite Park - Des Moines
Tobey Slagenweit, Willow Gardens – Marion

- What is Managed Care?
  - On April 1, 2016, the Iowa Department of Human Services transitioned most Iowa Medicaid members to a managed care program called IA Health Link. This program is administered by three contracted Managed Care Organizations (MCOs) that provide members with comprehensive health care services, including physical, behavioral and long term care services and support.
  - The three Managed Care Organizations (health insurance programs for those on Medicaid) in Iowa are:
    - UnitedHealthcare Plan of the River Valley, Inc.
    - AmeriHealth Caritas of Iowa
    - AmeriGroup Iowa
  - By law, an oversight agency is required for managed care. In Iowa, the Office of the State Long-Term Care Ombudsman was appointed for this purpose.

- What is the Managed Care Ombudsman Program and what populations we serve:
  - The Managed Care Ombudsman Program (MCOP) is a newer program addition to the Ombudsman's office. It was established to advocate for the rights and needs of Medicaid members who live or receive care in a health care facility, assisted living, or elder group home. MCOP also serves members enrolled in one of the seven home and community-based services (HCBS) waiver programs, which are: 1- AIDS/HIV, 2- Brain injury, 3- Children's mental health, 4- Elderly, 5- Health and Disability, 6- Intellectual/7- Physical Disability
  - Approximately 57,000 Medicaid managed care members in Iowa are included within this scope
  - MCOP serves as a neutral entity to protect the rights of members
  - All services provided by the Managed Care Ombudsman Program are confidential and free of charge

- Managed Care Ombudsman Services:

- Advocate for the Medicaid managed care members that fall under any of the categories listed above
- Investigate complaints made by, or on behalf of, members when they are unable to resolve the issue with their Managed Care Organization (MCO)
- Serve as a resource for answers regarding managed care rules and members' rights
- Provide information, education, awareness, and training about managed care options and members' rights
- Promote policy changes to improve the quality of life for Medicaid managed care members
- Appeals assistance when members are dissatisfied with a decision made by their MCO about the care they are receiving

❖ <u>Reasons to call a Managed Care Ombudsman:</u>
- Ask for assistance resolving a concern that impacts the quality of care provided by member's Managed Care Organization
- Learn more about the rights of Medicaid members enrolled in a managed care plan
- Clarify state or federal regulations on managed care policies
- Obtain information about or assistance with a specific topic, such as the process for choosing or changing a MCO and care planning choices
- Learn about other available resources, such as legal assistance, in-home services, and nutrition consultation
- Request a speaker

❖ <u>What volunteers can teach the member (residents receiving Medicaid) about their rights:</u>
- Be the eyes and ears for our office while going around on your visits
- Be a voice for the member
- Share program information with members

❖ <u>Managed Care Member Packets:</u>
The office has packets of information available for interested parties—whether it is a resident/member, family member or representation, or facility. The packet is a green pocket folder consisting of:
- Letter from the Managed Care Ombudsman office
- Resource chart for Iowa Medicaid Managed Care Members
- Flyer and brochure of what the MCOP provides for members
- Care checklist postcard/booklet
- Magnet (attached with care checklist booklet)
- Grievances, appeals, and fair hearings brochure
- "Know your Rights" bookmark

❖ <u>Packets can be available for volunteers and designated nursing facility upon request</u>
*Contact your VOP Coordinator for more information or if resources are needed! We can send them to you through mail.

❖ <u>Latest trends and the importance of tracking issues related to MCO's.</u>

- Consumer Directed Attendant Care (CDAC) providers, who provide home-based care, had some issues with their billing processing when Medicaid transitioned to managed care, claimed checks have been delayed, missing, or incorrect.
  - More information here: http://www.thegazette.com/subject/news/health/some-iowa-in-home-care-providers-run-into-medicaid-billing-issues-20160708
- Elderly Waivers not covering a Medicaid members transitioning from home to a facility for short-term or rehabilitation if they stay in the facility for more than 30 days. Members can "lose" their eligibility for the waiver, which may cause members to lose their services at home. Elderly waivers try to keep the members in their own homes with supports and services.
  - Be aware of these things as you make your visits in your facilities and report back to our office if you hear any issues like this
- Miscommunications between different MCOs and members can also cause some issues and a lot of confusion
- Appeals and grievance processing can also be an issue depending on the case or situation the member is in
- Denial of facility placement due to facility not favoring the MCO provider the member has
  - Denial of placement because the individual's payment source is Medicaid, or would likely go on Medicaid within a short period of time
- Facility unable to make payroll, or have to take out more loans/lines of credit, because MCOs are not processing payment in a timely

- Questions from calls:
  - A lot of residents in the health facility are not aware of who or what the MCOs are or whether they're eligible to be on a plan. How do they know if they are on a plan, or if not, how can they enroll to be a part of a MCO plan?
    - Residents who were already on Medicaid on 4/1/16 were automatically enrolled in an MCO and give time-limited options to change their MCO. Now they have an annual open enrollment period to change their MCO.
    - When someone is determined eligible for Medicaid, the individual is given a tentative assignment to one of the three MCOs. Within 10-45 days, the coverage with that MCO begins, unless another MCO is selected. The member still has 90 days to make a change to that MCO, but if no change is received, within 10-45 days, the individual is enrolled with an MCO.
    - Also note, and be aware that some facilities/providers may not be contracting with all three Iowa MCOs.

  - Whose job is it to find the correct resources that can be most helpful to the resident and their families?
    - It should be the facility Social Worker's job to give out resources and option plans for residents and their families to look at, but if the facility does not, feel free to call the Ombudsman office for more information.
    - If the facility does not have all the resources at hand in their office, they can always go online to get the information and resources needed to give to the resident.

- Are there different ways to apply for Medicaid? One of the residents in my facility wants to move to a new facility, but unsure if their MCO provider will accept it as part of their program or not.
  - If the resident or their family members have specific questions about anything pertaining to their MCO plan, you can always refer them to the Iowa Medicaid Enterprise (IME) to answer any of their questions or concerns. The Iowa Medicaid Member Services Unit toll free number is 1-800-338-8366 or their local number is 515-256-4606.
  - If all fails, members can always feel free to call our Ombudsman office and we will be try to re-direct you to the right people to talk to. Iowa is one of the first states to implement an Managed Care Ombudsman Program, so the idea is still new to a lot of people, so hang tight as we try to work out the kinks and wrinkles in the program so far!

- Can you give a general definition of what an MCO is?
  - A managed care organization (MCO) is a health plan that delivers health care through a team of professionals providing for a member's physical health, behavioral health and long-term care needs. The goal is to improve coordination and quality of care.

- <u>VOP Updates and "Save the Date" reminders:</u>
  - We are in the process of updating our VOP manual and policies handbook again, so stay tuned for the upcoming changes in 2017!
  - Spring Seminar Events will be held in April for Volunteer Appreciation Month
    - Dates and times are to be determined as the time gets closer
  - Next VOP Statewide Conference call will be on Wednesday, January 18th, 2017 at 2:00pm
    - We will offer an alternative conference call time as well, to be announced in the January VOP Voice.