

## Managed Care Ombudsman Program Monthly Report

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

DATE: 08/2017

Number of Contacts <sup>1</sup>		468
<b>Contact Categories<sup>2</sup></b>		
Access to Services/Benefits	Access to preferred/necessary durable medical equipment	84
	Access to preferred/necessary medication	4
	Home/vehicle modifications	41
	Prior authorization	-
	Provider/pharmacy/hospital not in network	8
	Service reduced, denied or terminated	224
	Transition services/coverage inadequate or inaccessible	28
	Transportation not available, timely or adequate	6
	Other service/coverage gap issue	5
	Other	8
Billing	Member charged improper cost sharing	-
	Other	1
Care Planning	Access to information or information sharing	78
	Care planning participation	39
	Change in care setting	10
	Discharge	-
	Level of care assessment	18
	Other	-
Customer Service	Care coordinator/case manager was rude or gave poor customer service	46
	MCO was rude or gave poor customer service	10
	Member has not received MCO card or other materials	-
	Provider/pharmacy was rude or gave poor customer service	9
	Scheduling	-
	Other	-
Eligibility	Member has lost eligibility status or was denied	26
	Member needs assistance with acquiring Medicaid eligibility information	-
	Member needs assistance with checking on application status	3
	Other	1
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	6
	Other	-
Other		24
N/A		8
<b>Contacts Related to Grievances/ Appeals/Fair Hearings<sup>3</sup></b>	Grievances	19
	Appeals	120
	Fair Hearings	97
<b>Contacts per MCO<sup>4</sup></b>	Amerigroup Iowa	66
	AmeriHealth Caritas	268
	UnitedHealthcare Plan of the River Valley	103

<b>Program<sup>5</sup></b>	AIDS/HIV Waiver	-
	Brain Injury Waiver	79
	Children's Mental Health Waiver	-
	Dental	-
	Duals	-
	Elderly Waiver	63
	Fee for Service	-
	Habilitation	-
	Health & Disability Waiver	56
	HIPP	1
	Institutional Care	6
	Iowa Health & Wellness	-
	Intellectual Disability Waiver	97
	Medicare	-
	PACE	-
	Physical Disability Waiver	73
	QMB or SLMB	-
Other	4	
N/A	1	
Unknown	53	
<b>Average Resolution Time<sup>6</sup></b>		<b>27</b>
<b>Referrals per Entity<sup>7</sup></b>	Department of Human Services	8
	Department of Inspections and Appeals	-
	Disability Rights Iowa	6
	Iowa Compass	2
	Iowa Legal Aid	5
	Lifelong Links	2
	MCO	3
	Medicaid Fraud Control Unit	-
	Provider	-
	Senior Health Insurance Information Program	3
	State Ombudsman Office	9
Other	3	
<b>Service(s) Provided to Contact<sup>8</sup></b>	Grievance assistance	-
	Appeals assistance	23
	Fair hearing assistance	48
	Advocacy	218
	Education and information	43
	Investigation	271
	Referral	28
<b>Service(s) Provided to Stakeholders<sup>9</sup></b>	Community education	2
	Information and consultation	13
	Technical assistance	3
	Training	-

<sup>1</sup>Number of Contacts: Total Number of contacts received via phone and email.

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

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

<sup>4</sup>Contacts per MCO: Contacts received regarding the respective MCO.

<sup>5</sup>Program: 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.

<sup>6</sup>Average Resolution Time: Average number of days required for resolution.

<sup>7</sup>Referrals Made to Entities: Referrals made to external organizations that provide services beyond the scope of the program.

<sup>8</sup>Services Provided to Contact: Services provided to the contact who may be the member, family member or their authorized representative.

<sup>9</sup>Services Provided to Stakeholder(s): Services 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.