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TO: Iowa Department of Human Services
CC: Centers for Medicare and Medicaid Services
FROM: Cynthia Pederson, Interim State Long-Term Care Ombudsman
SUBJECT: Managed Care Ombudsman Program Monthly Report for August 2017
DATE: Wednesday, September 6, 2017

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 August 2017 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.

Contacts and Main Issues

During the month of August, the Managed Care Ombudsman Program received 468 member contacts through phone and email. This number does not reflect the total contacts received from all stakeholders including providers as this report only discusses member-specific issues. Oftentimes, multiple issues were addressed in one call with a member. The top three issues addressed in August 2017 were:

1. Service reduced, denied or terminated – Members needing long-term services and supports reported reductions or denials in their HCBS waiver services. In response to reductions in services, members have decided to move through the appeal and fair hearing processes to maintain these services.
2. Access to preferred/necessary durable medical equipment – Members reported denials of requests for durable medical equipment as well as challenges in the process of seeking a prior authorization.
3. Access to information or information sharing – Members reported issues obtaining information from their MCO to understand various processes that impact their ability to utilize waiver services.

Medicaid Program

Most calls were related to the Intellectual Disability Waiver, the Brain Injury Waiver, and the Physical Disability Waiver.

Resolution Time

On average, it took 27 business days to resolve an issue. The issues reported to the Managed Care Ombudsman Program are moving more frequently through the formal appeal processes with the MCOs. Appeals continue to escalate to the fair hearing level with the State, when appropriate.

Additional information can be found in the attached August 2017 Report. For further information, please contact the Office of the State Long-Term Care Ombudsman Legislative Liaison Lynzey Kenworthy at lynzey.kenworthy@iowa.gov.