

**OSLTCO Update:
Health Care Ombudsman Alliance Report
Managed Care Ombudsman Program**

Health and Human Services Joint Appropriations Subcommittee

January 19, 2016



**Senate File 505 Final Report:
Health Consumer Ombudsman Alliance
December 2015**



Background and Purpose of Report

- Senate File 505 tasks the Office of the State Long-Term Care Ombudsman with convening a multiagency workgroup to gather information and provide recommendations, through a report due by December 15, 2015 to the Governor and General Assembly
- Report submitted includes a narrative outlining workgroup recommendations, as well as a cost allocation plan

Report Highlights

- 1) Establish a Health Consumer Ombudsman Alliance.
- 2) Develop a Medicaid Managed Care Information Program.
- 3) Implement a Statewide Single Point of Entry.
- 4) Expand the Managed Care Ombudsman Program.
- 5) Expand the Current Legal Assistance Network.

Recommendations Impacting OSLTCO

4) Expand the Managed Care Ombudsman Program

5) Expand the Current Legal Assistance Network

Expansion of Managed Care Ombudsman Program

- The Report recommendations are based on research into best practices and lessons learned from other states
- We know one managed care ombudsman cannot adequately safeguard the rights of 57,000 Iowans, but we can't say for sure what would be adequate
- The Report recommendation applied research and a best-practice ratio to our populations in Iowa and offered suggestions to provide guidance, not just an empty budget

The Managed Care Ombudsman Program



Program Overview

- Authorized by Senate File 505 to provide technical assistance and advocacy services to Medicaid managed care members
- Mission: Through advocacy, self-empowerment and education by the Managed Care Ombudsman Program, each Medicaid managed care member in Iowa will have his or her legal rights honored and be treated with dignity and respect at every point in the process

Members Served

The Managed Care Ombudsman Program is authorized to advocate for the rights, needs, and concerns of Medicaid managed care members receiving care in ***health care facilities, assisted living programs*** and ***elder group homes***, as well as members enrolled in the ***HCBS Waiver Programs***:

- AIDS/HIV
- Brain Injury
- Elderly
- Health and Disability
- Children's Mental Health
- Intellectual Disability
- Physical Disability

Managed Care Ombudsman Program Update

- 2 Staff hired
 - Program Manager and Managed Care Ombudsman
 - A Program Manager was hired rather than a second ombudsman to ensure the program was efficient and effective from the start
- Comprehensive Program Plan
 - Advocacy and Outreach
 - Education and Information
 - Appeals Assistance and Complaint Resolution
 - Data Collection and Reporting
 - Systemic Collaborations
- Ongoing Development
 - Policies and procedures
 - Community outreach
 - Referral network establishment
 - Operations



Member Correspondence

- Received 323 calls
 - Members
 - Caregivers and family members
 - Providers
- Average call time is approximately 12 minutes
- Issues are resolved in as little as 5 minutes or as long as 30 days depending on the issue

Member Correspondence

Managed Care Enrollment

- Am I managed care?
- I don't understand this packet I received and what I am supposed to do.
- How do I select an MCO?
- How do I know what MCO to select?
- Should I have gotten an enrollment packet?

Managed Care Implementation

- When is the deadline to sign up?
- I don't feel comfortable making a decision within the established timeline.

Care Concerns

- Can I continue to see my doctors?
- Can I keep my case manager?
- My case manager and doctor doesn't even know which MCO they're with.
- Can I keep my provider? If so, how do I ensure I get to keep them?

Communications and Mailings

- Lengthy hold times when calling member services
- Questions are referred and/or not answered
- Letters and other correspondence is confusing

Providers

- Providers concerned with continuity of care for members

Community Outreach

- 7 total conducted/scheduled presentations to:
 - Provider groups
 - Member groups
 - Advocacy groups
- Community Outreach
 - Navigate IA Health Link
 - Member Rights and Responsibilities
 - Address questions



Partnerships

- Established regular meetings with DHS
- Anticipate regular meetings with MCOs
- Seeking partnerships with other agencies and community-based organizations
 - State agencies
 - Advocacy organizations
 - Member associations and provider groups



Looking Ahead

- **Advocacy and Outreach**
 - **Successes:** Program visibility, parties interested in partnering
 - **Challenges:** 1: 57,000 Ombudsman ratio and receiving requests for assistance from the gap population
- **Education and Information**
 - **Successes:** Strong referral network
 - **Challenges:** Communications
- **Appeals Assistance and Complaint Resolution**
 - **Success:** Experienced staff
 - **Challenges:** Access to member information and data
- **Data Collection and Reporting**
 - **Successes:** Initial policies and procedures nearing completion
 - **Challenges:** Complete data reporting
- **Systemic Collaborations**
 - **Successes:** Relationship building with partners
 - **Challenges:** Working around practical timing and systemic constraints



Office of the State Long-Term Care
OMBUDSMAN

Established within the Iowa Department on Aging
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