

Good Afternoon,

Please accept this as my written comment on Managed Care Organizations.

I currently work for a non-profit and it is the most amazing job in the world. It is now the 3rd of December and many people have not even received MCO assignments yet. There is a Dec. 17th deadline to pick an MCO in order for funding to begin January 1st. The issue being, individuals, parents, and guardians are calling the MCO's to ensure their providers have signed on and no one has a current, total list. Maybe one or two of their providers have signed on but others, including Main Hospitals and Primary Physicians have not signed contracts yet. How are people supposed to make an educated decision if they don't know what coverage they would have with each of the MCO's? Further, how are people going to have coverage at their Dr.'s on January 1st if they accidentally chose an MCO that ends up not contracting with their physician? Don't you think it would make THE MOST sense not to implement a coverage change for ½ million people once you actually know what coverage they will have?! What is going to happen for individuals who get assigned to an MCO that their provider (24 hours site services) doesn't sign with and the individual doesn't know until after the Dec. 17th date? Does that mean the provider won't get paid on Jan. 1st for services because the MCO the individual is covered by isn't contracted with because of your disorganization?

Have you asked yourself, what is the agenda behind the stubborn Jan. 1st date being unchangeable? Do you really want to risk over a half of a million people not having the medical coverage they need to see their Dr.'s, Specialist's (who book MONTHS out), or to provide 24 hour services that are essential to a person's safety and LIFE?!

You should already know at this point how many thousands of people oppose not only how fast the Managed Care is moving, but also the fact that Iowa is even moving to managed care.

I don't understand how a FOR-PROFIT company could have the best interest at heart of the individuals with mental illness/disabilities. The non-profit I work for ensures everyone access their Dr.'s, Specialists, follows medication and medical recommendations by Dr.'s. How are you going to save money on medical visits when we have supervisor's who oversee and ensure everyone's medical appts. are scheduled, attended, and emergency room visits are only done when necessary. The fact is, some aging and medical population we serve have an overwhelming amount of medical needs. Our staff are trained to provide services to the individuals so they can remain in their home and out of the hospital/nursing home and live as independently as possible. The answer is, if we are ensuring everyone is getting routine/recommended care, there is no money to save, unless you CUT DAILY RATES, which are needed to staff individual's safely and ensure they are still able to get out in the community as much as they desire.

My last question to you- If you were in a car accident tomorrow (which could happen to anyone), and suffered a traumatic brain injury which forced you from the life you knew into a

supported community living home, would you want to sit home all day because there was 1 staff to 3 or 4 individuals, or would you want the option to continue to build skills back so that you could work, go to a day program, and take part in social activities just like you are by the grace of GOD able to do today independently???

Sincerely,

Melissa B.