

Dear Patty,

Below please find my comments for the Health Care Policy Oversight Committee's website.

Thank you!

Barb Lewis

Dear Health Care Policy Oversight Committee:

I bet when you received your own health insurance packet options this year, you had at least one month, maybe more, to decide which plan's options fit your needs best. You would need that much time because there would be a combined total of hundreds of pages to read detailing what each company had to offer. Perhaps you even had a spreadsheet to compare different plans, costs, what would be covered, provider networks, etc. And of course, you'd want to read the fine print. The fine print always bites you in the end.

Maybe that explains why the packet the DHS just sent out to more than half a million Iowa Medicaid recipients only gives us a mere two weeks to decide which new privatized plan best suits our needs. Really, we only needed four minutes to decide, because each of the four companies only sent one page of information--if you can call it information. One page--blank on the back and on the front, lots of pretty pictures of smiling kids and pregnant bellies. However, there was NOTHING included about plan details, or even BASICS, like what providers are in each one's network. What services can I expect? What protocol needs to be followed? What's excluded? I can in no way make a reasoned or informed choice based on the ludicrously vague promo sheet sent by these four companies. In my entire life I've never seen anything so important presented so hastily, sloppily, and poorly. These sheets would NEVER fly in a boardroom presentation. You'd be laughed out for trying to hide insipid content with overly large pictures and clip art.

As it is, Medicaid lacks in numbers of providers. Good luck trying to find dental and mental health providers who accept Medicaid. And now you're making that limited provider pool even smaller. People who are on Medicaid are the least powerful and the most needy. Has anyone shown how privatizing Medicaid will benefit anyone but the four companies themselves eager to manage it? Has anyone actually demonstrated (beyond the well-publicized mid-point guesstimate) what privatization will cost or save, and how that will happen? Who is accountable to Iowans for this privatization disaster?

Forcing people to choose a health insurance company and sign on with them WITHOUT PROPER DOCUMENTATION AND INFORMATION is akin to telling the Native Americans to sign over land and agree to treaties by making an X on a document. They didn't know what they were (not) getting, they had no choice, and the implied consent/agreement waived their autonomy and self-determination.

Company corruption, ongoing litigation, and conflict of interest deals aside with the chosen four insurers, nobody asked Medicaid users what we wanted or needed. Forcing me to make a completely uninformed choice between four troubled companies that can't even tell me what's covered or who their providers are puts me and every Medicaid user in an impossible quandary. Who really benefits here?

Barbara Lewis