

I am the guardian of a former foster son who is mentally disabled and receives multiple services (case management, group home/SCL, job coaching, day habilitation) through the HCBS Intellectual Disabilities Waiver. I'm very frustrated with this entire process. My husband has been calling CMS and IME with basic questions. CMS refused to answer any questions despite our guardianship. They said that we were not approved representatives, and were sent to IME to get that rectified. They told us that they couldn't fix this and that we needed to contact our local DHS office. I called there and they show us as Leslie's guardians. She sent me to a voice mail of a supervisor to see if there is anything more to do so that we can advocate for our mentally disabled ward. She still has not returned calls over the past week. Meanwhile, my husband is playing phone-tag with the state MCO ombudsman.

I continue to be frustrated with this entire transition to managed Medicaid care here in Iowa. There have been multiple meetings for clients, guardians, and providers; but they don't tell us anything. They cannot answer questions or provide us with any guidance. It seems like a smoke-and-mirrors effort to tell the public that the state has held numerous informational meetings in order to justify this rushed and reckless transition based off an illusional \$51,000,000 savings on Medicaid services.

The big story all over the news today is that three hospital groups just signed with MCOs. Of course, most stories don't give any details. We eventually learn that Genesis has signed with Amerihealth and UnitedHealthcare and UIHC and UnityPoint have only signed with Unitehealthcare. This is good news? This is supposed to go into effect in three weeks and we are still waiting for enrollment paperwork to make an informed choice in one week about an MCO!

Here is a question I have for you. Whose idea was it to split Medicaid into multiple MCOs and then not require that providers sign up with all of them? Imagine this: I have Amerihealth. I'm having a psychotic episode and seek treatment at my local hospital, which is Genesis. They have no psych beds, but the UIHC has an open bed. But they don't accept Amerihealth. What happens then?? My understanding is that I might be able to go to UIHC and that a "single payer agreement" could be worked out. But then the UIHC would be assessed a 10% penalty on their reimbursement for my treatment because they aren't an Amerihealth member. Which is not an incentive for providers to continue serving Medicaid clients, in my opinion.

I really urge CMS to delay this transition to managed Medicaid services. It is clear that the state is not prepared for this transition. We do not have enough providers to make this work and the state has done a poor job of communicating with the very clients whose medical needs are covered by Medicaid.

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