

Dear Sirs:

I am writing to express my concern regarding the proposed privatization of Medicaid in Iowa.

My wife and I have a medically fragile 27 year old son who has an intellectual disability. He currently resides with Systems Unlimited in Iowa City. He has excellent health care and is, in fact, the healthiest he has been in years. He is actively employed with Employment Systems, is appropriately socially engaged, and is one happy guy.

I am unclear why Iowa is looking to privatize the delivery service for Medicaid funding, other than to save money. I am hopeful that the state will clarify exactly how these savings will be realized. Let me emphasize that the state has NEVER shown how the projected savings of 51 million dollars has been determined. Rather than overhaul the entire system, why not first do an internal investigation in order to determine where duplication of services is occurring?

From my perspective, the current system is working perfectly. Systems Unlimited is in charge of all aspects of securing our son's medical care. There is no duplication of services. There is no waste of public funds. Our Johnson County case manager oversees his funding and documents all aspects of his care.

Let me emphasize that I see no need to totally overhaul a system that is not totally broken. There may be a need for a different delivery system of funding in some populations. If that is the case, then there needs to be consideration given to improving the system in those specific populations. As a taxpayer I am all in favor of examining if public funds are used appropriately. However, I am not in favor of saving money on the backs of Iowa's most vulnerable population. How many other states have taken their entire Medicaid program and privatized it? I may be misinformed, but my understanding is that Iowa will be relatively unique in overhauling the entire funding delivery system, and is unquestionably unique regarding the velocity at which this is occurring.

My wife and I have been walking a rocky, twisted, and unmapped road since early fall. We have been assured by those in power in Des Moines that everything is under control, yet I see things crumbling around me. I feel as though I am in the middle of a major disaster while people in power cruise by in limousines and report that everything appears to be clicking along as normal.

Come and walk this road with me. See what it feels like to have no concrete evidence that your medically fragile son's healthcare is solidly assured. Sit with me and view photo albums that testify to the years of dedication that our family and professionals in the field have given to our son and to others like him. Go through our son's medical reports with me and see their complexity as well as how successful his current medical plan is.

Then attend with me the numerous "informational" meetings and experience for yourself the shallow assurances that the MCO's will help you with appointments and finding specialists. Experience for yourself the anger that we feel because we don't need help with appointments

or finding specialists. We walked that walk two decades ago and we have a clearer understanding of the situation than an out-of-state insurance professional.

Make with me the phone calls to the toll free number in Des Moines and hear for yourself that basically nobody knows when the enrollment packets will be sent out and nobody knows when the internet page listing the service providers who have signed contracts will be available. Make those phone calls several times over the course of a month, all the while being assured that everything is under control but nothing is concrete.

Once you have lain awake at night, attended numerous meetings, made a dozen phone calls and sent three dozen emails, only until you have walked that road with your son's face foremost in your mind, only after you have done all of that can you try to justify this rushed decision.

Let's say that the plan starts on January 1 as scheduled. What will happen if 50% of Medicaid recipients decide to change MCO's two weeks before the three month trial period is over? Is Iowa equipped to really handle 280,000 requests for a change? What if 10% of Medicaid recipients request a change; is Iowa equipped to handle 56,000 requests? Based on the track record, I have serious doubts.

I am a native Iowan, and for the first time in my life I am truly ashamed of my state. The message I am getting is twofold: our vulnerable population is not important, and the opinions of those people who love them are not important either.

Thank you to all elected officials who have requested that this process be slowed down or abandoned.

Sincerely,
Bob Williams
Iowa City