

Patty,

I would like to submit comments to the Health Policy Oversight Committee.

Written comment:

I am writing to express my concerns with the current time frame Iowa is following for privatizing Medicaid. I own a small rehabilitation agency in Des Moines, Iowa that provides physical, occupational and speech/language pathology services to the pediatric population. We provide evaluation and therapy to children from birth through the age of 21. Our services include the youngest and most vulnerable of children.

As a small company I have significant concerns with the proposed change at the current schedule. On January 1, 2016 every child who we provide services for will change to 1 of 4 Managed Care Organizations (MCO). I was informed by Iowa Medicaid I will find out the MCO each child will have beginning on January 1, 2016 when the call in system has been updated. This is totally unacceptable. I am being asked to wait to make changes to our chart documentation, recording procedures, etc at the same time the change has occurred instead of some prior notification. The families are expected to make any changes by December, 17th. Iowa Medicaid will have the information two full weeks prior to making it available to providers.

When the proposed change was first announced, families were to have their packets to assist them in making a choice of MCO at the beginning of October. I am finding out from families they just received their packets at the end of November. However, the timeline they must make a decision by remains the same, December 17th. Many of our families did not know of the change and do not understand the handbook or the options they have. At this writing many of our parents who have checked on the MCO websites to see which MCO their providers are participating with. Frequently the answer is "none of them".

Another concern is being able to bill each of the MCOs. I am just finding out the billing systems that will be used. We have training scheduled the week of December 14th with IME and the selected MCOs. In the past my medical secretary has filed all of our billing electronically for each insurance we bill. Once January 1st arrives she will be expected to learn the intricacies of 4 new billing systems all in the same time frame. Being a small company we do not have cash on hand to support ourselves while waiting to be paid. I am very concerned while learning to bill these new systems concurrently our cycles for payment will be delayed.

Finally, the Managed Care Organizations will be implementing authorizing evaluations and therapy visits. In the past, Iowa Medicaid has always allowed physical, occupational and speech therapies as directed by the child's physician. Authorization for visits prior to starting services has not been a part of this process. Having a reduction of services and/or an interruption in services by the MCOs is a true concern for the families we provide services to. I was also initially led to believe that there would be no prior approvals needed during the first 3 months of transition. I have now been told each of the MCOs will be allowed to predetermine the number of authorized visits we will have for the first 3 months. For example, Amerihealth Caritas will allow 12 visits in the first 3 months. We typically see our children on average 2x/week. This number of visits will not allow us to complete 3 months of treatment without getting additional visit. My understanding is that Wellcare will allow unrestricted visits for the first 30 days. The other 2 MCOs have yet to respond to this question. The confusion and lack of information continues.

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