



IBHA is the statewide association and leading voice for substance use disorder and addiction treatment programs, community mental health centers and problem gambling services in the state of Iowa. IBHA member organizations provide high- quality, research-based and outcome- driven programs that improve the lives of Iowans and their families every day.

IBHA is **not opposed to a managed care system**. IBHA and its members have lived under managed care with Magellan of Iowa for 20 years. However, IBHA does have grave concerns about Iowa's very accelerated timeline for implementation. It is now only a matter of days before Iowa's go- live date of January 1. That is an extremely aggressive timeline to transition nearly 560,000 Iowans, providers, state agencies, and other stakeholders.

Answers Mean More Questions and Delays in Communication:

The DHS and the IME have been working overtime to churn out informational letters and materials.

Unfortunately, it seems more often than not, these communications only seem to lead to more questions- **which take time** to work through and resolve.

For example, IBHA received information on rates a few weeks ago- however there were several missing components and lingering questions that took weeks longer to get any answers. Questions seem to have to go through a formal inquiry process and require issuing a formal letter to the questioner. This delay makes it nearly impossible for providers to make decisions.

Providers could sign contracts and move forward with the MCOs if they were not stuck waiting weeks to get a response from the DHS/IME.

Will They or Won't They?

The IME has been telling providers for several months that providers have the ability to negotiate for higher rates. Since the release of the information regarding rate floors, providers have been told that MCOs cannot go below the floor, but there is always the opportunity to negotiate for higher. Providers believed this message, trusted this promise and had an expectation that MCOs would follow through. Providers are hearing from the MCOs that rate **negotiations are not an option**, the floor is the floor and providers will be paid what they get- including a 10% cut if they're out of network. This conflicting communication leaves providers feeling misled, cajoled, and not a true partner in making this project successful.

Providers are on the frontline of service delivery and their participation will sink or swim this initiative.

Providers should be given the respect they deserve with definitive, consistent, timely answers.

Providers cannot deliver quality care to their clients if they cannot keep their doors open.

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