

To whom it may concern:

I would like to issue a statement regarding the privatization of Iowa Medicaid. When this first began, I had reservations. Change is sometimes difficult to handle, but a fundamental change is down right nerve wracking.

First a little background. Our son Caleb has been on Iowa's intellectual disability waiver for around 15 years. He was born with Fragile X syndrome. Around the age of 3-4 he started experiencing complex partial seizures. For many years the seizures were under control with medication. As he grew older, his seizures increased in frequency and became full fledged grand mal seizures. All the while medication was increased as needed, and a new medication was added to what he currently takes. He has been seizure free since March 2014.

When we first received notification of the privatization of Iowa Medicaid, I thought that there was no way the Obama administration, though the Department of Health and Human Services, would allow the republican legislature to go ahead with its plans. Once the decision was made to allow the privatization and only delay it until April, we had to start investigating our options with what was available at that time. Caleb was assigned to a provider that did not sign agreements with our hospital, so we had to move him to Amerigroup.

On May 12th we tried to fill his prescription for the seizure medications. The pharmacy couldn't get it to go through. Nobody knew what was going on. They only thing the pharmacy knew was that they could not bill Medicaid for the prescriptions. Since he needed the medication to keep the seizures at bay, the pharmacy floated us a couple days worth of medication. We found out a couple days later that Amerigroup wouldn't fill the prescription because we did not have prior authorization for the medication. WHAT?! He has been taking medication of some sort for 17 years, but that doesn't count as prior authorization. In the end it took 9 days to get the situation handled and for the pharmacy to be able to bill Medicaid. At that time they billed Medicaid for the whole prescription, and took back what they had to float us to keep his seizures under control. The following month we went in again on the 12th to refill the prescriptions, and the pharmacy was again not allowed to fill the prescription because we were asking for it to early. Finally after 3 weeks of arguing with Amerigroup customer service, and his Amerigroup case worker, they finally relented and are allowing us to fill the prescription on the date needed.

A quick side note. When Caleb had a government case worker, this worker was looking out for the best interest of Caleb. Now with a case worker employed by the insurance company, they claim that they also are looking out for the best interest of Caleb. What happens when Caleb needs more services (best interest of Caleb), but the insurance company wants to save money (best interest of the insurance company). Whose best interest am I to believe will win?

We are just one family with one family member on Medicaid. Multiply that by the number of households and the number of members in each household, and you have a heck of a lot of problems caused by short sighted bureaucrats looking to save money. Privatization might in the short term save some money, but the long term affect on the disabled's well being could be more than a humane society can bear.

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