

August 30, 2016

To Whom It May Concern,

I am a pediatric speech-language pathologist specializing with children with Down Syndrome and developmental delays. I am an Independent Provider and credentialed with all three MCOs. As an independent I do not have administrative staff. The time I spend dealing with the MCOs is not reimbursable.

The majority of my patients are children with Down Syndrome. All but one had Medicaid as a secondary or primary insurance prior to the MCOs. I now have to turn away anyone who is enrolled with a MCO. I cannot take the chance or afford that I will not be reimbursed by their MCO for my services. I have been struggling to stay afloat with the uncertainty of when or will I receive reimbursement from the MCOs.

I attended the listening session yesterday at the capital. I have a better understanding how other providers and medicaid recipients are suffering through this process. I also understand how the MCOs are claiming over 20 million in savings. The savings will not reflect the number of special needs children (and many other populations) that have lost or not receive the services they need. It will not reflect the number of independent providers, like myself that go out of business.

I have a frustrated parent because her son's MCO will not pay for private speech therapy. However, her son's school system is reimbursed by Medicaid over \$200.00 a day (\$4000.00 monthly) for special education services. Her son does not receive direct speech therapy at school. I know what I must document to prove medical necessity, to maintain my licensure, and retain my certification. What does the school provide Medicaid to justify the reimbursement they receive? Is this Medicaid fraud? Would the MCOs reimburse the schools? Are the schools providers of medical care?

There are over 600 thousand Medicaid recipients and their families that should be voting at the next and future elections. I hope they make their concerns known at the voting booth.

Respectfully,

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