

From: **Kelsey Hollen** khollen@crossroadscreston.com

Subject: 30 DAY PROMISE BROKEN

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To: **Liz Mathis** Liz.Mathis@legis.iowa.gov, **Mark Costello** Mark.Costello@legis.iowa.gov, **Mark Chelgren** Mark.Chelgren@legis.iowa.gov, **Amanda Ragan** Amanda.Ragan@legis.iowa.gov, **Mark Segebart** Mark.Segebart@legis.iowa.gov, **Dave Heaton** Dave.Heaton@legis.iowa.gov, **John Forbes** John.Forbes@legis.iowa.gov, **Joel Fry** Joel.Fry@legis.iowa.gov, **Lisa Heddens** Lisa.Heddens@legis.iowa.gov, **Rob Taylor** Rob.Taylor@legis.iowa.gov

Cc: **Jerry Foxhoven** jfoxhov@dhs.state.ia.us, **Mikki Stier** mstier@dhs.state.ia.us, **mrandol**@dhs.state.ia, **Kimberly_foltz**@uhc.com, **flora**@ibha.org

Attention Health Policy Oversight Committee:

Good morning. My name is Kelsey and I am reaching out to make sure you all are aware of what has occurred this month between United Healthcare and Integrated Health Homes across the state. I called and spoke with Representative Heddens & Senator Reagan based on previous communications we have had on issues regarding Medicaid as soon as we got off the phone from United Healthcare on the 7th. The IHH Manager at UHC called to discuss the membership list we got from them, as this was the first list we had received since AmeriHealth transition to UHC or FFS. We noticed that we had members missing that were with AmeriHealth that had transferred to UHC or should have. This then led to UHC telling us that UHC had decided that low intensity members from AmeriHealth were not going to show up as they will be transferred to an ACO PCP program because UHC had determined they were a duplication of service. She also stated that UHC would not be paying us for contacts made thus far in the month or going forward. She stated nothing has gone out to the member and that we could notify members of this change.

What this means is that folks that just had to switch Medicaid companies will now be losing the Care Coordinators they are used to as well as the peer support specialist or family support specialist services that are also available and often utilized through IHH as well. The model of IHH's has been slowly dismantled since Managed Care implementation as we are no longer encouraged or supported to run the IHH model like we used to. We used to be able to have more health groups to help prevent and decrease physical health issues but also increased socialization and friendships among members which was important to their mental health. Now we are spending time doing authorizations on a monthly or quarterly basis, manually tracking of billable contacts and things that take away from the true IHH model. My concern is that by these folks losing their Care Coordinator there is no local avenue now for them to be referred or connected to other community programs. Let's face it, many times, doctors don't understand the many different Medicaid programs out there and available for the folks they serve. Doctors are already overwhelmed by additional Medicaid and federal regulations that they are facing burnout.

The writing is on the wall, from the information I have received, it appears that language has changed this year in the contacts with the state and the MCO's that perhaps makes it easier

for MCO's to take IHH program internal, even though they at this time deny that is their plan, however, we have all learned that these companies cannot be trusted. There is no transparency or honesty up front in order for us to plan ahead. This is another cost shifting measure for UHC which they will be doing more of now that they have taken on more of the LTSS population from AH. I can't imagine that they will be moving the previous AH low intensity folks to an ACO/PCP program and not moving their own low intensity folks in the near future. It doesn't make any sense and is almost discriminatory for them to do what they are doing in the first place.

Of course the members are our focus but I've said it time and time again, this isn't just affecting the vulnerable members we serve, this is also an economic issue. You have folks potentially losing their jobs over this decision UHC is making across the state. **I would like to propose that the Health Policy Oversight Committee require protections in the contacts that MCO's make with providers across the state and even with the state demanding more transparency and notice when it comes to decisions they make that effect nonprofit agencies across the state.** It blows my mind that the state is willing to allow decisions to be made by an insurance entity that affects livelihoods of constituents in each of your districts. Just because you don't get thousands of calls about this, I can promise you that this move by UHC would drastically hurt rural community mental health agencies across the state as well as the outcomes we have been able to produce through IHH. Without this preventative model, how will people keep their hospitalizations to a minimum, how will they remember to fill out their Medicaid paperwork that comes out annually to keep them eligible, how will they not end up in the ER and transferred around the state due to an increase in behaviors or need for higher level or services all without a case manager now?

I encourage you all to inquire and get answers that we in the IHH's are unable to obtain at this time. We need answers but then also a plan to mitigate the risks here to the IHH program across the state. I urge you to consider your own communities and how they will be impacted if you allow UHC to run the show and abuse their power they now have in Iowa. I don't think this is providing an opportunity for anyone besides an opportunity for UHC to shift costs of vulnerable and needy people that we have been managing well for years!

Some key points:

- 5000 AmeriHealth Caritas IA members who transferred from ACIA to UHC who were previously receiving IHH services are now being declared "not eligible" for IHH because they are not in HAB / CMH waiver. ACIA had 9400 members enrolled in IHH.
- How is it possible that 5000 ACIA members were IHH eligible on Nov 31st and now retro to Dec 1st they are not? Shouldn't these members be allowed now to leave UHC and go to FFS or AMG to get

the services they rely upon?

- This change is only impacting the ACIA transfer members to UHC as the current UHC members who are receiving IHH services and are not in HAB / CMH waiver are not impacted at this time and they can continue to receive IHH services as before.
- **Statewide, approximately 75% of the entire IHH population is NOT enrolled in HAB / CMH waivers.**
- **This is a change in the State's definition of eligibility, a change in the fundamental structure and rate methodology, and a change in UHC's own practice.**
- UHC began verbally notifying IHHs on Dec 7th and stated change retro to Dec 1, 2017 – **nothing has been in writing**
- Clients have NOT been notified of this change. Haven't they already been through enough with losing ACIA as their MCO and now they are being kicked out of IHH for vital services they rely upon. These 5000 clients are expected to rely upon an ACO or their PCP to now coordinate their care ... yet neither of these are prepared or in a position to this.
- **IHHs do not know if they are going to be paid for services provided this month to these ACIA transfer members as the UHC decision is retro to Dec 1st – who is servicing and caring for these clients? What about the IHH staff members providing services – they are understandably uncertain of the status of their own employment.**

Kelsey Hollen

IHH Care Coordinator

Crossroads Behavioral Health

P. 641-202-2677

F. 641-782-7048