

From: Craig Douglas <craig.douglas@vgm.com>
Date: December 20, 2017 at 10:10:48 AM CST
To: "patty.funaro@legis.iowa.gov" <patty.funaro@legis.iowa.gov>
Cc: Tom Powers <tom.powers@vgm.com>
Subject: Government Oversight Committee On Health

Good morning Patty,

My name is Craig and I work for a company call The VGM Group in Waterloo, IA. The VGM Group represents several providers of durable medical equipment (DME) including complex respiratory and rehab equipment providers. I attended the Government Oversight Committee On Health earlier this week (Monday Dec. 18th). I was unable to stay for the open public discussion portion of the meeting, but I do have some questions for the committee to review, and I was told to send those questions to you. Please pass these questions along to the committee, and I look forward to your/their response to the questions below.

- 1) Prior to bringing on the MCOs to manage the Medicaid program in Iowa, did the state feel that they were authorizing and/or paying for too many medical products and services that were not legitimately needed or medically necessary for patients? Were the MCOs tasked with reducing utilization of certain services?
- 2) Was there an expectation that the MCOs would follow the same coverage criteria as DHS did when they were in charge of those decisions? In other words, are the MCOs expected to authorize and cover the same services for the same reasons that the state did, or were the MCOs given authority to establish and follow their own sets of coverage criteria to follow when determining which services get authorized and covered?
- 3) What role or impact do you see DME having in the overall outcome of a patient's health? Is it seen as an intricate part of saving costs elsewhere (hospitalizations, readmissions, etc.), or just an added expense in the overall care of Iowa's Medicaid population?
- 4) With Amerihealth Caritas exiting the program earlier than expected, it was mentioned that they will maintain a presence in the state through November of 2018 to fulfill their obligations of paying providers for services rendered. In the event that providers have issues being reimbursed from Amerihealth, prior to or after November of 2018, who can they reach out to at DHS/Iowa Medicaid to resolve?
- 5) Does the state have full visibility to see what each MCO has authorized in terms of products and services, and which of those authorized services have actually been reimbursed or not?
- 6) Can you provide me with a link to a website where we can continue to follow the progress of this committee and the issues at hand?

Should you or any of the members of the committee need further clarification or additional information from me regarding any of my questions, please don't hesitate to reach out to me directly using any of my contact information listed below.

Sincerely,
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