Health Policy Oversight Committee
Dec 7, 2015
Re: Medicaid Modernization – transition to MCOs

To: patty.funaro@legis.iowa.gov, amanda.ragan@legis.iowa.gov, dave.heaton@legis.iowa.gov.
From: eric-donat@hotmail.com

I am Eric Donat from Waterloo (Iowa Senate District 31/ Iowa House District 62). While I cannot attend this hearing in person, this written testimony provided here for the official record pertains to Medicaid Modernization and Iowa's transitioning its Medicaid program to being run by MCOs.

While I believe that the MCO transition was unnecessary because 'don't fix what aint broken'

I also believe it's too late now to stop or prevent implementation of the transition because 'the train's already down the track' or 'that ship has sailed'

Now, those who believe changes are needed can ask for those changes in an *already implemented program* that make working with or accessing services through the MCOs easier/ smoother for patient and provider alike.

> I've *already sent* the following story below to selected key legislators who sit on the State Sen. and House HR committees, the Health Policy Oversight Committee (which met Nov. 3) and the HHS Appropriations Subcommittee in addition to my trio of local district legislators:

- I use Medicaid Title XIX as my medical coverage. I've attended three or four trainings (also the Nov. 10 conf. call [but not Nov. 19] to CMS and also the MAAC Eexc Committee meeting on Nov 16.) on the transition to MCOs since August and still have many unanswered questions and concerns about the transition.

- Because I use Medicaid for my medical coverage I received my transition letter around Oct. 12-15 and the letter was simply a 'be aware of the coming transition' but answered no questions in detail or specifics. Some informational letters are still in draft form and are still being drafted. All informational letters should be all sent out before Nov. 30 -

  I received my informational letter, MCO assignment, and enrollment package and materials as of November 25 however I have no idea whether my assigned MCO or the MCO that I would choose would be the best choice, the correct plan, or the plan to meet all of my needs.

- I called my medical providers and asked my questions - the providers stated they had not yet (as of Oct. 12-15) been given all the information they needed by IME in order to be more informative to their patients and move forward. Two of my medical provider also stated they were attempting to be accredited with all four MCOs in order to continue serving patients. The third provider asked me to contact them at the beginning of Dec.

- I then called IME Member Services and asked my questions, and they stated they weren't ready to help because they didn't have all their information together. [Providers were advised to contact IME Provider Services.]

- At the August training, I offered to sit on an MCO Consumer Advisory Board that was discussed there and have not yet been contacted by Director Palmer or a secretary or staff for a follow-up response.

Ideally, (for those who share my perspective or point of view) the transition to MCOs should have never been done or now simply stopped and discontinued.

Practically, now – Navigators should be put into place. IME and the MCOs should provide a 'navigator' to help both the IME member and the provider make their way through working with or accessing services through the MCOs easier/ smoother.

For example, For me – the navigator would be the person who would say "It's good that you're aware of things and asking questions, but did you ever think of asking these questions or consider this when making your enrollment decision?"

The transition should be slowed or delayed as community conversations and trainings concerning the transition continue while providers come on board and MCO assignments and enrollment packages and materials are mailed out and navigators are put into place.

Thanks for your time and consideration,

Eric Donat, Waterloo

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