Unified Therapy Services
4121 Pennsylvania Avenue
Dubuque, IA 52002
563.583.4003

December 4, 2015

To Whom It May Concern,

Unified Therapy Services is a rehab agency in Dubuque, IA. We provide physical, occupational and speech therapy in outpatient settings for both children and adults. Over 70% of our patients are Iowa Medicaid members. As recipients of the 2011 Iowa Small Business Persons of the year Award presented by Governor Branstad and the 2009 Neal Smith Entrepreneur of the Year Award, we are very uneasy about the implemented changes to Iowa Medicaid. As a provider we are faced with lots of decisions in such a short amount of time and there are too many questions that are not answered. We are not alone in our concerns as we meet quarterly and have frequent contact with other rehab agencies in the state of Iowa. We feel strongly that Iowa is not ready for this big of a change to be effective January 1st, 2016. We understand there is a hope that this change will not affect any care for Iowans, however, this letter is to share the list of concerns we have and to point out the fear from the provider's point of view.

Areas of Concern and Frustration:

Contracts and Manuals:

Provider Manuals just became available October 27th, 2015. Our staff is still reaching out to MCO representatives to ask questions regarding the manuals as they are vague, undefined, and incomplete. Each MCO's manual contains different requirements and exclusions for outpatient based therapy services.

Pediatric Population:

There seems to be no discrepancy between the adult and pediatric population in any of the MCO manuals. All four MCO's limit the number of therapy visits allowed per calendar year. Our qualified therapists provide services to our patients and their families who are at risk for developing, or who already demonstrate delays or disabilities. We provide screenings, evaluations, and assessments that ensure the most appropriate interventions are in place for the best functional outcomes. Some of our patients are learning skills for the very first time, and is imperative for our services to continue. For example muscle strength and motor planning require numerous repetitions before a movement becomes mastered, when providing therapy services to children they have not learned these muscle patterns therefore, more therapy is needed to enable the body to learn the necessary movements. The same activity may take less time when you are providing therapy to an adult that has mastered an activity like walking and then lost that ability due to an injury. The main goal of early intervention is to reduce the risk or mitigate the effects of risk factors on a child's development so as to prevent future problems and promote the necessary treatments for healthy development. This is what Unified Therapy has been providing since 2006. Now how can we continue providing the same services and the same amount of services with visit limits and diagnosis exclusions?

Prior Authorizations/Treatment Plans/Visit Limits:

Currently, we do not submit any prior authorizations or treatment plans into IME. Since there are only a few rehab agencies in the state of Iowa, IME regularly audits our claims and our staff submits patient records to show medical necessity. These audits prove our services are appropriate and medically necessary. We are a small agency as are many others in the state of Iowa and we cannot afford to spend 40 minutes online or on the phone trying to persuade or justify an under-informed reviewer what is "needed" for our patients. This is a change, our therapists will be forced to create time-consuming reports to justify medically necessary therapy. This will require more paperwork time for the therapist and less time in therapy providing care to our clients. Another concern: since there is no oversight of the MCO's will they plan to deny these therapy services to patients or only allow minimal visits to save money?

Also, several of the contracts have calendar visit limits. How can 12 visits per calendar year be enough for our patients that attends therapy 2-3x / week? How can IME state that coverage/benefits will remain the same with these types of limitations?

Diagnosis Exclusions:

All of the IME led meetings that we have attended, representatives stated that no coverage will change. The MCO's also state if our patients are currently getting services covered now, those services will continue to get covered after MCO's take over. However, after reading United Health Care of River Valley's manual it states:

"This type of care is given after serious illness or injury to restore function. Covered therapy includes physical, occupational and speech. These are covered when medically necessary. Limit of xx combined visits per calendar year per disability."

So is this stating that our patients that have a diagnosis of developmental delay or if a patient was born with an abnormality will no longer be able to have therapy covered? We called into United Health Care of River Valley to review the above statement, the UHC rep stated "oh this isn't true for the pediatric population". How are we to make an educated "guess" with the manual stating one thing and the representatives stating another?

Also, the wordage in some contracts appears to follow the CPT rules vs. the current system in which IME follows the Iowa Administrative Codes. This is a discrepancy as to which rule to follow and we have some concerns with specific code reimbursement if we now have to follow CPT rules as this changes reimbursement rates for rehab agencies in Iowa.

Training Concerns:

Did you know that the MCO's only gave a list of training sessions to the providers that have contracted with them? We have not signed any contracts yet, therefore, we have not been provided any information from MCOs about specific trainings with their companies. While we continue to read the manuals and ask questions to MCO representatives it is impossible to expect that we have efficient time to update our own software program in less than 1 month from now. Currently, our software system cannot handle the ability to track secondary insurance prior authorizations. For example, a patient has Blue Cross for primary insurance and Iowa Medicaid as secondary insurance coverage. Blue Cross approves 24 visits over 12 weeks and Medicaid approves 8 visits over 8 weeks. This may take our software vendor sometime to rewrite and modify the software to accurately track secondary prior authorizations.

Software Updates and Costs of Delays:

We use a third party software vendor and are at their mercy as they must update their software first then we can update our internal systems. The outcome: we will not be able to submit our claims without interruption and then there will be a major delay in payment of over 70% of or revenue. Financially, we cannot afford to make any mistakes when it comes to sending "clean" claims over to any insurance companies. We cannot have any loss of income due to rushed software transitions and/or denied claims due to non-covered services.

We have already spent countless hours providing training and counseling to our patients families regarding this confusing change. In the next couple weeks, we will have to put aside our "other top priorities" to find out and update our system with which one of these MCO's each family we serve has chosen and hope they will not change.

We feel as though providers are being strong armed to make a quick decision because the state/MCOs "need" an adequate number of health care professional who contract with MCO's as this is part of CMS readiness guidelines. With manuals incomplete, and questions still unanswered, we are the ones that will receive the 10% penalty because we won't sign something that is unclear. We were specifically told in the IME provider meetings that we would be reimbursed the same amount, until June 30, 2016.

Time:

When medical providers dealt with the Medicare Therapy Caps, Electronic Medical Records, and ICD-10 transitions there was an ample amount of time to research, train, and update our systems. What is Governor Branstad's big "rush" to privatize this system so fast? Enrollment packets were sent out later than the original timeline and provider contracts in November were still in draft version and yet the decisions for providers and members were not delayed.

Who decides on these "smooth" transactions? We have attended all member, provider, stakeholder and phone conferences in our area, and the anger and emotions from audience attendees have not been pretty. There are so many unanswered questions, for example what is going to happen to some programs such as Consumer Choice Option or Autism Spectrum Program currently ran through Magellan? There are so many unanswered questions that rushing into this change will only create more delays and confusion, as well as, expenses

This privatization of Medicaid has significant negative repercussions for our clinic, therapists, office staff, and for our patients. Unified Therapy Services is requesting you to please slow down or halt Iowa Health Link Plan.

Sincerely,

Gina Blean, CCC-SLP, BCBA, Co-owner
gina@unifiedtherapy.com

Kelly Heysinger, DPT, Co-owner
kelly@unifiedtherapy.com

And the Staff of Unified Therapy Services