IOWA PUBLIC HEALTH ASSOCIATION

P.O. Box 13181 | Des Moines, IA 50310 | 515.491.7804
iowapha@gmail.com | www.iowapha.org
Facebook: IowaPublicHealthAssociation | Twitter: @iowapha

12/7/2015

To: Health Policy Oversight Committee
From: Iowa Public Health Association
cc: Patty Funaro, IPHA Board of Directors and Membership

Good afternoon. My name is Jeneane Moody, and I am the executive director of the Iowa Public Health Association. IPHA is the voice for public health in Iowa and the professional association for Iowa's public health community.

The legislators serving on this committee are well versed in public health and in fact, have often demonstrated themselves to be public health champions. We thank you and appreciate your work on behalf of Iowans. The public health system in Iowa and nation is transforming due to forces such as the Affordable Care Act, Medicaid managed care, and integrated approaches to prevention and primary care.

Since the release of the Medicaid managed care RFP, IPHA's members and stakeholders have noted the obligation for the MCOs to enter into a contract with local public health. IPHA has sought to answer: *What does this mean for Iowa's public health system? How can local public health departments leverage this transformation to improve population health?*

IPHA has actively sought opportunities to help the MCOs appreciate that across Iowa, our public health agencies are a trusted, respected provider of services to Iowans enrolled in Medicaid. To date, we have coordinated three webinars and are planning a fourth one to connect the MCOs to Iowa's public health providers. We have provided a venue for DHS and IDPH to provide updates and respond to questions. We offered legal technical assistance to public health providers re: the contract templates circulated by MCOs and created a venue for MCOs to be introduced to public health providers, to appreciate the array of Medicaid services they provide and to respond to questions from public health.

In the course of IPHA's educational outreach some common themes persist as captured in the post-webinar evaluation data. Primary sources of frustration on the part of public health providers include:

1. Implementation time table that is too aggressive to be reasonable and the conflicting deadlines (e.g., requirement by MCOs to sign provider contracts prior to DHS approval of those contracts);

Mission:

IPHA is the voice for public health in Iowa

Vision:

Advancing public health in Iowa

2. Delay in access to provider manuals, first from DHS and then from the MCOs;
3. Lack of consideration as to *how* MCOs will work with public health and Title V projects;
4. Desire for state-level oversight to ensure that a minimum set of standards of care and quality are met;
5. Specific logistical concerns re: reimbursement rates, medical records, credentialing, and standardization of processes across all MCOs; and most importantly -
6. Concern for the impacts to Iowa's Medicaid enrollees and their ability to receive and process information related to the transition of services in a way that assures continuity.

In the Medicaid arena, public health agencies offer local, trusted, accountable services including explanation of benefits to new Medicaid enrollees and care coordination inclusive of transportation and translation services. Under Medicaid, Iowa's public health providers offer services from maternal and child health to lead screening to family planning to laboratory to home health to lead inspections.

We acknowledge that for MCOs to coordinate with 101 local health departments is no small task. However, IPHA continues to urge the MCOs to connect with and leverage the established expertise and reputation of Iowa's local health departments in the Medicaid arena.

Specific to home health, public health agencies need to know what will be expected going forward (e.g., pre-authorizations where they didn't exist before and medical necessity reviews) and what they will be required to supply in order to obtain payment and ensure that Iowa's public health home health programs continue to work in a system where they can survive, especially in our rural settings.

Despite our grave misgivings about the January 1st start date and the fact that MCOs will only be accountable only for their enrollees while public health must assure services for the entire Medicaid population now at significantly reduced reimbursement rates, we still hold hope that that MCOs will engage public health entities as the recognized, valued local partner that they are.

If you recall one point from IPHA's remarks today, please let it be this:

By and large, Iowa public health providers are seeking to find and maximize the ***opportunities*** that Medicaid managed care could present. Local public health is well positioned to assist in connecting individuals and communities to the emerging health care delivery models. For example, local public health agencies have created and implemented models for care coordination that have been successful in their regions including I-Smile and maternal and child health. It would behoove the MCOs to support such existing, successful care

coordination rather than to supplant it.

Public health departments seek to work together with MCOs and IME to understand and operationalize how to survive this transition and maybe, eventually thrive in it.

Thank you for this opportunity to provide input to the Committee's work.

About IPHA

Since 1925, IPHA has improved the health of Iowa's people by:

- *Supporting public health professionals in ways that help them do their jobs better;*
- *Fostering understanding, engagement and support for public health issues; and*
- *Influencing public policy to improve health.*

Public health is fundamental to every sector. Healthy kids are better prepared to learn; a healthy workforce is more productive; and healthy communities thrive.