



December 18, 2017

Iowa State Legislature
Health Policy Oversight Committee
Senator Mark Costello and Representative David E. Heaton, Co-Chairpersons

Re: Iowa's Medicaid Integrated Health Home Program and UnitedHealthcare

Dear Senator Costello, Representative Heaton and Members of the Health Policy Oversight Committee,

On behalf of UnityPoint Health®, I am writing you to express our concerns regarding the recent policy changes UnitedHealthcare implemented in the State's Medicaid Integrated Health Home (IHH) program.

UnityPoint Health provides care to patients across Iowa, Illinois and Wisconsin through 290 clinics, 38 hospitals and 18 home care locations. In addition, **UnityPoint Health has formal relationships with five Community Mental Health Centers (CMHC) in the State of Iowa that also serve as Integrated Health Homes (IHH) for nearly 6,100 adults with serious mental illness (SMI) and children with serious emotional disturbance (SED), which accounts for one-fourth of the state's total IHH population.** Our CMHCs and their respective IHH programs include Abbe Health (Abbe Center for Community Mental Health), Eyerly Ball Community Mental Health Services, UnityPoint Health – Berryhill Center, UnityPoint Health – Black Hawk-Grundy Mental Health Center and UnityPoint Health – Robert Young Center.

UnityPoint Health opposes the abrupt policy change impacting our vulnerable patients with SMI and SED – UnitedHealthcare's decision to severely limit enrollment into the existing IHH program. This decision displaces over 1,200 adults with SMI and children with SED currently receiving care and services through the five IHH programs in our affiliated CMHCs. We are opposed to this decision because it violates the State Plan Amendment, is not in the best interests of our patients and their families, and diverts care coordination functions to primary care teams, who lack capacity, specialized expertise, and adequate reimbursement.

State Plan Amendment (SPA) IA-16-013: The SPA was revised in July 2016 to allow Medicaid Managed Care Organizations (MCOs) to become the lead entity for the IHH program. The SPA sets forth program requirements, including program eligibility, e.g., population criteria¹, as well as MCO responsibilities for program implementation². **While the SPA specifies 14 areas³ in**

¹ Health Home Population Criteria and Enrollment – Population Criteria, SPA IA-16-013, page 13.

² Health Home Service Delivery Systems – Risk-Based Managed Care, SPA IA-16-013, page 26.

³ Id., "(i) identify providers for participation; (ii) assess the IHH and physical health provider capacity; (iii) educate and support providers; (iv) provide oversight and technical support for IHH providers to coordinate with

which the MCO has implementation discretion, the MCOs do not have discretion to alter program eligibility. The SPA does not grant UnitedHealthcare authority to cease enrollment under the IHH program. Simply put, individuals meeting the criteria listed on the *IA Health Link – Health Homes (HH) Managed Care Organizations (MCOs) Notification Form* must be enrolled in the IHH program. IHH Providers are entitled to bill and be reimbursed for IHH services provided for enrolled IHH patients.

In addition, the SPA does not permit MCOs to decide (even with adequate public notice) to divert eligible enrollees to alternative programs outside the IHH constructs. As we understand it, UnitedHealthcare wishes to divert IHH eligible patients to their own care coordination program rooted in Accountable Care Organization (ACO)-type contracts with some of the health systems and health care providers in Iowa. This is contrary to SPA IA-16-013 which states that the role of an MCO is to “provide oversight and technical support for IHH providers to coordinate with primary care physical providers participating in the Iowa Medicaid program.”⁴ For reasons detailed later, we do not believe that primary care/patient-centered medical home (PCMH) care coordination is the equivalent or substitute for IHH care coordination and this is not contemplated in the SPA. **Any diversion to a program outside IHH alters the benefits provided to Medicaid beneficiaries and effectively creates two distinct care paths; one for Medicaid beneficiaries under Fee-For-Service (as administered by Iowa Medicaid Enterprise) and those assigned to other MCOs (Amerigroup) who enroll in IHHs, and one for UnitedHealthcare beneficiaries that do not comply with IHH constructs.**

Specialized Needs of IHH Patients: We do not believe that it is in the best interest for IHH patients to be transitioned to different “administrative care coordination activities.”⁵ As this Committee is aware, our State engaged in extensive Mental Health Redesign efforts. A hallmark of these efforts was access to behavioral health and medical services with a push for community integration and a preference for community-based care. The IHH program provides behavioral health-led care coordination for individuals with SMI and SED and functional limitations. IHH patients are primarily cared for by CMHCs, which most appropriately coordinate their care, including community wrap-around services and medical care. This proposed change fails to recognize the importance of relationships within behavioral health care. In general, IHH patients are satisfied with their providers and the quality of their services. **To abruptly change care coordination for these vulnerable patients will introduce unnecessary change, disrupt existing and effective workflows, and displace existing and trusted provider relationships.**

Care Coordination Role: SPA IA-16-013 does not contemplate that IHH services will be provided through ACO shared savings agreements. UnityPoint Health primary care providers and their PCMH teams do not have the capacity nor the mental health expertise to perform the care coordination activities for the IHH population. **It is disingenuous for UnitedHealthcare to represent that this is an appropriate or adequate substitute for the IHH care coordination process, particularly when this has not been discussed with their ACO network.** Prior to

primary care providers; (v) provide infrastructure and tools to IHH providers and primary care physical providers (vi) perform data analytics; (vii) provide outcomes tools and measurement protocols to assess effectiveness; (viii) provide clinical guidelines and other decision support tools; (ix) provide a repository for member data; (x) support providers to share data; (xi) develop and offer learning activities; (xii) reimburse providers; and (xiii) attribute/enroll members.”

⁴ Home Health Providers – Supports for Home Health Providers, SPA IA-16-013, page 21.

⁵ “Follow up regarding IHH” email from Kimberly Foltz (UnitedHealthcare), to Shelly Chandler (Iowa Association of Community Providers), Jerry Foxhoven (DHS), Mikki Stier (DHS), and Michael Randol (DHS), dated December 14, 2017 8:23 AM.

considering shifting these responsibilities, we request that MCOs demonstrate capacity and provider willingness in this area.

Thank you for your consideration of these comments. Please contact me at sabra.rosener@unitypoint.org with any questions or for more information.

Respectfully submitted,

A handwritten signature in blue ink that reads "Sabra Rosener". The signature is written in a cursive style and is positioned above a faint horizontal line.

Sabra Rosener
Vice President, Government & External Affairs
UnityPoint Health

Enclosure: Fact Sheet (2 pg.)

The Value of Community-Based Integrated Health Homes in Iowa

WHAT IS AN INTEGRATED HEALTH HOME?

An Integrated Health Home (IHH) is a team of professionals working together to provide whole-person, patient-centered coordinated care in the community setting for adults with serious mental illness (SMI) and children with a serious emotional disturbance (SED) enrolled in the Medicaid program.

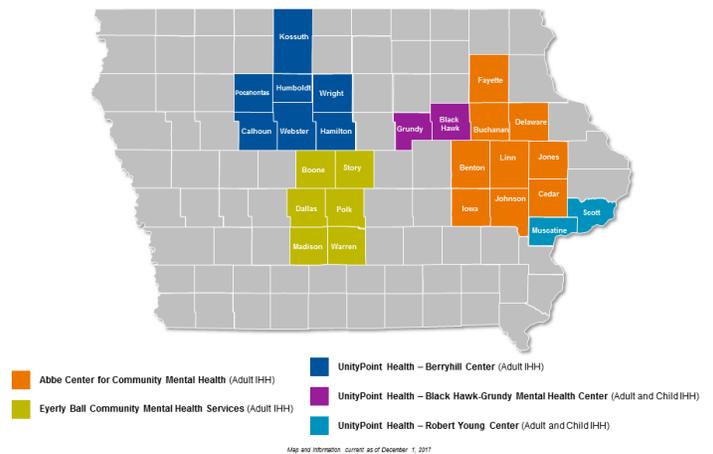
The IHH is responsible for providing an accessible, single point of coordination across behavioral, medical and social services and supports.

THE ROLE OF UNITYPOINT HEALTH IN IOWA'S IHH PROGRAM

As one of Iowa's largest health care providers, UnityPoint Health includes five Community Mental Health Centers (CMHC) that provide IHH services to nearly 6,100 Iowans adults with SMI and children with SED, which accounts for one-fourth of the state's total IHH population. These CMHCs include:

- > Abbe Center for Community Mental Health
- > Eyerly Ball Community Mental Health Services
- > UnityPoint Health – Berryhill Center
- > UnityPoint Health – Black Hawk-Grundy Mental Health Center
- > UnityPoint Health – Robert Young Center

UnityPoint Health Affiliated Community Mental Health Centers (CMHC) Integrated Health Home (IHH) Primary Service Areas



Led by a team of highly-trained mental health professionals and peer support specialists, the IHHs build linkages to community supports and resources, as well as enhance coordination and integration of behavioral and primary health care to better meet the needs of Iowans with multiple chronic conditions.

BY THE NUMBERS

- 6,089** The number of IHH adults with SMI and children with SED served by the five IHHs provided by CMHCs affiliated with UnityPoint Health.
- 2,440** The number of IHH adults with SMI served by the Abbe Center for Community Mental Health, making them the largest IHH in the state.
- 26** The number of counties served by the five IHHs affiliated with UnityPoint Health.

OUR IMPACT AND RESULTS

Abbe Center for Community Mental Health (Adult IHH)

Meeting or Exceeding Performance in Iowa's IHH Adult Incentive Measures

- > Adult: All-Cause Readmission
- > Adult: Ambulatory Care – ER Visits
- > Adult: Inpatient Utilization
(Source: Preliminary 2017 claims data from AmeriHealth and Amerigroup)

Eyerly Ball Community Mental Health Services (Adult IHH)

Access to Somatic Care

- > In 2017, **97 percent of the Eyerly Ball IHH clients served in Polk County were linked to a physician and received somatic care.** (Source: Polk County Health Services)
- > The Eyerly Ball IHH has continued to demonstrate exceptional performance in linking its clients to somatic care, with **96 percent receiving care in 2016 and 95 percent in 2015.** (Source: Polk County Health Services)

Reduction of Emergency Room (ER) Visits

- > Since 2013, Eyerly Ball has focused on providing community-based support and services so that IHH clients do not need to access psychiatric care through the ER.
- > From 2013 through 2017, the Eyerly Ball IHH has **consistently met or exceeded the Polk County Health Services target of no more than 0.05 average ER visits per individual per year.** (Source: Polk County Health Services)

UnityPoint Health – Berryhill Center (Adult IHH)

Meeting or Exceeding Performance in Iowa's IHH Adult Incentive Measures

- > Adult: All-Cause Readmission
- > Adult: Ambulatory Care – ER Visits
- > Adult: Inpatient Utilization

- > Adult: 7-Day Follow Up Post-Psychiatric Hospitalization Discharge
(Source: Preliminary 2017 claims data from AmeriHealth and Amerigroup)

Reduction of Hospitalizations and Cost Savings

- > From January through November 2017, the Berryhill Center IHH has shown an **average reduction in cost of \$163,200 per year in hospitalizations.** (Source: Internal data)

Reduction of ER Visits and Cost Savings

- > From January through November 2017, the Berryhill Center IHH has shown an:
 - o **Average reduction of 12 ER visits per month.** (Source: Internal data)
 - o **Average reduction of ER costs of \$43,200 per year.** (Source: Internal data)

UnityPoint Health – Black Hawk-Grundy Mental Health Center (Adult and Child/Pediatric IHH)

Meeting or Exceeding Performance in Iowa's IHH Adult and Child/Pediatric Incentive Measures

- > Adult: All-Cause Readmission
- > Child: All-Cause Readmission
- > Adult: Ambulatory Care – ER Visits
- > Adult: Inpatient Utilization
- > Child: Inpatient Utilization
(Source: Preliminary 2017 claims data from AmeriHealth and Amerigroup)

UnityPoint Health – Robert Young Center (Adult and Child/Pediatric IHH)

Reduction of the Total Cost of Care

- > **Total costs for the Robert Young IHH are 18 percent lower than the average of all other IHHs in Iowa.** (Source: UnitedHealthcare)

Quality Performance and Outcomes

- > The Robert Young Center IHH performance is **better than the average of all other IHHs in Iowa on key HEDIS measures such as 30-day readmission, inpatient and ER utilization and 7-Day follow up following an inpatient admission or ER visit.** (Source: Performance data provided by AmeriHealth Caritas, Amerigroup and UnitedHealthcare)