

From: **Melissa Ahrens** melissaa@teamcso.org
Subject: Health Policy Oversight Committee item of concern
Date: December 15, 2017 at 12:35 PM
To: Liz Mathis Liz.Mathis@legis.iowa.gov

I am writing to express my grave concern for the recent decision of United HealthCare to cease funding persons served in the Integrated Health Home (IHH) as Non-ICM members. These members are considered "low need" as they are persons not receiving the Children's Mental Health Waiver or Habilitation Services. Specifically between 12/7/17-12/11/17, the Integrated Health Homes (IHH) were notified by United HealthCare that all of these Non-ICM members transferring over from Amerihealth Caritas were being automatically disenrolled from the program effective December 1, 2017. All of these members were automatically removed from the monthly client roster with no notice to providers or members/families.

Since inception of the IHH in 2013, this program has served as a safety net for adults, children and families. The reimbursement rate for this program is low (between \$60-80/month as established by the State) but includes an array of functions. Participation in the IHH guarantees each member/family access to a Care Coordinator, Nurse Care Manager, Peer Support (adults) and Family Peer Support (children/families). This low cost service has helped many members and families avoid much more costly services such as the Emergency Room, Psychiatric Hospitalizations, PMICs and jails.

The model of the program was designed to serve all persons with a Serious Mental Illness or Serious Emotional Disturbance. The rate structure was developed under the operating assumption that approximately 20-25% of persons served would be in the Intensive Care Management (ICM) category. Results from the first two years of implementation through Magellan showed **significant** strides in reduction of ER visits, psychiatric hospitalization and improved medical care.

United HealthCare is indicating that these members will be moved to their Accountable Care Organization (ACO) to manage all of their care needs. ACOs are **not** equipped to deal with the needs of this population. While they perform a great function from a medical perspective there are many, many more needs being managed in this service. Care Coordination functions alone include things such as assistance with housing/Section 8, payee services, ongoing Medicaid paperwork,

foodstamps or food pantries, exploration of job training and assistance, exploration of further education and training, problem solving, crisis management, medication management, socialization, etc. Nurse Care Managers perform such functions such as medication reconciliation, assistance in providing coordination of care amongst all medical and behavioral health providers, population management, self-management techniques, etc. The Peer Support and Family Peer Support positions have been extremely valuable to persons and families served by being able to relate on a very personal level with members. It is not feasible for any ACO to perform these functions for persons served. Persons served have built very strong relationships with their IHH teams and have come to rely on them for varied support.

Since Amerihealth Caritas decision to leave the State effective 12/1/17, United HealthCare now holds the market share of persons served. Persons served and providers were not given advance notice of this change and really no notice at all. United HealthCare has acknowledged that members were not notified. The IHH model was predicated on building a Medical Neighborhood with excellent coordination of care amongst all providers. This action is the polar opposite of what this model is designed to do—to provide the Triple Aim—better care for persons served, better health for the population, lower cost through improvements. This action by United HealthCare does not meet the intent of the program or the State Plan Amendment (SPA). Many persons served are not connected to their primary care physician at this level. They will not go to them for non-medical related issues. This is often even more of a concern with persons with mental health disorders than the general population as a whole. Services in the IHH are delivered in the persons' home or place of service. The SPA specifically states those expectations. If persons with mental health disorders have to "go" somewhere to get assistance with all of their needs, multiple personal barriers will prevent that from happening. IHH programs were the ones who have assisted in getting members those higher level services when needed (Children's Mental Health Waiver and Habilitation services). Without the IHH service, this is certain to increase persons going to the ER, psychiatric hospitalizations, jail days, homelessness, etc. as there. This creates undue burden on multiple other providers and the system as a whole.

Additionally, this decision by United Healthcare fundamentally changes the entire IHH model and makes it unsustainable. Specifically, pediatric IHH provider programs are predominantly made up of non-ICM members (approximately 75-85%). The programs can not sustain the job roles and staffing with the loss of the bulk of their population. Inevitably, this will create job layoffs as well. United's actions are in direct conflict to the State's definition of eligibility, a change in the fundamental structure and rate methodology of the service and not supported by the State Plan Amendment putting the entire iHH model in jeopardy. The SPA specifically defines that IHH is a **service** funded by the State and MCOs—not an administrative function. Additionally, the lack of communication represents a very unfortunate way to treat their plan members, providers and the system at large. This low-cost service has helped so many, many community members to avoid the very things the Managed Care Organizations were set out to do. In reality, many of these non-ICM members are not truly "low need". Some members could greatly benefit from additional services but are not accepting of them at that time or they are in need of the Children's Mental Health Waiver which has a huge waiting list. This decision creates great social issues for the community at large by not providing adequate services and assistance to persons who are some of the most vulnerable citizens.

I urge United HealthCare, the Department of Human Services and Iowa Medicaid Enterprise to maintain these very valuable services to their members. We agree that there could be improvements made in this model but would like to be part of the solution instead of decimating the program entirely. Thank you.

Sincerely,



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