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May 21, 2014

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Charles Palmer, Director
Iowa Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Dear Director Palmer:

The Iowa Medical Society (IMS), on behalf of our almost 6,800 Iowa physician and medical student members, thanks the Department for the opportunity to provide comments regarding initial implementation of the Iowa Health and Wellness Plan.

Over the past year, IMS has engaged physicians and practice managers from throughout the state to ensure that Iowa providers understand the details of the Health and Wellness Plan and how this new program will impact their practices and their patients. Since the two coverage options went live January 1, 2014, physician practices have been in regular contact with IMS staff to seek further guidance and to make the Iowa Medical Society aware of issues they're encountering. These comments are based upon feedback from physicians and staff in a number of practice settings across the state.

1. The Iowa Health and Wellness Plan, especially the Marketplace Choice Plan, is administratively burdensome on practices.

Practices report lengthy waits during initial visits as administrative staff determine the coverage type new patients have and whether their practice is part of the provider network for the commercial plans of the Marketplace Choice Plan. Patients arrive unsure what type of coverage they possess, often presenting insurance and Medicaid member cards inconsistent with the coverage they believe they have. Practice staff are unable to easily identify coverage based upon insurance cards, as being a member of the Coventry or CoOpportunity provider network alone has proven to be an inaccurate indicator of whether or not a clinic is in-network for individual insurance plans under the Marketplace Choice Plan. Practices report inconsistent responses from both companies; IMS is aware of instances where practices were initially determined by an insurer to be in-network, only to be told after providing services that they are in fact an out-of-network provider for that Marketplace Choice insurance plan.

Similarly, practices report inconsistent information from IME Provider Services. Staff report instances of contacting Provider Services multiple times with the same question about a component of the Iowa Health and Wellness Plan, and receiving

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confusing, sometimes contradictory responses. At times, practices receive no response at all from Provider Services, as call center staff have not yet been trained on a new component of the program.

IMS recommends that the Department work with Coventry and CoOpportunity to develop clear, easily accessible provider network listings. In addition, both companies should be encouraged to develop patient insurance cards that easily identify the coverage option the patient is enrolled in. IMS also recommends that IME more thoroughly train Provider Services staff prior to implementing new components of the Health and Wellness Plan.

2. Patient and provider education efforts must be strengthened.

IMS recognizes the herculean effort necessary to implement a program as complex as the Iowa Health and Wellness Plan in the compressed timeframe necessary to begin providing coverage January 1, 2014. We applaud the Department for its work in rising to this challenge, however, in the rush to timely implementation of the two coverage options, critical patient and provider education efforts were missed. Providers were not always sufficiently briefed before program components were implemented and, as was previously noted, could not always rely on Provider Services to answer their questions.

Similarly, practices report that patients are often confused about their coverage under the Iowa Health and Wellness Plan. Marketplace Choice Plan members who receive their Medicaid member card prior to receiving their Coventry or CoOpportunity insurance card mistakenly believe they have traditional Medicaid, which leads to confusion and agitation when they first attempt to see a physician. Wellness Plan patients do not always understand that they must have the approval of their Patient Manager prior to seeking care from another provider.

IMS recommends that the Department improve patient and provider education. Steps such as adding information on the Marketplace Choice and Wellness Plans to the Annual Medicaid Provider Trainings is a good start. IME should also continue efforts to make its website more user-friendly, and ensure that provider resources and information are easy to find and accessible in a timely manner.

3. Provider capacity and access to specialty care is still lacking.

The Iowa Medical Society is proud of the rapid manner in which so many physicians signed up to serve as Wellness Plan Patient Managers. Despite the financial risk of taking on additional patients at current, insufficient Medicaid rates, Iowa physicians remain a dedicated partner of the Medicaid program. They understand they must be closely involved with both the Wellness Plan and the Marketplace Choice Plan if the programs are to be successful. However, provider

capacity and patient access to specialty care continue to be significant challenges. IMS is aware of instances where a patient who resides in a county in which IME has reported sufficient Wellness Plan Patient Manager capacity was assigned to a Patient Manager in another county. We are also aware of situations where patients see their local Patient Manager, but need additional specialty care not locally available. Patient Managers are facing a problem similar to that experienced under IowaCare: they must refer patients to a specialist multiple hours away as a local provider is not available.

IMS recognizes the challenges associated with physician workforce shortages in our state and continues to advocate for common sense public policy solutions to address the issue. We know that coverage alone does not guarantee access to care. Without meaningful steps to address Iowa's physician shortage, all Medicaid members, not just Health and Wellness Plan members, will continue to struggle to access timely care in their local communities.

IMS recommends that the state aggressively continue efforts to enroll primary and specialty physicians for the Medicaid program. A part of these efforts must be a commitment from the Department to address a long-standing barrier to greater physician participation in Medicaid – the program's historically low payment rates. Medicaid physician rates today are lower than they were in the year 2000, while physicians' costs for providing care have risen by over 27%. The Iowa Medical Society stands ready to work with the Department and the legislature to find a solution to this disparity.

4. Iowa Health and Wellness Plan patients have significant health care needs.

Despite the challenges and issues Iowa physicians and their staff have encountered with the initial implementation of the Iowa Health and Wellness Plan, the Iowa Medical Society is pleased to report that the program is working. Physicians report seeing patients who have not sought care in years and who have multiple, significant health care needs. Initial visits with these patients can be challenging as patients become familiar with the health care system, as well as the new healthy behaviors expectations of the Iowa Health and Wellness Plan. In addition, these visits are more costly as physicians work to address the multitude of existing medical conditions that have gone unchecked, in some instances, for many years. However, once these patients and their physicians have developed a care plan to address underlying conditions, they can move forward with the proactive, preventative care – ensuring that patients are better engaged in their own care and take steps to prevent potential health issues in the future.

As providers, patients, and the Department move forward with this new program, IMS is confident that these issues can be resolved and the program strengthened. Iowa physicians remain committed to the success of the Iowa Health and Wellness

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Plan. We encourage the Department to continue the open, transparent manner in which it is implementing the various components of the program.

Thank you again for the opportunity to provide comment on the initial implementation for the Iowa Health and Wellness Plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Maire". The signature is written in a cursive style with a large initial "J" and "M".

Jeff Maire, DO, FACOS, FACS
President

**Iowa Health and Wellness Plan Implementation:
Iowa Olmstead Consumer Taskforce Comments
May 21, 2014**

Thank you for this opportunity to comment on implementation of the Iowa Health and Wellness Plan. My name is Geoffrey Lauer. I am the Chair of the Iowa Olmstead Consumer Taskforce, and the Executive Director of the Brain Injury Alliance of Iowa. As you know, the Taskforce and the Brain Injury Alliance have taken an active part in the public dialogue on healthcare reform in our state. The positions of disability advocates have not always been adopted, but we appreciate the frequent solicitation of public comment over the past year, and the presence of DHS representatives at meetings such as this.

I can think of few issues more important to Iowans with mental illness or other disabilities than access to adequate healthcare, and I want to thank you for your hard work to make that a reality. Your vision extends beyond simply insuring the uninsured; clearly I-HAWP is a component of a broader strategy to improve healthcare delivery, and to help Iowans live healthier lives. Many of the people we represent have multiple diagnoses and complex needs. Current initiatives to coordinate care and incentivize health systems to focus on outcomes hold out the promise of improved quality of life.

Many of the comments I'm about to make specifically about I-HAWP have been made before, but they remain important, and we are committed to seeing that them addressed.

1. Non-Emergency Medical Transportation Services (NEMT). Iowa's enabling legislation for I-HAWP, which specifies the benefits to be made available, did not include NEMT. This continues to be a major concern. As we have pointed out several times before, Section 1115 demonstration waivers are intended to test strategies that expand coverage or eligibility, or test delivery systems that improve care, increase efficiency and reduce costs. The department's own data collected prior to the establishment of the transportation brokerage showed that many people experience problems in access to healthcare due to lack of transportation, and national research bears this out. NEMT services help people get the care they need, on time, which would support the state's focus on prevention and ultimately, healthcare cost control. The lack of transportation will almost certainly constitute a barrier to many I-HAWP members trying to take advantage of the Healthy Behaviors financial incentives. The Taskforce will continue to make the case for the inclusion of NEMT services, both with the Legislature and with the Secretary of Health and Human Services.

2. Healthy Behaviors Financially-Based Rewards Program. The Taskforce supports the creation of meaningful incentives for people to engage in healthy behavior. The incentive payments to providers in the first year of coverage under I-HAWP will help to ensure that people get basic physical exams and complete health risk assessments, with additional incentives in future years for yet to be determined activities to improve personal health. However, we are concerned that many of the people whose interests

we represent will encounter barriers due to the factors such as those identified in the department's March 2014 White Paper on the rewards program: low literacy skills, language complications (which might include the lack of information in alternative formats), reduced access to the internet, and perhaps a lack of basic understanding of how to routinely manage their healthcare. Depending on what healthy behaviors are incentivized, lack of access to childcare or transportation services could also constitute barriers. The White Paper rightly points out that part of an effective strategy for educating members would include a partnership with providers and stakeholders to promote the program. Effective consumer education will be critically important. Clearly the purpose of the program is not punitive, but it can seem so to people who are not being adequately supported in efforts to understand and achieve the objectives. We believe an effort should be made to identify members who do need that support in carrying out such tasks as completing online or paper forms, communicating with providers, and securing and taking medications that will help them manage conditions. Many advocacy organizations would be anxious to work with the department on this important effort. We suggest active collaboration with a stakeholder workgroup to work on outreach, consumer education and barrier removal.

3. Use of Qualified Health Plan Formulary to Define the Prescription Drug Benefit. The Taskforce supports mental health advocates calling for unrestricted access to the medications they need. Restricting access to the QJP formulary poses the risk of cutting off access to medications critically needed by many individuals with mental health needs, putting them at risk of negative incidences such as hospitalization or incarceration. Since premiums for qualified health plans are paid for by Medicaid, prescription drug benefits on a par with Medicaid should be required.

4. I-HAWP in the Context of Mental Health and Disability Services Redesign. The Iowa Health and Wellness Plan is, overall, well-designed and competently administered. However, it operates in a larger context. Expansion of Medicaid under the Affordable Care Act was once touted as a potential boon to the mental health and disability service system because it could significantly augment the funds available for services statewide. I-HAWP and the redesigned system were expected to operate in parallel, in a complementary relationship. However, there are major financing issues in both systems that work in concert to aggravate the challenges that Iowans with disabilities face in accessing healthcare. For example, under the Iowa Marketplace Choice Plan, Coventry's low reimbursement levels for mental health services are leading providers to refuse to provide services to Coventry policy holders, thus reducing access to the mental health services previously accessed by non-Medicaid eligible individuals. On the other side, in the regional service system, the Medicaid clawback requirement, under which, beginning in 2015, counties will be required to repay the state 80% of savings in service expenditures due to Medicaid expansion, leaves an already under-resourced system incapable of developing the "core plus" services. The Taskforce has consistently spoken out in favor of eliminating the clawback, freeing up funds for core and core plus services, and we will continue to do so.

Thank you again for the opportunity to share these comments about I-HAWP and its impact on people with disabilities and mental illness.