



Access News

MEDICAID 2015, PART 3 of 3

Iowa's Proposed Plan to Change Medicaid: Part Three

This edition of Access News is the final publication in a three-part series that focuses on the state's proposed changes to Medicaid managed care. These proposed changes are part of a health care initiative that the Iowa Department of Human Services (DHS) is referring to as [Medicaid Modernization](#). ASK Resource Center (ASK) is publishing this series in an effort to share information and resources, and to help provide an understanding of the emerging issues related to the proposed changes to managed care. [Part one](#) of the newsletter series addresses basic questions surrounding those emerging issues, [part two](#) examines the process Iowa must use to make any changes, and part three will focus on what you can do to share your thoughts, concerns and ideas.

At ASK Resource Center, the recurring question we ask is, "How will this impact our families and community?"

The first two publications in this newsletter series focused on educating the reader about the proposed change to Medicaid managed care and how it will change the services our children, youth, and adults receive not only in their health care, but also in community-based services. The third and final newsletter provides opportunities to voice your thoughts, concerns, and suggestions for ways to potentially improve the proposed changes.

This newsletter series has most likely raised more questions than it has given answers. The unknown is the difficult part of thinking about change. ASK staff has interviewed some of the partner organizations in other states that have moved to a managed care model and shared what we learned. As consumers, parents, and family members, the only thing we know for sure is, **we are all in this together**. ASK staff promises to continue to share information and announcements related to the changes in managed care on our website, www.askresource.org, through ASK social media accounts, and in future newsletters and other printed publications.

At ASK, the recurring question we look at, is "how will this impact our families and community?" We passionately believe information and resources are the heart of empowerment. Knowledge not only gives voice to thoughts, but it also forms questions that help empower you to decide what is best for you and your family. With that being said, it seems fitting to share the first core value in [ASK's Vision, Mission, and Values](#), "*Passion and Fearlessness: We are not afraid. We embrace our values and convictions and we live them with grace. We see challenges as opportunities and approach them positively with creativity and solution-mindedness. We seek answers to the unknown and are willing and eager to try new approaches.*"

We urge you to contact our office with any questions or requests for information you may have regarding Medicaid managed care, or other disability-related issues—let us know how we can support you.

MCO Watch: What's Next and What You Can Do

If Medicaid Managed Care is Approved

If CMS grants Iowa's request to change our current Medicaid fee-for-service model to managed care, it will be effective January 1, 2016.

Family and Community Impact

As we think about this possible change, the best advice from our out of state partners is to make sure as consumers, families, and disability advocates, to actively engage in this process in every way we can. Advocate for accountability and oversight of the managed care companies, attend public meetings, submit questions to Iowa DHS on the Medicaid Modernization homepage, and log on to FIND and post on the MCO WATCH group (see below for details). Volunteer to be a member of the chosen managed care company advisory committees and continue to advocate for policies that include consumers and families as decision makers and evaluators at levels.

Set the bar high for companies to implement flexible policies to include all types of ways to engage

consumers and family members. Transparency is crucial both in the information and communication shared with us. Remember not everyone can come to a meeting or has access to computers, or can read written information. Advocate for the creation of inclusive, cultural and linguistically diverse, across disability competency expectations and policies to make participation meaningful. It should be the standard for advisory groups to be made up of a majority of consumers and families—not a token representative. We will continue to share information and resources regarding best practices in order to support your engagement and advocacy.

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Tips and Tools for Effective Advocacy

Check out the following web resources for some basic tips and tools to help you think about effective advocacy as the state moves toward the transition to Medicaid managed care. ASK particularly recommends the resources available through [Advocacy University](#), the [Grassroots Action Center](#), and Iowa's Disability Policy Resource, www.infonetiowa.org.

JOIN THE DISCUSSION ON FINDFAMILIES.ORG!



Log on to FIND at www.findfamilies.org and join the MCO WATCH group to see the most up-to-date information and announcements on the statewide changes in Medicaid managed care. The group is open to the public, but you must be a member of FIND and join the MCO WATCH group in order to comment and post within the group.

FIND, which stands for Families of Iowa Networking for Disabilities, is a no-cost social networking website for families of individuals with disabilities, and is a great place to share resources, seek information and feedback, search for events and activities in your area, create blog posts, and much more!

www.findfamilies.org/group/mco-watch

ADDITIONAL OPPORTUNITIES FOR PUBLIC COMMENT

Over the next several months, there will be a number of meetings, public hearings, and other types of forums for you to share, or listen to others share thoughts, opinions, feedback, and suggestions about the proposed changes to Medicaid managed care. Watch for announcements of public comment opportunities through the Iowa DHS website, advocacy organizations, and television, print, and social media outlets.

There will be another round of public hearings and a 35-day written comment period for the proposed changes in the HCBS Waiver programs listed below.

- Health and Disability (HD) Waiver
- Physical Disability Waiver
- Brain Injury (BI) Waiver
- HIV/AIDS Waiver



The dates and times of the public hearings and comment period have not yet been announced, but those interested in participating are encouraged to monitor the [Medicaid Modernization homepage](#) of the Iowa DHS website.

Other Public Comment Opportunities Currently in the Planning Process

- **Medical Assistance Advisory Council (MAAC)** Legislation has passed directing Iowa DHS to hold monthly public meetings around the state to get input from stakeholders on the transition to managed care. The meetings will start in March 2016. The Executive Committee of MAAC is directed to take the feedback from these public meetings and turn it into recommendations for legislative or administrative action. For additional information, refer to the [MAAC homepage](#) of the Iowa DHS website.
- **Legislative Health Policy Oversight Committee** The intention of this committee is to review updates, data, and public input, and make recommendations for changes to the laws and rules governing Medicaid managed care. The committee will consist of Iowa Senators and Representatives appointed by the Legislative Council; however, each meeting will schedule time for public comment.

Consumers and Family Members Opposed to the Change

We are currently aware of two community-based grassroots efforts petitioning the proposed changes to from a Medicaid fee-for-service model to a managed care delivery model. The community advocates that initiated each petition will submit them to CMS once the official Iowa comment period is over.

[Deny Iowa DHS application for concurrent 1915\(b\) and 1915\(c\) waiver application submitted to include in the Medicaid managed care program.](#) This Change.org petition was initiated by an Iowa parent of a child with multiple, significant disabilities. In the introduction of the petition, the petitioner draws examples from Kansas' KanCare Medicaid transition "...and the issues that are now starting to surface surrounding it, particularly for persons with disabilities."

[Iowa Governor Branstad's plan to privatize Medicaid to Managed Care should be slowed down and reevaluated with adequate state oversight.](#) This petition, posted to MoveOn.org, was started by a community activist from Iowa, who is also an individual with a disability.

DID YOU KNOW?

All Access News newsletters, including the newsletters in this series, are available in plain text by request. Contact Ashley Gill at ASK Resource Center by calling (800) 450-8667, or via email at ashley@askresource.org.

UNDERSTANDING HOW TO NAVIGATE YOUR PLAN

The Patient Advocate Foundation's [Managed Care Answer Guide](#) was designed to help consumers make decisions about choosing a health care plan. Although the guide makes references to private insurance and employer health plans, the information is helpful for consumers of all types of health care coverage.

STEP 1 PRIORITIZE YOUR NEEDS

Make a list of you and/or your family's current and anticipated health care needs. Do you have a chronic illness that requires ongoing care? Are you anticipating having an elective surgical procedure or a pregnancy in the coming year? Are you interested in any specific health education services, such as weight loss or smoking cessation counseling?

STEP 2 EVALUATE YOUR MANAGED CARE OPTIONS

Assess the managed care plans available to you. Are they accredited? Can you use your current doctors and hospitals, or will you have to choose new ones? Which plans offer special programs that interest you, such as support groups or disease management for patients with cancer? What are the monthly premiums, co-payments and deductibles for each plan? Choose a plan based on your specific needs, plan qualifications and affordability.

STEP 3 CHOOSE YOUR PRIMARY PHYSICIAN

The plan may require you to select a physician from the plan's network, or it may allow you to continue seeing your current physician at an additional cost in the form of higher co-payments. Seek physicians who are qualified (board certified in the field of medicine you need), compassionate and who communicate well. When you meet with the physician discuss your expectations and preferences for your care. Ask questions about topics that are important to you, such as financial issues or concerns about your care.

STEP 4 ASSESS YOUR SATISFACTION WITH YOUR PLAN

If you are satisfied with the service provided by your plan, you should consider remaining enrolled. Take time to participate in consumer satisfaction surveys sponsored by your plan or your plan administrator. If you are dissatisfied with your plan, move to step 5.

STEP 5 ADDRESS YOUR DISSATISFACTION WITH YOUR PLAN

When dissatisfied with your plan, take action! First, file a complaint with the plan. If the plan does not resolve your complaint satisfactorily, then contact the state agencies that oversee managed care plans where you live. These include the state health and insurance departments and attorney general's office. The phone numbers for these agencies are in the state government listings in the phone book. File your complaint in writing, and document events as carefully as possible. Ask your physician(s) to advocate for you and provide the plan and state agencies with medical studies or expert opinion(s) that support your case in a dispute.

STEP 6 RECONSIDER YOUR MANAGED CARE CHOICES

When your complaint is resolved, reconsider whether you wish to leave your plan for another, or remain enrolled. Changing plans usually can be done only during open enrollment, which typically occurs annually or monthly. (Ask your plan administrator to find out for sure.) Provide feedback to your plan administrator about your problems with the plan.

ASK Resource Center



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