Iowa Auditor of State: Medicaid Feedback Form

1.Full Name



2.Unique Code



3.Phone Number



4.E-mail



5.Did you previously provide services to Medicaid clients under the fee for Service model?

Yes

No

6.Are you currently providing services to Medicaid clients through a Managed Care Organization (MCO)?

Yes

No

7.Which MCO's are you affiliated with?

AmeriHealth - Caritas

United Healthcare

Amerigroup

Iowa Total Care - Centene

8.How satisfied has your entity been with MCOs in terms of your ability to provide services to Medicaid patients?

Extremely dissatisfied

Dissatisfied

Neutral

Satisfied

Extremely satisfied

9.How satisfied have you been with MCOs in terms of timely and accurate payment for services provided to Medicaid patients?

Extremely dissatisfied

Dissatisfied

Neutral

Satisfied

Extremely Satisfied

10.Please identify from the choices below any results your organization has experienced as a result of moving from fee for service to MCOs? (Select all that apply.)

Potential increase in revenue/larger populations of patients to serve

Faster access of patient information, such as medical files

Increased types of services provided to patients





11.Describe timeliness of payments for services based on your experience.

Payments received in more timely manner from MCOs than under fee for services model.

Payments received in a less timely manner for MCOs than under fee for service model.

No significant change.

12.Describe your experience in settling claims for payment.

Settling claims is more complex and takes longer with MCOs than under fee for services model.

Settling claims is less complex and takes less time with MCOs than under fee for services model.

No significant change.

13.Describe costs associated with staffing and administrative costs, etc. based on your experience.

Costs have increased as a result of moving to MCOs from fee for service.

Costs have decreased as a result of moving to MCOs from fee for service.

No significant change as a result of moving to MCOs.

14.Describe the amount of uncollectible fees written off and/or issuance of debt based on your experience.

Uncollectible fees written off and/or issuance of debt has increased as a result of moving to MCOs from fee for service.

Uncollectible fees written off and/or issuance of debt has decreased as a result of moving to MCOs from fee for service.

No significant change.

15.Describe Medicaid policies, procedures, or guidelines based on your experience (check all that apply).

Policies, procedures, or guidelines have become appropriately more strict under MCOs than fee for service.

Policies, procedures, or guidelines have become inappropriately more strict under MCOs than fee for service.

Policies, procedures, or guidelines have become appropriately less strict under MCOs than fee for service.

No significant change.

16.What are the benefits of MCOs?



17.What are the benefits of fee for services model?



18.What are the disadvantages of MCOs?



19.What are the disadvantages of fee for services model?



20.On average, how many days did it take for your organization to receive payments under the fee for services model?

0-30 days

31-60 days

61-90 days

91 days or above

21.Have receipt of payments from MCOs been fairly consistent?

Yes

No

22.Did your organization experience any financial impacts due to lack of payment under the fee for services model?

Yes

No

23.If Yes please Describe



24.If you have lost revenue due to the privatization of Medicaid, please provide a total amount lost here:



25.If you have gained revenue due to the privatization of Medicaid, please provide a total amount gained here:



26.If you have had to terminate employees due to the privatization of Medicaid, please provide a total number here:



27.If you have been able to hire employees due to the privatization of Medicaid, please provide a total number here:



28.On average, how many days does it take for your organization to receive payment from a MCO?

0-30 days

31-60 days

61-90 days

91 days or above

29.Did your organization experience any financial impacts due to lack of payment under MCOs?

Yes

No

30.If yes, please describe:



31.What was the amount due from each MCO which was outstanding for 90 days or more for AmeriHealth - Caritas as of December 31, 2016 and each six month increment thereafter through June 30, 2019?



32.What was the amount due from each MCO which was outstanding for 90 days or more for United Healthcare as of December 31, 2016 and each six month increment thereafter through June 30, 2019?



33.What was the amount due from each MCO which was outstanding for 90 days or more for Amerigroup as of December 31, 2016 and each six month increment thereafter through June 30, 2019?



34.Have you had to incur any debt or loans to continue operations as a result of switching from fee for service to MCOs?

Yes

No

35.If yes, please explain:



36.Due to potential late payments provided by MCOs, have you decreased the number of Medicaid patients served your organization?

Yes

No

37.Was the increase or decrease in the number of Medicaid patients served decided by your organization or a factor beyond your control?

Organization

Beyond organization's control

38.Have you stopped providing services to Medicaid participants?

Yes

No

39.If so, was it due to any of the following?

Unable to financially sustain?

Unable to comply with contract terms?

Other

40.If other, please explain



41.What is the estimated range of changed costs due to the privatization of Medicaid for medical staff?



42.What is the estimated range of changed costs due to the privatization of Medicaid for administrative staff (process claims)?



43.What is the estimated range of changed costs due to the privatization of Medicaid for write-offs for uncollectible fees?



44.What is the estimated range of changed costs due to the privatization of Medicaid for write-offs for additional equipment such as computers, etc.?



45.Has your entity seen a change in services allowed or covered by MCOs which were/were not covered by fee for service model?

Yes

No

46.If yes, what changes have occurred?



47.Has your entity seen a change in services denied to Medicaid patients by MCOs?

Yes

No

48.Think right now of only your own organization's experience, and ignore what you have heard or read about other organizations. How does your entity believe the change to privatized Medicaid has impacted the quality of medical care and attention people receive?

Harmed or impeded quality of care significantly

Harmed or impeded quality of care somewhat

No impact

Improved or facilitated quality of care somewhat

Improved or facilitated quality of care significantly

49.Think right now of only your own organization's experience, and ignore what you have heard or read about other organizations. How does your entity believe the change to privatized Medicaid has impacted the access of medical care and attention people have?

Harmed or impeded access of care significantly

Harmed or impeded access of care somewhat

No impact

Improved or facilitated access of care somewhat

Improved or facilitated access of care significantly

50.Additional comments or concerns: