



UnityPoint Health

Government & External Affairs
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June 30, 2021

Director Liz Matney
Iowa Medicaid Enterprise
Iowa Department of Human Services
Attention: IME Managed Care 2021 Quality Plan
1305 E. Walnut Street
Des Moines, IA 50319

RE: Iowa's Managed Care Quality Assurance Plan 2021, published on June 1, 2021

Submitted electronically via IMECommunications@dhs.state.ia.us

Dear Director Matney,

UnityPoint Health appreciates this opportunity to provide comments on the Iowa's Managed Care Quality Assurance Plan 2021. UnityPoint Health is one of the nation's most integrated health care systems through more than 33,000 employees and relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities, and 14 home health agencies. Throughout our nine regions, UnityPoint Health provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UnityPoint Health provides a full range of coordinated care to patients and families through more than 8.4 million patient visits.

As Iowa's largest fully integrated health system, UnityPoint Health provides services to Medicaid patients in all 99 Iowa counties. In 2020, UnityPoint Health provided services to Iowa Medicaid patients through 19,927 inpatient hospital visits, 3,239 psychiatric and substance abuse hospital visits, 5,112 births, and more than 250,000 emergency room visits. As an active partner in Iowa's health, UnityPoint Health appreciates the time and effort of Iowa Medicaid Enterprise (IME) in developing the proposed Managed Care Quality Assurance Plan and we respectfully offer the following input on specific areas as outlined below.

Managed Care Quality Assurance Plan

IME has released Iowa's Managed Care Quality Assurance Plan, a guidance document to oversee Iowa's Medicaid managed care programs and to explore utilizing clinical outcome-based research in the development of a set of measures to complement existing systems.

Comment: Medicaid enrollment has increased throughout the COVID-19 pandemic. As enrollment swells, Iowa's commitment to high-value care for all Medicaid members needs to remain consistent and quality

standards must remain resolute – an expectation of patients/members, a mandate from IME as the regulatory body, a duty of the MCOs as the health plans charged with administration, and a practice norm and care commitment delivered by network providers. **UnityPoint Health and its network of providers are committed to providing high-quality care and services to all patients, and supports the stated intent of the Managed Care Quality Assurance Plan.**

After reviewing the proposed plan, UnityPoint Health encourages IME to consider strengthening the following tenets throughout the plan document:

- **Quality Standards Consistency**: **Quality standards should be set forth that reduce the ability of each MCO to create separate and disparate standards.** As the number of MCOs increase within Iowa, the requisite administrative and compliance burden for providers multiplies. Historically, each MCO has established varying quality processes and procedures per their interpretation of the quality plan and in reliance on past practices. With the State indicating its intent to contract with upwards of six MCOs, this may result in varying interpretations of the Managed Care Quality Assurance Plan – each with different processes, procedures, and areas of emphasis. **UnityPoint Health urges IME to be more prescriptive with MCO quality requirements**, so that providers have better defined guiderails upon which to operate among various MCOs.
- **MCO Accountability**: The Managed Care Quality Assurance Plan includes numerous expectations for MCO quality performance. **UnityPoint Health is concerned with the potential that lower MCO quality outcomes will be misattributed to providers.** For instance, it appears that the new plan will rely heavily on Consumer Assessment of Healthcare Providers & Systems (CAHPS) results; however, the plan does not identify which CAHPS version is envisioned and how performance relates to MCOs or network providers.
- **Value-Based Arrangements**: UnityPoint Health's Accountable Care Organization (ACO), UnityPoint Accountable Care, has been in existence for over a decade, and UnityPoint Health has increasingly been involved in risk-based, value arrangements with both governmental and commercial payers. **UnityPoint Health believes this quality plan is a missed opportunity to further mandate MCOs to pursue value-based arrangements and engage with providers to innovate in the quality space.** Like providers under Medicare Part B, IME should consider instituting penalties for MCOs that are not transitioning their provider agreements to value-based arrangements.

Member Satisfaction Surveys

IME has presented plans to deploy their annual survey focused on understanding member's experience with health care as well as helping MCOs use the results to improve the quality of care.

Comment: UnityPoint Health appreciates IME surveying the Medicaid population to effectively measure member satisfaction, similar to efforts by Medicare Advantage health plans. UnityPoint Health and its ACO also utilize CAHPS surveys and, as such, **we suggest that IME identify which CAHPS version will be used within the quality plan.** This will allow transparency in survey questions, may reduce potentially duplicative surveying, and may enable providers to demonstrate value on relevant survey questions. In addition, **we**

recommend that IME require MCOs to provide health care providers with actionable response data to target opportunities for improvement. Health care providers would like to partner with MCOs to enhance quality outcomes and patient/member experience; however, providers are hampered to drive improvement without understanding which patients/members were surveyed and if these patients/members were attributed to them.

Grievance and Appeals System

IME has outlined appeals and grievances as well as the request process within the Managed Care Quality Assurance Plan.

Comment: UnityPoint Health is pleased that IME is strengthening the grievance and appeals process for members to address issues such as access in rural areas, cultural competency in care, and patient dignity and rights. Recently, the grievance and appeals process has provided recourse for members who, during the course of treatment, experience care gaps because their provider is no longer contracted with an MCO, whether due to the provider dropping out of the MCO network or the MCO terminating the provider's network agreement. **UnityPoint Health believes this new process better outlines where to direct member complaints and how to contact local representatives,** which ultimately provide members with more definitive options and better consumer satisfaction.

Addressing Health Disparities

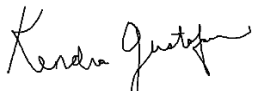
IME has outlined Future Pay for Performance outcomes to include a Health Equity Plan that addresses health disparities as well as a Potentially Preventable Events project that intends to break out utilization measures by subpopulations.

Comment: UnityPoint Health supports the intentional focus on health equity for Iowa's Medicaid population, whose heightened socioeconomic risk factors correlate to poor health outcomes. As health equity becomes a national focus, **UnityPoint Health encourages IME to align and standardize the use of "equity" as defined in the federal Executive Order on Advancing Racial Equity and Support for Underserved Communities.**¹ In particular, "(a) The term 'equity' means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (b) The term 'underserved communities' refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity'." **UnityPoint Health not only supports a broader definition of health equity, but also urges IME to use a consistent definition encapsulated in the federal Executive Order.** A health equity approach that varies from federal equity categories or social risk factors is confusing for patients, providers and MCOs and embeds additional burdens for complying with these varying standards and/or definitions.

¹ (<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>)

UnityPoint Health appreciates the opportunity to provide input on Iowa's Managed Care Quality Assurance Plan and its impact on UnityPoint Health and our patients and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Ashley Thompson, System Director of Government & External Affairs, at Ashley.Thompson@unitypoint.org or (515) 537-6089.

Sincerely,



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System Executive Director Clinical Excellence & Process Improvement



Ashley Thompson, MPH
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