

September 14, 2021

To: Amerigroup-

RE: The death of my daughter, Brianna Stevens and Medicaid. Letter 2

I have been appointed as Administrator of the Estate of Brianna R Stevens. I am writing this letter to discuss the death of my daughter Brianna Stevens this year on March 29th, and our experience with the Amerigroup/DHS Medicaid managed care organization. Brianna had depression and anxiety over at least a 10-year span. She was very bright and had college degrees from Drake U in biochemistry and molecular biology and a master's degree in Biosciences from Iowa State University. She worked in the medical field and aspired to be a physician one day. She read many books in science and literature, played piano, and was a high school varsity athlete in soccer and basketball. She had been a grad student at ISU with a 4.0 grade point average, graduating in August of 2020. Unfortunately, she also had severe anxiety and depression that became increasingly difficult to treat, especially during her college years. From March of 2020 to February of 2021, she had experienced four hospitalizations for suicide attempts. During the last hospitalization she was discharged on February 28th. She was on maximum drug therapy for her depression and anxiety on four different psychiatric medications. Because of her severe depression with suicidal ideations and behavior, she fit all the criterion for a treatment with the medication-Spravato-approved by the FDA in March of 2019. Her psychiatrist recommended this treatment because of his experience of past good results with this treatment. Alternatively, she would have fit the diagnostic criterion for ECT or electroconvulsive therapy, but her psychiatrist indicated that she may experience some decline in memory and cognition with ECT and was not as well suited for her. The preauthorization was sent to her insurance provider, which was Amerigroup Medicaid insurance. In spite of Brianna having all the diagnostic criterion for the Spravato treatment, the request for her treatment was denied by Amerigroup Medicaid insurance. The Spravato provider tried for over three and a half hours on the phone with Amerigroup, trying to obtain approval for Brianna's treatment, but to no avail. He also explained that Amerigroup had no official billing process for Spravato treatment. The provider had to get on the phone with them and try a so-called expedited approval process that could take hours and worked about 50% of the time. I also learned from providers that Spravato has an effective response rate in major depression-probably 75% of patients respond positively and show improvement in their behavior, mood, and functioning. We were appealing the denial, but before we received a response, Brianna passed away on March 29th from suicide.

Drug therapy for major depression has approximately a 50% response rate which leaves approximately 50% of the patients as non-responders. This is a large group of non-responders with major depression who are at risk for suicide and become candidates for additional therapies. Suicide remains the second leading cause of death in ages 15 to 44 years old. Drug overdose death is increased by almost 40% in the past year. The most effective treatments for major depression medical non-responders with suicidal ideation or behavior is Spravato or ECT (electroconvulsive shock therapy).

I am writing this letter to ask several questions and as the administrator of Brianna's estate, I would appreciate your response in answering the following questions:

- 1 What was the basis for the denial of treatment for Brianna? She fit all the diagnostic criterion for the treatment recommended by her treating physician. Who is responsible for the utilization review process in a denial of treatment and what is their level of training in those individuals? Did whoever denied the psychiatrist recommended treatment have any awareness of the Brianna's history when they are denied the recommended treatment? Can you explain how Amerigroup Insurance somehow has knowledge that supersedes the medical provider's recommendations and vetoes their recommendations? Shouldn't Amerigroup and other MCOs have quality measures that should be met? Their percentage of treatment denials should be known, especially when denied treatments are those recommended by their health care professionals.
- 2 In cases when a treatment recommended by the patient's personal physician is denied by Amerigroup/DHS, what are the outcomes? Do you keep a record of your denials and resulting patient outcomes in those cases? In this case, I can inform you that Brianna passed away from suicide 11 days after the Amerigroup denial, while awaiting the results of the appeal.
- 3 In reviewing insurance claims, I know that private insurance companies and Medicare insurance companies in the Des Moines area, have been approving Spravato treatment for the past two and one-half years. The FDA approved Spravato in March of 2019. Yet Amerigroup Medicaid did not have a standardized coding and billing process for this treatment in place in March of 2021 when Brianna passed away. It could only be approved by a special "expedited process" that the local Spravato clinic provider stated worked about 50% of the time. Does the Medicaid MCO have a fiduciary responsibility to Medicaid patients, to provide care that is representative of the standard of medical care within the Des Moines community? Why does the Medicaid system lag behind the private system and the Medicare system that already has been approving Spravato treatment for patients like Brianna for the past two years? I found that Amerigroup finally got around to having a diagnosis and billing code that works for Medicaid recipients for their treatment with Spravato and that was finally approved on July 1, 2021. During the 2 ½ years it took Amerigroup to establish a procedure code for this treatment, how many other patients were denied this treatment and suffered a similar fate, as Brianna did.
- 4 Brianna had been hospitalized for 9 days till Feb 20-28. Her psychiatrist recommended Spravato treatment in early March, and the Amerigroup/DHS' denial for Spravato came around March 18. She passed away from suicide on March 29. Since the Feb 2020

hospitalization was her 4th time with a suicide attempt within a year, and her provider recommended Spravato, approved for what she had-major depression with suicidal ideation and behavior-I would like Amerigroup Insurance to explain how a denial of Spravato treatment was going to provide any kind of benefit for her? Within the capitated model of care, how can this be anything but an issue of money? Shifting money for care away from patients, who are admittedly the sickest and in the highest need, and to others-executives, medical officers, shareholders and out-sized profits.

- 5 While we see that the MCO industry has ballooned into an \$800 billion industry and that Medicaid MCOs on Iowa have been receiving 8-8.8% pay raises every year paid by taxpayer money, what is the hard working, tax-paying Iowan receiving in return for all this huge amount of money paid to Amerigroup and Medicaid MCOs.
- 6 What percent of Iowa taxpayer money goes to patient care and what percent goes to company executives and medical officers salaries. Currently the Iowa taxpayer has no transparency on what they are paying Amerigroup for, yet we know that Amerigroup takes a 8-8.8% pay raise each year, compliments of Iowa taxpayers.
- 7 Amerigroup is a for profit company with stock listed on the New York Stock Exchange. When looking up Amerigroup, no financial information is provided- like revenue and expense totals. All other stocks provide this basic information on the NYSE. I think the public would prefer the light be shined on these figures rather than functioning in the darkness as it is now. What is the purpose of hiding these figures?

Lastly, Brianna's psychiatrist spent significant time with her, explaining the Spravato treatment and reasons for this therapy. Amerigroup/DHS should understand the denial of this treatment was a complete devastation to Brianna. It put a big dent in her will to continue to overcome her problems with mental illness. She expressed much disappointment that Amerigroup no longer was acting for her benefit. Instead, Amerigroup/DHS was now working against her. For Brianna, this decision turned to be a life and death decision. She passed away 11 days later. She felt that Amerigroup/DHS was no longer seeing her as a human being with a need for health care but was seen as a product or a tool of profit within the capitated managed care system. She felt de-humanized by the managed care system that was now working against her and no explanation provided by Amerigroup. Apparently, she reasoned that the treatment plan was just too expensive to approve, in the spite of her being in a time of need for the Spravato treatment. Brianna also could not find a human being to speak to regarding Amerigroup's decision with the information provided on the denial letter. When she called the number provided by Amerigroup for an explanation, her call was answered by a high-pitched Fax noise. Brianna was a very intelligent, beautiful 26 year old woman. We had hope that she had her life ahead of her life ahead of her. That is gone now. The only communication from Amerigroup came in a terse letter addressed to Brianna that since she was deceased, she would now be dropped from your plan. The last question I have for Amerigroup/DHS-Is there any behavior in your organization that resembles compassion in the care of your Medicaid recipients? If so, I have certainly not seen any evidence of it.

Lastly, to all of you at Amerigroup, If you had a family member who experienced this, I am certain you would have similar questions.

Thank you for your time and consideration.

Craig Stevens, MD

[REDACTED]

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[REDACTED]

Brianna resided in Clarke Co with her mother, so will be sending this to Joel Fry in Clarke Co as well.