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Chairman Romanchuck, Ranking Member Sykes and members of the Subcommittee,

My name is David Mirkin. I am President and CEO of Mirkin & Associates, Inc. dba Comfort Keepers. We are one of the largest Medicaid Waiver providers in the state. We employ 300 people and provide over 7,000 hours of care to 500 consumers each week. We have provided services through the MyCareOhio Program since its inception. I would like to discuss the problems that we are having with one of the managed care providers.

In January of this year United Health Care instituted a program that has now increased our receivables from their organization to over \$100,000. That is approximately \$60,000 more than last year at this time. This amount is increasing each week. United Health Care describe this program as “oversight”. I have been in this industry for 15 years and I have never had a problem with oversight. I welcome oversight. The way that United is doing this threatens the cash flow of every provider and can lead to the collapse of the provider network. I surely don’t have to tell you; how costly the lack of home care providers will be to the State of Ohio.

Please allow me to explain this program. My agency bills the MCO each week after the services are provided. Up until January we were then paid within 10 days. Now we bill, then approximately 2 weeks later United requests documentation. The compiling of documentation is a time consuming and costly procedure, which takes us a few days to submit. After our submittal, our reimbursement, which is sporadically received, takes another 3 weeks for United to process. So now instead of 10 days for reimbursement we are looking at a minimum of 6 weeks. We have received these requests for documentation every week for the last 6 weeks. I am at the point where I have instructed care managers not to give me any more referrals for United Health

Care consumers. Although this is unfair to the seniors and disabled individuals, it is for my financial protection. If this happens to me, a large provider, what happens to the smaller providers? It can reach the point where it is financially prudent to discontinue services to United consumers as opposed to allowing them to destroy provider cash flow.

Please understand that I am all for oversight. But this program is unfair. The Area Agency on Aging has provided oversight to us for 15 years in a very fair manner. Also, Caresource, our other MCO, allows the Area Agency on Aging to provide their oversight. With the AAA procedure, the compliance officer comes to our office each Fall and reviews paperwork for 3 prior months. Not only is this a fair system, but a much more thorough investigation. If any discrepancies are discovered they will bill back the provider. They do not hold back our payments on the chance that they may find a discrepancy.

I believe that there are some very serious problems with this managed care system. First, some MCO's have made the lines of communication for both the consumer and provider very difficult. When MyCareOhio was introduced we were told that the Area Agency would be the front door for the program. That is not happening. As a provider, I find communication very difficult with UHC. Without this communication consumer's care suffers. When emergency health issues arise and changes to care are needed, it is difficult to get the appropriate people. Managed Care Organizations have added another layer to navigation through this system. I will say without a doubt that person centered care suffers with MCO's.

Let me give you one example. We have a consumer who lives in Hubbard, OH. She had a doctor appointment in Warren, OH. The MCO arranged for her transportation. When her appointment was done, the transport picked her up and took her 60 miles out of her way to Cleveland. She was made to wait there for over an hour while another woman was ready to return home. A 20-minute ride took over 4 hours.

Thank you for the opportunity to present this information. This lack of concern for the providers and consumers by the MCO must stop. The Medicaid Waiver Program provides a wonderful service. It is a win-win program. The consumers can remain at home where they desire and the State of Ohio saves millions of dollars for their care. I ask you to please do what you can to assure that this service will be available for generations to come.