

Written Testimony to the Finance Subcommittee on Health and Human Services

March 21, 2017

Rose Thome, Mycare Managed Care Member

My name is Rose Thome and I have been as resident at Welcome Nursing Home since 2011 and have been participating in the Ohio MyCare program since its inception in May 2014. I take an active roll in my overall medical care and am assertive with my medical needs.

I initially picked to participate in the Caresource MyCare plan as a Medicaid only benefit effective May 1, 2014 and then was auto enrolled as a Caresource Dual when the medicare benefit was added to the MyCare Plan. Initially benefits seemed rich. I was able to qualify for a new pair of glasses with progressive lenses and the sun tint transition. This extra benefit was short lived and was never offered again.

In May, 2015 I decided to switch to Buckeye because their plan was richer with Medicare benefits. Almost a year later, it was clear that the transportation problem with Buckeye, was not conducive to appointments in the community that I needed. With Buckeye, transportation has to be set up at least 24-48 in advance and then you have to wait an hour and a half from their point of dispatch to get picked up. This situation was unnerving, not knowing if or when you would be picked up. The facility staff and the MyCare Plan Care Coordinator spent many hours on the phone trying to find a better transportation plan but with no solution. Even the Care Coordinator that represented the MyCare plan was disappointed in the Transportation process.

It is important to me to be able to still stay connected to my community physicians, so Power wheelchair accessibility transportation is very important to me. Effective March 1, 2016 I decided to give up the richer Medicare benefits and go back to the Caresource MyCare Plan where transportation would be more accommodating to my needs.

It was time for me to purchase new prosthetic bras and in the past they were covered by Medicare up to \$300.00 for the prosthetics. I was surprised to find out that my Mycare Plan would not cover the prosthetics or the bras. I would have had to use my resident fund money to purchase these needed products. It had been 8 years since my last prosthetic bra purchase. I was forced to drop the Medicare MyCare benefit in order to get my bras covered by insurance.

During this same time, I had a dental appointment with my dentist. He refused to treat unless I guaranteed payment because he was not getting reimbursed from my current MyCare Medicaid plan. My Dentist explained that he had so many unpaid Caresource claims that he could not continue with MyCare Carsource patients until payment was made. Making the decision to drop the Mycare Medicare benefit for the one month to get my bras, interfered with both my dental appointments and my neurologist appointment.

It was clear that I needed to go back on the CareSource Dual coverage for Medicare and Medicaid to get a comprehensive coverage. But that did not solve all my care issues. My dentist finally agreed to see me as a CareSource Mycare patient and referred me to a specialist to get a tooth extracted. However, no specialist could be found that accepts Caresource. At this point I will not have my tooth extracted until it really starts bothering me. I have also learned that Caresource will only pay for "generic" crowns that are guaranteed for only 1-3 years, instead of individually sized crowns that come with a lifetime guarantee.

In the beginning it seemed that becoming a MyCare participant would have provided "enhanced benefits" for Medicaid recipients. It seems now, that if anything, benefits have been reduced. Not to mention it has complicated the process of knowing what is covered and what is not covered. It seems that each MyCare plan has a different list of what will be covered and what won't be covered. I do utilize my Care Coordinator when necessary, and she is always in a position to have to clarify benefits from her supervisors, who often also don't have the answer. Mycare has done nothing to coordinate my medical needs and to improve my medical coverage and service.

Thank you for considering my delima.

Sincerely,

A handwritten signature in black ink that reads "Rose Thome". The signature is written in a cursive style with a large, stylized initial "R".

Rose Thome