



**Testimony on House Bill 166
State Biennium Budget
Andrea Kovall, CHI Health at Home
Wednesday, April 10, 2019**

Chairman Romanchuk, Ranking Member West, and Members of the House Finance Subcommittee on Health and Human Services, thank you for allowing me to provide testimony today on HB166—the state budget. My name is Andrea Kovall and I am the Vice President of Payer Relations at CHI Health at Home located in Milford, Ohio. I am testifying today to ask for your support to address some of the challenges with Ohio's Medicaid managed care program and MyCare Ohio that are impacting payment to home health providers and, more importantly, disrupting patient access to health care.

CHI Health at Home is the national home health services division of Catholic Health Initiatives, a faith-based non-profit health system. In Ohio we provide skilled home health services in forty eight counties, with physical locations in Cincinnati, Dayton, Lima, Marion, Springfield, Zanesville and Barnesville. In 2018 CHI Health at Home's clinicians provided home care to 3,500 Ohio Medicaid recipients, and 400 MyCare Ohio patients. CHI Health at Home's faith-based mission serves as the foundation for the care we provide – to improve the health and well-being of our communities. As the healthcare industry strives to improve access and health outcomes, our Catholic legacy of caring for the poor and most vulnerable has never been more relevant than it is today.

Working with the Medicaid managed care organizations presents unnecessary administrative burden for all providers; while our focus today are the challenges faced by home care agencies, it goes without saying that all healthcare providers in the state of Ohio struggle with similar issues. The plans have inconsistent policies and procedures – that often even they cannot administer. There are barriers to transitioning Medicaid patients from an acute care setting to home care because of overly complicated pre-authorization requirements and a lack of collaboration from the managed care plans. Moreover; home health agencies are at the mercy of the plans' ability to pay claims accurately and timely. CHI Health at Home's administrative, back-office resources required to treat our Medicaid patients is five times that of a traditional Medicare patient. We struggle to get contractual payments in a timely fashion; if payment is made at all it is frequently incorrect and further complicated by recoupments and incorrect claims reprocessing. Our organization has resorted to filing provider complaints to ODM simply to get a response from the managed care plans.

To illustrate the challenges in working with the Medicaid managed care plans, I would like to share one real-world example that is very concerning. American Mercy Home Care, located in Cincinnati, provides home care visits to moms and newborns after



discharge from the hospital. Due to claims system limitations, and lack of clarity around coding requirements we are not paid for care provided to infants who are older than thirty days when discharged from the hospital and have been in the NICU with complications. American Mercy has worked with multiple CareSource provider representatives since 2014 to address this issue and submitted complaints to ODM. It is still not resolved; however, in good faith we continue to provide care to CareSource's members. While Hamilton County has seen an improvement in infant mortality, it is unfortunate that CareSource is not doing everything it can to ensure its members have access to care, and that their network providers are reimbursed for the care they provide.

We need to get these issues fixed, so I'm here ask for your support to address these problems. Thank you again for allowing me to testify today. I'm happy to answer any questions you may have at this time. Thank you.