



Testimony on House Bill 166

State Biennium Budget

David Besancon – Maxim Healthcare Service LLC

DATE OF TESTIMONY

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 David Besancon and I am the Director of Business Operations at Maxim Healthcare Services LLC in Columbus Ohio. I come before you today asking for your assistance to stabilize skilled home health Medicaid rates, which are nearing a crisis because they are so low.

Skilled home health rates are the same today as they were in 1998. The lack of investment in this area has created critical access issues for some services and has left many patients forced to seek more expensive care in nursing homes or hospitals. With Medicare expenditures three times higher than Medicaid, and with expensive new regulatory requirements such as EVV, my agency's ability to continue to provide Medicaid services is now in jeopardy.

Maxim Healthcare provides homecare services to over two thousand patients across all of Ohio. We primarily service the most fragile individuals that need skilled services to manage their chronic condition, and keep them safe in the community. Some of those individuals we serve are children and adults on ventilators that will need a nurse ongoing. Our goal is to keep individuals in the setting that gives them the best chance to thrive, be happy, and be able to access the community in which they live.

The lack of a rate increase has created circumstances in which it is increasingly difficult to accept Medicaid patients. As an agency we do not actively engage referral sources in which their primary patient is going to be Medicaid. As an agency we need the Medicare and private insurance patients to stabilize the business because their rates are more in line with a sustainable business model. In order to provide qualified nursing staff to the most fragile in our community, our agency commits to additional training to those nurses. In most cases that training equates to around a thousand dollars per nurse. This nurse will need to work 3-4 months in order for us to capture back that investment. If the patient was funded by an insurance case it could be recouped in a month.

When the rate reduction for nursing visits happened several years ago it caused a dramatic change in who we can help. After we did a wage reduction for our nurses we had to look at who we can afford to help and who we cannot. We used to admit 2-3 individuals per week that were typically under DODD and in one of the waivers and these individuals needed the skilled interventions in order to remain safe in our community. We used to facilitate discharges from SNF and provide the skilled nursing whether temporary or permanent to ensure everyone has the right to live in the least restrictive residence in our communities. Today we are no longer actively pursuing this patient population. The reason is not due to lack of knowledge, lack of need, or lack desire to help. We no longer pursue this because we are not able to pay nurses a wage that motivates them and keeps them employed. It is a troubling realization that something I started 14 years ago may end because we can no longer find nurses willing to do homecare.

We cannot continue to provide Medicaid services if the State of Ohio is not willing to support reimbursement rates that cover the costs of providing care. This is not something that we take likely, but when Medicare pays three-times more for the same services and the number of Medicare recipients is growing, it's a simple economic decision.

It's for these reasons that I humbly ask for your help with increasing the home health Medicaid rates in this budget. Thank you again for allowing me to testify today. I'm happy to answer any questions you may have at this time. Thank you.