

**Testimony on House Bill 166
State Biennium Budget
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Visiting Nurse Association of Ohio
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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 Lisa Kristosik, and I am the President of Visiting Nurse Association of Ohio, and we provide the largest scope of home-based services in 17 counties in Northeast Ohio.

As a nonprofit organization, we have an obligation to our mission to serve the most vulnerable populations in our communities. Many of these populations receive Medicaid assistance for healthcare issues. However, our ability to continue to provide these home-based Medicaid services is now in jeopardy. 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. In fact, skilled home health reimbursement 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.

Currently, we are one of the few home health agencies in the state who provide pediatric nursing services at home. We currently work with the NICU at Metro to assure that these tiny, fragile patients receive the follow up care at home once they are discharged from the NICU at Metro. Our initial outcomes have been wonderful, and we have seen a reduction in NICU days as well as a reduction in readmissions for these babies. At a reimbursement rate of \$8.72 for 15 minutes, a typical RN visit (about 30 minutes), yields only \$26.16 when it actually costs us about \$84.00 for the visit, not to mention the time we pay our staff for travel and documentation. This results in an estimated yearly

loss of \$250,000. However, the need is clear: in just the first year of the program, we had 309 admissions. Currently, in 2019, we have 67 admissions.

One pediatric patient received VNA home care services from her birth through her open heart surgery about six months after she was born. Without VNA, the parents told us, they would have been at the hospital much more frequently. Knowing that our nurse, Stephanie, was coming to see them every Friday was a huge relief to these parents.

We cannot continue to provide Medicaid services if the State of Ohio continues to pay the current reimbursement rates that don't even come close to covering the costs of providing care adequately, not only to the NICU babies, but the entire Medicaid population.

As good partners with state Medicaid and Managed care, we would be interested in piloting new models to improve quality of care as well as access to home care services. We would be open to a shared savings solution, including value-based purchasing and pay for services, or possible a pay for performance model where we would focus on quality outcomes and lower re-hospitalization rates. These types of models have the ability to actually save Medicaid dollars related to hospital stays and readmissions. Having the healthcare at home is certainly a more cost effective service as opposed to hospitalizations and emergency room visits.

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.