

Testimony to the Ohio Senate Finance Health & Medicaid Subcommittee

Regarding: Managed Long Term Services & Supports

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President - Welcome Nursing Home.

Good afternoon. I am Jill Herron, the owner and Administrator of Welcome Nursing Home - a 102 bed skilled nursing facility in Oberlin, Ohio. I am a third-generation owner/operator; our family has been providing long term care services to people in our community since 1945.

I am here today to bring you a glimpse of the daily service delivery challenges our Medicaid residents have faced because of MyCare Ohio, and to urge you not to expand managed care in long term care without conducting a detailed review of this current managed care pilot project underway in Ohio.

Welcome Nursing Home has participated in the pilot since it began in May 2014; currently about half of our residents are enrolled in a MyCare Plan. In Lorain County, we have three Managed Care Plans representing the MyCare Ohio clients. Preparing to work with three different plans, who each have unique rules and processes, required us to divert significant staff hours from other resident-centered functions to manage the coordination of these additional programs, and

this has not changed. More importantly, once our residents were enrolled in MyCare, weeding thru the details of each plan has been daunting.

It was clear at the time, and remains true today, that **managed care companies do not understand the unique needs of the long-term care population in skilled nursing facilities.**

Transportation Services for Medical Needs under MyCare have been horrifying.

Due to the significant medical needs of our residents, many require medical appointments outside of the facility. Getting transportation scheduled is only half the battle, it is a risk as to whether or not they show up; and on many occasions the vehicle that arrives is less than desirable. Some Managed Care plans require 48 hours' notice for medical transportation. If a resident needs immediate intervention, for example a blood transfusion or an urgent Dr. Appointment, the facility must facilitate the transportation. Fortunately, we do have a wheelchair accessible bus and when necessary we are able to accommodate the resident - but staff have to be reassigned from other residents in order to provide the transportation. Ambulette transportation to medical appointments is a Medicaid covered benefit and should be covered by the Managed Care plan, yet it rarely is a smooth process.

Care Coordination Services were touted as one of the major benefits of MyCare Ohio when it was introduced. There is no argument that the plans have been helpful to Community Based Clients. However, in Long-Term Care Facilities this is not the case. The reality is the care managers do very little in terms of “care coordination”. Long Term Care Facilities have been coordinating care forever. Our internal teams have always coordinated comprehensive home going plans for short term residents, and have coordinated the medical and psychosocial needs of Long Term residents. What the MyCare plans provide is a duplication of services and frankly it just doesn’t happen in our environment because it already existed. It is yet another service the plans are being paid for, but do not provide.

Paying Simple Medicaid Room and Board Claims have been challenging for the plans because they do not understand the long-term care business. Managed care plans are accustomed to paying medical claims, but most of our standard billing is for room and board charges. They struggle to manage common long-term care events such as changes in resident resource amount, and payments for bed hold days. When one of these events occur, it takes months for the plan to process the corrections. Many of the corrections we are waiting for are from the inception of the MyCare over two years ago. Not only does this disrupt our cash flow, but staff

time must be diverted from other facility responsibilities to resolve these numerous payment problems.

The managed care plans are inconsistent with their coverage. MyCare Plans are a Medicaid replacement product and should provide the same benefits as traditional Medicaid, yet, they have each created their own list of covered benefits. This causes residents to experience delays in receiving services to which they are entitled, or possibly not receive them at all.

One example is the coverage of Specialty Wheelchairs for individuals who require custom seating. Two of the MyCare plans in our area will cover them when medically necessary, and one will not. Medicaid beneficiaries should all be entitled to the same minimum menu of covered services regardless of who is covering them.

The second example is a Referral our facility got just this week. This is a 64-year-old woman who needs placement for significant wounds on her legs, pain management, Diabetes Management and Therapy. She failed at home with home health care and returned back to the hospital for another inpatient admission. Her only insurance is a Stand-alone Managed Care Medicaid plan (not a MyCare Dual). Her Medical needs for supplies and specialized services alone exceeded the daily

rate that her Managed Care plan would pay. The plan stated that her coverage was an “all-inclusive rate” and would not allow any direct billing by the pharmacy for prescriptions, Lab services, or any other ancillary service - as is standard with traditional Medicaid. This current example is, without a doubt, what will become the standard with an unstudied expansion of Medicaid Managed Care.

In conclusion, expanding managed care universally to the long-term care population is simply a mistake at this time. The MyCare Ohio pilot project has not validated that managed care should be expanded. If data exists to demonstrate that the MyCare pilot is achieving quality outcomes for the long-term care beneficiaries, I have not seen it. I do know that the MyCare beneficiaries who live at Welcome have not benefitted from this extra layer of bureaucracy between them and their Medicaid covered services. The long-term care profession achieves demonstrated positive outcomes thanks to the thousands of committed employees who are dedicated to delivering quality, person-centered care. Instead of assisting in this endeavor, MyCare Ohio has diverted staff from working directly with residents to managing a program that continues to have many kinks that

need to be worked through, and has failed to deliver the services it is being paid to provide.

I urge you to take a few minutes and go to the Ohio Department of Aging's Ombudsman's website using the link I have provided in my written testimony:

<https://aging.ohio.gov/services/ombudsman/MyCareOhio.aspx>

You will find two testimonials from Medicaid beneficiaries who had to utilize the Ombudsman service to force their MyCare Ohio plan to pay for covered benefits.

To expand managed care to provide long-term care services and supports would be a grave disservice to the Ohioans most in need.

Thank you for allowing me to share my experience with you as you consider what is best for the aging population of Ohio. I would be happy to answer any questions you may have.