



Senate Finance – Health and Medicaid Subcommittee  
Testimony  
King Stumpp, President & CEO, Netcare Access

Chairman Hackett, Ranking Member Tavares and members of the Senate Finance – Health and Medicaid Subcommittee, thank you for allowing me to testify today regarding the Medicaid Behavioral Health Redesign.

My name is King Stumpp and I am the President & CEO of Netcare Access located here in Columbus, Ohio. Netcare is a 24/7/365 day a year Psychiatric Crisis & Emergency Services Center for people in crisis from mental health and substance abuse disorders. Our centers here in Columbus saw 17,000 citizens last year, 60% suffering from substance abuse and 60% of that number exhibiting opiate dependence. Netcare employs 270 round the clock staff consisting of doctors, nurses, social workers and techs to provide this crisis care and we are on the front lines of the opiate epidemic in Central Ohio.

I am here today because I have many concerns about the current Medicaid BH Redesign:

First and foremost, Ohio crisis facilities, like Netcare Access, stand to lose 29% of Medicaid reimbursement under this redesign. Given that Medicaid expansion provided few resources to increase service capacity, despite expanding service to 700,000 Ohioans, this rate reduction is a harsh penalty, particularly in light of the opiate epidemic. Our center cannot withstand such a reduction and will be forced to reduce capacity and lay off workers.

Timely payment for services is also an issue and we are concerned about the timeframe for testing the IT and electronic health record changes that will be required to accommodate the redesign. Our agency operates on a \$16 million budget but we have only a 30 day operating reserve. IT changes take time and are expensive unfunded mandates. I have been in the BH field for over 30 years and I have yet to see these transitions go off as planned or on time. The current timeframe of beginning testing in mid-May and operational by July 1 is unrealistic.

I can also tell you that the decreased system capacity that will result from rate reductions and unrealistic timelines will result in a shift to more expensive levels of care, such as hospital ERs, which are already overwhelmed. Jails will also see a dramatic influx of mental health and substance abusing individuals who cannot be stabilized in a crisis center. Law enforcement will be burdened with and replace appropriate, professional crisis care. This is not an outcome that you desire.

Our workforce is another issue. The pool of licensed staff is very shallow and competition is fierce. Many current vacancies go unfilled, further stressing those who remain working in the field. This work is high risk with extremely acute and, at times, volatile patients. Many are suicidal and homicidal when they arrive at our facility. Stabilization of these individuals takes a very special set of skills.

With 270 employees to train at Netcare, we are not able to do so when rules, rates and manuals are not finalized to this day, May 10.

Also, we have yet to get an explanation from the department regarding crisis intervention being paid for 2.5 hours when the average length of patient stay is 24 hours. We have no code to bill Medicaid for the remaining 21.5 hours for pre-hospitalization or observation. An answer to this question is vital because when patients have a plan and intent to hurt others or themselves, those plans do not subside in 2.5 hours.

Thank you for allowing me to share my concerns regarding the Ohio Medicaid BH Redesign and I will be happy to take any questions.

