



Senate Finance Health & Medicaid Subcommittee

H.B. 49

Testimony by Michael Garcar

May 11, 2017

Chairman Hackett, Ranking Member Tavares, and distinguished members of the Senate Finance Health & Medicaid Subcommittee, thank you for allowing me to provide testimony on HB 49 today. My name is Mike Garcar and I am the Sr. Director of Strategic Communications for CommQuest Services, Inc. CommQuest is based in Canton, Ohio and served over 19,000 clients from 20+ Ohio Counties in 2016 through a continuum of care ranging from mental health, to substance abuse, and social services.

Medicaid Expansion

If our organization has learned anything since the opioid epidemic began, it is that access to care is absolutely essential. At CommQuest, we have seen firsthand the health outcomes we can achieve with same-day access to care. While there is no doubt a need to increase capital spending to achieve this goal, funding for treatment programs is only beneficial if a mechanism is in place to ensure people have access to these programs. For over 700,000 Ohioans that mechanism has been Medicaid Expansion. Allowing more Ohioans to qualify for Medicaid coverage, has led to an unprecedented amount of individuals receiving treatment services, and studies have shown, healthier outcomes.

At CommQuest, Medicaid Expansion was able to help us serve an additional 600 clients, most of whom had an opioid addiction, in 2016. Expansion has allowed the state to act as a payer for behavioral health services which has freed up valuable resources for local ADAMH boards to increase their investment in treatment and prevention services. Locally, this allowed our organization to open an opioid detox facility which has served over 2,000 clients since May 2015, due in large part to an up-front capital investment from several local ADAMH Boards. I fear that if Expansion is eliminated, then this population will end up falling between the cracks and will not access both behavioral health and physical health services.

Behavioral Health Redesign

For the last two years, CommQuest, along with many other providers, have been actively engaged in dialogue with the Department of Medicaid and the Department of Mental Health and Addiction Services, on a process called Behavioral Health Redesign. While I recognize there is a need to bring the behavioral health field in line with the National Correct Coding Initiative, in addition to a number of other positive aspects to Behavioral Health Redesign, the current implementation timeline of July 1st is extremely challenging to meet for several reasons.



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First, it is difficult to prepare for changes in billing and coding when Ohio Medicaid has not published a finalized provider manual and rules. Although our organization has taken a proactive approach to retrain the majority of our 250 clinicians, nurses, nurse practitioners, and doctors, it is extremely challenging to do so when we don't know if the information we are disseminating will be revised.

Second, our Electronic Health Record (EHR) software vendor will not develop the new billing templates until all rules are finalized. CommQuest is not alone in this dilemma, as EHR vendors do not want to duplicate their efforts on something that is still not in its final form. We could retrain all our clinicians and billing staff by July 1st, but if our billing software is not ready to accommodate the new service codes, this will have a direct impact on our ability to serve clients.

Third, due to the short time frame, Medicaid will be testing the new IT system at the same time providers are. During the testing process, it is likely that glitches or errors may be discovered which could give the illusion that billing templates are inaccurate, thus costing providers additional time and resources in order to rectify a problem that may be beyond our control.

Fourth, based on past history, I have serious concerns that Ohio Medicaid will be prepared to accept the claims of 700+ providers beginning July 1st. Take, for example, a new series of codes that took effect on January 1, 2017, which allowed for the reimbursement of Buprenorphine, more commonly referred to as Suboxone. These codes were available to providers, such as CommQuest, who operate an Opioid Treatment Program (OTP). These approximately 25 clinics were supposed to begin billing on January 1st, but were unable to submit claims until mid-January which led to our organization not receiving payment until mid-February. Although a robust organization like CommQuest is able to sustain a period of non-payment, I worry about the hundreds of providers who do not have more than 50 days cash on hand. A lapse in payment would have a direct impact on access to care.

More than anything, I worry about how the above concerns will directly impact the clients we serve. While I am confident the behavioral health system will be able to navigate these changes in the long run, I am fearful of short term repercussions. Given all the capital that has been invested into fighting the drug epidemic by OMHAS, Medicaid, the state legislature, and many others, why would we jeopardize all the ground gained by not delaying changes which could have a legitimate impact to clients receiving services?

It is for these reasons, that I humbly ask you to continue funding the Medicaid Expansion population, in addition to delaying the implementation of Behavioral Health Redesign.

Thank you, Mr. Chairman, for allowing me the opportunity to testify. I am happy to answer any questions that the committee may have.