

Testimony to the Senate Health and Human Services Committee

May 9th, 2019

Honorable Chairman Hackett, Vice Chair Huffman, Ranking Member Thomas and members of the committee, thank you for the opportunity to address the Committee today regarding durable medical equipment (DME). My name is Maria Matzik and I am a consumer of the Ohio Medicaid Waiver program through MyCare Ohio.

It is my understanding that the Ohio Department of Medicaid (ODM) and Managed Care Organizations (MCO) are going down the path of sole source contracting or narrow network agreements. This will force individuals to use DME supply companies that have no specialized understanding or knowledge of an individual's needs. **ALL of the MCO's members** will be forced to receive their DME equipment and supplies from **ONLY** the companies chosen by the MCO. That means that individuals, like myself, with specialized health care needs will lose the right to choose the company that best suits our needs.

From my personal experience the managed care model, for Medicaid beneficiaries, has not been an improvement over fee-for-service Medicaid. Even though I have worked with some caring and understanding managed care staff, MCOs are large businesses with little to no concept of the appropriate need for individuals, like myself, with specialized health care needs. I know this because I have been dealing with this lack of understanding for five years now.

Every year I have been dealing with issues concerning:

- Obtaining Prior authorization approvals for essential medical equipment like my ventilators, batteries for my ventilators, my wheelchair and parts for it, medication, etc.
- Incorrect and Excessive denials for my ventilators.
- Medical Directors, who have **NEVER** met me, signing denials for my ventilators stating that my ventilators are NOT medically necessary. These yearly denials come even though my disability is irreversible and incurable. Medical Directors completely ignoring the fact, and documentation from **MY** physician, that I have been completely ventilator dependent for over 30 years.
- Going to my doctor, for costly / unscheduled medical visits, just to work with him on writing an accurate and detailed letter of medical necessity in the hopes of getting my ventilators approved for another year because without them I will die.:

- Spending hours writing letters and requesting meetings with my MCO and ODM representatives in order to justify my needs to an MCO who is receiving millions of Medicaid dollars to assure our “health and safety”.

I am here today to respectfully ask for your support for amendment HC2371 to Substitute House Bill 166. I hope that you will hear me and find this direction illogical and unsafe for thousands of Ohioans who are dependent upon MCOs for their life sustaining services.

Home care needs and services are not a cookie cutter system, and should never be treated as such like some DME companies do. They are unique to the individual and require compassionate people, with the knowledge of their customer’s unique needs, to deliver this equipment and services. This describes the company that I have today.

I have been successful in staying healthy, living in my own home, remaining in the community, and employed, because of my DME company, not my MCO. I have **NEVER** gone without my ventilators, unique supplies and equipment, in spite of my MCO’s routine claim denials. This company, and the people who run it and work there, know their customers and care about our health and safety. I **NEVER** have to worry about going without, paying for supplies out of pocket, something going wrong with equipment, etc. My home care providers and I can reach someone, who actually knows me, 24/7.

When I started with this company, over 6 years ago, I had not had a trach change in 5 months. My orders are for a trach change monthly. The company that I was with insisted that my custom trach was on back order. My case manager had no idea what to do. It got to the point that I was going to be forced into the hospital for a medically invasive procedure to have a different style of trach inserted. When the representative from Central Ohio Specialty Care came out to discuss accepting me as a customer I told him what I had been going through for the past 5 months. Before I was even enrolled for services with this company the representative had a trach, the custom trach that I used, delivered to me. That is the compassion and specialized care that I am talking about. That type of compassion and specialized care is **NOT** possible in a monopolized system.

I have been with several DME companies over the years. Some of the companies were out of state so I was always at the mercy of customer service departments and never got to know anyone personally in the hopes of them understanding my unique needs.

The result of this style of business was:

- Supplies that were not appropriate for my specific needs which resulted in a waste of supplies and unnecessary financial loss to Medicaid.

- Paying out of pocket for supplies that I **could** use which caused a financial hardship on me.
- Going without medically necessary supplies like trachs and suction catheters.

At one point, I was informed that the company was not going to supply the ventilator that I had been using for life support since 1986, when I was first trached and put on a ventilator. I was given a different ventilator to try for a few nights without a respiratory therapist working with us. When I informed the company of my inability to breath comfortably or speak with the ventilator, I was informed that this was my only option and that ALL ventilators were the same. **They are NOT!**

I have been proactive with the Ohio Department of Medicaid and have been a member of many committees for the past 25 years. I participated in committees regarding, and reluctantly supported, the state's decision to move from a fee-for-service model to a managed care model. Unfortunately, I continue to experience problems and see other Ohioans decline with this Managed Care system. Managed Care has not been more innovative, more efficient or less burdensome for me. Access to basic, essential, medically necessary services has been more difficult to obtain with the managed Medicaid program. Sole source contracting or narrow network agreements will only compound these issues. Diversity in choice of specialized DME and supply providers must be maintained. Restriction of choice is not cost effective and will add to the waste of goods and services while allowing the health of Ohioans to decline. Given my need for specialized equipment the elimination of choice of DME providers is a **life threatening** event. This is not good practice in any business.

Thank you for your time and consideration of support for amendment HC2371 to Substitute House Bill 166. I will be happy to answer any questions.

Respectfully Submitted,

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