



March 24, 2017

House Committee on Health Care
Representative Mitch Greenlick, Chair

Chair Greenlick, Vice-Chairs Hayden and Nosse, members of the Committee,

Thank you for the opportunity to testify today in strong support of House Bill 2981. My name is Art Suchorzewski and I am the Director of Government Affairs for FamilyCare Health, the second largest CCO with 120,000 members primarily in the tri-county region.

House Bill 2981 will ensure that OHA provides up-to-date and accurate reporting of enrollment data to the legislature and the public. As you are aware, this is a very urgent issue for all CCOs since we have seen a precipitous drop in our enrollment and an increase in members on open card with no good explanation why this is happening.

For FamilyCare, as many as 49 percent of our members have experienced a disruptive break in their coverage within the first 48 weeks of enrollment. This means that nearly half our members are losing continuity of care and access to our 4,000 primary care and specialty providers. Improving quality, increasing member satisfaction with care and lowering the cost of care are difficult to achieve when our members' access is disrupted by an eligibility system that is not working. Our own internal review shows that it can take at least 40 days or more for FamilyCare reenrollment applications to be processed and completed. For 2016, we tracked nearly 10,000 discrepancies that required OHA follow-up and resolution with at least 4 FamilyCare employees working to resolve these issues full-time.

In December, OHA announced that it will hold one-on-one conversations with CCOs on its enrollment and eligibility system. To date, despite FamilyCare's ongoing reporting and notifications to OHA about eligibility and enrollment discrepancies, FamilyCare has not had a meeting like this scheduled to facilitate the kind of information sharing envisioned in this legislation. Also in December, OHA suspended reporting of its dashboard of enrollment data

previously made available to all CCOs. Reporting like this should be routine to inform stakeholders whether a system is functioning as intended. More importantly, as OHA is not sharing industry standard key performance indicators like the number of OHP members whose applications are pending, application turn-around times, and call center statistics, there is a lack of transparency and attention to fixing the problems that are impacting member access to care on a daily basis. We believe this legislation will facilitate the kind of information sharing that will help us understand what is really going on in OHA's eligibility and application processing system.

Going forward, we would like to see improvements in the eligibility system that would allow us to reenroll our members automatically. We would also like to help our members when they contact us with questions about their eligibility. Presently, OHA does not allow CCO's to have "view-only" access to the state's eligibility system to see that a member has an application pending or in process at the OHA. The ability to see into the system would help us provide timely and accurate information to our members who often call us when they are unable to get a timely response from the OHA call center.

The OHA has presented to this committee and other legislators on enrollment issues, including a recent presentation on the impacts of retroactive eligibility on enrollment. While this information is helpful, the agency has not explained the root causes for the rise in open card enrollment, falling CCO enrollment, and, most importantly, the increasing rate of disruption and breaks in coverage of care that OHP members are facing. For 2016, only 52% of FamilyCare's more than 120,000 members were continuously covered for the whole year. Improving health and controlling costs are directly linked to member's having coverage. For still unknown reasons, the OHA's "new" eligibility and enrollment system has not made things better for members, and is not performing at a level you would expect nearly 18 months after the system's implementation and after significant staffing increases.

As you move forward on this topic, we would like the committee to consider amending the language in this bill so that OHA reports on enrollment issues monthly at least until they are able to meet a 15 day target for enrollment after eligibility determination, as envisioned in House Bill 2979.

FamilyCare would be pleased to provide any additional information to you regarding this or any other measure designed to address enrollment issues at the OHA.

Thank you for the time to provide my very first testimony to you today.

Art Suchorzewski
Director, Government Affairs
FamilyCare Health