

ESRD Public Comment Meeting
Oct. 23

Provider Comment

Meg La Fav

DaVita

Patient Advocacy Teams

1800 patients in Oregon

Only state where this is happening

Fundamentally reduce benefits to cost shift benefits.

Single out patients

Force enrollment in Medicare – and insurers call patients and force them to enroll.

Believes this has to be a clear violation of the law.

US Renal Care

Jared Seeslaw

Senior Financial Service person

40 caregivers and 200 patients.

Called out Bridgespan, Providence, Regence

Helps patients and families about CHOICE (emphasized choice)

Precedent may be set that discriminates against patients and people on Medicare

Let people choose benefits like anyone else

FMC

Holly Bartlebaw – Forsensus

Get to meet with patients when they first start dialysis.

Educate them on the choices and give them peace of mind during time of turmoil

3-4 hours a day 3 days a week

Based on feedback from patients they would rather die than leave their families in a financial bind.

ESRD plan designs make these areas more difficult and stressful

Esseme (name ?)

Tremendous change in life. Financial burden on the patient. Some patients may not need to enroll in Medicare due to life changes.

Been in field over 10 years.

Patients need simple to understand.

Mentioned subsidies

DaVita

Cory Danco

Renal Professional charged with helping patients navigate

Asked to see who was in room

Many topics are covered when working with patients.

Mentioned Regence and Providence

Defined what discrimination means

Described dialysis

When patients pick plans they assume when they

Hiding language in the documents 40 pages in.

Finding out 3 months.

Do not see this in the summary of plan designs.

Purchase Medicare in addition to other coverage

Issues with access to providers and formularies when moving from commercial to Medicare

Jeremy Van Hesslen

DaVita

Oversee advocacy and policy for DaVita

Want to be an open book and address because no chance to rebut what insurers say

Some plans are being marketed as a “new and special benefit”

Do the plans incent patients to make a decisions they wouldn’t otherwise make? Hopes that our answers will be an unequivocal yes.

Most egregious design: removal of OOP. Payments made on dialysis do not apply to OOP.

Not only are insurers in the room watching to see if this type of discrimination would be allowed but other insurers are also watching to see if this will be allowed.

Dr. Provencano Practicing Nephrologist

Here representing his practice and patients (400 approx. patients)

Oregon has the lowest decided donor wait in the country.

Wait was 2.8 now 5 years.

2nd most common reason patient on transplant list

Know there is disparity between government payout and commercial payout.

Bj Cavner

1&4 Chronic Health – Chronic health collaborative in Oregon

Interested not only because of ESRD but also because other people

Find it is discriminatory under state and federal law (ACA and ADA)

Cost shifting and redlining

Seeing this in other areas including HIV, Hep C.

Remind us that this is the patient PROTECTION...

Medicare coverage is not equal and won’t be until feds intervene until Medicare Advantage

Plans are made the same as commercial plans.

Most important things from ACA: not deny coverage due to Medical conditions but also because of OOP

Important to financial and social health of patients

Dr. Mohendra – Nephrologist in Salem

ESRD patients are extremely sick 18 patients out of 100 will die yearly

Other medical conditions (heart disease, diabetes, etc)

Other medications

Treatment and time commitment

People with good health find open enrollment difficult and how difficult it will be for everyone else

Any effort to limit medications or treatment is unfair and shouldn't be allowed
Transplant is a ray of hope for people. (Legacy and OHSU) Adequate insurance coverage to get transplant

Ellen Sturnfield

Oregon Attorney Mens Levin

(Former) ODJ Medicaid Fraud Unit

Contacted by DaVita to review multiple insurance plans

Quite concerned after review of plans –

Intent to induce commercially insured people to move to Medicare

Nothing in plan materials state that enrollment is an options and that CMS cautions members to think carefully.

Change in physician that you may lose your place in transplant

Can't enroll in Medicare Advantage

Medicare only covers transplants in certain facilities.

If a member gets a transplant and is successful

Potential consumer protection violations under Oregon

Section 1557 of ACA discriminatory?

746.015, 743 – No valid basis under Oregon law for this

ALS also has option to enroll in Medicare (and other conditions)

Plans offer to pay for Medicare premiums only for ESRD

Not all people who have the disease qualify for Medicare

The question is not about contract negotiations or rates. The questions are about violations of state and federal law.

Look forward to DCBS/OID to make a swift decision

Andrew Findley

Dialysis Patient

Dx with Kidney failure last year

Concerned about discriminatory plans – working for 25 years and paid premiums and never needed anything from it.

In home dialysis 8 hours each night

Care is great at DaVita – people don't necessarily get to work

Moved back from Texas this year

Hears this and thinks that insurance is an odds game. Healthy people pay their profits. If the insurer is trying to force people on Medicare then what is he to think?

Without care he would last 3-5 days

Financially he doesn't make much money. Hard to pay for 20% Medicare doesn't cover.

Benefit of working is the insurance he has.

Herhan San Goshen

Dialysis Patient Citizens (20,000 patients)

3821 DP in state

Entire board is ESRD patients

Picked up Bob from Dialysis

Wanted to hear from insurers as to why they are singling out ESRD patient

Why private insurance is so important to patients?

Do an annual Membership survey?

International research patient. 77% of patient said their patients are the best problems

Medicare beneficiaries are more likely to have problems getting treatment, answers, consumer assistance,

88.9% Commercial vs 80% Medicare

Allowing insurers to incentivizes patients not to take steps to stay healthy

Violates SSA

746.020: Undefined trade practices (have Commissioner use this)

What are they going to do with the family members who aren't eligible for/on Medicare

Bob Lee

Patient

Right to Choose insurance coverage

Medicare: Provider not accepting patients. Prescription not covered

Patty Danielson

Patient (Rep National Kidney Foundation and a Portland Foundation and an RN in mental)

NKF sent letter to Commissioner Cali in September echoes must

CMS in August reiterated Medicare is a choice

May end up being like Mental health

Jennifer Sabrosky

Works for Office of Administrative Hearings

Waiting for transplant

Learning of new plans though haven't received notice from the insurers about change

No longer provide financial protection insurance is meant to provide

Either buy other insurance or pay high out of pocket

Against insurers pushing dialysis on to public

Would need a phd to know what plan means for dialysis

Insurers wanting to increase profit

Impacts mental health and wellbeing

Protect government employees

Dr. Richard Popeale

Regence Executive VP Corporate Chief Medical Officer

First hand experience (brother liver/kidney transplant)

US Renal Dialysis Data System

Growing due to aging population

Long history of caring for members

Commit over \$20 million per year

Once Regence learns member has had dialysis they coordinate care with licensed nurses

About how to pay for care

Concerned about growing dominance of two companies (90% in Oregon)

Hurting patients by charging unsustainable fees (700-100%)

Heard many words like discrimination but its actually about egregious costs

1972 – ESRD

Cam Emery

Regence

This is about provider compensation. Denies benefit is discriminatory.

Will submit written comments that will address point by point.

Benefit terms on Medicare eligibility.

This is not about benefit design it is about compensation.

Oregon is unique that we have 2 providers who have 92%

1 of 2 facilities have refused to discuss. Other 7-8 times Medicare

OMIP story from 2012

An Golumbia (name???)

Provider

Discrimination issue

Oregon is the only place they've seen this plan design to compel enrollment

OMIP determined provider reconstruction made everything okay.

Asking OID to protect patients from unlimited financial responsibility