

SAMPLE Tashia M * DCBS

From: BECK Douglas * DCBS
Sent: Tuesday, October 27, 2015 2:13 PM
To: SAMPLe Tashia M * DCBS
Subject: FW: Against Dialysis Plan Design

From: Valerie J Small [<mailto:Valerie.Small@fmc-na.com>]
Sent: Tuesday, October 27, 2015 1:26 PM
To: BECK Douglas * DCBS
Subject: Against Dialysis Plan Design

My name is Valerie Small, I am a dialysis social worker that has been working with in-center dialysis patients for the past 7 years, at Fresenius Medical Care. I was in attendance at the October 23rd meeting at the Labor and Industries building. Since I did not present there, I wanted to at least share my thoughts via email.

I felt the dialysis patients who presented to the OID offered very compelling testimony. The first gentleman to speak shared that he had paid into the commercial insurance system for 25 years, and was now to learn his insurance might deny him primary payer benefits simply because he was now on dialysis. He said it seemed unfair and I agree.

Another patient shared they do not want to be a burden on society, by having Medicare pay prematurely. It may surprise you to hear such a statement, but I have worked with several patients who have made that same claim, and as a result, have chosen to keep their commercial plan a full 33 months, to avoid the Medicare coverage as long as possible.

Another factor to note is that there is disparity between the care those with commercial coverage receive compared with those who have Medicare coverage. For example, there are providers who do not accept Medicare. This may increase the distance a patient travels to to see a provider or the quality of the provider they are seeing. There may also be an increase in costs to the patient: deductibles, copays, out-of-pocket, and premiums that come with having a second plan.

Perhaps even more concerning is the patient who does not qualify for Medicare and is just over-income for Medicaid. What will they do when Medicare is expected to go primary and they do not qualify? They will have significant copay costs to see their providers or visit the hospital.

In terms of kidney transplantation, I was somewhat surprised to hear that those with commercial coverage are more likely to obtain a kidney transplant than those with primary Medicare coverage. However, running through the list of patients I have worked with that have received kidney transplants, this is unfortunately consistent with the physician's statement. Those with commercial coverage simply receive better care – across the board.

Dialysis patients should be treated equally by insurers and not forced into an ESRD Plan Design. I do believe this is discriminatory practice and targeting a disabled group of people. The Social Security Administration recognizes all ESRD patients as disabled.

I know that this is a big decision you have to make. Many, not just in Oregon, will be waiting, watching to see the outcome of this decision. If insurance companies need to adjust dialysis rates they should be working with the dialysis companies directly to negotiate contracts, not targeting the insurance benefits of the dialysis patient.

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