

October 23, 2015

OID Public Hearing: ESRD Meeting

Stakeholders: Include (Providers, Consumers, Patients, Insurers and Attorney's)

Insurers: RBCBS & Providence

Provider: DaVita Healthcare Kidney Dialysis

Oregon Insurance Division: Regulatory Agency

Could not hear speakers:

DaVita alleges: Oregon is the only state allowing plan designs that reduce benefits which is discriminatory.

U.S. Renal Care (Jarred): Advocate representative helps assist patients with ESRD with insurance coverage (disclosure issues) and Medicare.

Financial Coordinator (Holly): Helps patients navigate through the insurance quandary (educate and provide options) these patients require 3-4 hours of dialysis 3x's a week. Financial impact on families means insured would rather die than place additional financial hardship on family. Leaving current plan means more distress and ESRD plan designs makes this more stressful.

Social Worker (name): Kidney patients go through a life changing experience emotionally, physically and financially is tremendous. They receive hospital, provider and prescription bills which are very complicated to everyone (are there subsidies) Medicare?

DaVita (Cori): Navigate patients through the system, renal caretakers, education (selecting plans, Medicaid, Provider Directory).

Regence & Providence 2016 plans are treating ESRD members differently. ESRD benefits are limited. \*higher out of pocket- members will owe provider more

Women testified (name)? How will insurance cover:

In-Network= is subject to OOPM

Providence plan includes a 100 page contract, 40 pages includes hidden language about 3 months of coverage...confused at best and scared to say the least. 2/3 of members do not want Medicare extra expense, implication to family members and 25% don't qualify. Stand up for ESRD patients who are discriminated against.

DaVita (Jeremy): Advocate for DaVita. Oregon is the first state to "take a whack" at patients in this category, tell other side of the story. Any questions we have will want to address.

- Simply to access treatment.
- Whether or not plans are discriminating with insureds amongst (missed word) because they have kidney failure.
- Marketing plans (NEW) ESRD targets kidney failure patients.

The problem being they removed OOPM protection (unlimited financial burden) any payment unilateral rate pay or reimbursement the patient will be on the hook for.

Provider (name): OOPM removed. How will this play out for all carriers ...the discrimination plan design, they are all waiting for the outcome.

Dr. (P): Representing 8 associates and 400 patients. Not sure about these statements:

- Treatment of choice awaiting transplant or precluded (2.8 to 5 years)
- 2<sup>nd</sup> reason deactivate “insurance reasons”
- Disparity in “types of insurance” commercial rates vs government insured rates; moving patients to Medicare could jeopardize medical condition.
- Impact of ESRD patients have higher maintenance to stay alive and currently the ADA (American with Disability Act) acknowledges ESRD (not allowing discrimination).
- Cost-shifting redlining patient groups such as (HIV, Hepatitis C) with complex conditions when the ACA all about patient protection and in the letter and spirit of the law.
- Medicare is not equal or full parity with private plans or Medicare Advantage. How is this equal- unethical?
- Denied care because of condition, removed OOPM caps. Higher medical bills, social/financial health, changing plans mid stream are not the right thing to do!

Dr. (?): Simple from patient’s point of view.

- Group of very sick patients out of 100/20 die (I think) or 20 % every year.
- They have diabetes, obesity, high blood pressure, heart disease (take lots of medication) require disease management.
- At open enrollment: make plan documents too difficult-sick individual trying to make good decision.
- Legacy & OHSU two hospitals who take transplant patients but only with certain insurance coverage. Patient declined if not adequate insurance coverage.
- Treatment limits should not be allowed.

Ellan (Attorney): Oregon Fraud Unit, now private practice.

- Reviewed multiple contracts against Oregon/Federal regulations targeting ESRD for patients who need dialysis benefits. She talked about the 33 months Medicare and payback.
- No explanation about Medicare being a choice
- No Medicare cautionary language, lose provider, no transplant facilities, might not qualify for transplant. No longer have ESRD as transplant changes eligibility (I think).

Are they discriminating: Yes

ORS 746.015

ORS 743 (several provisions)

ACA/Federal regulations

Only ESRD is subject to Medicare punishment and the OOPM cost, those undergoing treatment for Cancer receiver chemo, ALS and RA infusion therapies, etc.

This is not a contract negotiation issue

This is not about rates/costs

Its about plans targeting ESRD benefits differently from other chronic conditions.

“Its all about the OID deciding whether or not these plans are discriminating agonists people with ESRD.” Are we protecting or discriminating (Yes/No)?

Consumer:

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Andrew (patient) dx last year thankful for care at facility. Concerned-discriminatory (25 years of premium) paid into insurance, never needed any services before. His treatment at home (8 hours a night) like having a leash on. Insurance an odd game give poll of people healthy and they profit unhealthy forced onto Medicare. I've been paying for all my life. Medicare wont cover 20%.

Robert Lee:

Gave all kinds of stats...28K on dialysis

Keep coverage of private, access to care is limited to Medicare and facilities for transplants. Insureds have the right to choose insurance coverage, rx/tx type, what is extra costs mean? Unfair advantage how OID decides, not getting involved in contracts, this is injurious to public (746.020) SSA, State Law, ACA. How this affects single mom with children, push onto Medicare and what happens with child coverage.

Patty (patient- Registered RN):

National Kidney foundation- proposes changes based on discrimination this is a health care status disease. People are not required to enroll in Medicare it's a choice with consequences.

Role: When state law must provide minimally level of care is the same? Worth more dead than being alive a burden on families.

Jennifer (patient): Admin Hearing officer(?) for 30 years. Paid dues (Providence) billed for money she doesn't have waiting a Transplant. SPD changes, very confusing/added stress more I learn the more financial costs await. Not disclosed.

- Insurance carriers gain profits push off to Federal programs and costs society more.
- The Member Handbook is a joke; you need to have a PH.D to actually understand what the contract means. It's a game of bate and switch.

(Unknown) speaker )see notes if interested.

RBCBS (speaker):

2 providers in Oregon with 90% of KDP (kidney dialysis patients) RBCBS has tried to negotiate with these providers. They charge 7-8 times the amount of Medicare. ALS= reasonable good faith.

They will be reviewing all comments and provide a response.

OMIP comment

DaVita:

100% discrimination is now with the OID: Oregon is the only place in the NW that target kidney dialysis patients who are compelled to shift these folks onto alternative federal program. Plan Design (limitations) .