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Testimony in Support of Senate Bill 523
May 13, 2015
House Health Care Committee
Polly DeVore
Director
Olive Branch Family Health, Inc.

Chair Greenlick and Members of the Committee,

Hello, my name is Polly DeVore. I am the Director of Olive Branch Family Health, Inc. Our healthcare facility is a small family private practice owned by Nurse Practitioner, Theresa Russell. We are located in Enterprise, Oregon. Thank you for this opportunity to submit testimony in support of Senate Bill 523.

Our practice is fully electronic utilizing Athena Health, one of the top rated Cloud-based electronic health records, patient engagement, population health management and medical billing services for providers and health systems in conjunction with Phreesia, a point of service technology which empowers our medical organization to drive efficiency and profitability. Today's healthcare systems face the same challenges: a growing task list for front-office staff, increasing patient responsibility and difficulty collecting at the point of service, longer wait times, mounting paperwork and redundant data entry, and rising personnel costs to accommodate the changing demands of insurance, patient responsibility and new healthcare models. In our healthcare system it is imperative to be able to check patient's insurance eligibility real-time. Our facility invests heavily into our system technology that enables our staff to do exactly that. However, the technology is only as good as the information provided by Qualified Health Plan [QHP].

Currently, if the patient's coverage is cancelled after 90 days for failure to pay premiums, issuers are not required to pay any claims for services furnished in the last 60 days of the three-month grace period. The insurer can "pend and deny" a claim for services provided to patients who are delinquent on the premiums. Electronic "take-backs" can also occur when the insurer takes back funds that were paid out for services rendered when the patient is delinquent on the premiums. This creates significant burden on the healthcare provider who must then collect the full amount directly from the patient.

Healthcare providers cannot reasonably be expected to know or predict if an enrollee's premiums are paid or will be paid before the end of the grace period. They cannot reasonably be expected to bear the burden of uncertainty and potential significant financial loss. The size of the risk to providers is very significant, especially for small practices.

The complexity of this issue magnifies as one considers the Prior Authorizations that have to be obtained for specialized tests, specialists, and procedures performed. When consideration is given for all the services that take place and the insurance eligibility is not correct but the providers have no knowledge of this; it simply continues to build a false financial security that payment will be received for services rendered.

Grace period information should be provided during routine eligibility verifications as part of the real-time eligibility request. It is absolutely essential for facilities to have accurate information in order to work with patients and plan accordingly for potential financial liabilities with non-coverage.
Quality health care cannot exist without sound sustainable business practice.

While I support this bill, I would prefer a less cumbersome solution that would require insurers to cover the full 90 day grace period.