



Department of Health Services - State of Wisconsin

Town Hall Results

SeniorCare (from Providers)

WHA Medicaid Reengineering Group

What could the Department of Health Services improve?

PRIVATE COVERAGE OPTIONS: 1. Strengthen the Health Insurance Premium Payment Program, including using HIPP to subsidize the employer's level of benefits (eliminate wrap around feature), rather than being required to buy up an employer's plan to a Medicaid level of benefits. Allow Medicaid to have different packages of benefits for different populations of enrollees. Explore opportunities to provide other coverage options for Medicaid recipients, including children at higher income levels; and strengthen employer verification of health ins and current crowd out process. 2. Reduce BadgerCare Plus eligibility income limit for children from higher income families. 3. Require 18-26 yr olds to enroll in their parents health ins policy rather than Medicaid. 4. Require DHS to inform all applicants about other coverage options outside of Medicaid/BadgerCare Plus, and promote adequate and affordable private coverage options for low income individuals. 5. Maximize coordination with federal funding sources such as Medicare Part D in order to find savings in the SeniorCare program. **PROGRAM INTEGRITY vs. INCOME ELIGIBILITY REDUCTION:** 1. Do not support an automatic reduction in the income limit for purposes of Medicaid eligibility. Decreases in eligibility and enrollment should be targeted to individuals and families that have other coverage options and all efforts should be made to first improve the accuracy of eligibility. 2. Implement processes for enhanced verification of residency by requiring proof of residency at application and/or by reviewing out of state addresses on a regular basis. 3. Implement processes that would better ensure that presumptive eligibility is used for individuals who have significant and immediate health care needs as identified by their provider. Do not eliminate presumptive eligibility for pregnant women whose prenatal care is vital to ensuring a healthy pregnancy. 4. Implement processes related to eligibility for qualified immigrants, such as verifying sponsor income. 5. Implement processes for verification of income of household members, and other self-declared information to improve the accuracy of eligibility determinations. 6. Streamline and consolidate verification process so that rules and policies are implemented consistently. 7. Review the spend down provisions.

Do you have any cost savings suggestions for the Department of Health Services?

COST SHARING: 1. Increase cost sharing for Medicaid recipients by increasing premiums on a sliding scale. 2. If Medicaid includes copayments for services, make copayments payable to the state (like premiums). Because copayments can often be difficult to collect, they essentially amount to a reimbursement cut for providers, especially for hospitals that are under greater obligation to care for patients regardless of payment. Further, requiring copayments to be paid to the state will decrease the potential for reductions in access to care due to nonpayment. 3. Do not support allowing providers to deny care if a recipient does not pay the copayment. Should the department move toward increasing copayments, a Health Savings Account should be created for Medicaid recipients.

Phyllis

What could the Department of Health Services improve?

I have received referrals as a nurse provider from Community Care of Central WI for people who have Medicaid. Working with CCCW has been much more easier and efficient than working with the offices in Madison.

Do you have any cost savings suggestions for the Department of Health Services?

More efficiency and easier communications in Madison with providers of care service and people who are on Medicaid.

Andrew

What could the Department of Health Services improve?

(1) Fund services that give the most bang for the buck. (2) Pay enough so that mental health providers can afford to see patients who are covered by state programs and Medicaid in general. Medicaid and state programs pay about 25% of usual and customary rates, reducing my income to slightly more than minimum wage after expenses.

Do you have any cost savings suggestions for the Department of Health Services?

(1) Psychotherapy costs less than psychiatric medication long-term, AND is more effective, according to a large body of research.(2) Psychotherapy reduces other medical expenses, reduces medical and psychiatric hospitalizations, and improves people's ability to get jobs and stay employed.(3) Peer support is an effective service that reduces the amount of medical, psychological, and other treatment that people with serious mental illnesses need.

Carol

What could the Department of Health Services improve?

Retain Medicaid for low income people especially mother's, children. employee's without insurance, unemployed men. If the amount of support is reduced people will be ill and die to lack of access to care.

Do you have any cost savings suggestions for the Department of Health Services?

Over 10-15 years there could be very gradual reduction in government support. This should be contingent upon increase in employment especially in minority populations.

Susan

What could the Department of Health Services improve?

Without BadgerCare adequately funded people will get sicker, costs will go up and children will die. School nurses see broken bones, abscesses, undiagnosed genetic disorders. People will still go to doctor no matter what, so without coverage, health care costs will go up.

Do you have any cost savings suggestions for the Department of Health Services?

None

Felix

What could the Department of Health Services improve?

Some people who utilize home health care pay privately, but many need assistance. When you receive care at home you have faster recovery rates. Freezing programs leads to increased waiting lists, institutionalization, and admission to nursing homes.

Do you have any cost savings suggestions for the Department of Health Services?

None

Stephanie Sue

What could the Department of Health Services improve?

Funding promised to family care. Quality and fiscal review of IRIS.

Do you have any cost savings suggestions for the Department of Health Services?

Reduce amount of resources in managed care office's. It is all Medicaid money which they are earning interest on. Share risk 50/50.

Mazen

What could the Department of Health Services improve?

Do not implement the transportation concept in the state. Work with DOT and ask how to implement programs. Get ideas from providers and not logisticare.

Do you have any cost savings suggestions for the Department of Health Services?

The new transportation concept will save the state 15%, current providers are willing to give 15% cost savings.

Bethany

What could the Department of Health Services improve?

Keep medical assistance programs available for people even with the budget issues we are facing, people who are on them, need them!!

Do you have any cost savings suggestions for the Department of Health Services?

Screen people who are on these programs more. Make sure services are being used the way they should be.

Jeff

What could the Department of Health Services improve?

Consider the Healthy Job Initiative being introduced liked by Murtha & Moulton. Consider the effort of lower regulation of IRIS on quality of care and the potential for fraud.

Do you have any cost savings suggestions for the Department of Health Services?

Streamline the billing process and requirements for MA HMO payers. The requirements are inconsistent and at times require paper filing which is inefficient. Rural areas without internet have trouble verifying eligibility.

susan

What could the Department of Health Services improve?

Insist on drugs that cost a reasonable amount. It is a shame that Walmart can now get lower cost drugs than Medicare. The state could now acutally lower their drug costs by getting their perscriptions filled at Walmart. This is a shame. How a corporation can actually get more buying clout than a State tells me something has really gone amuck with the plan.

Do you have any cost savings suggestions for the Department of Health Services?

Shop at Walmart. And, sadly, I'm not really kidding about this. They have a \$4 perscription list. Ask them what's on it. Also, insulin (NPH and REG) is \$24.27 / vial there out of pocket with NO insurance, whereas, a vial filled anywhere else with Medicare, is now over \$30 anywhere else. This is crazy, but true.

Barbara

What could the Department of Health Services improve?

I bring comments from the Free and Community Clinic's which provide free and low cost medical services to uninsured or underinsured individuals in our communities. A variety of models of support are embraced among our members; support from government monies and hospital systems, and clinics that are directly hospital affiliated. What brings us together is common commitment to accessible high quality health care for the uninsured and underinsured. Thank you for the opportunity to share our ideas and concerns with you regarding our experiences with patients and the issue of Medicaid coverage in Wisconsin. We begin with expressing our concern about the use of the Federal Poverty Level as a measure of minimum income for healthy living in the United States. The FPL was a standard established 50 years ago as 'the minimum amount an individual or family needed to live in an emergency.' It was never intended to be a chronic state. While the total amount has increased with inflation over the past 50 years, the formula for calculating the amount needed has never changed, leaving individuals and families with unrealistic income limits, particularly when they live there chronically. From this understanding of the FPL then, there arise several concerns around proposals for cost savings in Medicaid.

1.) Changes in Eligibility Requirements. A change from 200% (current Wisconsin limit) to 133% (federally required limit) has been discussed. Based on our understanding of the problems associated with the FPL, even at 200% of the FPL, it is impossible to ask patients to cover the cost of care for chronic illnesses. This particular group of patients will end up in the free clinic safety net, and we fear that that net cannot support the weight. A woman is a widow of a mentally disabled, abusive husband. She was unable to work while married to him for six years and she was convicted of a felony for writing two bad checks shortly after she got married. She fortunately did not have any children from the marriage, but because she is childless, her resources are bleak. For the year following her husband's suicide, she lived without a job, and was a recipient of Food Share. Her also widowed mother gave her the money to get BadgerCare for childless adults as well as paying for her rent, and paper, soap, laundry products and transportation. She was left penniless, depressed, and without much help except from her mother. She finally found a job paying \$7.25 per hour in the fast food industry, but she doesn't always get full time hours nor any benefits. She was evicted from her apartment while her mother was in the hospital following surgery. She moved her things back into her mother's house where she currently lives, but she wants to live in her own place. She cannot afford rent and utilities. She lost food share after finding the job she has held for six months. She suffers from severe arthritis of the ankle, and needs a neuropsych evaluation. If BadgerCare income level is lowered to 133% of FP, she could lose BadgerCare when she gets extra hours at work. If she refuses extra hours, she could lose her job. With the cost of gas and mandatory car insurance, she is barely able to get to work. She suffers from frequent infections from living with constant stress.

2.) Cost sharing with patients. We cannot ask patients, already living at or below the FPL to pay premiums, upfront deductibles, or higher copays. (Even just copays are cost prohibitive!) People certainly are not able to gather tens or hundreds of dollars at one time. We know from experience in Milwaukee county that even charging a minimal fee for enrollment can be cost prohibitive, and the patients who really need the coverage/care never get it. Increasing fees to patients will certainly increase revenue to the program, but only with the undesirable effect of reducing services provided. Patients simply will not be able to pay the additional costs in order to access care, and will most certainly then go without care until they are more critically ill, and require more expensive care. A woman worked in a food court clearing tables. Her job paid her borderline wages, and she worked two hours per month too many to qualify for the Milwaukee County GAMP (General Assistance Medical Program), prior to BadgerCare. She was proud; it was important to her to live independently and pay all of her bills; she needed all the money she earned to live. She suffered from severe hypertension, but she could not afford both her medicine and a doctor visit. Her doctor finally refused to continue writing her prescription without seeing her and referred her to the Greater Milwaukee Free Clinic. Within three months of seeing her for the first time, the GMFC (with the donation of lab and radiology from Aurora West Allis Memorial,) diagnosed her with an inoperable tumor, which encased her pulmonary artery. She died at age 48, 10 months after the diagnosis. Earlier intervention for the severe hypertension might have saved her life. \$15.00 per month separated her from GAMP assistance the \$15.00 that she felt she needed to pay her bills and maintain a sense of pride.

3.) Changes in scope of benefits. While we are concerned about restricting benefits further, we do believe there may be a rational way to offer some limitations while still providing necessary coverage. The question is: who should make those decisions? A year ago, there was a physician's council to consider changes to coverage, and we believe that decision-making body should be reestablished. Providers, who are responsible for patients, may be in the best position for decisions regarding absolutely necessary care and more 'expendable' care. A 54 year old man had been incarcerated for 12 years. He arrived at the clinic on referral from his Department of Corrections' parole officer. He had had severe hypertension that had gone untreated for years before his incarceration, and while treated after incarceration, the renal disease was already in process and could not be stopped. He ultimately lost all kidney function. However, his Medicaid coverage while in prison covered a kidney transplant. Suddenly he was standing in a 'free clinic,' requesting assistance in obtaining his medications, which would prevent his body's rejection of the transplanted kidney. They cost \$1200/month to purchase. The alternative was the loss of the kidney. As per their policy, the DOC covered only 2 weeks of medications after his release. We can argue about whether he should have had a kidney transplant or not, but the reality is: he did. The free clinic worked to obtain medications for him.

4.) Coverage of specific populations. Two vulnerable populations of patients end up on the doorsteps of the free clinics or the ERs, where care may be more appropriately and less expensively covered by Medicaid/ Badger Care. Patients released from incarceration have little hope for a job, depend on family and friends for housing, and struggle to take care of chronic illness without any health coverage. Even a brief period of coverage (6 mos) for those with chronic illness would allow them time to make other arrangements for care before their untreated blood pressure or diabetes sends them into the hospital. 2 weeks of medications, the current arrangement by the DOC, does not allow time to make such arrangements. The second group of patients are those young adults with chronic illness (Type I diabetes, in particular), who 'age out' of Badger Care at 19 years old. There is no realistic expectation that they can purchase health insurance, and they are unlikely to find jobs that will offer insurance. Since private insurers are required to cover young adults on their parents' health insurance until they turn 26, shouldn't the state of Wisconsin be required to provide that for young adults they have previously covered, as well? A 22 year old man with Type I diabetes mellitus was valedictorian of his high school class and was accepted at the UW Madison. He started college with high hopes, planning on medical school and returning to the community where he grew up. Unfortunately, he had had BadgerCare as a child, but lost that coverage when he turned 19. He could not afford his insulin, so he tried to reduce some doses and save. He was hospitalized several times in the first semester for diabetic ketoacidosis. He was unable to finish the semester and withdrew. He returned home, and found his way to one of our clinics. He has reenrolled in UWM, and is working his way through their program, but the man with such high hopes that things will be different. He now lives with much more awareness of his limitations, and recognizes that he probably cannot consider medical school. If he had had BadgerCare to cover his medical costs for a few years might have made the difference for him, stable health care for a chronic illness.

Do you have any cost savings suggestions for the Department of Health Services?

1.) Purchasing Drugs more efficiently, limiting the formulary. In the experience of our provider network, the limitation of the formulary for Medicaid and SeniorCare has been reasonable and workable. In those few instances, when a brand name medication is needed in preference to a generic, we have found the prior authorization process accommodating to the need, as long as the trials of the generics (or the reason for not trying the generics) can be documented. The ability of SeniorCare to negotiate pricing for medication has been key in keeping costs down for seniors, much lower in SeniorCare than for the Medicare Part D plans. Continuing to make this program available is key for us! We appreciate not needing to serve the elderly population. We appreciate having a resource to direct people to, when they come to us because of the costs of their medications. 2.) Care Management. HMOs need to be held accountable for care management.

Amy

What could the Department of Health Services improve?

Implementing evidence based, registered dietitian implemented weight management practices promoting healthy lifestyles through both Badger Care and Senior Care programming would save health care dollars while empowering a more productive employment base. See cost data below. Cost of Obesity http://www.usatoday.com/yourlife/health/medical/2011-01-12-obesity-costs-300-billion_N.htm

Do you have any cost savings suggestions for the Department of Health Services?

Below is an excerpt from an article found in the Journal of American Dietetic Association (www.eatright.org) regarding the cost- effectiveness of registered dietitians providing integrated Medical Nutrition Therapy. Consistently inserting and reimbursing for these proactive methods of treating chronic disease could save BadgerCare and SeniorCare a great deal of monetary output. Integration of Medical Nutrition Therapy and Pharmacotherapy Volume 110, Issue 6, Pages 950-956 (June 2010) Abstract It is the position of the American Dietetic Association that medical nutrition therapy (MNT), as a part of the Nutrition Care Process, should be the initial step and an integral component of medical treatment for management of specific disease states and conditions. If optimal control cannot be achieved with MNT alone and concurrent pharmacotherapy is required, the Association promotes a team approach and encourages active collaboration among registered dietitians (RDs) and other health care team members. RDs use MNT as a cost-effective means to achieve significant health benefits by preventing or altering the course of diabetes, obesity, hypertension, disorders of lipid metabolism, heart failure, osteoporosis, celiac disease, and chronic kidney disease, among other diseases. Should pharmacotherapy be needed to control these diseases, a team approach in which an RD brings expertise in food and nutrition and a pharmacist brings expertise in medications is essential. RDs and pharmacists share the goals of maintaining food and nutrient intake, nutritional status, and medication effectiveness while avoiding adverse food-drug interactions. RDs manipulate food and nutrient intake in medication regimens based on clinical significance of the interaction, medication dosage and duration, and recognition of potential adverse effects related to pharmacotherapy. RDs who provide MNT using enhanced patient education skills and pharmacotherapy knowledge are critical for successful outcomes and patient safety.

Mike

What could the Department of Health Services improve?

Stop the implementation of the transportation brokerage until the department, consumers, and the provider community can look at additional ways of containing cost.

Do you have any cost savings suggestions for the Department of Health Services?

None

Jean

What could the Department of Health Services improve?

These programs should not be cut. They are vital to the health and well-being of WI citizens.

Do you have any cost savings suggestions for the Department of Health Services?

I believe more taxes should be raised from corporations and put toward human needs.

Kitty

What could the Department of Health Services improve?

Simplify application process and remove barriers to application. Collaborate with consumers, providers, case managers and advocates.

Do you have any cost savings suggestions for the Department of Health Services?

Map & streamline enrollment processes to resolve inefficiencies. Involve public health nurses, they know what will be helpful and wasteful. Assure access to contraceptive methods. Invest in making the prenatal care coordination benefit available to all pregnant women on Medicaid. Reinstate provision of early periodic screening, diagnostic and treatment services by public health nurses.

Kimberly

What could the Department of Health Services improve?

I don't see any necessary changes

Do you have any cost savings suggestions for the Department of Health Services?

Make drug companies less powerful in this country! Drug companies and medical supply providers make such huge profits! I feel that all providers of health care must protest regarding the lobby power of drug companies. This will lower overall medical costs.

Marianne

What could the Department of Health Services improve?

Expand reimbursement for Registered Dietitians to provide medical nutrition therapy.

Do you have any cost savings suggestions for the Department of Health Services?

Registered Dietitians can provide preventative nutrition care, allowing for cost savings.