



## Department of Health Services - State of Wisconsin Town Hall Results Other Respondent (BadgerCare Plus Program)

**Christi**

**DHS Staff**

### **What could the Department of Health Services improve?**

Require individuals who receive Medicaid to prove their US citizenship. Find a way to prevent Medicaid recipients from receiving increased benefits when they continue to have children they cannot afford. Individuals who are truly disabled can earn some money every year without their Social Security Disability benefits being reduced; can't we do something similar with Medicaid? Might this not encourage capable people to work rather than stay home and receive benefits? Re-evaluate Medicaid recipients eligibility and give a reasonable timeframe for them to 'get off' Medicaid. Require Medicaid recipients to contribute to the community in a way that is feasible for their individual medical or family circumstances. Require Medicaid recipients to make co-pays for Rx and Dr visits, eyeglasses, medical equipment etc.- a parallel to what working citizens have. Eliminate emergency room access for medical issues that do not meet 'emergency standards'.

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

None

**Brad**

**DHS Staff**

### **What could the Department of Health Services improve?**

1. Incentive for adhering to medical care (e.g. missed appointments, missed meds, etc). 2. Telehealth 3. Services to persons in the criminal justice system and to homeless: e.g. mental health courts, SOAR, expedited disability determination. 25-30% of homeless are persons who are mentally ill. 15-20% of persons in jails and prisons are persons with mental illness. 4. Supplemented employment is an evidence based practice which could be expanded substantially in WI. 5. Efficiencies in documentation at the provider level (e.g. redundant care plans). 6. Caveat in performance based contracting is the potential for creaming: taking easier clients without serving the deep end folks. 7. Fund family planning.

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

None

**Scott**

**DHS Staff**

**What could the Department of Health Services improve?**

There is little to no accountability for the delivery of quality mental health and substance abuse services. Public sector programs (and private sector too) are reimbursed for services - no questions asked - based on a unit of service, not outcome. There is a gap between what works (evidence based services) and what is typically delivered.

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

Develop and implement performance based contracting. If a program meets the outcome benchmarks there could be modest funding incentive (e.g. +10%), however, if the outcome benchmarks are not met the program would only be reimbursed 70-80% (as an example).

**Lisa**

**DHS Staff**

**What could the Department of Health Services improve?**

Increased funding for prevention based early intervention programs. What are your strategies to engage entire community representation?

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

None

**Wilmot**

**DHS Staff**

**What could the Department of Health Services improve?**

Identify and provide services to individuals who truly need it.

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

Investigate and eliminate fraud and abuse, without unfairly targeting or prosecuting innocent people. Insistute policies that reimburse/reward outcomes in care settings, rather than reward activities only.

Dan

DHS Staff

**What could the Department of Health Services improve?**

If eligibility for BadgerCare+ will change, it would seem prudent to have a provision that permits persons who pass the LTC or MH/AODA Functional Screen remain eligible for Medicaid. These persons may or may not meet MAPP criteria for Medicaid eligibility because they may earn too much money. If they lose eligibility and are no longer able to afford necessary medications or treatments they may decompensate or medically or physically deteriorate to a point where they become disabled (which also may result in a loss of employment and payment of taxes). I believe this would result in higher costs long term for the state, as well as an undesirable outcome for the persons. It may be appropriate to consider including persons who have received MH or AODA services from a county or may be viewed at risk of passing the functional screen as well.

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

None

Alicia

DHS Staff

**What could the Department of Health Services improve?**

I would suggest that we invest money into our fraud and investigation units. I think the public views our programs as a joke, they're not afraid to lie and commit fraud because they know people get away with it everyday or they themselves test the limits and get away with it. I think we would decrease enrollment significantly if we concentrated on this effort.

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

I have heard people comment that BadgerCare is the best insurance they've ever had and will do whatever they can to stay on it. If it is better coverage than what you can get if you're working, what incentive do you have to get off of BC+. I also know that there are several families the size of mine that receive \$600+ in FoodShare. Our budget for food is \$300 per month and my husband and I both have good jobs.

Margaret

DHS Staff

**What could the Department of Health Services improve?**

Look to nursing to provide quality care, reduce health care costs, and treat the whole person in collaboration with other members of the health care team. Evidence for nurse run clinics around have data to prove outcomes: Silver Spring, House of Peach Nursing Center. Since people live in communities and not in institutions, can we look to strong health care delivery system that aligns FQHC's, local health depts, advance practice nurses and primary care docs.

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

None

**Jamie**

**DHS Staff**

**What could the Department of Health Services improve?**

Follow up on SCAODA letter to chancellors on the need for more AODA/MH therapists. Substance abuse prevention, intervention, and recovery are growth industries. More web based meetings and trainings.

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

Web based contracting with integrated bases, regular rebid of contracts, more training for municipalities on alcohol license management, use of ipads for field data collection.

**Barb**

**DHS Staff**

**What could the Department of Health Services improve?**

Evaluate independently the need for personal care services rather than allowing providers to do this. Coordinate similar services, homemaker services, from waiver services. It is confusing to providers and members about which program covers what. Refocus on using home health agencies for providing multiple levels of care vs. private duty nursing independently.

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

I would like to advocate for better coordination between divisions. Many of the committees/groups I've been involved in have come about because of personal connections that have been forged.

**Scott**

**DHS Staff**

**What could the Department of Health Services improve?**

SBIRT is an evidence based, cost effective approach to reducing risky drinking and illicit drug use. Because of its cost savings and contributions to a more productive workforce, the Wisconsin business community would like to see SBIRT in health plans. There is currently a Medicaid benefit for SBIRT, however, there are no quality assurance mechanisms in place to ensure that services are being delivered adequately.

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

See to it that SBIRT is fully implemented in the Wisconsin healthcare system.

**Kathryn**

**Consumer's legal guardian**

**What could the Department of Health Services improve?**

1) Timely, accurate information in simple language for changes that will be happening to the program. 2) Timely, accurate information to providers about upcoming changes, so they can be shared with consumers PRIOR to implementation.

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

1) Transportation: Currently handi-vans (taxis, vans, etc. who provide transportation to services) are allowed to charge the state full mileage for EACH person in the van, even if there are 6 riders, along the same route. I would make more sense for the state to pay the longest mileage and then a flat rate for each additional rider the van has on board. 2) Medication: Currently BadgerCare makes decisions based on cost for medication reimbursement to providers (drugstores, Wal-Mart, etc). No advance warning is received by the consumer that the change is coming, they find out when they pick up the prescription. Due to many substitutions not working, this program leads to higher costs in the form of: additional doctor visits to find out what to do about the change in behaviors, additional hospital stays due to regression of behaviors and additional doctor/provider charges when they have to process the brand name medically necessary forms. For example, recently my grandson's \$47/month medication was changed---a savings of \$3/month for his script. While I realize that \$3/month times each person who takes the meds may be substantial, the change in his behaviors due to the changed medication required a 212 mile trip to meet with his doctor (BadgerCare paid for the mileage-\$52-and the doctor's charge-I'm sure over \$50). We then had to get the paperwork processed through the provider and he went an entire month with medication that didn't work (you can only get a 30 day supply of meds-even if they are the wrong ones-through BadgerCare). So, BadgerCare spent over \$100 to save \$3--clearly not viable in attempting to save money--and it could have been worse if my grandson had decompensated to the point where he needed to be hospitalized--a cost of several hundred dollars/day). 3) Co-Pays: I am more than willing to help the program save money by paying co-pays on the hospital and office visits. While we do not have a lot of money, I think if you would charge everyone a nominal amount-say \$5 to \$10 per visit, it will help provide some savings to the program, especially when you consider the number of people who visit doctors/dentists/hospitals/pharmacies each month.

**jennifer**

**foster parent, nurse**

**What could the Department of Health Services improve?**

Iris-some people get a ridiculous amt of money and the guardian is becoming greedy and pays themself double as what another respite provider gets and claim the person needs 24 hr care but actually does not...some of the funds are used for \$300/mo worth of doll clothes, toys and another chunk like this for clothes for the daughter. Excessive and waste of taxpayer money in this case. BC-All children should be eligible with no copay for visits. All adults should have copays on every clinic, urgent care, ER, specialty visit. They should be allowed to pay extra if they are putting themself at high risk for disease by being obese, smoking, etc. My insurance goes up with this. I think leave the medication co pay on the lower end but even that could be a dollar or two higher for adults. If there is extra money saved use a portion to give children better BC dental coverage, we see children in pain with decay that the parents don't treat because they don't want to pay. Foodshare-no one needs to eat that much food a month as what the state gives, no wonder so many people are obese

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

many people are selling their foodshare at 50 cents on the dollar to make cash, i know people who receive over \$500 for two adults and an infant (who receives wic) this is ridiculous-this funding should be cut not only to save money, but our country is struggling with an obesity/diabetic epidemic and food share is only adding to it by giving excess funds to over indulge esp on processed high fat foods (we spend about \$300-\$350 a month for a family of five (plus wic for a 15 mo old) and we both work f/t plus do foster care) if you care not working full time you have extra time to cook homemade meals vs ready to eat, processed foods; the children in these homes are eligible for free/reduced lunch as well, although that is very unhealthy food as well, but cut these funds to a reasonable amount. Also I work in a healthcare setting most of the people come in with MA and they smoke, are obese, have chronic conditions and don't care that they cost a lot of money to taxpayers because their copays are so low or nonexistent--this needs to change; children should be covered up to age 18 as well as have better dental coverage; adults should be expected to be more responsible for their health and have copays esp for using er for regular clinic use-\$25/er visit would still be ridiculously cheap and same for clinic visits, we have multiple pts (not all, but a lot that abuse the benefits)that come in 1-3x a week (even with no concerns) because they will say they don't care, they don't pay for it plus they use the mileage reimbursement forms and make more money by coming to the dr or go to visits an hour+ away so that they get more mileage and food vouchers and aren't afraid to share this with us when they come in. Also it is common that the roommate is actually the boyfriend so that the mom and kids get better benefits or the divorced parents lie and say the kids are shared 50/50 to make both parents eligible for BC then one parent that I know of buys her groceries and her ex-husbands with the foodshare (he pays her extra cash on the side for food and for lying and saying they share the kids so he can get BC too) and then the leftover money on the foodshare this lady sells to her sister for 50 cents on the dollar

**Dianna**

**ESS worker**

**What could the Department of Health Services improve?**

require assets to be verified

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

scrutinize provider MA/BC claims better to avoid fraudulent claims

**Lynn**

**Certified Dietitian**

**What could the Department of Health Services improve?**

Dietitians should be certified as Medicaid providers. Without the services of a dietitian, the state spends unnecessary health care dollars on long term complications such as heart disease, kidney disease, retinopathy and peripheral vascular disease. The Institute of Medicine has estimated that for every dollar spent on diabetes medical nutrition therapy provided by a registered dietitian, \$6 is saved on treatment of preventable complications.

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

None

**Betsy**

**HMO Nurse Case Manager**

**What could the Department of Health Services improve?**

Take the policy and benefit management of the Badgercare/Medicaid system away from politicians and give it to medical and financial professionals. We have a limited \$\$ amount and need to get the most benefit out of the limited money. Scrap the expensive extras and vaccinate more children and focus on preventative care-INCLUDING DENTAL CARE! Get rid of the issue that mandates that dentists, once they see someone regardless of payor source, must be willing to treat them for life. Entirely too many negative health issues are relating to poor dental care-infections, nutrition, pain, etc. and it just keeps snowballing. If we took better care of our WI resident's teeth (along with vaccines, preventative visits, etc.), we'd be paying much less in narcotics, antibiotics, ER visits for dental pain and other health issues and have an overall healthier population.

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

1. CHARGE AN EMERGENCY ROOM CO-PAY FOR ANY VISITS NOT RESULTING IN AN INPT OR OBS BED ADMIT-granted, this will probably hit the hospitals when the copays aren't paid, but we see too many folks seeking ER care for inappropriate reasons. 2. Heighten oversight of the fee for service program-we see that providers do abuse or at least misuse the benefit 3. Provide the same basic care for all Badgercare/SSI Medicaid folks-make the cost adjustments through premiums and copays. It is very challenging to manage multiple benefit structures and leaves a wide open door for abuses of the system. People are smart and it doesn't take much to figure out loopholes--this system has tons of them! 4. Don't cover 'frills' such as gastric bypass, plastic surgery after gastric bypass, 'doctoring' via ER without negative consequences, etc. The Medicaid/Badgercare benefit is richer than most all commercial plans...cut back and provide GOOD BASIC care. Mirror a good basic commercial insurance plan a little closer, except eliminate the huge deductibles and copays.

**Jill**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

Approve licensed midwives as a medicaid payable provider.

**Stacey**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

I'm writing to weigh in on a significant common issue that would help our state: Saving money on births - and more specifically, home births. Did you know that research shows that mothers who deliver under the care of a Licensed Midwife experience as much as a five-fold decrease in cesarean surgery. Cesarean surgeries now account for over 1/3 of deliveries nationwide, many of which are both preventable and a major contributing factor to the rising costs of maternity care. I personally have had both a hospital birth and two home-births. I can tell you that the home births combined did not cost near what the hospital one did and the outcome was significantly better with the home births and a better experience overall, considering all the hospital regulations and such. Procedures were performed in the hospital setting that I later learned through education and my other home-birth experiences that would have been unnecessary and actually created implied risk that tends to bring on even more additional expenses. I also am a Medicaid covered person and would have loved to have had that service covered, but it was important enough to still have a home birth without coverage for the home-births. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies. It truly is a great cost saving measure and I am a living testament to that experience. I urge you strongly to let it be supported and covered under our state's health care system by creating a DHS provider category to reimburse for Licensed Midwife services in out-of-hospital settings. Also, it is noteworthy that as a northern Wisconsin resident, our health-care facilities do not have OB centers and therefore mothers are being airlifted to larger hospitals in Minnesota that are deemed high-risk. This is money that is not being captured in our part of the state and having this choice of LM's would keep it in Wisconsin.

**Mikayla**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

Licensed Midwives, who undergo specialized training to deliver babies in out-of-hospital settings, provide safe and cost-effective care that is proven to reduce low-birth weight and preterm births, two of the leading causes of infant mortality as well as the long-term costs associated with maternity care. Each time a Medicaid/BadgerCare mother who seeks to give birth at home or in a freestanding birth center under the care of a Licensed Midwife is denied access to her services, it costs the state thousands of dollars in unrealized savings. Research shows that mothers who deliver under the care of a Licensed Midwife experience as much as a five-fold decrease in cesarean surgery. Cesarean surgeries now account for over 1/3 of deliveries nationwide, many of which are both preventable and a major contributing factor to the rising costs of maternity care. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies.

**Gretchen**

**Licensed Midwife**

**What could the Department of Health Services improve?**

At this time Medicaid does not cover care with a licensed midwife (LM). In Washington State LM's are covered by MA and attend 2% of the births each year, it has been demonstrated that the total savings to WA MA are approx 1.6 million per year when facility fees and reductions in costly medical procedures are factored in. (Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits

[http://www.washingtonmidwives.org/assets/Midwifery\\_Cost\\_Study\\_10-31-07.pdf](http://www.washingtonmidwives.org/assets/Midwifery_Cost_Study_10-31-07.pdf)).

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

Not only would MA reimbursement for LM be a cost saving measure for WI, LM have a low rate of preterm deliveries and provide patient centered care to families. Consumers of color across the nation are demanding increased access to this safe cost effective patient centered care, because they believe that it has the power to reduce the disparities in birth outcomes and empower women to care for their families and rebuild their fractured communities.

**Valerie**

**Licensed Midwife**

**What could the Department of Health Services improve?**

Please pay Licensed Midwives for low risk deliveries in the Badger Care/Medicaid system. It only makes sense. The cost is so much less and the outcomes are so much better for the women and babies. Everyone should have the option of an out of hospital birth. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies. Economist David Anderson calculated that a modest increase in out-of-hospital maternity care nationwide would save the health care system over \$9 billion annually through reduced costs, improved outcomes, and increased competition in the maternity care market. I just wanted to share that my daughter in law wanted a home birth but was denied because Badger Care does not pay for Home birth with a Licensed Midwife in attendance. She ended up having 4 unnecessary ultra sounds for a low risk pregnancy. It ended up being a hospital birth that was sped along with pitocin. She then had an epidural that took 4 tries to get in place and a baby that went into stress since she could not feel anything to successfully push him out. We then had an additional 4 emergency room visits after discharge for blood patches so she could endure the spinal headaches. Lots of unnecessary expense. Why is there no limit to the costly ultrasounds being done unnecessarily? Why do woman on Badger Care and Food stamps/ WIC have the option whether to breast feed? If they have no medical reason why they can't and they cannot afford to buy formula, why are they not being to they have to breast feed?

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

None

**Amy**

**Licensed Midwife**

**What could the Department of Health Services improve?**

By creating a DHS provider category to reimburse Licensed Midwife services in out-of-hospital settings will not only save the state significant amounts of money but improve outcomes and access for low-income mothers as well. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies. As a Badgercare recipient, I highly value out-of-hospital Midwifery health care for my pregnancies and believe that it should be included in Badgercare coverage. Thank you for your time.

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

None

**Judi**

**Licensed Midwife**

**What could the Department of Health Services improve?**

There are MANY reasons for me to ask for midwife services to be covered by Badgercare, because it makes so much sense, economically and medically. As more and more small town hospitals close their maternity units, women are cut off from local care. It doesn't make sense, economically or medically, to send a healthy mom to an unfamiliar hospital, hours from home. She should be near her family and friends for this joyous event. Licensed Midwives undergo specialized and extensive training to deliver babies in out-of-hospital settings. They provide safe and cost-effective care that is proven to reduce low-birth weight and preterm births, two of the leading causes of infant mortality as well as the long-term costs associated with maternity care. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies. Economist David Anderson calculated that a modest increase in out-of-hospital maternity care nationwide would save the health care system over \$9 billion annually through reduced costs, improved outcomes, and increased competition in the maternity care market. Each time a Medicaid/BadgerCare mother who seeks to give birth at home or in a freestanding birth center under the care of a Licensed Midwife is denied access to her services, it costs the state thousands of dollars in unrealized savings.

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

None

**Tracy**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

You are asking for ways to close the budget deficit? Covering Licensed Midwives through the BadgerCare program would cut costs by thousands of \$ per pregnant woman! Please consider that 1/3 of all hospital births result in cesarean. Research has shown that women who deliver with midwives show a 5-fold decrease in cesarean! Thanks for your consideration.

**Tehmina**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

Thank you so much for requesting of the public various solutions on how to close the \$500 million budget deficit. I'd like to take this opportunity to propose creating a DHS provider category to reimburse Licensed Midwives services in out-of-hospital settings as a solution to the deficit. This will not only save the state significant amounts of money but improve outcomes for low-income women and offer options to all women in this state, regardless of coverage. Research shows that mothers who deliver under the care of Licensed Midwife experience as much as a five-fold decrease in cesarean surgery. These surgeries now account for over a third of the deliveries nationwide, many of which are both preventable and a major contributing factor to the rising costs of maternity care. Washington State, whose Licensed Midwife program is approximately the same size as Wisconsin's, commissioned an independent audit of the program which found that LMs saved the state \$3.1 million per budget cycle while providing excellent outcomes for low-income mothers and babies. I am asking you to please consider categorizing LMs as a DHS provider in order to save our state thousands of dollars.

**IRENE**

**ES Worker**

**What could the Department of Health Services improve?**

DO NOT REMOVE THE ES OUT OF THE COUNTIES. OUR

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

1)COUNT INTEREST INCOME FOR MEDICAID PROGRAMS2)LOOK AT ASSETS AND HAVE A \$10000 ASSET LIMIT FOR BCP3)FUNERAL ELIG. (IF LIFE INS POLICY, AND IT IS ENOUGH TO COVER THE BURIAL, THEN IT SHOULD BE USED ON ANY TYPE OF MA CASE. SPOUSAL CASES THAT HAVE ASSETS OVER \$5000 SHOULD NOT BE ELIG. FOR HAVING BURIAL PAID.4)FOR FAMILIES THAT QUALIFY FOR BCP, BUT HAVE INS, BUT WANT BCP FOR DENTAL AND EYE, THEN HAVE JUST A SEPARATE PROGRAM FOR THOSE TWO AND CHARGE A MINIMUM PREMIUM. THEY SHOULD NOT GET FULL COVERAGE WHEN THEY HAVE FULL COVERAGE EXCEPT FOR THE DENTAL AND EYE.5)BADGERCARE+ WHEN A WOMAN HAS A CHILD AND NOT MARRIED, THE MOM AND THE FATHER OF THE CHILD SHOULD HAVE TO BOTH PAY LYING IN COSTS. PLUS THEY SHOULD HAVE TO PAY FOR EACH CHILD THAT IS BORN OUT OF WEDLOCK NOT JUST THE FIRST ONE AND ONLY THE FATHER PAY.(IT TAKES TWO TO HAVE A CHILD AND THEY ARE BOTH RESPONSIBLE)MAYBE IF THEY WOULD BOTH HAVE TO PAY AND PAY ON EACH CHILD THEY MIGHT GET SMART.6)IRIS NEEDS TO IMPROVE THEIR TURN AROUND TIME ON ELIGIBILITY BEGIN DATES. THEY ALSO NEED TO HAVE SOMEONE COMPLETE THE GRP C WORKSHEET OR HAVE THE ADRC DO THE FIRST ONE AND IF IRIS DOES NOT AGREE THEN THEY CAN SEND A CORRECTION. NOW WE HAVE A CUSTOMER THAT HAS BEEN DENIED WW ELIG. BECAUSE IRIS HAS NOT COMPLETED AND FAXED THE GRP C WORKSHEET TO US. IT HAS BEEN OVER 4 MONTHS. THIS PERSON NEEDS SERVICES.7)CUSTOMERS GOING ON FC SHOULD HAVE THEIR ASSESSMENT COMPLETED WITHIN 1 MONTH NOT UP TO 90 DAYS. THEY NEED THE SERVICES. 8)SENIORCARE SHOULD STAY. PEOPLE SHOULD NOT HAVE TO FIND ANOTHER PART D CARRIER. THERE IS ALOT OF PART D'S THAT DO NOT COVER ALL MEDICATIONS AND CUSTOMERS DO NOT UNDERSTAND WHAT THEY NEED TO BE ASKING FOR AND THERE IS ALSO ALOT OF PEOPLE THAT DO NOT HAVE ANYONE TO HELP THEM. THEY WILL BE GOING WITHOUT PRESCRIPTIONS.

**BEVERLY**

**Income Maintenance Specialist**

**What could the Department of Health Services improve?**

The income maintenance should be left at the county level. These services we provide should not be made more difficult for the people who really need them by not having access to an economic support specialist person.

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

Why do parents automatically qualify for the Badgercare? We should have the children on the Badgercare but just because you have a child or children you should not automatically get badgercare. Parents should always have a premium for badgercare and not just automatically get badgercare. Why do we not make people responsible instead we give them badgercare and they continue to keep having children because they have no cost. Should not the mother and father pay for the birth costs of the children they decide to have. Unmarried people once paternity is established qualify for badgercare as long as they have the children 40 percent of the time. Should this just be automatic? Children and pregnant women should have medical but adults should not just expect to have medical and they keep having more children and have the best health care coverage. People that choose not to work get the best health care and they just keep having more children because we keep paying. How wrong we are.

**Sue**

**Economic Support Worker.....Tax payer**

**What could the Department of Health Services improve?**

None

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

Badgercare doesn't have to be the cadillac of plans. There should be higher co pays for office visits, at least \$10.00 or \$15.00. Many office visits could be avoided, with no negative consequences. They might do like I do & call the nurse line and try other alternatives before going to the doctor. Why does someone automatically qualify for the best of plans just because they have a child? Keep good coverage for children and pregnant women. Limit the coverage for others. There needs to be an asset test for Badgercare. I know of a couple of families that have had assets in excess of a quarter of a million dollars and still qualified for BC. If someone has good health insurance, they shouldn't be eligible for Badgercare just because their income happens to be under 150% of the poverty level. I recently had a family with a government job and good insurance but didn't have dental coverage. Because they have several children and their income is under \$150% of the poverty level they qualify for Badgercare. Even though they only need the dental coverage, the state is paying a premium for each of them to the HMO when they don't even need the insurance. Better yet, the HMO doesn't even cover the dental. Get the Feds to change the Food Share rules! Candy, soda and junk food should not be allowed with Food Share dollars. If they want to buy it with their own money, that is their choice. I know a person with an addiction to Mt Dew. She drinks at least a 6 pack a day, every day. She can't sleep. The dr has prescribed sleeping pills. She just learned she is also diabetic. She is at the dr all the time and we are paying for it. She buys her Mt Dew with Food Share.

**Jessica**

**Licensed Midwife**

**What could the Department of Health Services improve?**

None

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

I would like to offer you a time tested well established method of considerable cost savings for Badgercare. Midwives for maternity care. There are Certified Professional and State licensed midwives who work and serve the community throughout the state of Wisconsin. This is a negative budget proposal. The use of Certified Professional Midwives as paid providers with Badgercare will certainly save the state large sums of money. The cost savings will be both short term and long term. Prenatal care, labor, birth and postpartum care is far less costly with midwives since we are accustomed to serving low income clients. Ways in which we work with clients to maintain good health has always focused on cost effective methods and ease of accessibility. Long term cost effectiveness hinges on factors such as very low cesarean section rates. This has an enormous effect on future childbearing costs for women and obviously the state. The Certified Professional Midwife extensively educates women in the childbearing year and in so doing empower them to create and maintain robust health in their lives and the lives of their families!! I would love to speak with you further regarding the profound cost effectiveness and overall benefits of the Certified Professional Midwife as Badgercare provider.

**LISA**

**Income Maintenance Worker**

**What could the Department of Health Services improve?**

They could improve on how they write these programs. See below.

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

1. When a person has a baby why do they automatically get a substantial increase in food share. Most of them are on WIC and how much can a baby eat? 2. Why don't they do an asset test for Badgercare+? Someone who owns a business but has lots of write offs and has thousands of dollars in the bank and we pay for their health insurance? 3. Why is it when a paternity is established the father pretty much automatically gets MA? 4. Why is it when you are not married and after the second child is born they don't need to pay for any birthing costs. The system encourages and rewards those that don't work to continue to have children they can't pay for and the working people who want to work are penalized. Yes, alot is wrong with the system!!!! Whoever writes these programs obviously doesn't work with them...

**Chris**

**Chippewa Valley Free Clinic (CVFC)**

**What could the Department of Health Services improve?**

BC+ allowed CVFC to spread it's resources further and also for the individuals enrolled in BC to receive a higher quality of care. CVFC is the first free clinic to partner with the local health dept. to offer adult immunizations. It is cheaper to immunize an uninsured individual than to pay for an ER visit. My brother lived in group home, caretakers were not adequate enough to provide level of care he required.

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

None

**Morris**

**Caseworker for Economic Support, FSET, Medicaid Transportation**

**What could the Department of Health Services improve?**

Compassion for fellow Wisconsin population who cannot afford to provide their families the services our programs provide. DHS should think about how the affects of the changes Governor Walker's biannual budget will directly concern the many who do not have voices or feel like they can not speak out on their own. They should tell him and his backers that this will not be affective and actually cause the State more money in the long run if he should centralize Income Maintenance programs.

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

What does Governor Walker's Budget revision means for BadgerCare and Medicaid members who are currently serviced by our local county and tribal employees that administer these programs? Healthwatch Wisconsin (ABC for rural health) states; the revisions in the budget regarding our health care will take the power over badgercare/Medicaid away from elected officials and gives it to the department of health services (DHS). It allows the secretary of the DHS to make broad changes to BadgerCare/Medicaid eligibility and services behind closed doors, without public comment or legislative review. It will allow a certain elimination of Badger Care coverage for single childless adults who have waited for years for access to health care. I have seen many people in the middle age bracket where their children are grown and yet they are too young for Medicare. These people have been in the employment sector but in jobs that had no benefits that include retirement or/and health care. Now they find themselves with nothing at a crucial time in their life where their health needs the extra care after working manual labor for years. This budget limits coverage for certain badgerCare eligible infants and pregnant women, it changes the current BadgerCare/Medicaid benefits. It will create more barriers than there already are through limited access for the rural tribal/county populist and create more paper work and red tape for enrollees. According to WBP (Wisconsin Budget Project) most state spending supports local services. The majority of state spending doesn't go to support state services and programs. Local services as a general fund actually supported \$7.2 billion in the fiscal year of 2010 and of that total 1.3 billion of the state money were spent on Medicaid and BadgerCare Plus. For every \$1 the state spends on these programs, federal government generally gives Wisconsin about \$1.50 in matching funds Which means if we cut state spending on Medicaid or BC+, we lose the federal dollars as well. How will this be an improvement on the budget if we lose the federal dollars by cutting the spending locally to the Medicaid and BadgerCare programs? (found in the Governor's 2011-13 Biennial Budget [provisions Relating to Counties/Tribes]) By proposing the privatization of Health Care our Red Cliff residents who are in danger of losing eligibility for medical care and food assistance will face much longer waits for those services among other increased barriers. The proposed budget prompts fears that people served by tribes and counties, (generally some of Wisconsin's poorest residents), could face significantly longer waits and in some cases could be cut off from needed services because of errors. As proposed, recipients would be responsible for applying for various programs instead of receiving assistance from tribal or county staff trained for that work. The fear is that some people aren't going to get the services they need because they can't navigate the system. Example; A client 18 years old with a 5th grade education asked for help after attempts of filing on line for BadgerCare/Medicaid. She is an expectant mother with a difficult pregnancy that needs specialty care. She is unemployed and does not own a computer, hasn't a phone or reliable transportation from her rural home to our lobby area that offers access to apply for service on line. Even when she found a ride from someone she had difficulty in the navigation and her comprehension level is low. She is not able to apply successfully on line. There is no money for contract health to offer her vouchers to cover the care. The results were immediate; our ES workers helped her fill out the Badgercare application registered and enrolled her in both BadgerCare Plus and FoodShare. If this mother did not have access to the health care or food to promote care or good nutrition for the complicated pregnancy it would have certainly put both unborn child and mother at risk. This would have been a certain possibility if we did not have our local agency on the tribal reservation. Our tribal economic staff now assists the clients that are unable to access those services on their own. Currently the Tribal ES workers prompt the head of house hold in case loads 1.To keep annual and 6 month reviews to keep them eligible by letters and phone calls. 2.We go into homes of those who cannot drive or do not have physical or mental ability to make face to face visits. 3.There is comfort of knowing the caseworker in our tribal community especially for those who find the terminology confusing and are not able to navigate in internet access. Often there are people not able to understand the letters from the DHS telling them what their case qualifications are. People who are not literate or have learning disability or other barriers will be lost. In the most serious instances, people who rely on medical services provided by those programs could face serious health impairments and possibly death because of delays. Count another example of a family among those who will suffer who is educated and can use a computer. But they are not able to navigate through the terminology and are unfamiliar with the challenges navigating the benefits system to procure benefits. How will they know if they have those benefits without the help of their tribal human services? They certainly will not get them as quickly as they can now. Current recipients of BadgerCare Plus already face the possibility of losing that coverage because Walker's proposed budget includes changes to eligibility standards that would

reduce the number of people who qualify. Budget talk of raising premiums changes level of income eligibility, if true; it will cause many that already qualify to not continue to have the ability to keep their current level of health care. How are these changes cost effective for the state? There are other circumstances that will arise if the Governor's 2011-13 Biennial Budget provisions relating to counties and tribes are passed. 1. Tribal and County employees careers will end, many who currently administer Income Maintenance programs will be applying for the very benefits they assist others with. 2. Many will not be eligible because of unemployment benefits; but will not be able to afford their families own health care coverage. 3. This will raise the state unemployment percentage and cost the state more money through a new target group in need of services. When a person or food unit is eligible for priority services and expedited issuance at this time even collateral contact is acceptable. How will private vendors or DHS establish eligibility and offer effect and speedy assistance? When a tribal community member applies for the first time they can immediately walk into our office and instantly obtain foodShare if they are without income or within the guide line or/and have no food. At this time our Tribal agency personally can assist applicants in obtaining verification. When there is over issuance because the group did not timely report a change and/or we discover an over issuance for other error we can establish immediate attention to this and are in instant communication with client. We can go directly into their case and repair it in a timely cost efficient manner. There is less oversight and very few appeals because there is more individual attention given to each case. 1. Who will and when will they be correcting the errors from the mistakes which will undoubtedly be made when first time applicants who have trouble navigating in Access, or with disabilities, illiteracy, or who haven't access to Internet or phone attempting to navigate BadgerCare access or trying to reach someone on phone attempt to get assistance applying? 2. How many cases will be pending because they don't have the available information on hand and cannot reach a caseworker on the phone when they call back? Many of our elders in the community will only talk to people they know. Many will not or cannot come into the office so we go out to their home to meet their needs. Example: In one situation; a married elderly couple both faced with medical issues and were both eligible for Medicaid but had never applied or did not realize they could apply, until a relative had told them. They did not feel comfortable with the case worker who would be assigned to them; as they did not know the individual or her family. But we did have an employee who was their granddaughter. She was willing to accompany the new caseworker to the elderly couple's home. The granddaughter helped the elderly couple feel comfortable, she assisted in finding their proper verification needed and established trust between the new caseworker and clients. Right now our home visits and face to face reviews and registrations/intakes help to establish communication and trust between client and caseworker. We are able to tell when someone has made an error and is not intentionally trying to fraud the program. It keeps state appeals and hearings down which in turn cuts the cost of state employee travel and extra hours spent on the road showing a cost in the state budget. Currently there are already complications with BagerCare Access on line if the vast majority (of the rural communities) have to access these services through the Internet there will be many complications. Even if you design a way to transition this style of services it will take many dollars to train and inform these individuals. In the time period that the BadgerCare Plus Core program has been established which provides medical coverage for low-income, uninsured, childless adults we have been able to reach a group of our tribal community that desperately needed medical care. 1. We have watched the example of administrative shifts through the current state and private business test program in Milwaukee County and it makes us very cautious to believe those administrative shifts would be cost effective or successful in assisting those qualified. 2. The program in Milwaukee County is administered by the state and private businesses. An analysis has shown that fewer than 20 percent of cases are processed in a timely fashion, and at a rate far less than the rate our tribal economic support specialists can attain with their clients. 3. It has been said that allowing private businesses oversight the system would streamline the program. But the proposal Walkers legislation is trying to promote would lead to multiple levels of benefits confirmation, causing delays in clients receiving services. Which we have already seen happen since the introduction of ACCESS.wi.gov and badgercareplus.org eligibility Support for Health and Nutrition Internet Access. Our eligibility workers here can do all of that with fewer steps. We still take care of the same steps, but we can do it more efficiently without the extra layer to go through. Example: Several years ago a single mother requested a Badgercare application for her and her family. She had a preteen son who had been diagnosed with brain cancer. She could not just rely on Indian Health or Contract Health. (CHS) is not an entitlement program and American Indian's must use alternate resources (Medicare, Medicaid, VA, private Insurance, charity, etc. Before it is even considered an option. Furthermore the woman did not drive and hadn't a driver's license and had issues with leaving her home she was not able to come into the office of our human services. Her case worker came out with the proper

paperwork and found her and her children eligible for BadgerCare. Her son had many trips to Minneapolis Children's hospital and he survived until his high school senior year primarily because his mother was able to reach out to her tribal services representatives and they were able to show compassion and help her access the program on a very personal level. The result was excellent health care that helped extend and improve the quality of her son's life. In the provisions relating to counties it also talks about cutting funding by 10% to certain GPR funded mental health, substance abuse, and public health grant programs. All of these areas are already difficult to administer to the people who fall into the categories and live in the rural areas in the northern tribes and counties. In the past I had the privileged to be invited onto case management teams where we assisted someone with mental health barriers. When dealing with issues such as this we find there is more than one barrier. Often if there is mental health issue there usually are employment (income) issues, housing issues, nutritional issues, and sometimes you are working with someone who has been in the criminal system so you may have felony barriers. There are so many hoops to leap through even as a team of professional staff that we found ourselves beating our heads against the brick walls of bureaucracy. Can you imagine what it would be like if you had any mental health barriers? Picture yourselves living hours away from any urban community trying to find shelter, therapy, the proper medicine that can help you cope within the community that you reside in or any of the necessary things a person needs to get back on their feet. This difficulty is experienced with the current funding that is available we can only imagine how horrendous it could become with the new cuts to this budget. Currently we were able to find services to help the individuals who were in this category. What will it be like for these citizens, tribal members and residents of the

**Tara taxpayer**

**What could the Department of Health Services improve?**

None

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

While I don't have an answer how to monitor this, people are putting their children and themselves on Badger Care because it's basically free versus paying the premiums for their employer provided health insurance. This is maddening. No employer can compete with basically free, making Bader Care way too attractive versus their employer coverage. There needs to be \$25.00 copays and monthly fees like insurance. I know of far too many people with fancy vehicles with their kids on Badger Care all because they can. People are choosing to spend no money on health care because Badger Care is too attractive. Also, there needs to be a maximum lifetime period of time a person can be on Badger Care, not forever. For example, 48 months total lifetime. Co-pays, monthly administrative fee of at least \$25.00/person and a maximum lifetime cap. Thank you for your time.



**Julie**

**IM eligibility worker**

**What could the Department of Health Services improve?**

Fix the software problems in worker web to cut back on processing time. As of now they only have work arounds which usually don't work. Exclude soda and junk food from the Food Share eligible food list. Most people that use Access have a lot of problems understanding the language used and the questions asked. Fraud is rampant through the system. There needs to be more emphasis on fraud enforcement. I have even seen clerks/check out people override the system to make an item eligible for Food Share purchases.

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

Reinstate an asset limit for Badgercare. We have clients who have three and four million in assets on Badgercare! Limit the time a family can be on Badgercare Plus and Food Share. All adults on Badgercare plus should have to pay a monthly premium. Fix the software problems in worker web to cut back on processing time. As of now they only have work arounds which usually don't work. Exclude soda and junk food from the Food Share eligible food list. Make FSET mandatory. Most young people think they will never have to work as long as they can get benefits.

**Paul**

**Contractor for asset verification**

**What could the Department of Health Services improve?**

Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs.

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

Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs. Implementation of this system should reduce Medicaid spending for the aged, blind and disabled population by 5 or more percent.

**Griep**

**Economic Support Supervisor**

**What could the Department of Health Services improve?**

Allow Patients needing very minor medical services (sore throat, cough, follow-up cuts etc) to be screened through the county health department and save time and costs at medical centers. Allow Health department to prescribe limited medications such as antibiotic and minor pain/fever relievers.

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

Allow MA participants to receive a statement from providers showing the procedures that were done and Medicaid covered. This could be a check point for mistakes in billing or billing for procedures/meds that the participant never received. The mailing expense would be a provider expense. Reporting could be done on line or through local fraud contacts. Tighten estate recovery rules and allow some agency discretion to determine if assets were divested to become eligible for Medicaid paid institutionalization. Place high co pays on visits to the emergency room that are not deemed necessary by the ER staff.

**julie**

**step parent of kids on badger care**

**What could the Department of Health Services improve?**

My step kids have full insurance through my employer - why is the state also paying for badger care?

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

Be more aggressive in investigating badgercare applicants. One I know of lives in a half million dollar house owned by a relative, chooses to work part time on the books, and makes several times that off the book. She also owns two free and clear rental properties. I very much doubt if fully audited she would qualify.

**Maurer**

**Citizen and taxpayer**

**What could the Department of Health Services improve?**

1) Exempt those areas that have already begun Family Care programming from the freeze - it's unfair to consumers who were promised this new program and saw the county long-term care waiver infrastructures dismantled as Family Care began. 2) Keep the local county workers, who have a customer service focus, involved in eligibility determinations rather than repeating the messes created in other states by trying to privatize these functions and creating a profit motive.

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

1) Increase the lookback period for MA/Badger Care eligibility determinations to at least 10 years. Far too many folks are legally divesting, and then having their parent going on the public dime - while refusing to believe that it IS public assistance

**joseph**

**Emergency Physician**

**What could the Department of Health Services improve?**

I see service abuse on a daily basis, ambulance rides for minor issues, constant over utilization of medicines and tests by the medicaid patients, lack of personal responsibility to even make primary care appointments, and narcotic abuse etc. You can't believe the number of toothaches ER docs see! heck, we aren't even dentists. Reimbursement for ER docs is a disgrace as well- \$18-\$38 depending on if we do nothing or save a life (and it costs us to bill and collect that little amount. Solution-penalties for over use of services, small co-pays, drug test enrolled patients, reimburse dentists better

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

as above

**Zirk**

**Former Public Employee**

**What could the Department of Health Services improve?**

Improve public and provider access to the Wisconsin Immunization Registry and better coordination between the registry and other Wisconsin registries such as lead screening results. Reduce prohibitively restrictive access requirements to the registry. Reduce data restrictions to sharing health data between within and among the state and federal government data bases, allowing health quality analyses more freedom. Improve the time it takes to implement coordination of these data bases. Better coordinate analysis between the state and the university campuses in the state. Provide the public with the results of health data analysis in easily understood language and table formats.

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

Elimination of chiropractic and podiatric benefits. Stronger emphasis and higher payments for preventive care (e.g, immunizations, well child visits, nutritional and dietary counseling). Consider the Oregon model for Medicaid coverage (I strongly urge you to consider this). Lean on the federal government to utilize the federal governments power to reduce Medicare drug prices the same way they do under Medicaid drug rebate program. Adopt ambulatory care group pricing for ambulatory services.

**LaVerne**

**ADRC**

**What could the Department of Health Services improve?**

1 If caps are set on Family Care, allow counties to maintain their own wait lists and do not require separate lists for Family Care, IRIS and Partnership. 2. Please don't try to move everyone into IRIS. It's a good program for some people who are able to manage their own care but not everyone is able to do so and some people would be at greater risk of abuse or financial exploitation. 3. SeniorCare--In addition to additional costs to older adults, ADRCs will have difficulty keeping up with the added time required for assistance with Medicare D which takes about 2 hours vs. 10-15 minutes for SeniorCare. SeniorCare application is much easier and many older people can complete their own applications.

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

1. Invest in preventing falls among elderly living at home and in group homes. 40% of persons admitted to Wisconsin nursing homes have had a fall in the past 30 days. The majority of persons admitted to Wisconsin hospitals because of a fall are discharged to nursing homes. Many of end up staying there long-term and must turn to Medicaid when their assets run out. Wisconsin has initiated several evidence-based programs to prevent falls among the elderly. With a relatively small investment, those programs could be expanded to have greater impact on falls reduction. 2. Keep in-person enrollment for Elderly, Blind and Disabled and Long Term MA at the county level to avoid misappropriation of elder persons' assets and avoid divestment. EBD MA eligibility determination is more complicated than other MA. Asset and divestment information must go back five years. Without careful review of documentation older persons could be more vulnerable to misappropriation of their assets, and the Medicaid program subject to divestment. ADRC, Adult Protective Service and Economic Support staff currently work together to identify misappropriation of an older person's assets. Furthermore, local workers help to avoid enrollment disruptions which could result in nursing homes not being paid, increasing debt and being less likely to accept MA. 3. Do not restrict access to prescriptions that work for persons with mental illness as these have helped to stabilize hospital placements and keep people out of jails. 4. A relatively small investment in CIT and CIP training for law enforcement, teachers and other community persons can stave off more costly incarceration or hospitalization of persons with mental illness.

**Julie** **Economic Support worker**

**What could the Department of Health Services improve?**

Obviously the ESC. Need I say more. The stats tell the story.

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

I believe the FPL should be lowered on BC+ and the self employment rules changed. Maybe higher premiums for self employed, the rich have found a loop hole and are using BC+ as their health insurance at little or no cost, they should be using private health insurance, not taxpayers dollars.

**Trisha** **Economic Support Specialist**

**What could the Department of Health Services improve?**

Ensuring customers get quality service when applying for assistance. Currently the centralized enrollment process has a higher rate of errors and poor timeliness when processing applications when compared to county agencies. Counties are receiving many calls from these individuals asking for help as they cant get through to the ESC. This all costs the state money. County agencies are typically a go to for our customers to get the help they need, whether it be applying for assistance programs or getting resources and referrals to other programs.

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

Lower the income limit for Badgercare Plus and premium income limit. Increase premiums and copays. Eliminate coverage for non citizens. Change the way access to insurance is looked at, for example if the employer pays at least 60% of the premium require they take employers insurance. Improve the insurance verification system as many times the information populated is incorrect, example: major medical policy is marked no when it should be yes. Eliminate grace periods for late payment of premiums. Change backdating to only 1 month vs 3 months

**Marjean** **Economic Support Worker**

**What could the Department of Health Services improve?**

Raise the Asset limit for EDB, LTC MA, SSI. It has been \$2000 forever and this is not enough money for people to save for their property taxes, vehicle, unexpected expenses, etc. It honestly would not make more people eligible because the income limits are low. I think \$5,000 - \$10,000 would be a better solution.

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

Update the health insurance system so it correctly shows when people have insurance. The system now is kind of hit & miss on correctly updating. Charge co-pays for services like doctor visits. This could slow down the abuse of the folks who run to the doctor constantly.

**Pamela**

**Vernon County Dept. of Human Services**

**What could the Department of Health Services improve?**

Capping Family Care enrollment is a direct recant on promises made by Governors in both political parties to serve our most vulnerable citizens.

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

Count the assets of the household for BadgerCare+ recipients during eligibility determination. Count the interest and dividend payments received by the household. Have premiums due in advance. Eliminate the free month. Stop coverage when people move out of the state. Enforce restrictive re-enrollment periods due to late payments. Raise copays. Mirror private ins (deductibles).

**Kathleen**

**Staff of Greater Milwaukee Free Clinic**

**What could the Department of Health Services improve?**

1) Inviting input from free and community clinics would help identify areas which need the most attention.2) Increase reimbursement to a level which covers the Providers' overhead. This would increase Provider participation both for primary and specialist care. I realize this is counter-intuitive to the current economic situation, however, with improved access and more timely care, medical conditions will respond to more economic treatments and prevent more catastrophic care needs into the future.3) Health care literacy: patients who come to our free clinic are given hope about access and are empowered to take an active role in their physical well being. Knowledge helps them be compliant to most treatment plans.4) Persons being released from Prison should receive Medicaid before leaving incarceration. Many have chronic and serious conditions, and will usually not be employed or have the resources to pay for healthcare for at least 6 months.5) Persons who qualify and are approved for disability would benefit greatly from Medicare enrollment immediately. If I understand it correctly, they are required to wait 2 years for Medicare. They lose their jobs because of health issues; they cannot afford Cobra on disability payments; it would make more sense to give them insurance earlier in their disability than later -- perhaps treatment would improve their situations enough that they could get off Medicare and Disability with reviews.6) Food Share provides recipients with nutritional needs, however, very unhealthy foods are often purchased with these dollars. Obesity is a serious public health issue and perhaps the Food Share program could be limited to support only the purchase of healthy foods in the dairy, meat, vegetable, and fruit categories. Power drinks, sodas, chips, etc could be non-covered items like soap, laundry and paper products.

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

1) Many Generic drugs are available at the following pharmacies: Walmart, Target, Sam's Club (no membership needed for pharmacy) and K-Mart. A few remaining independent pharmacies also offer these great prices. \$4 per month or \$10 for 90 day supply is affordable for most people up to three or four prescriptions per month. Why offer drug coverage with a \$5 co-pay and paper work, when the patient could buy it for \$4 cash?2) Earlier access to care prevents serious long term complications of diabetes, hypertension, and other illnesses and saves dollars in the long run.3) Physicians have the training and knowledge to make the best decisions on behalf of their patients. Trust them. Support those who are trying to make a difference.4) Physicians need to be educated about patient drug assistance programs and need support in helping their patients access them. System employed physicians often are insulated from the financial issues of both their practices and their patients. 5) Some feel that electronic medical records are a cost saving measure. The huge cost of the software and tech support would make me question its return for the dollar.... What it helps is data collection, but how does that touch the patient at street level.

**Christine**

**AFSCME Co 40**

**What could the Department of Health Services improve?**

1)Repair, update, complete: CARES/CWW fixes - system issues seriously hinder efficiencies. 2)Application process - they amount of information online & paper is overwhelming, especially for EBD. 3)Staff training.

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

1)System fixes. 2) Asset limits after a certain income limit. 3)Reduce duplication - too many entities are involved in application process to avoid increasing staffing levels and this only increases confusion and duplication.

**Teresa**

**ESS Worker/County level**

**What could the Department of Health Services improve?**

The Department of Health Services could improve services by keeping the eligibility determination at the county level and keeping the county offices open with experienced county workers. People in our communities need to have a place they can go to get their questions answered in a timely fashion and to have their benefits determined timely and accurately. To not have these ESS/income maintenance departments in the counties would be a huge mistake and disservice to our customers. The ESC is a huge example and should have taught a lesson as to how NOT to do something.

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

The income limits for Badgercare could be increased and a larger monthly premium assessed for those eligible. Also, there could be some larger copays as families need to be more responsible for their care costs. Also, we should be covering preventative medicine and alternative cares as options.

**Danita**

**I work with people that utilize these programs**

**What could the Department of Health Services improve?**

The Department could improve the quality of services by making sure that the consumer knows who their contact person is at the local level. Taking that away by consolidating income maintenance or economic support will turn people away and leave them with nothing. It will impersonalize a very delicate and personal subject for some elderly, disabled or mentally handicapped individuals. It will complicate the process, require additional staff to supervise the contracted providers and will create more inefficiencies. Honestly, The Department of Health Services could improve by seeking out new leadership - starting with the Governor and working it's way down.

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

Cost savings could come by looking at the management costs associated with the CMO's that are contracted to provide the family care services and putting a salary cap on those management people. CCCW and potentially other CMO's have a very top heavy management team, pays the management very well and then nickle and dimes the consumer - thus taking away services. Retaining Senior care as an option for those persons already enrolled would be a positive program versus forcing the elderly to enroll in Medicare Part D. Badger Care Plus is a wonderful program that supports young adults struggling to get by in this world. He has allowed people to access medical care and focus on preventative services versus trying to deal with something after the fact and much more costly. I would also suggest retaining support of Family planning services. They provide much more than abortions. The alternative is lack of access to female health care and pregnancy preventative options, the alternative women not taking care of themselves and those that end up pregnant as teenagers or having an unwanted child and abusing or neglecting these children - a much costlier social problem than just paying for birth control.

**Mark**

**I am a consumer, and work for a provider, also I have my own business**

**What could the Department of Health Services improve?**

The Department has spent a lot of time implementing peer specialists into our service system for mental health. We also need to have recovery coaches also implemented to our service system to help people with SUD. Recovery coaches are not sponsors, they are NOT COUNSELORS they are people that have lived life experience in addiction, that have found recovery and want to help them as they transition out of treatment, jail, and prison. These people need the help and just volunteer models aren't enough. I am prepared to help implement a wonderful model that is also supervised by a clinician, which makes it billable to Medicare. This would help recidivism, cut down on wait lists, and help the people of Wisconsin become tax paying productive members of society. I'm already working on the infrastructure and ready to implement this model, all I need is help from the department.

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

This above mentioned model is the model to go with, I've personally researched every model I can find and this one is the cheapest and best model available, I already have permission to use it and implement it, from the creator of the model. I would be ready at anytime to give a presentation. The people that are working with me on this project are clinicians, providers, consumers. and peer specialists. We want to help the addicts of the great state of Wisconsin!!!

**Kristi**

**Registered Dietitian**

**What could the Department of Health Services improve?**

DHS should require full-time employment for those receiving BadgerCare and BadgerCare+. I know several people receiving these benefits who only work part-time because if they worked full-time they would not qualify to receive the benefits. There is no reason they cannot work full-time. This angers me as I am someone who worked hard, went to college to make something of myself, am employed full-time and continuing to pay my student loans as well as the taxes that fund programs for those who think the government should provide for them. DHS also could improve all programs by providing the services of a registered dietitian. Registered dietitians complete a minimum of a 4-year degree in nutrition. Their skills are beneficial in the prevention and treatment of many diseases including obesity, heart disease, diabetes, hypertension, kidney disease, celiac disease and many others.

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

By providing medical nutrition therapy with a registered dietitian, DHS could save a lot of money. Registered dietitians can help to prevent diseases from worsening and prevent future doctor visits. In addition, obesity is the biggest concern in our nation right now and a significant expense. Dietitians can help patients to lose weight safely and effectively through diet and exercise. Weight loss through lifestyle modifications is significantly cheaper than weight loss surgery such as gastric bypass surgery.

**Deborah**

**Tax payer**

**What could the Department of Health Services improve?**

Stop taking funding away from our most vulnerable citizens: elderly, disabled, poor, working poor and children.

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

Look at salaries of state government legislators and administrators. Everybody should contribute based on their income/resources. Stop picking on the poor, working poor and middle class. Stop wasting \$. Stop making foolish decisions that give BIG BUSINESS more tax breaks. Increase state sales tax. Increase income taxes for people making more than \$250,000/year. Stop this favoritism and good ole boy club politics...I am very close to the point where I am embarrassed to say I live in Wisconsin.

**Lane**

**Service Coordinator from the Birth to 3 Program**

**What could the Department of Health Services improve?**

None

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

1. Educate families on how to use the ER versus doctor office visits. Many families use the ER for visits rather than using their primary doctor. 2. Have a fee for everyone for the insurance as well as doctor visits. Even as little as \$5 a month for the insurance and \$1 for doctor visits and \$30 for ER visits.

**Mary**

**taxpayer**

**What could the Department of Health Services improve?**

None

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

Why are contraceptive devices limited to one in three years? If one is on Medical Assistance, births should be avoided until a parent can financially afford to raise a family. Why is contraception limited? 8-1-10 effective date of regulation. The state should not continue to pay for multiple births and subsequent support of children while parents cannot afford to have those children and are receiving state welfare. Entitlement has become a way of life for multiple generations in Wisconsin. Some believe having babies is a means of income and a way of life in Wisconsin. Basic should be eliminated and Core Plan should be premium driven. Everyone should pay something, ie. a premium. Copays never get paid to the provider. They are not enough. A premium should be required to stay in the program. Medicaid should be reserved for our sickest, most needy residents, or it will not be there for anyone. Besides looking for fraud on the part of health care providers, let's make sure that recipients are really needy and motivated to find work. If it is a part time job, fine, supplement that job to a living wage. But all should work at something. MacDonalds is hiring!