



**Department of Health Services - State of Wisconsin  
Town Hall Results  
Provider (BadgerCare Plus Program)**

**Bill**

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

A proven cost-effective method of delivering oral health care to children is through school-based services. Smart Smiles in Milwaukee will serve 6,000 children this academic year, 70% are BadgerCare. The program could be expanded if it were financially sustainable. Direct contracting is a possibility that could assure that more funding went to service provision than to insurance program administration.

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

Exploration of direct contracting to oral health school-based 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.

**Thomas**

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

Utilize a reduced fee model based upon Access Affordable Healthcare.

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

Utilize a reduced fee model based upon Access Affordable Healthcare, a private, reduced fee clinic that began in January of 2010. Having patients pay for services at the time of each visit greatly decreases administrative overhead associated with billing and insurance claim filing, allowing the clinic to lower fees by over 50% in most cases. One way this program can be instituted is by issuing a debit card from the county social service department for each member with incentives for its use, such as decreased premiums, co-pays, etc. By utilizing this card for direct payment for primary care services, a reduced fee schedule can be honored that reflects the elimination of administrative overhead.

**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.

## Anonymous

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

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skills Independent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed to and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never once consulted with the doctor to see what steps should be taken. Family's case manager have no say over the work or lack thereof of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit. Issues on LPN's: o Hours are not regulated o Documentation is not reviewed o They are not supervised by the physician or the case manager .Mandatory Reporting Process is abused by the teachers and school officials .Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principles currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them

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

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skills Independent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed to and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never

once consulted with the doctor to see what steps should be taken. Family's case manager have no say over the work or lack thereof of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit. Issues on LPN's: Hours are not regulated. Documentation is not reviewed. They are not supervised by the physician or the case manager. Mandatory Reporting Process is abused by the teachers and school officials. Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy. School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principals currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them.

**Maureen**

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

None

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

Please consider offering reimbursement to Medicaid/Badger Care recipients for maternity care through a Licensed Midwife (LM) in the home setting. This would result in significant cost savings to Wisconsin taxpayers, improved safety and outcomes for mothers and babies, and it would actually indirectly improve care for all birthing women & families. Let me explain why...I am an RN, working in OB at a high-risk hospital. We serve countless families on Medicaid/Badger Care who choose hospital birth over home birth with a licensed midwife because the latter is not covered by their plan. Although I work in a hospital setting, I am a strong advocate of home birth under the care of a (LM) because, simply put, their care results in better outcomes - fewer unnecessary cesarean sections, fewer low birthweight babies, fewer postpartum infections, improved breastfeeding and the health promoting effects of breastfeeding. Along with these better outcomes is a significant cost savings. This may seem like backwards logic - a hospital-based OB nurse promoting reimbursement for out-of-hospital care, but this policy change would actually benefit the private pay clients I serve as well. In addition to saving our state loads of money, if DHS will reimburse for the care of a LM to Medicaid/Badger Care mothers, OB physicians will be encouraged to practice in a safer way when their clients opt for alternative care. The 'safer way' I speak of is not a mystery - it is clearly spelled out in an abundant body of research that supports best practices in maternity care. It is the way midwives practice by their training and their philosophy. It is also less convenient and less lucrative - therefore less appealing - to many physicians. In addition to saving taxpayer money and increasing safety, this reimbursement will create a form of healthy competition that will lead to better outcomes for everyone. This is a multi-faceted issue, involving details that are too long for this simple request. I hope I have explained this in an understandable way.

**Savita**

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

Please include WI Licensed Midwives as eligible badger care providers.

**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 under the care of a Licensed Midwife is denied access to her services, it costs the state thousands of dollars in unrealized savings.

**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.

**Kim**

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

None

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

Medical Nutrition Therapy (MNT) provided by a Registered Dietitian is both cost effective and in the best interests of Medicaid patients. It is estimated that expenses associated with diabetes treatment are \$174 billion/year. Data shows that \$6 can be saved for every dollar spent on nutrition intervention to treat diabetes. The cost of providing a statin therapy for one year is about \$700-\$2100, compared with the cost of MNT to reduce cholesterol levels, only about \$217/year. Data shows that 1-2 hours of counseling by a Registered Dietitian and 15-20 minute follow up can produce sustainable weight loss in obese and overweight individuals.

**Mary**

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

Eliminate the control functions that only serve to hurt providers (pre-authorization function). Licensure regulation for adult family homes, community based residential facilities, and residential care apartment complexes has become excessive. Many of the regulations have nothing to do with client cares. Change the focus of survey process. The survey process should transform into a practice of supporting homes to achieve a best practices type of environment not a form of punishment or forced closure. In health care the competitive model is not working, change it. There are permanent clients in the system, eliminate the monthly/annually evaluation process and get staff into proper programming that doesn't require purely administrative checks.

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

Eliminate cost reporting system and the many duplications of paperwork. These reports now have almost no affect on reimbursement and most probably represent both a significant cost to providers and state govt alike. Use the resources at hand, for example vacant apartments. Allow the MCO's and other payers to use these apartments for care of individuals. Shift our focus back to care and not administration. 30% of MCO's costs are not going to direct patient care.

**Christine**

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

None

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

1)Eliminate system redundancies. 1/3 of family care recipients living in nursing homes, CBRF's, AFH's, & RCAC's. Regulations require case management services delivered by the provider in each of these settings. Case management services are also provided by MCO's. Providers and MCO's have an opportunity to work collaboratively. 2)Educate and enforce better ADRC financial screen utilizing all state and federal benefits including VA & long term care utilization. 3)Closer management of auto 30 day orders for disposable medical supplies and DME equipment. Medicaid definition of useful life needs to be revised or providers could be consulted before auto orders are placed. 4)There may be opportunities to centralize MCO functions (billing, contracting, document repository, etc) and realize cost savings.

**Melody**

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

None

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

Preserve Medicaid benefits for pregnant women including presumptive eligibility backdating. Prenatal care associated with improved birth outcomes, money spent on prenatal care has a significant return of investment.

**Michele**

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

Streamline paperwork to enroll in HMOS for MA

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

Increase co-pays that enrollees are asked to contribute Continue funding of family planning only services at least 250% above the Federal Poverty Level; however institute a nominal co-pay for every office visit and/or RX

**Peg**

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

Crisis Resource Center (CRC) a program of TLS Behavioral Health in Milwaukee. We are very proud of this innovative and creative behavioral health service, that was initially funded by the Robert Wood Johnson Foundation, Greater Milwaukee Foundation and the Healthier Wisconsin Partnership Program. I would like to emphasize that the CRC is unlike any service offered in WI at this time. It is not a 'Crisis Intervention - County carve-out' service. The CRC is a sub-acute residential setting, that was specifically developed and is successful at reducing unnecessary emergency room visits, inpatient hospitalizations and is a step down from inpatient hospitalization once the patient does not need acute hospitalization, but requires further stabilization, especially for medication stabilization. Of our 340 admissions in 2010; 54% were diversions from Emergency Rooms, 22% were step-downs from costly inpatient hospitalizations and 24% were referrals from community behavioral health providers that most likely would have been either ER or inpatient stays. The Reimbursement Issue: The current behavioral health service continuum lacks an intermediate level of sub-acute care that would allow the CRC to bill the Medicaid HMOs and Medicaid FFS for care provided. This missing level of care drives clinical inpatient hospitalization and emergency room costs, when less restrictive and more cost effective care could be provided by the CRC model. Proposals for Resolution: 1. Increase the Medicaid rate for the crisis stabilization per diem code S9485 to a level capable of sustaining sub-acute residential care in an environment that is less restrictive than inpatient care and inappropriate emergency room care. 2. Identify a new Medicaid code for sub-acute residential care that would allow the T19 HMOs to include clients served under this code in the T19 HMO contract encounter data. TLS clearly believes in the CRC, is defining a research model to prove this is an 'evidenced based best practice' and is willing to open more CRC facilities, but clearly needs resolution to this reimbursement issue.

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

None

**Whitman**

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

Take a look at the services provided by free clinics at the local level and help with the funding of these clinics. We provided over \$1,000,000 worth of services here at my free clinic with an actual cost of less than \$350 per client served. This included all labs, medication, diagnostic services including CT/MRI scans. The previous administration left us out of the loop for funding and the Obama plan left the free clinics out of the loop too. Free clinic support provides more services and may be a better way to spend the dollars on healthcare over time.

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

None

**Cindy**

**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 take this opportunity to recommend use of Medical Nutrition Therapy (MNT) provided by Registered Dietitians as a tool to decrease Medicaid costs while providing the best care for Wisconsin residents. MNT is legally defined by Medicare as nutrition counseling provided by a Registered Dietitian. It is evidence based component of the medical treatment for managing specific disease states and conditions. Multiple chronic diseases are amenable to MNT and studies have shown the cost benefit of such intervention: Diabetes: Cost- estimates are that 57 million Americans are at risk of developing diabetes a disease that costs the US approximately \$174 billion a year -for every dollar spent on nutrition intervention, \$6 can be saved in diabetes treatment The Diabetes Prevention Program Study (Diabetes, 54,2404-2414,2005) demonstrated that training provided by RD's in diet improved insulin sensitivity at the end of one year and reduced the risk of developing diabetes by 58%. Wisconsin Dietetic Association's Type 2 Diabetes Outcome Study (Journal of the American Dietetic Association, 104,1805-1815,2004) found that Wisconsin residents who received counseling from a Registered Dietitian had a 1.7% decrease in hemoglobin A1C over a 3 month period, lost 2.8 kg over 6 months and improved their lipid profiles which was sustained over a 5 year period. Cardiovascular Disease: Every year over 30,000 Wisconsin residents are hospitalized for hypertension, stroke, congestive heart failure and heart attack. The cost of MNT to reduce cholesterol levels is about \$217 compared to the average statin therapy cost for one year of \$700-2100. In addition, diet counseling to reduce sodium intake for persons with congestive heart failure reduces readmissions to hospitals for exacerbation of that condition. Obesity: Over 35% of Wisconsin residents are obese. (BMI > 30). Obesity is estimated to indirectly cost the US \$65 billion a year. Obese individuals are more likely to develop diabetes, heart disease, some cancers, high blood pressure and increase the cost of hospitalizations. Dietary interventions with an RD involving 1-2 hours of nutrition counseling coupled with 15-20 minute follow up have shown sustainable weight loss in obese and overweight individuals. As the Wisconsin Medicaid program moves toward bundled payments and self directed care by individuals, it is imperative that health care providers are trained and qualified to provide those services. Registered Dietitians have a proven record of saving healthcare dollars allowing the best care for less dollars. Registered Dietitians have the training to provide evidence based counseling for chronic conditions. Thank you. References:Thompson, T. (2004), Report to Congress on Medical Nutrition TherapyThe Diabetes Prevention Program Research Group (2005), Role of Insulin Secretion and sensitivity in the evolution of type 2 diabetes in the Diabetes Prevention Program. Diabetes, 54:2404-2414Trogon, J.G. et al (2008) Indirect costs of obesity: a review of the current literature. Obesity Reviews 9:489-500Delahanty,L.M. et al (2001) Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: a controlled trial. Journal of the American Dietetic Association 9:1012-23

**Guy**

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

MCO program is working good-as a critical partner to the MCO by providing their client transports we have become a part of the team by watching the home & advising when a MCO team member visit may be needed. Also, different vans match different client needs (rear load, mini bus, etc). A broker system would destroy this and cost more.

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

Cancel the July 1, 2011 start of LogistiCare broker program. A state wide caller and scheduling of trips will be a big problem and costly. Allow more trips to keep clients active enough to stay out of nursing homes(to work, social, food pantry). Consider help with fuel costs before there is no service. Have MCO's accept another MCO's agreement. Why another 55 page agreement & 17 signatures for one out of area transport.

## **Kay**

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

Would like you to consider lifting the caps on family care. There are so many people who have been waiting a long time for services with disabilities. Family care was supposed to help get some people off of waiting lists.

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

Self directed supports in family care is a wonderful option for individuals and could save money.

## **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.

## **Barbara**

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

1)Changes in eligiblity requirements, don't decrease the FPL. 2)Cost sharing with patients - we can't ask patients already living at or below the FPL to pay premiums, deductibles, or copays. 3)Changes in scope of benefits. 4)Coverage of specific populations (parolees and young adults with chronic illness).

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

1)Purchasing drugs more efficiently, limiting the formulary. 2)Care management. 3)Changes in reimbursements to providers and hospitals. 4)Outsourcing services.

## **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.

**Heather**

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

Mental Health Services for young children experiencing emotional and behavioral issues. Assisting medicaid in recognizing the field of infant mental health and the benefits of early intervention. Early intervention helps identify kids at risk for maltreatment and severely emotionally disturbed children that later experience problems in academic and community setting. Taking a look at the classification of intensive in-home therapy. Infant mental health services for children 0-5 are most effective while addressing mental health issues in the home environment. Research shows that addressing issues of attachment, emotional regulation, and aggressive behaviors at home can yield positive results for children and their parents.

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

Addressing the emotional and behavioral needs of young children and recognizing how infant mental health services are supported by research as being more cost effective over a child's lifespan. Recognizing and reimburse in-home therapy as a preventative service to reduce long term mental health coverage that could be addressed during the years 0-5.

**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

**Bridget**

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

Cutting programs and restricting eligibility limits access. One on one interactions are necessary.

**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

**waleed**

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

improve access by providing transportation even after hours. work with IPN to help manage and improve the over all care. improve the reimbursement to providers to make it financially possible and sustainable to deliver the best care.

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

helping the provider to get real time information be having EMR and connecting it to Health information exchange. This will minimize duplicating diagnostic tests. Minimizing ER visits. Improving outpatient care to minimize hospitalizations.

**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.

**Pamela**

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

Better dental care, La Crosse has no dentist that will accept Badger care, La Crosse is full of low income people in need of dental work.

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

None

**Tiffany**

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

There is no money but we need to shift money around and share the responsibility.

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

Collect tax on business and professional services, surcharge on incomes, increase sales tax by \$.01, tax multistate and national businesses, increase WI beer tax.

**Paul**

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

Better lists of drugs/brands covered.

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

Mechanism to provide 17-OH Progesterone from compounding pharmacists for each patient with history of prior preterm birth. Weekly dose for \$15. Ridiculous alternative is Makena for \$695 per weekly dose. Make sure contraceptive services are covered benefits for all Wisconsin women.

**Jill**

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

Reduce costs by ending BadgerCare coverage at age 18.

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

The draft statewide income maintenance model is a \$33 million dollar cost savings from the current system.

**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.

**Debbie**

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

Additional provider category for licensed midwives who are trained to deliver babies in an out of hospital setting, provide safe & effective, and cost effective care that is proven to reduce low birth weight and preterm births (2 of the leading causes of infant mortality), as well as long term costs associated with maternity care.

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

None

**Marsha**

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

Keep hospice programs alive. It prevents patients from going to hospital and symptom management issues. Reduces nursing home admissions.

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

Hospice programs can save these programs (BadgerCare & Family Care) money because we keep patients at home and cover all the needs like meds, medical supplies, equipment, and visits from hospice team.

**Carolyn**

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

Allow Registered Dietitians (RDs) to enroll as providers in Medicaid plans. I see many MA patients every day and there are hurdles to providing Medical Nutrition Therapy for conditions such as diabetes, heart disease, morbid obesity, etc. that are hindered by the current lack of credentialing as a provider.

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

Cover Medical Nutrition Therapy (MNT) provided by Registered Dietitians in all plans for all medical diagnoses. MNT has been repeatedly shown in studies to prevent the onset of diabetes and/or to delay the complications of such chronic conditions as diabetes, heart disease and kidney disease. I am writing a chapter on the Cost-Effectiveness of Medical Nutrition Therapy in Diabetes Care for the American Diabetes Association and can specifically cite many references documenting the \$ savings.

**Jason**

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

The largest improvements that need to be made is in oversight and education. Too many people using Medicaid use ambulances and emergency rooms as their front line of health care. More efforts need to be made in educating people about the health care system, and preventative care, and education those same people on what constitutes appropriate use of ambulances and emergency rooms. This also goes hand in hand with the fraud department. People who use and abuse the system need to be dropped from the program, I would highly push mandatory drug testing for those on medicaid and welfare.

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

I would produce a debit card system for the average adult consumer of medicaid. Per year, allow 3 days in an ICU, 1 day surgery procedure, 3 ER visits, 2 ambulance calls, 8 family doctor visits, 4 dental appointments, 1 emergency dental, etc. In situations that someone needs additional healthcare, a simple internet application could be used. For example, if a female gets pregnant, she can apply for pre-natal care, and an OB stay. If there are complications with the pregnancy, another application could be filled out for a Neo-natal ICU stay, this may sound overly complicated, but I believe it may help stop some of the chronic abusers of the current system. As a provider in Milwaukee, I can tell you we often see the same group of people that come in to the ER for every minor healthcare concern that ails them. Most americans would get a cold or flu remedy from Walgreens, but those abusers take a free ride in an ambulance to be treated for free in the Emergency room. One more suggestion I would have, would be to add on and enforce co-pays. I understand that the poor that use medicaid already to not have money for co-pays but that would make the user think twice before going to the ER for the sniffles.

**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.

**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](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](http://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.

**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 yearold 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.

**Renee**

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

The DHS could improve how dental services are provided and reimbursed.

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

The cost savings would/could be achieved by cutting the BadgerCare Benchmark and Core plans from the program. Also, eliminating the HMOs and Southeast Dental Associates from the dental portion of Medicaid, as well as returning the entire state to a consistent system; a fee for service system, would save significant money.

**Janet**

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

None

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

1. Self-employment - Don't have 2 self-employments offset each other. 2. If health care is offered by employer - must take and not apply for BC+ 3. Lower income limits for eligibility and premiums. 4. Have higher co-pays for vision, dental, chiropractic. 5. Stop offering BC+ to illegal aliens.

**Judith**

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

None

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

As DHS Director Dennis Smith said at the Madison hearing before the Joint Finance Committee on April 6, five percent of the population uses 58% of BadgerCare dollars. A high percentage of those expenses are attributed to Wisconsin citizens who have diabetes and other chronic illnesses. We agree that there are some healthcare interventions and management protocols that can considerably decrease costs associated with diabetes and other chronic disease management. We submit that Medical Nutrition Therapy (MNT) provided by Registered Dietitians can decrease Medicaid costs while providing the best care for Wisconsin residents. MNT is legally defined by Medicare as nutrition counseling provided by a Registered Dietitian. It is an evidence based component of the medical treatment for managing specific disease states and conditions. Multiple chronic diseases are amenable to MNT and studies have shown the cost benefit of such intervention. Diabetes and obesity are two such chronic diseases. Diabetes: Estimates are that 57 million Americans (over 17% of the population) are at risk of developing diabetes, a disease that costs the US approximately \$174 billion a year. For every dollar spent on nutrition intervention with pre-diabetes, \$6 can be saved in diabetes treatment. The Diabetes Prevention Program Study (Diabetes, 54,2404-2414,2005) demonstrated that training provided by Registered Dietitians on diet improved insulin sensitivity at the end of one year and reduced the risk of developing diabetes by 58%. Obesity: Over 35% of Wisconsin residents are obese. (BMI > 30). Obesity is estimated to indirectly cost the US \$65 billion a year. Obese individuals are more likely to develop diabetes, heart disease, some cancers, high blood pressure and increase the cost of hospitalizations. Dietary interventions with a Registered Dietitian involving 1-2 hours of nutrition counseling coupled with 15-20 minute follow up have shown sustainable weight loss in obese and overweight individuals. I urge the DHS to focus its service delivery improvements to systematically and consistently provide evidence based Medical Nutrition Therapy (provided by Registered Dietitians) for pre-diabetics and other BadgerCare clients with chronic diseases. A strategy to provide early and effective evidence based Medical Nutrition Therapy for clients with pre-diabetes and obesity can save considerable Badgercare dollars (\$6 in savings for every \$1 spent). I would be happy to provide sources and additional information on evidence based Medical Nutrition Therapy.

**Richard**

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

Current primary and preventive health care methods are necessary but not sufficient. Most effective are consumer-level interventions and health promotions, and environmental change. Health promotions should target high-need populations.

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

None

**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.

**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.

**Linda**

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

Assisting the educational institutions for dental hygiene education establish mid-level providers.

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

Continue preventative services in the area of oral health and allow dental hygienists to access children and adults in settings without the oversight of a dentist. Particularly the underserved populations that are MA participants.

**Erin**

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

DHS should stop centralization. Services for income maintenance services are delivered more efficiently and cost effectively than doing these services by an enrollment service center. Cost by counties \$283/case, cost by ESC \$291/case.

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

Close enrollment service center and allow the counties to administer all programs. Regionalize services.

**Susan**

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

I am very concerned about funding the needs of our most vulnerable citizens: individuals with special needs. Rehab therapies (which consume approximately 1% of the Medicaid budget) -PT, OT, SLP- offer the best opportunities for a person to become independent, able to care for themselves, or actively participate in (and direct) their own care. The current PA process is cumbersome, arbitrary, and costly to the provider/health care system AND the State and results in delays in needed services. Prior statistical analysis has shown that the PA process is akin to putting a \$500 lock on a \$200 bike.

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

The three proposals by the WPTA deserve consideration for their potential to improve cost effectiveness - best utilization of funds for optimal outcomes and fewest/no delays. The three proposals are 1) outsource to private HMOs, 2) tiered benefits, and/or 3) sample 10% of PAs to review. Details are available from the WPTA and have been shared with the Secretary. The WPTA has been an active participant in improving processes between providers and DHFS for years. However, suggestions at cost containment that target streamlining the PA process fall on deaf ears because they target bureaucratic positions that would then be at risk. I propose that we spend the funds on the recipients' needs by creating a streamlined fair and equitable benefit system and improve or eliminate the PA process.

**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.

**Jennifer**

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

Increase preventative nutrition counseling availability to young children and families. Most young children who are overweight become overweight as adults if it is not addressed early. Early nutrition education is an integral piece in attaining healthy habits early thus preventing diseases such as cancer, hypertension, diabetes and heart disease that are attributed to obesity.

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

Early intervention is the key to obesity treatment and prevention thus decreasing prevalence of cancer, hypertension, diabetes and heart disease which are complication of obesity.

**Michael**

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

Access to health care for non-custodial males. Especially those coming out of institutions.

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

None

**Amy**

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

None

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

Too many services are offered that are not necessary under Badger Care. Her Mother refused services that she didn't need.

**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.

**Judith**

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

None

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

As Director Smith said at the Madison hearing last week, 5% of the population uses nearly 60% of BadgerCare dollars. A high percentage of those expenses are attributed to Wisconsin citizens who have diabetes and other chronic illnesses. We agree that there are some healthcare interventions and management protocols that can considerably decrease costs associated with diabetes and other chronic disease management. We submit that Medical Nutrition Therapy (MNT) provided by Registered Dietitians can decrease Medicaid costs while providing the best care for Wisconsin residents. MNT is legally defined by Medicare as nutrition counseling provided by a Registered Dietitian. It is an evidence based component of the medical treatment for managing specific disease states and conditions. Multiple chronic diseases are amenable to MNT and studies have shown the cost benefit of such intervention. Diabetes: Cost- estimates are that 57 million Americans are at risk of developing diabetes, a disease that costs the US approximately \$174 billion a year. For every dollar spent on nutrition intervention, \$6 can be saved in diabetes treatment. The Diabetes Prevention Program Study (Diabetes, 54,2404-2414,2005) demonstrated that training provided by Registered Dietitians on diet improved insulin sensitivity at the end of one year and reduced the risk of developing diabetes by 58%. Obesity: Over 35% of Wisconsin residents are obese. (BMI > 30). Obesity is estimated to indirectly cost the US \$65 billion a year. Obese individuals are more likely to develop diabetes, heart disease, some cancers, high blood pressure and increase the cost of hospitalizations. Dietary interventions with a Registered Dietitian involving 1-2 hours of nutrition counseling coupled with 15-20 minute follow up have shown sustainable weight loss in obese and overweight individuals.