MEDICAID OPTIONS STUDY
REPORT TWO

PUBLIC FORUMS

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PREPARED FOR:
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BY:
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MEDICAID OPTIONS STUDY
PUBLIC FORUMS

INTRODUCTION AND OVERVIEW

During the 61st Legislature, the Wyoming Legislature passed the Medicaid Options Study legislation, requiring the Wyoming Department of Health (WDH) to conduct a study of the Medicaid system. An important phase of this mandate is to gather, summarize, and analyze stakeholder input from around the State of Wyoming. The goal of this process is to collect information from the general public about their ideas to reduce costs for Medicaid. A good listening process is critical, as it will lead to a more accurate description and understanding of stakeholder perspectives.

The Wyoming Department of Health contracted with Community Builders, Inc. (CBI), a consulting firm from Douglas, Wyoming, to facilitate a series of public forums in Wyoming. To prepare for this process, CBI reviewed the Medicaid Options Study Report One and background legislation.

CBI worked with WDH staff members to identify key stakeholder groups including Medicaid providers, client sub-groups, government agencies, social service agencies, and other entities.

CBI organized and facilitated six public forums in the State of Wyoming. Forums were conducted in the communities of Casper, Cheyenne, Riverton, Rock Springs, Gillette, and Jackson. The purpose of these focus groups was to seek ideas for making the Medicaid system more cost effective, while retaining or increasing quality.

CBI worked with WDH to set meeting dates and locations. CBI organized logistics and scheduled specific venues. CBI prepared draft press releases promoting the project using WDH website and traditional media outlets (newspaper, TV, and radio). WDH utilized its Public Information Officer to distribute press releases to newspapers around the state. CBI prepared meeting invitations to its email lists of municipalities, counties, and Chambers of Commerce. Written comments were also encouraged and consolidated into the final report.

CBI facilitated six two-hour public forums in the designated communities during the month of July. Attendance varied at each public forum as follows:

Cheyenne - Tuesday, July 10, 5-7 p.m.
Laramie County Community College - Conferences and Institutes (CCI) Centennial Room, 1400 East College Drive
Approximately 40 attendees, including participants from Cheyenne and Laramie

Casper - Thursday, July 12, 5-7 p.m.
Casper City Hall Chambers, 200 North David
Approximately 25 attendees, including participants from Casper and Cheyenne

Gillette - Monday, July 16, 5-7 p.m.
Gillette City Hall Community Room, 201 East 5th Street
Approximately 14 attendees, including participants from Casper, Rozet, Sheridan, Buffalo, and Gillette

Riverton - Tuesday, July 24, 5-7 p.m.
Central Wyoming College - RAP Theater (Arts Center Building), 2660 Peck Avenue
Approximately 50 attendees, with participants coming from Lander, Riverton, Kinnear, Thermopolis, Pavillion, Lovell, Casper

Rock Springs - Wednesday, July 25, 5-7 p.m.
Rock Springs City Hall Council Chambers, 212 "D" Street
Approximately 21 attendees with representation from Evanston, Big Piney, Rock Springs, Green River

Jackson– Tuesday, July 31, 5-7 p.m.
Teton County Administrative Building, 200 South Willow Street
Teton County Commissioners Chambers
Approximately 90 attendees, including participants from Jackson, Wilson, Big Piney, Kelly, and Lander

Each public forum session involved a presentation by the facilitators (CBI) on the background of the enabling legislation and a brief review of Medicaid and the Medicaid Waiver Program. Key points from Report Number One were presented. A copy of the Power Point presentation used to cover these topics is included in the Appendix.

The majority of the two-hour session focused on input from the public forum attendees. The session was broken into two sections including four questions relating to General Medicaid, and then four similar questions relating to the Medicaid Waiver program. The actual questions are listed below.

General Health Care Questions:

1. What are your specific suggestions to reduce costs in Wyoming Medicaid while maintaining access to services and quality services?
2. In your experience with Medicaid, are there specific inefficiencies you have identified within the program?
3. What are the options to improve the inefficiencies you have identified?
4. What are some specific Quality Improvements that could help reduce the costs or inefficiencies in Wyoming Medicaid?

Waiver Questions:

1. What are your specific suggestions to reduce costs in the Wyoming Medicaid Waiver programs while maintaining access to services and quality services?
2. In your experience with Wyoming Medicaid Waivers, are there specific inefficiencies you have identified?
3. What are your recommendations to reduce the inefficiencies you have identified within the Wyoming Medicaid Waiver program?
4. What are some specific Quality Improvements that could help reduce the costs or inefficiencies in the Wyoming Medicaid Waiver programs?

As time permitted, each of these eight questions was asked and comments solicited. The audience at the Jackson forum was very large and focused on the first question, and so not all questions were covered there.

Following public input, the facilitators briefly reviewed the next steps in the process and the general schedule (i.e., WDH will prepare Reports Two and Three, and legislators may be drafting legislation for this next session). Additionally, attendees at the public forums were encouraged to visit the WDH website and to provide additional comments in writing to the facilitators and/or by taking the online survey (the link was provided to attendees).

This report does not attempt to analyze or quantify the responses given at the public forums, other than to identify common themes. The report contains subjective information that was not collected in a scientifically designed random manner. Rather, the process was intended to provide the public with an opportunity to present their views and to have them considered as part of the broader Medicaid Options Study process. To the best of the facilitators' ability, this report accurately reflects the actual comments that were made during the public forums. No effort was made during the public forum, nor in the preparation of this report, to correct the factual accuracy of those public comments, and this report should not be interpreted or used to support the veracity of any comments contained herein. Further, the comments contained in this report do not necessarily reflect the opinions of the facilitators or WDH.

MEDICAID OPTIONS STUDY
PUBLIC FORUMS

COMMON THEMES HEARD AT PUBLIC FORUMS

Over the course of the six public forums, the facilitators heard several comments that were repeated at other forums. These common themes are identified below.

General Thoughts and Concerns Regarding the Study Process

- Slow down and make good, deliberate decisions
- Involve clients and families more in this process
- Agency and legislative decision-makers should know more about healthcare, clients, and poverty
- Medicaid is complicated, with lots of moving parts, so change will come slowly
- Many potential cost savings might be available with more study (Example: why are there more pregnancies/births covered when poverty rate is low?)
- Focus on the value of the benefits of Medicaid, not just cuts
- Do not cut Medicaid
- Need to focus on long-term costs and effects of changing the system, not just short-term cost drivers and savings
- Should start by examining the best practices of other states and other agencies (Example: VA) – don't reinvent the wheel
- Recognize that Medicaid clients include some of the most vulnerable and legitimately needy people in Wyoming
- The number of patients will increase over time and with ACA, so there may not be a net cost savings no matter what cuts are made

MEDICAID GENERALLY

Specific Suggestions to Reduce Costs – Medicaid Generally

- Reduce administrative costs
    - For providers: streamline the paperwork and start using electronic forms
    - For State: Privatize/outsource some or all of the system
- Simplify and streamline the certification process for providers
- Evaluate pros and cons of Medicaid Expansion under ACA, because it could be a revenue source
- Many participants support Affordable Care Act expansion of Medicaid
- Reduce clients' use of emergency rooms (ER) as Primary Care provider
    - Educate clients about need for primary provider
    - Require screening for emergent care
    - Require a co-pay
    - Require follow up with primary care provider

- Emphasize preventative care, wellness, and healthy living
    - Create incentives for clients to make healthy decisions
    - Apply penalties for clients who do not make healthy decisions
- Reimburse for Tele-Health and Telemedicine visits, especially for mental health
- Use managed care for medical needs
    - Managed care should be required and reimbursed by Medicaid
- Eliminate need for "middle-man" billing
    - Example: Nurse Practitioners, Licensed Counselors, Dental Hygienists must current bill through another provider, who typically adds no real value
- Need tort reform or other reductions in provider liability
- Aggressive case management home care is needed
- Use evidence-based medicine
- Expand coverage to childless adults
    - Otherwise, is there an unintended incentive for adults to have unwanted kids?
- Clients and their families need to know how much services cost in order to be smart Medicaid consumers
    - Clients need to be able to shop for services, but can't always identify costs
- Focus on outcomes and results
- Early intervention is needed
- Mental health services are inadequate and drive costs up
- Focus on the top 5% of spenders
- Focus on the first and last 30 days of life

<u>Specific Inefficiencies Experienced – Medicaid Generally</u>

- Medicaid eligibility process is too lengthy, duplicative, and confusing
- System seems to change continually
- Complicated certification process for new providers
- Administrative staff shortcomings (knowledge, experience, consistency)
- Lack of automation/technology
- Centralized/networked information would improve the level of cooperation and care
- Forms require too specific of a response, need to be more flexible
- We waste a lot of time and expense to travel to out-of-town providers
- Re-certification and audits happen too late to be effective
- Outside agencies (DFS, courts, etc.) make decisions without regard to Medicaid issues and costs
- Not aggressively requiring generic drugs when available

<u>Options to Reduce Inefficiencies – Medicaid Generally</u>

- Require clients to see a primary care provider
- Develop an integrated Care Network
- Embrace technology and use Tele-Health and Telemedicine
    - Would reduce travel time
    - Would increase number of providers
- Use electronic medical records

- Reduce duplication in monitoring and surveying by allowing CARF accreditation process to replace state reviews/surveys
- State staff need more training/experience
- More timely audits/surveys to find mistakes and fraud
- Establish outcomes and evaluate services with them
- Provide appropriate care at the right time and correct level
- Pay family caregivers who provide care at home
- Reward clients who save money and make good health decisions
- Need better transitions for clients to get on/off Medicaid
- Need to simplify the entire system and then leave it alone
- Provide a comprehensive and current database of services and equipment available

Quality Improvements to Reduce Cost or Inefficiency– Medicaid Generally

- Use outcomes/standards of care to improve quality and cut costs
- Create alternatives to ER - Urgent Care, etc.
- Provide better caregiver support
- Simplify administrative decisions
- Educate decision-makers – they need to truly know and understand clients
- Do NOT cut reimbursement rates across the board
- Develop wellness and preventive care programs
- Provide early intervention
- Reduce redundancies in accreditation
- TeleHealth and Telemedicine
- Need to have a comprehensive review of Wyoming Life Resource Center
- Pay room and board costs for assisted living and hospice facilities (cheaper than nursing homes)
- Improve client and provider education, especially on wellness issues, preventative health, chronic disease management, etc.
- Should have a collaborative relationship between providers and state, not adversarial
- Regular use of medical home where people feel connected to a physician
    - Incentivize clients to use medical home
    - Disincentive for use of ER
- Focus on per patient cost reduction
- Realize life and death results of cutting Medicaid

MEDICAID WAIVER PROGRAM

Specific Suggestions to Reduce Costs – Waiver Programs

- Remember that Home/Community Based Waivers are less expensive than institutions
- It is costly to change the system, do don't do it unless truly necessary
    - What is the value of changes, especially to clients?
    - Reduces the efficiency of providers to have to redo and redo and redo
- Transition institutional residents into community

- Don't cut benefits
- Develop outcomes and evaluate costs with them
- Remove "middle-man" billing
- Reduce waiting time for waivers
- Provide a holistic coordination of all services that children receive, including schools and other agencies
- Enforce waiver as secondary coverage to private insurance
- Self-directed care is too costly and risky
    - Look at other states
    - Saves the state money, but at the expense of the clients' budgets
    - Find a happy medium

Specific Inefficiencies Experienced – Waiver Programs

- "Use it or lose it" attitude towards individual budgets can be wasteful
- Costly compliance measures do not improve quality
    - Compliance measures designed to correct problems for limited number of providers are adversely impacting all providers
- Reduce the number of providers
- Current system is based on outdated institutional model
- Paperwork burden is overwhelming
- Time-consuming certification process
- Reduce employer turnover by paying better wages
- Out of home placement criteria needs to be eliminated

Options to Reduce Inefficiencies – Waiver Programs

- Streamline eligibility process
- Streamline paperwork burdens
- Improve quality of provider skills
- Verify client eligibility for services with an anti-fraud effort like DFS uses for food stamps
- Use a systemic approach to clients' needs
- Service model should emphasize community and relationship-based services, not institutions
- Evaluate ACA
- Streamline processes and reduce redundancies
- Reduce waiting list time or use it to plan for services and do initial evaluation
- Close Wyoming Life Resource Center
- Outsource waiver application processing and waiting list monitoring
- Don't fix what isn't broken
- Life skills education for Adult DD

Quality Improvements to Reduce Cost or Inefficiency – Waiver Programs

- Improve training and skill level of providers
- Case management needs to be better quality
- Use TeleHealth and Telemedicine to improve access and quality

- No further cuts to reimbursement rates
- Provide necessary care sooner
    - Eliminate the waiting lists
    - Earlier intervention saves money later
    - ABI clients need care ASAP after injury, or chances of improvement diminish
    - Provide dental care before problems become medical emergencies
- Licensing/certification requirements need to be coordinated
    - Should have reciprocity of licensing with other states
- Need to have more access to equipment (share it?)
- Pay providers better wages
- Focus on outcomes - if people get better - program is working

MEDICAID OPTIONS STUDY
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GENERAL MEDICAID HEALTH CARE QUESTIONS

This section includes the responses to each question from each site, regarding Medicaid generally.

QUESTION 1: What are your specific suggestions to reduce costs in Wyoming Medicaid while maintaining access to services and quality services?

CHEYENNE

- Reduce Medicaid Fraud
  - FBI and GAO say that 3-10% of all Medicaid costs are fraud and that 80% of that fraud is from providers.
  - Need stronger laws to pursue.
  - Need to establish higher damages. Allow Wyoming AG to recover civil damages up to 3 times amount of provider fraud (40 states have provisions for this).
- Free Choice Voucher
  - Petition HHS to allow Wyoming to use free-choice vouchers for people at 100%, 133% of poverty levels to purchase health insurance in free market
- Reduce administrative costs
  - Delegation of eligibility screening to clinics
- Behavior Modification and Lifestyle Education to promote better health
  - Reduce Tobacco use - Huge cost factor
    - Smoke-free laws and tobacco taxes
  - Obesity
  - Health Management Program - create opportunities to live a healthy lifestyle - rec. centers, etc.
  - Preventive care for chronic disease management
- Medicaid Expansion under Affordable Care Act (<133% of poverty level)
  - ACA calls for Medicaid expansion, which is paid for by federal government - states will have option to decide to adopt new federal eligibility level
  - If State takes part in expansion of Medicaid and uninsured are covered - state will not find it necessary to appropriate $100 million to Community Health Center program- services would be covered under expanded Medicaid.
- Reduce Emergency Room use as Primary Care
  - ER is costly and inefficient as a means of receiving ongoing health care
- Reduce number of able-bodied people on Medicaid
  - Is there a time or cost limit for these people - non-disabled, non-children - what is that number?

CASPER

- Need to make sure appropriate care and benefits are given where they are needed
  - Example: Medicaid won't pay for room & board at hospice or assisted living facilities (ALF)
- Not all ER visits are acute (78% of Medicaid patients using ER are not acute)
  - Clients could be using on-call doctors instead
  - Medicaid could require pre-authorization
- State regulations interfere with placement decisions
  - Many elderly clients could be staying in ALFs (or other placement), rather than going into nursing homes but state regulations mandate clear line in the sand
- Need training and awareness of elder needs
  - Elders do not need so-called "recreational" therapy
  - Caregivers need education/information about options, as they plan for clients
- Pregnancy deliveries are more common than the poverty demographics would suggest
  - Should pursue paternity and force father to pay costs - hearing that wealthy couples concentrate income on man's side
  - Need to understand why this is happening
  - What are the penalties/disincentives for parents who hide facts and seek Medicaid coverage for pregnancy/deliveries?
  - Penalties that mother will face if she identifies father
  - 50% of babies born in Medicaid is a standard across the country
- Need to emphasize preventative care
- Unequal healthcare
  - Need to study/understand why healthcare to poor and ethnic minorities is lower than for whites (see Howard University study) National Health Service in Scotland - same problem.

GILLETTE

- Simplify eligibility process - it is confusing
  - Eligibility determination
  - Where to go for services
  - How to qualify for services and equipment
- Reduce cost of service
  - It is lower in surrounding state for same DD care
  - Providers charge more in Gillette than in Casper or surrounding states - therefore reimbursement is lower
- Need more competitive provider environment
- Reduce paperwork burden
  - How much of cost is administrative?
  - Difficult, especially for small providers
    - Example - support letters that are requested when submitting equipment requests
- Need to continue to invest in Home/Community Based waivers

    - Medical costs will be much higher without the waivers
- Accountability standards and compliance methods are unnecessarily duplicative
    - EXAMPLE: National CARF accreditation process is very similar to work of State surveyors
    - State is currently waiving the state requirement for recertification surveys during the years that providers go through CARF renewals (every 5 years) – this is a wise decision
    - State should consider helping to pay for CARF accreditation
    - State should require CARF accreditation and pay for it
    - National Accreditation Standard for DD - Brain Injury
- Pharmacy program
    - Inconsistent requirement for generic vs. brand - more generic would save money
- Managed Care
    - For clients and providers would improve accountability
- Review value of Wyoming Life Resource Center
    - All of those clients could and should be moved into community settings.
    - Accreditation improves quality of services
- End unfunded mandates
    - EXAMPLE: Staff to client ratios force overstaffing, because when there is an unexpected absence (e.g., staff is ill), then provider is out of compliance and cannot be reimbursed
        - Removes all professional judgment
    - Cost recovery "saves" the state money, but forces providers to operate with more staff than necessary to make sure they get paid something
    - Review additional requirements for providers before enacting - realistic expectations
- Outsource services of processing applications and monitoring waiting lists
- Require co-pays when possible
- Tiered rate for those providing service in own home vs. institution/large provider
- Tiered rates for home based services
    - EXAMPLE: Large providers have higher fixed costs (e.g., facilities cost more than a small provider's own home) and more administrative time (e.g., maintaining CARF accreditation)

RIVERTON

- Reduce regulation
    - Medicaid is overregulated
- Education and prevention
    - Stress importance of education and prevention for beneficiaries and reimburse for this
- Appropriate care
    - Make sure patients are receiving care at the appropriate level. Issue of beneficiaries not understanding what services are provided to them
        - ER use

- Need consistent payments for the same services
- Privatization of Medicaid costs
- Allow Room and Board for LTC
    - Simple amendment to current legislation that would allow for room and board payment for LTC to include Hospice Homes (the facility). Saves money on acute care side - symptoms can be managed in real time and not be transferred to acute care setting
- Larger cap on liability that facilities have to carry
    - Over 50% of the cost
- Create incentives to select services or not
    - Develop a meaningful co-pay
- Is Medicaid a good business?

ROCK SPRINGS

- Need a concerted effort to avoid acute care sessions
    - Prevention
    - Chronic Disease Management
    - Wellness programs
- DD budgets are higher than necessary
    - Services are not being used, even though they are included in the plan of care and budget
    - Use it or lose it mentality drives up costs
- Some can afford to pay but get services
- Need a preauthorization program for ER use
- Need a ER diversion program
- Should screen access to services
    - Especially medical services that are not urgent, emergent or necessary
    - Perhaps a cap on the number of medical visits per year would help
- Additional education for clients to choose appropriate care
- Do not reinvent the system
    - Use best practices from other states
    - Ohio reinvented Medicaid – it was a disaster – patients were assigned to physicians who hadn't previously seen them – geographically distributed. Massively escalated costs.
- Need better facilities in places where they are needed
    - We are putting clients where they shouldn't be
- Example: Jailing mental health clients because Wyoming has limited mental health facilities
    - Need more inpatient mental health facilities. There are only three long-term facilities in state
    - Can't send out of state because Medicaid won't pay.
- Need to understand how state budget cuts are done
    - We should not just cut all agencies by X%
- Duplication of regulatory effort from WDH in regulation and data seeking

    - Wyoming is so backward in how to do this – nobody in 47 states does it like this. Doing it over and over again – people who used to serve people now do paperwork.
- Need to know if Wyoming will opt in or out of ACA
    - Decision will impact hospital districts, spreading costs
        - Difficult for hospitals to form hospital districts – industry could help support that with tax levy – make it easier to spread out that cost locally
- Focus on the less effective/high cost services
    - Need to know what is effective and what is not
    - Don't spend time and energy on those that are working
- Tort reform will affect cost of medical care
- Need to give appropriate care, and only to qualified clients
    - Behavioral health, substance abuse and dental are three biggest abusers of ER
    - Ability of Medicaid patient to see dentist is nil
- Should have a better transition program to get clients on and of Medicaid
    - Should use a step down program instead of an on/off switch
    - If somebody is on Medicaid, they sometimes hang on the system forever.
    - Want to get resources to people who use it
    - VA system is a good example
- Should close unnecessary institutions and transition their clients into communities
    - Some of them are necessary – in some cases there are not enough institutions – DD or ABI
- Should use skilled and knowledgeable reviewers to make budget decisions, not fiscal experts
    - Evaluate institutions and services with outcomes/goals
- Technology needs to be engaged
    - Telemedicine
    - Tele-health
    - We do not have enough services because of our rural nature
- Use of crisis intervention centers in mental health situations is a great idea
    - Could use a similar program in other service areas too
    - Model after ACT teams
    - Casper and Cody train their police to handle crises appropriately
- Better training of providers to do intake
    - Especially for DD providers, so that they can properly evaluate clients' needs
    - Qualification decisions are not being made by qualified medical staff
    - Have highly qualified personnel do case management (MSN)
- Should use nurses to screen emergent needs
    - What will APS be doing in this regard – hopefully better than ACS
    - Will case management be available?
- Will case management actually be available to everybody rather than just talked about?
- Encourage WDH and state to do long term thinking rather than short-term solutions.
    - Look at all levels (local, state, federal)
    - Example: Medicaid expansion under ACA may actually save money in the long run
- Providers need a database of resources that are available

    - That database needs to be comprehensive and kept current
- Community clinics
    - One paid doctors' student loans to encourage their service
    - Those clinics could be relieving the ER burden

JACKSON

- Need more prevention/preventive care
    - Especially for children
    - Chronic diseases are a big money problem
- Understand that the "free market" system cannot fix healthcare or Medicaid
- We are too rural
    - Limited population/limited competition
    - Low reimbursement rates
- Support Affordable Care Act expansion of Medicaid
    - State of Wyoming should not challenge the ACA -
    - ACA will initially pay 100% and then 90% after first three years
    - Now is a 50-50 split
    - Federal government is not the enemy
    - Legislature should not wimp out and expand as ACA allows
- Need to limit providers' liability
    - Every state around Wyoming has a limit on liability
- Aggressive case management home care
    - Taking care of them in a way to prevent hospitalization
    - Could be done through existing agencies (some of which will need to expand)
    - This is what health insurance companies are now doing to save money on Medicaid
- Utilize best practices
    - Look at other states' models in improving Medicaid
- Focus on the top 5% of expensive clients and their care
- Get children on waivers very quickly
    - Holistic, comprehensive program - Need to coordinate ALL service children need, including schools and other agencies
- Private insurance needs to be primary
    - Waiver is secondary coverage - enforce it
- Do not cut Medicaid
    - Very needed program
    - Don't cut programs that help people; cut out the bureaucrats
- Aggressively trim and simplify certification process for providers
    - Bureaucratic, systematic process to get providers certified; self-directed services.
    - Paperwork goes through multi-levels - is that necessary?
    - Streamline.
    - Example: Different background check and fingerprint requirements for different programs
- Ways to reduce per patient cost

    - Evidence-based medicine - some things work better than others
    - More effective teaming of physician and variety of non-physician providers
    - Even if the cost per recipient can be reduced, it may not be possible to reduce the state's overall bill because the number of patients will increase
    - We will have more Medicaid recipients, but lower reimbursements
- Prevention and wellness
    - Get priorities straight and be willing to spend money on education of clients
    - Hospitals are very sensitive to tiny reductions in volume and how they are paid.
    - People need coverage
    - Hospitals have to stabilize people; they don't have to cure them
- Use the California model
    - To share costs private insurance teamed with local non-profit organizations to share resources.
    - Good case management, respite care, etc.
- Men and single women need to have more preventative care
    - Wyoming Medicaid tends to focus on women and children; but we need healthier families in general
    - Not all women have children - if you do not have children, you are not eligible
- Clients and their families need to know how much services cost
    - They are able to find out costs when their primary insurance is processed, but not when it is just Medicaid covering the costs
    - No way to review bills for accuracy
    - No way to shop around
    - Never know costs ahead of time
- Dental care needs to extend beyond age 21
    - To avoid dental issues becoming medical emergencies
- Need to know the outcomes and results of services
    - Which services have the biggest long-term impact? Not being done.
    - Don’t just focus on costs, take a look at the value of services
    - No one is really studying outcomes – there are no reports – why?
    - Don't know how legislators or policy-makers make cut decisions without knowing what works
- What are the results of out-of-home placements?
    - Is it working?
- It may be more effective to expand Medicaid now, and save money later
- Mental health services are inadequate
    - We have decreased the services available
    - Low wages and regulations have driven providers out of market
    - Yet, mental health services are just as critically needed as medical services
    - It is too hard to qualify for mental health care and, once qualified, there are no available services
    - Lack of mental health services for men is a big problem, especially for those who are in jail
    - Lack of mental health providers
- Early intervention is needed and saves long-term money
    - The quicker we can get clients off the waiting list, the better they do

    - Better outcomes
    - ABI and mental health, especially
    - Was a period in Wyoming where there was no waiting list - now it may be six years
- Family planning needs to be embraced, not avoided
    - Especially for young women
    - Prenatal care coverage reduces costs for pregnancies, birthing, and babies
    - First month of life (and last month of life), are where costs are highest - good prenatal care is key
    - Famously unfriendly to family planning; need to help people have capacity to plan pregnancy; avoid unwanted pregnancy
    - Need more generous coverage of contraception of preventative package
- Could shift some costs to private pay or private insurers
    - Not all families are without resources, especially those with disabilities
- Reduce administrative costs
    - What percentage of cost is direct services and what percent is administrative -
    - Reduce redundancy of services
- Follow medical home model
    - Coming to one place and not being sent to multiple providers
- Tort reform
- Block grant from federal government with no strings
    - Let state determine how best to expend
- Stipend instead of reimbursement
    - Providers and provider costs are too high
- Get people to do end of life directive -
    - Most of the 5% is people in the last 30 days of their life
- Need to count the cost of making budget cuts
    - Forgetting about what's the cost of reducing the services that are offered
    - Preventative measures reduce the overall cost
- Need health care that is more proactive and not reactive
- Stop being afraid of lawsuits – just practice good medicine
    - Is this a real solution? Some think not
    - Need to focus on level of care
- Need to map needs with services that can be offered
    - Appropriate care at appropriate level for the right cost
    - Consider skills PA's and Nurse Practitioners can provide - shift costs to lower cost providers
- Use generic and affordable prescription drugs
    - Cost should be limited to actual cost, not “what insurance companies are willing to pay”
- Need to include coverage for childless adults
    - Otherwise, is there an unintended incentive for adults to have unwanted kids?
    - ACA is targeted to adults without children - good thing
- Some providers test too much, especially when they know there is insurance or Medicaid that will pay
    - They are profit-centered

- Clients need to be able to shop for services, but can't always identify costs
    - Most costs are discovered only after services have been provided
    - Should encourage clients to shop for better prices
- Dental and vision care for adults is needed
- Medicaid doesn't pay 100% of costs
    - Doctors know they aren't going to get paid more than what Medicaid will pay
- Prioritize preventive care
    - Example: dental care

WRITTEN COMMENTS

- Do not decrease reimbursement to providers
    - Decreasing provider reimbursement will result in more providers refusing to accept Medicaid patients or limiting access to clinical services. Many small rural hospitals will fold if Medicaid rolls are increased and reimbursement decreased
- Cut the number and types of health services
    - Cutting the number and types of healthcare services ("death panels") will meet great resistance and will result in providers leaving the system and untreated conditions becoming more extensive and expensive
- Help people get healthier
    - The top tier of Medicaid patients--those suffering from six chronic diseases--consume the majority of Medicaid dollars. For example, the proper management of diabetes will greatly reduce the limb amputations, renal failure, heart disease, etc. that result from unmanaged diabetes.
    - Medicaid should contract with an experienced disease management company (not one whose expertise is in claims payment and provider irritation) to reduce hospital admissions, expensive chronic disease complications and unnecessary ER visits.
- More utilization of community programs
    - Especially for high cost individuals - get them out of institutions
- Target middle cost individuals
    - EXAMPLE: receiving stipend of $60,000/year for agency to provide services to home-based.

QUESTION 2: In your experience with Medicaid, are there specific inefficiencies you have identified within the program?

CHEYENNE

- Double-dipping
  - Make sure Medicaid is secondary to primary insurance for payment
- Aged, Blind and Disabled Care Management Reimbursement
  - Failure to reimburse for care management - especially for fragile high cost population - this is where the real costs in Medicaid are
- Specialty areas reimbursement rates
  - Developmental pediatrician; DD population; reimbursement is at a lower rate than another specialty - not fair
- ER visits
- Complications of Medicaid eligibility process
  - Needs to be simplified
- Failure to require Medicaid patients to identify a Specific Care Provider

CASPER

- Insufficient number of Medicaid waivers
  - There are an insufficient number of Medicaid waivers available for ALF, especially regarding memory care
  - New memory homes are private pay - no Medicaid money expect for waivers - insufficient number of waivers to cover the people that need it
- Burdensome certification/eligibility determinations
  - Especially for children
- Compliance measures need to be streamlined
- Serious waiver problems with regard to children in need of services - certifying them; paperwork.
- Wyoming Legislature is part of the problem
  - Most members do not understand poverty
  - Need to rethink their attitudes toward poverty and Medicaid
  - Providers could provide education (breakfasts, etc.)

GILLETTE

- The time and process for pre-certification is excessive
- There is no time limit requirement for investigators to look into claims of abuse, etc., which drives up administrative costs
  - Huge morale buster to have it drag on

RIVERTON

- Claim denial by ACS
  - No rhyme or reason when ACS decides to deny claims
    - Example: scanned forms
- Outdated manuals for hospital providers
- Medicaid/Medicare payment method are different
  - Make them consistent
- Forms demand too much specific detail
  - Example: abbreviations can result in denials
  - Is there an intent to deny payment for service?
- Hard to get full consistent answers to questions in Cheyenne
  - EX. - Medicaid priority should be preventative care for diabetic education but can't get codes for reimbursement.
- Audit program
  - Do not believe that rack programs (audit program) works for Medicare, let alone Medicaid - why push it further

ROCK SPRINGS

- ER use
- APS and ACS
  - Very ineffective programs
- Paperwork –
  - Duplication – every place you go, you redo all of the paperwork; X-rays; blood work, etc.
  - Medicaid needs to learn from VA practices, which are virtual and not duplicative
  - Virtual files would be helpful – federal program is working on this
- Use Best Practices
- Need to start using electronic medical records (EMR) now
  - Educate public to not fear computerized healthcare information
- Enrollment problem
  - When a Medicaid-qualified mom gives birth, the newborn cannot be automatically enrolled in Medicaid by the hospital (must wait for mother to do it, and sometimes that doesn't happen at all)
- Do we have enough nurses to do all that needs to be done?
  - Who is teaching MSW's at colleges – shortage of personnel
- Lack of qualifiers
  - DFS cannot keep up with caseloads now – this will save money as a whole – weed out the fraud; abuse
  - Need to follow up to see if clients should/could afford to get off Medicaid
- It takes too long to get decisions
  - Slow decisions means that costs get shifted unfairly to hospitals for indigent care
- Programs need to be built and managed by people who have expertise in providing those services

    - Not by computer IT people or accountants
    - Relying on people who aren't adequately trained or mismatched training – doing what they don't want to do
    - Review training to make sure that it matches the service area
- Use National Health Service Corps
    - Problem is that state won't qualify because of urban standards
- Telehealth/Telemedicine could connect all Wyoming communities and agencies together so that services and monitoring are coordinated

JACKSON

- Cut cost of prescription drugs
    - Some costs are driven by what insurance companies will pay
- ACA will fund a new system to gather information/data
    - Wyoming needs to take advantage of the ACA money (no payback requirement) to better understand costs and value of Medicaid system
- Centralized/networked information can improve the level of cooperation and care
    - In the practice of medicine, the idea of a centralized IT function, great idea but it doesn't work more times than not - needs work
- Administrative burden; duplicity

WRITTEN COMMENTS

- Understand the difference between health insurance (commonly called "health care") and medical treatment and disease prevention.
    - The state can create programs, health exchanges, expanded Medicaid services, etc. but programs that promise "health care" do not necessarily create good health outcomes. For example, if the State were to add thirty thousand more Medicaid-eligible people, but do nothing to increase the number and efficiency of health care providers, more people will be seeking unavailable medical care.
- DD Division personnel lack knowledge and field experience
- Lack of consistency in policy implementation and funding

QUESTION 3: What are the options to improve the inefficiencies you have identified?

CHEYENNE

- Nurse-driven triage center
  - Require screening before ER visit to determine if it is really an emergency
- Specific Care Provider
  - Clients need a medical home which leads to broader relationship - Very few incentives for this kind of care
- Integrated Care Network -
  - Entire delivery of health care - advancing patient-centered - 22 hospitals and physicians - proactive; preventive focus. More funds in chronic disease and health promotion - takes a long time to effect change - 15-20 years; reduce fragmentation
- Reimburse for care coordination
- Strong Medicaid fraud recovery system
- Incentivize providers and clients to get appropriate preventive care
  - Medicare Model
- Better defined evaluation tools

CASPER

- Client education
  - Clients need better education, especially for chronic diseases and ER visits
- Provider Cooperation
  - Providers need to cooperate and not "steal" clients
- Additional non-ER provider expansion of Medicaid
  - Should work with EmergiCare, Urgent Care and other providers (right now, they do not get reimbursed)
- Paid Case Management
  - Need to have paid case management for clients, especially for those who are chronically ill
- Caregiver
  - Should pay family caregivers so they can afford to stay at home with loved ones
  - Caregivers also need emotional support, training, and other support - respite care
- Need to study/understand how cultural factors impact decisions
  - Look at places other than Wyoming for models

GILLETTE

- Reduce duplication in monitoring and surveying
  - Consolidate state monitoring/surveys with national accreditation standards

- Study DD/ABI costs separately from Wyoming Life Resource Center
    - Make WLRC transition their clients into community settings
- Evaluate outcomes
    - What do you get for your expense dollars?

RIVERTON

- Fix the forms that are too specific for input and result in denials
    - Ex. sterilization input form. Deny if you put Ft. instead of Fort
- Need updated manuals
- Education to beneficiaries about what services are covered
- Create more consistency
    - Why can't they do the same verification process for Medicaid bill as for Waiver?

ROCK SPRINGS

- Merge Medicare and Medicaid programs
    - Repeating and duplicating efforts
- Technology improvements
    - Telehealth, especially for mental health services
    - Can be done securely to protect privacy, without HIPPA violations
    - Transportation is too costly (time and travel costs)
    - Need better telecomm access and platforms (like iPad)
- Need to streamline the paperwork
    - Use electronic forms
    - Cannot afford not to look at technology – so far behind
- There are too many providers on the provider list who do not actually provide any services (including referral providers)
    - List needs to be merged and purged
- Need interstate transfer ability
    - Wyoming needs to offer license reciprocity for doctors and other providers
- Wyoming Telehealth network – still trying to run fiber to have hard line connectivity – IT ability has exceeded that need – state has failed us in not supporting those efforts
- Elect progressive legislators
    - Take advantage of November date
    - Legislators need to become more knowledgeable on clients and services
- Will need a joint effort between the Health Dept. and licensing boards to improve licensing reciprocity issues
    - Tap in the VA and other successful models of providing service
- Licensing and surveys
    - Reward those who have done well on their surveys – do step system – those with proven records not surveyed as often as others
- Use national system instead of state system
    - CARF

JACKSON

- Formulary needs to emphasize generics

WRITTEN COMMENTS

- Push through HB 49
    - Over two years ago the Wyoming legislature passed HB49, which established a grant fund for helping prospective community health centers, which would be major providers of Medicaid services. That program has been stalled in Rules and Regulations for almost two years
- Hire staff with clinical experience and knowledge of population
    - Reduce staffing levels
- Better staff training
- Attitude change at Administration level - adversarial

QUESTION 4: What are some specific Quality Improvements that could help reduce the costs or inefficiencies in Wyoming Medicaid?

CHEYENNE

- Require follow-up to ER visits to try avoiding future ER visit
  - ex. - ER for asthma attack - treat the crisis but no follow-up to get care to stay away from crisis
- Quality improvements at healthcare facilities
  - A lot of focus at hospitals now for infection control, managing drug interactions, etc. to improve quality and lower costs - better outcomes
- Simplify administrative costs
  - Eligibility and payment systems are too complex
- Study barriers preventing clients from seeking care in a timely fashion
  - Delayed entry increases costs
  - "Rural hardiness" - hardy is non good;
  - Quality/quantitative research on why don't people seek healthcare sooner
- Juvenile justice and foster care
  - Medicaid spends a lot of money on people who are in court-ordered foster care for long periods of time - legislature has to make the connection between costs of Medicaid and juvenile court system - no accountability
- Education of decision-makers
  - Many who serve this population do not understand poverty and therefore aren't making good decisions; different value system; pervasive attitude is that Medicaid recipients want to be on the dole - not always the case
- Need to address ER usage, costs and abuse
  - People will utilize ER services even if primary care services are available to them - drives up the cost for everyone -
  - Evaluate who uses ER and find out why patient is using ER instead of primary care
  - Primary care provider and/or social worker needs to be involved
  - Need healthcare delivery to become more personal, based on relationships, rather than stopping by the ER for care
- Do not cut reimbursement rates across the board - easy knee-jerk reaction
  - 89% of Medicaid money goes to providers
  - Cutting across the board hurts everyone
  - Providers may be encouraged to drop Medicaid if they are hit too much.
  - Do not think that "this boat can be turned quickly
- Need common set of quality metrics
  - Measurements should focus on prevention, outcome of care, and costs
- Direct Billing for Some Professions
  - Licensed Counselor, Nurse Practitioner, etc. cannot bill directly
  - Currently, these professionals must bill under a physician or psychologist, which adds cost, even though such “middle men” are not performing significant service
- Wellness and Preventive Care

    - Quarterly primary healthcare provider check-ups
    - Build relationships
    - Focus on preventative health

CASPER

- LTC Reimbursement Expansion
    - Pay ALFs and hospice facilities like nursing homes, so that clients get the right treatment at the right time
- Create a support system for clients
    - Improve quality of care; advocates
    - Need a consumer-development process - how to shop for Medicaid services
- Need more respite for caregivers, especially for families of dementia clients
- Need a clear standard of quality
    - Good measures/descriptions allow for better planning
    - Transparent outcomes would allow for competitive shopping and accountability
- What is status of APS's Healthy Together program?
    - Quality improvement effort for people on Medicaid
    - Did it go away with XEROX contact?
    - Need to share outcomes

GILLETTE

- Outcomes
    - If there were established outcome standards, accountability would increase
- Identify Best Practices and share
- Collaborative, cooperative approach between providers and WDH
- Reduce redundancies
    - CARF Accreditation
- Can state establish its own risk management standards?

RIVERTON

- Flexibility with forms
- Updated manuals
- Group therapy (vs. one-on-one) for some services
    - Ex. dietary services
- Education for clients/beneficiaries
- Better communication and staff education within the WDH
    - Consistent answers
    - Correct answers
- Reduce ER usage
- Reduce timeline for oversight/audit process
    - Takes place too far into the future (even years later)

- Privatization of Medicaid

ROCK SPRINGS

- WDH should partner with Wyoming Integrated Care Network
    - Quality care at lowest cost
- Health care reviews need to be less frequent and they need to be coordinated
    - Need a holistic approach to reviews
        - Each of five doctors want to see daughter every six months
    - Example: PACE center for elderly model (Program of Care for the Elderly) – many states saving millions of dollars
    - Example: VA uses motor homes to go to communities (connected via satellite)
- Preventative care
    - It's the best way to close the gap
- Address TBI as a category
    - Treated differently than DD- each client has unique needs
- Need different way to look at dual diagnosis
    - Mental health and substance abuse
- Really concerned about ACA being upheld –
    - Don't think we are prepared because we didn't think it was going to happen
- Measure more in terms of outcome based and evidence based and have patients share in responsibility for some of the decisions they make –
    - Preventative care – diabetic patients – lack of compliance with diets – COPD and smoking, etc.

JACKSON

- Early intervention
- Preventive Care
- Why do we waste money re-qualifying clients with disabilities?
    - Example: Do we really need a psychological evaluation every few years? Nothing changes and it's a waste of time and money
- Safe Surgery Initiative in Jackson needs to be replicated statewide
    - This is a protocol to reduce the infection rate, saving money. Reduced infection rate from 2% to 0.15%
- Regular use of a medical home reduces ER care/cost
    - Emergent care has done that in Jackson
    - Medical home where people feel connected to physician so they don't use the emergency room.
    - If they don't have a doc, they go to ER and go later.
    - Urgent Care is a good thing
- Finding a way to incentivize people that have Medicaid to use medical homes
    - And disincentivize emergency room services
- Cap the use of certain services
- Wyoming's Congressional delegation is not helping

    - They are hostile to Medicaid assistance
- How many Medicaid clients will there be with ACA?
- Genetics clinics
    - State should continue and expand - diabetes and autism
- Use traveling health clinics
- Need to help people who have needs, so don't just cut
    - Instead, focus on per patient cost reductions
    - Cut other state budgets before health or education
        - Example: do we really want to put 4-lane highways before life/death services?

WRITTEN COMMENTS

- DD Division needs leadership and training
    - Agencies do not reject clients that need rejecting due to lack of experience and lack of leadership
- Comprehensive review of Wyoming Life Resource Center
    - Overstaffed
    - Outreach to other states for DD clients
    - Get them back into the community

MEDICAID OPTIONS STUDY
PUBLIC FORUMS

MEDICAID WAIVER QUESTIONS

This section includes the responses to each question from each site, focused on Medicaid Waiver.

QUESTION 1: What are your specific suggestions to reduce costs in the Wyoming Medicaid Waiver programs while maintaining access to services and quality services?

CHEYENNE

- Screen DD program "chasers"
  - Clients who have come from another state specifically to get services not available elsewhere - need to reduce flow
- Prioritize waiting lists
- Reduce residential costs and numbers of clients in residential facilities
- Non-physician providers need to be able to bill Medicaid directly
  - "Incident to" billing barrier - Nurse Practitioners and Counselors must pay $25,000/year to get this done. Licensed, certified, but still layered. Don't have to do that for insurance. Not a national requirement.
  - Eliminate layers of unnecessary overhead
  - Health Care for the Homeless - underutilized resources is Nurse Practitioner and Physician's Assistant, Counselor
  - Access to care for dentistry - allow dental hygienists to bill for their services and not have to bill through dentist
- Don't take easy road of simply cutting Waiver program benefits
  - Most of these people on waivers are helpless - have no voice; very disabled
- Difficult to cut waivers more and expect quality we expect from these services

CASPER

- Need to streamline the LT101 process (initial application of eligibility)
  - The last improvement saved months of time
- Physical therapists complain that client's equipment costs too much
  - Need to be more competitively priced and selected in marketplace
- Need to streamline paperwork burdens
  - Example: DD Children's Plan of Care – why does everything have to point back to education?
  - Need to talk to providers who are filling out the forms

GILLETTE

- Need Outcomes
- What is the purpose of the support broker?
    - Other than to get paid
    - What do they do to justify the cost?
    - What is value of PP&L doing paperwork for support brokers? Is it wasteful?
- No incentive to save money - Use it or lose it
    - The "use it or lose it" approach to reducing individual budgets forces expenditures that may not be needed now, but are made to protect the budget against future needs - penalized for not spending money
    - Operate it like a health savings account.
- Get services for children as soon as possible
    - Earlier interventions pay off in the long run
    - Autistic kids are not all getting waiver services because they do not fit the eligibility standards, which raises medical costs
- Early intervention needed
    - Will save Medicaid system in long run
- Brain Injury Clients need immediate follow-up
    - When they come out of critical care; need to get into immediate learning on how to get back into society - first 12 months is critical healing time
    - Revisit bill in legislature
    - Pay now or pay later
- To not provide services should not be an option
- Make it more user friendly so parent can do paperwork
- Cut out middle men

RIVERTON

- Slow down the redesign process
    - Too fast because of comprehensive nature of Medicaid
- Quit saying waiver is optional
    - Makes it sound like there is another way to serve these people
    - Waiver gives people choices out in community instead of institutions
- Stop targeting the elderly and other high cost services
    - they are the most vulnerable and have the greatest needs
    - Not a way to reduce costs without jeopardizing the program
- Compare Wyoming to other states and national averages
    - Substantially lower than the national level on many things
- Simplify the admission process/steps
    - Used to be one-stop shopping
    - Clients need help making choices, but providers aren't allowed to help them because they are required to stay independent
- Don't cut services to the high need or high cost clients (ABI),

    - that is what keeps them alive and in the community
    - Without those services, speaker's son would not be living in an apartment by himself; getting care that he receives - completely supports the waiver program - miraculous; is cost-effective
- Bureaucratic nightmare
    - Example: system used to have blue papers/vouchers to arrange for services with clients
    - Now it seems that there are at least seven layers between provider and clients; more of a tracking system than a providing system
- Make it easier for family members to provide services
    - Family members cannot currently get paid for services, but they are often the best providers
    - Medicaid will pay someone else; better support for families needed; too much red tape, too much paperwork; needs to be about the patient
- Keep it simple (KISS)
    - Constant change in waiver system; needs to be streamlined; find something that works and stick with it

ROCK SPRINGS

- Cut the waiting list to secure treatment more quickly, when it is more effective
    - 48 months now
- Dental services should not be getting treated in the ER
    - Dental care should be covered by dentists, before issues become medical emergencies
- Mental health should not be treated in the ER
- Need more preventative health/education
- Loan repayment programs should require doctors to see a higher percentage of Medicaid clients, not just a few so that the doctors qualify for the program
- Service “choices” seem to be all or nothing
    - Example: client who needs Day Hab Monday through Friday from 8 to 5 is allowed to get service for two partial days, or can go to group home 24x7
- Sometimes an institution would be more cost effective
    - Services for some clients are more expensive than going to an institution because they are piecemeal and diverse
- Can we use other revenue sources to pay for Medicaid shortfall (energy $)?
    - Significant amount of money coming from some counties – can state use energy revenue without putting it directly into WDH budget
    - State employees need to coordinate their travel
    - Telemed could save a lot of money

JACKSON

- It is costly to change the system, so don't do it unless truly necessary
  - What is the value, especially to clients?
  - Reduces the efficiency of providers to have to redo and redo and redo
  - Client needs haven't changed, so why change system?
- Self-directed care is too costly and risky
  - The state-appointed fiscal intermediary is too costly
  - Could be doing self-directed care like other states – it can be a good thing
  - Exposes clients (even children) to be responsible for tax withholding, etc.
  - Workers Compensation coverage is not available
  - Is self-directed care a covert plan to eliminate state-certified providers?
  - Self-directed care saves the state money, but at the expense of clients' budgets
  - PPL has value – it gives families more control, but is scary with having to withhold and pay taxes, etc.
  - Need to find a happy medium regarding self-directed care
- Family should have the right to supplement the caregivers and let them follow state - DD child is the employer
- Trim administrative costs
  - Eliminate middle men from billing process
  - Recertification process is horrific
- Do long-term planning
  - What does it look like when the 21 year olds don't have a place to go in five years?
- Reduce cost of drugs by requiring generics
- Allow providers to care for more than one client at a time
  - When appropriate, and for a reduced rate
- Better training/education of providers
  - Providers need to be better educated/trained to provide better service
  - Reduce employee turnover
  - When we call into agencies and they don't know what they are doing - wastes time
  - Do they farm out calls? Contractor or are they talking to WDH? Efficiencies here
  - Example: Self-directed fiscal agent is in Colorado, not Wyoming
- Reduce/eliminate the waiting lists
  - ABI clients need immediate care, following their injury
  - Adult and Children's DD are both over one year
  - Do NOT reduce the waiting lists by cutting services, or by strictly enforcing employee/client ratios
- Qualifying for group home services should not be limited to those who are homeless
- Need to understand the cost to provide services at WLRC vs. the community

QUESTION 2: In your experience with Wyoming Medicaid Waivers, are there specific inefficiencies you have identified?

CHEYENNE

- Children with autism
  - High population of need (1 in 88 births), but clients don't fit the definition of mental health or mental retardation. However, they still need help. Now they have to be put on Mental Health Waiver waiting for DD waiver.
- Compliance measures are very costly, but don't necessarily improve quality
  - Compliance measures have become astronomical. Measure outcomes, don't impose more compliance measures (more reporting, counting, not a natural way for people to live)
  - Won't pay two providers in one day for a client - intake interview on behavior, school, and community.
  - When compliance is an issue for a provider, address it in quality improvement plans for them only, don't create new regulations/compliance requirements for everyone
- Overwhelming number of providers
  - Is there an economy of scale? 900 Adult DD providers - is that too many?
- Outdated models
  - Quasi-institutional model still doing what worked 20 years ago. Instead of facility-based models, we need community-based models
  - Improve quality and decrease costs
  - Providers are getting pushed into an institutional model

CASPER

- Paperwork burden
  - Seems like each time there is a new administration, there are new rules and more burdens - what purpose?
  - Six-page application for DD - Plan of Care
- Need to understand how other agencies drive up costs and impact Medicaid
  - Example: DFS custody decisions
- Waiver Expiration
  - Intended for short-term use, but clients' issues are long-term; especially mental health. When the services go away, the mental illness does not.
  - Need to have a follow up program
  - Need support for transition to other programs and jails
- Need to continue to be able to use Title 19 for meds

GILLETTE

- Need consistent outcomes
- Provider issues
  - Lots of providers - almost 900 - is that efficient to have that many?
  - However, trying to find providers can be frustrating process
  - Providers are too specialized
  - Providers do not coordinate their services
  - Communication between providers in various specialties needs to improve
  - More efficient list of providers
- Streamline paperwork and process
  - Better electronic database of providers and provider services
- Getting equipment is "an act of Congress" in either program
- Need to have a system of checks and balances to protect the people that really need services
  - There are abuses - those that need it aren't getting the services
- Hold providers to a single standard
  - Level playing field where all providers are treated equally. Don't hold providers to different standards - might create competitive marketplace that way
- The certification process is tedious and time consuming, and needs to be simplified

RIVERTON

- Constant change in the system is a problem
  - Every change increases costs
- Simplify the system, and then stick with it
- Benefits don't address the full set of clients' needs
  - Covering cost of medication but not the blood work is an oversight
- It is hard to get off Medicaid, once someone is on it

ROCK SPRINGS

- Clients need to be transported in separate vehicles driven by separate providers, but need socialization (and cost savings) that could result from traveling together
- Home modifications
  - Need to be restricted to where they are needed (not where family could afford them, and not where they will result in increased home value for family)
- Case managers don't always have the best interest of the clients
  - Need to manage managed care
- Coordinate transportation for state agencies
  - Share vehicles and good fuel efficiency
- Tele-med – let all access
- Hard and fast rules need to be bent
- Overregulated and too rigid

JACKSON

- Verify client eligibility for services
  - Use an anti-fraud effort like DFS does for food stamps
- Did the last waiver change save any money?
  - Waiver system worked fine before it, not so well now
  - Wasted dollars trying to fix something that's working pretty well until they start messing around with it again
- Life skills education for adult DD
  - Look at best practices
- Waiting list time could be used better
  - Target/plan for services
  - Why not at least get initial evaluation done?
- Review outcomes on regular basis
- Look for local resources to assist
- Who does the Department of Health work for?
  - The Dept. of Health Director is focused on money, not healthcare
  - Some employees care about clients, not all seem to
- Providers deserve to be paid more, not less
  - We don't get competent people because we don't pay them enough
- State's efficiency could be improved
  - Remove redundancy of CARF and state surveys
  - Use National Accreditation instead of state doing it too
- Educate providers on data collection and use
- Providers could be over-charging
  - Used to require parents sign off on services, now what do we do?
- Some just in error, and some are fraudulent
- Life Resource Center
  - How high is the ratio of provider to client?
- Need to coordinate between school and outside services
- Develop systematic plan to experiment with what works; track outcomes
  - Why does Dept. of Health think waiver is a “Cadillac” plan?
  - Why does DOH want to change?
  - Clients and families need to be told an honest answer
- The system works “as is” so don’t change it
- Planning process is too fast
- Out of home placement criteria needs to be eliminated
  - Group homes can be good and appropriately used
  - We don’t want DD client to be isolated at home
  - Caregivers are aging and are unable to continue providing adequate services at home, but aren’t willing to kick their loved ones out their home to qualify
  - Need better transitions
  - DD clients need to be with their peers for socialization

    - System is supposed to be about choice, but we are losing the choice of a group home
- If the economy improves, does that solve the problem?
    - Is this planning process driven by revenue or healthcare?
- Don’t just cut Dept. of Health funding like other agencies
    - Health is much more important than other agency work
    - Hospitals need patients who can pay their bills; these are life and death decisions - people will die if they don't have health insurance
- Generate more money to pay for higher healthcare coverage costs
    - Example: one cent sales tax
- Need to expand Medicaid under ACA
    - Need to physically be in Cheyenne during the legislature

QUESTION 3: What are your recommendations to improve the inefficiencies you have identified within the Wyoming Medicaid Waiver program?

CHEYENNE

- Improve quality of providers' skills
  - Establish minimum quality of care
  - Need to require certified or even accredited skills for providers
  - Need cultural training to understand clients' needs, including language barriers, poverty, etc.

CASPER

- A systemic approach is needed to understand inefficiencies and the options to resolve them
- Impact with other programs
  - Streamlining cooperation with other agencies such as DFS
- Systemic approach
  - Do not look at in compartmentalize way - what is the long-term effect of removing that waiver?

GILLETTE

- How will Health Care Reform affect Medicaid?
- Need more current data on demographics, numbers, etc.
- How can we allow for more family involvement in respite care?
  - Support families without making it overwhelming - streamlining process
- Increase collaboration/partnerships between Medicaid state agencies and provider agencies
  - Streamline monitoring functions with CARF
- Need to establish standards for equipment acquisition
  - Need to know the keys to qualifying for purchases
  - Can Medicaid provide sample support letters?

RIVERTON

- Just be nice
  - Be civil; provide better customer service
- Look at benefits of waiver program rather than cost
  - Focus on outcomes
  - Don't need to save pennies to spend dollars
- Improving quality of life saves money
  - Wellness programs are good to reduce costs to society in general

    - Serve sooner to avoid high costs later
- Address the adversarial relationship between Medicaid and providers
    - Not all mistakes are fraud - there are people who are billing for durable medical equipment but it has made it difficult to get them for the honest ones

ROCK SPRINGS

- Don’t just look at cutting money
- Address what is best and most appropriate for clients
    - Example: preventative care
- Distinguish waver programs (they are not all the same) and evaluate them differently
    - Each client also has unique needs
- Review dual diagnosis process
    - Lots of overlap
- Measure outcomes
- Patients need to share responsibility for their medical and health decisions

JACKSON

[Time constraints did not allow these questions to be specifically addressed.]

WRITTEN COMMENTS

- Need more funding for DD waiting list
- Consider closing Lander Life Resource Center and utilize community services
    - Enormous costs
- Build system of community providers to be the "safety net" for DD or ABI
- Require and fund national accreditation for all service providers
- Reduce redundant regulatory reporting
    - Utilize national quality reporting
- Halt unfunded mandates to providers
- Outsource waiver application processing and waiting list monitoring

QUESTION 4: What are some specific Quality Improvements that could help reduce the costs or inefficiencies in the Wyoming Medicaid Waiver programs?

CHEYENNE

- Improve skill level
  - Minimum quality of care
  - Certification of providers; accreditation of quality
  - Cultural competency training - healthcare providers to have an understanding of the people they are serving; language issues as well
- Improve access to Dental Care
  - Allow dental hygienists to be direct providers (other states allow this, but Wyoming requires that they work through a dentist, which raises costs)
- Do not cut cost reimbursements to providers
  - Will drive quality down further
- Listen
  - Listen to adults who are receiving services
- Target quality improvements to case management
- Incentivize community employment
  - Would improve quality
  - Reduces costs

CASPER

- Better training for providers
  - Res Hab and Day Hab providers need better training, especially for interventions, to provide better care for clients
- Variability and subjectivity with certifications of providers and eligibility of clients
  - Need to have quality standards and consistent timing to get through processes
- No to further cuts to reimbursement rates impacting the quality of care and providers
  - Already have a shortage of respite providers
  - Cuts in reimbursement rates threaten to further restrict number of providers
  - Consumers do not support provider reimbursement cuts
  - Cuts also have negative impact on employees
- Cost drivers
  - Need to look at all the cost drivers, not just the reimbursement rate
  - Need to understand long-range cost drivers
- Administrative burdens
  - Multiple layers of billing with providers
  - Medicaid won't pay for behavioral health evaluation unless it is in a Plan of Care, yet one is required to get behavioral health into the Plan of Care
  - Provider Agency - provider top-down approach with each getting piece of pie
- Lack of Medicaid Providers
  - There are not enough mental health providers who will accept Medicaid payment

    - Need quality providers
    - Compliance requirements might discourage providers, especially small providers
- Licensing/Certification Requirements
    - Need to evaluate licensing/certification requirements and change them so that we are doing just what is necessary – need to loosen the strings - not needed for any other insurance
    - Uniformity at national level may get to cost savings
    - It is very costly for psych counselors to bill for their time through psychologists or doctors
- Outcomes
    - Certifying those who are on waivers - need stats on quality control; timeliness
    - Accountable Care Model - start moving towards that
    - If people get better - good measure of success of program

GILLETTE

- Share best practices on website
- Consistency in responses from WDH
- Monitor waiting list; outsource waiver application
- Consider closing Lander WLRC
- Let people know how to share used equipment
    - Create a mobile lending unit, rather than a central equipment lending facility
    - List all the available equipment online
- More training modules to help providers do jobs better

RIVERTON

- Implementation of national standards (CARF)
    - Better accountability standards and produces better efficiencies
    - State should help pay the costs of CARF accreditation
- Need to look at the positive impacts of Medicaid
    - Medicaid helps
- Good providers are leaving the system because of the bureaucracy
    - Need to improve quality and stability of providers
    - Some providers do not want to come to some communities
- Legislature and other decision-makers need to meet the people they are providing for
- Fix wage disparity
    - Wyoming Life Resource Center pays their staff higher (deserved) wage, but other providers deserve to be paid fairly too
- Not all institutionalization is bad
    - Some WLRC clients cannot/should not be transitioned into the community
    - Takes a lot of special effort and compassion - remember that clients are very vulnerable
- Don't just redesign the waiver in a room in Cheyenne
    - Politics makes it hard to comment publicly

ROCK SPRINGS

- Stop re-writing the definitions of what a unit of service is
  - Even the types of services are moving targets
  - Staff doesn't even know the definitions – when asked, they just read from the manual
- Hard to keep up with the constant change
- Better training for billers and coders
  - Hard to keep up with Federal changes
- Need knowledgeable leadership and expertise at the top decision-maker levels
- Keep it simple

JACKSON

[Time constraints did not allow these questions to be specifically addressed.]

MEDICAID OPTIONS STUDY
PUBLIC FORUMS

APPENDICES

- Press Release for Public Forums
- Power Point Presentation
- Written Comments
- Sign-In Sheets