

## Medicaid Reform Subcommittee May 8, 2006 meeting

### Committee Members present:

Rod Barton, Barbara Cohee, Carol Jenkins, Teri Green, Greg Gruman, Lorraine Saulino-Klein, John Vandal, Susan Anderson (WHCC Staff)

### Goal of Committee's Work

The group discussed the purpose and goal of the committee's work, since "reform of the Medicaid benefits package" seems all-encompassing. Further, the question was asked "what is the Medicaid benefit package that we are to reform?"

Sen. Charles Scott said that the Legislature's push for Medicaid reform comes from the significant increases in the cost of the Medicaid program. There is also a concern that Medicaid recipients are receiving lower-quality of care and outcomes than other insured groups such as the state employees. Further, the existing program seems to drive patients into institutional settings that they don't really want and are more costly.

### Medicaid Benefit Package

The group noted that since nursing home care represents a significant slice of the Medicaid pie, it had earlier been agreed that the Committee should review information regarding nursing homes. As a result, Greg Gruman had invited some guests from the Division of Aging to the meeting.

### Presentation from the Division of Aging

Bev Morrow, administrator of the Wyoming Division of Aging, provided a packet of information for the committee's review. **She noted that Wyoming continues to be one of the most rapidly aging states in the country.** A major goal is to prevent and delay institutionalization of the elderly. Home care is less than half the cost of institutionalization.

### Nursing Home Care

The group discussed several suggestions for diverting people from nursing homes to other care sites:

- Educate doctors about the network of aging services and options other than nursing homes. Get their assistance for diversion. **Set up a hotline for crisis management services to families who are facing nursing home placement.**
- Educate families about these options too.
- **Review the long term care assessment process**
- **Consider self-directed features to existing waivers and cash and counseling alternatives**
- Obtain additional state funding for home care services or other in-home options.
- Obtain additional state funding to enhance the state's public health nursing system.
- Provide adequate decision support to providers, clients, and families.

- Provide financial planning, and offer incentives and assistance to people in purchasing long term care insurance policies.
- **Analyze the numbers and kinds of long term care beds in the state**
- Provide total health management for the aging population, which would require additional funding.
- Create a medical “home” (such as one primary doctor) for clients and require that they follow evidence based guidelines.

### **Other Medicaid Services**

The group talked about several other issues beyond the nursing home challenge:

- Prevention strategies for all populations, including the Department of Education
- Investigate Medicaid reimbursement for medical clinics in schools.
- How can we get Medicaid dollars for partnerships with education to set up Medicaid providers onsite?
- Preventive health care for children. We need to address the obesity issue and tobacco use.
- State options under the federal Deficit Reduction Act (DRA) – for example, are we allowed to add co-pays to most populations?
- What can the state do to foster development of assisted living facilities?
- Doing interventions on high-risk groups. What can be done to prevent at risk beneficiaries from moving into the high risk groups.
- Improve practices and improve quality. **Provide incentive payment for practices that use electronic health records and/or e-prescribing.**
- Primary care case management
- A buying consortium for pharmaceuticals, regional?

Sen. Scott noted that any preventive measures are doable providing we can show the savings in other areas of Medicaid.

### **Next Steps**

There was general agreement that we need outside expertise to help the committee determine any possible changes in the Medicaid benefits, and to analyze the costs and effects of any proposed changes. The use of the RFP process was discussed, along with the timeframes for when the work needs to be accomplished. Sen. Scott noted that, while there are no legislative mandates, given the political situation with the federal government, this is an ideal time to develop some creative alternatives to the current system.

It was generally determined that, at this point, Greg Gruman would provide a summary of alternatives for the committee to consider. Further, at the next meeting, representatives from the Department of Health regarding developmental disabilities will present information regarding their clientele.

### **Next Meeting**

The next meeting is scheduled for Monday, June 12<sup>th</sup> as part of the Healthcare Commission’s regular monthly meeting.

**Adjournment**

The meeting adjourned at 3:30 p.m.