

**Outline of Remarks by John Chappuis, former Montana Medicaid Director
for the Health Care/Medicaid Panel
Select Committee on Efficiency in Government
Oct. 6, 2011**

1. Core Programs in DPHHS that should be funded – Self Sufficiency
 - a. Child Care –
 - b. Maintaining access to services
 - i. Rates must be maintained or increased for lower cost and preventive services
 1. Physician services
 2. Dental
 3. Community services for mental health
 4. Autism waiver services
 5. Other optional services
 - ii. Maintain lower cost community services
 1. Optional versus Mandatory - ie: if you do not fund many lower cost services like podiatry the clients who need the services will obtain in a higher cost setting like physician offices or hospitals
 - iii. More Targeted Care Management for high cost and high risk cases
2. Oversight and Regulation
 - a. Increase surveillance programs like fraud and abuse detection and enforcement both in eligibility and medical services
 - b. Mandate a systematic comprehensive review of regulations.
 - i. Combine business process re-engineering with regulation review
 1. Use expert Department staff and contractor staff
 2. Reports would go to and independent outside entity either in the executive or in the legislative branch. Enforcement of recommendations
 3. While regulations were generally put into place for good reason some are now antiquated or may be too intrusive or burdensome for providers.
 - a. While regulations should to the extent possible not be intrusive, client protections and continued services for those most in need should be at the forefront.
 - b. Currently eligibility is looked at as a maze and is difficult for people to negotiate.
3. MMIS
 - a. Pay bills accurately and timely
 - b. Analytics and reporting
 - i. Analysis of past experience for measurement
 - ii. Forecasting
 - iii. Measurement of patient outcomes in terms of provider performance
 1. Pay performance

4. Montana Medicaid Expansion due to the new national healthcare reforms
 - a. Increased number of eligible people up to and maybe exceeding 200,000 people on the program.
 - i. Concerns about access
 - ii. Concerns about funding
 1. New eligibles will likely be children and healthy adults. The cost is much less than the cost per member month of seniors and disabled persons
 2. 100% 2014 to 2017 then gradually stepped down to 90/10
 3. Concern about feds moving to normal FMAP in this environment of federal deficit reductions
 4. What about block grants
5. Mental Health issues
 - a. Eligibility is difficult for those in or near a crisis situation.
 - i. State needs to provide more assistance to those in crisis
 - b. Wait periods for services should be minimal. Excessive wait periods can lead to patients going into crisis levels. This level of need can cost much more.