HMO ADVISORY COMMITTEE
AUGUST 18, 2004

Attendees: John Hartman, WMS; Carroll Carlson, Group Health-EC; Mike Costello, WDA; Jenny Oliver, Health Tradition Health Plan; Allee Meagher, GPA; David Woldseth, DHFS; Mary Laughlin, DHFS; Angie Dombrowicki, DHFS; Richard Carr, DHFS; Sandra Mahkorn, DHFS; Gary Ilminen, DHFS; Sandra Tunis, MHS/NHP; Kyle Mounts, WAPC; Kathy Ikeman, Unity Health Plan and Valley Health Plan; Mary Anderson, Dean Health Plan; Joe Kachelski, WHA; Robert Blaine, DOA; Sarah Lewis, Wisconsin Primary Health Care Association; Rick de la Garza, United Health Care; Carmella Glover, Group Health Cooperative-Madison; Jeff Zriny, Security Health Plan; Carola Gaines, Unity Health; Eunice Conley, consumer; Dr. Pat McManus, Black Health Coalition; Rachel Morgan, BHC; Mara Brooks, WDA; and Kelly Rosati, WAHP.

At 10:06 AM, Angie Dombrowicki called the group to order and provided a brief history of why the committee was created. This committee will replace the regional forums and will be used to share information and to work on statewide policy issues. Federal law requires that states with Medicaid managed care programs have an advisory committee made up of representatives of stakeholder groups.

After attendees introduced themselves, Angie Dombrowicki reviewed the purpose of the HMO Advisory Committee. One of the preliminary tasks is to identify people who should be attending the meetings. The key tasks for the committee will be to disseminate information, to share knowledge about quality of care, and to provide a forum for quality and accessibility of care as well as other contract requirements. The current plan is to meet three times a year and move meetings around the state. The committee will not meet more than once a quarter. The state will reimburse allowable expenses for consumers who choose to participate on the committee.

The committee then discussed a number of concerns that they had. Staff recorded them on a flipchart. A summary is attached to these minutes (Attachment 1).

The committee also discussed ways to involve more consumers. Suggested solutions include: advocates encouraging consumers to participate, a more relaxed dress code, providing transportation for consumers, and conducting focus groups made up of consumers. The committee agreed that trying several approaches would be most effective. Focus groups made up of consumers are a logical solution because consumers may have differing concerns depending on residence around the state since issues differ geographically.

It was also suggested that someone from the Department of Workforce Development and someone from the counties be invited to attend future meetings. They may be able to talk about available support and discuss their own perceptions and needs.

Dr. Carr presented information on performance improvement projects that have been done by HMOs over the past few years. Projects are developed based on data collected by

the state and the HMOs, and they are targeted to specific areas of interest or concern. Data and results for these projects are available on the DHFS web site at www.dhfs.wisconsin.gov. There was an article in the September issue of *JAMA* that addressed pay-for-performance and the elimination of health disparities.

Next Steps

The Department will work with HMO advocates and community advocacy groups to find consumers willing to participate in focus groups. The first focus groups will be targeted to Milwaukee. After the focus groups have been conducted, the Department will schedule another meeting of the HMO Advisory Committee.

Recorded by:

David Woldseth
Bureau of Managed Health Care Programs

CONCERNS FROM AUGUST 18, 2004 HMO ADVISORY COMMITTEE

(Condensed from flipcharts.)

1. The Department is missing cost reduction opportunities especially in regard to pharmacy/drug prices:
    A. Prohibition on co-pays is an issue
    B. State vs. Federal law
    C. PDL—supplemental rebates
2. Lack of dental access:
    A. Specialists are scarce (pediatric, for instance)
    B. Lack of dentists taking Medicaid patients
    C. How much urgent care is the result of the lack of adequate preventive care
    D. Perinatal periodontal care issues
    E. Remove dental care from HMO benefit package
    F. Dental issues in Madison—hospital affiliations are an issue
    G. Preventive dental care would reduce ER visits
    H. Reimbursements are inadequate
    I. Access for pregnant patients is an issue
    J. Fluoride varnishing by non-dental providers is a solution, but only serves as a Band-Aid
3. Crisis of psychiatry (especially adolescent).
    A. Providers limit the number on Medicaid patients they will take
    B. Perinatal—post-partum depression treatment is limited
    C. Reimbursement is inadequate
4. Language issues with foreign providers—difficult for patients to be compliant if they cannot understand the doctor.
5. Milwaukee County—access to pediatric care is becoming an issue.
6. Grievance process at the HMO level:
    A. Do consumers understand it?
    B. Do people think it's fair?
    C. Do people think, "Why bother?"
7. Getting pregnant women back into Medicaid (esp. right out of prison) and the issue of prenatal care.
8. Adverse selection issues for HMOs:
    A. Mandatory vs. voluntary
    B. County by county—hard to analyze adequately with small numbers
9. Float between HMO and BadgerCare—the "back and forths" confuse enrollees.
10. Caseworker communication at the county level is inconsistent—especially the message from economic support agencies (which could be eliminated if standards were developed by the state).