

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 02, 2015

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

**ABSENT/
EXCUSED:** Chairman Wood

GUESTS: Steve Bellomy, Lori Stiles, Jerry Massari, Fernando Castro, David Taylor, and Wayne Denny, DHW; Rachel Satterwhite and Hadley Mayes, Ada County Paramedics; Art Evans, Medicaid.

Vice Chairman Packer called the meeting to order at 9:00 a.m.

Darby Weston, Director, Ada County Paramedics, presented Community Paramedicine, a new care concept. Emergency medical services (EMS) provide site-of-emergency healthcare and transport.

Vice Chairman Packer put the committee at ease at 9:07 a.m.

Vice Chairman Packer called the meeting back to order at 9:08 a.m.

Continuing his presentation, **Mr. Weston** said the Community Paramedicine Project goes further by addressing health care gaps and best patient outcomes. With a variety of Emergency Medical Technician (EMT) and Paramedic skill levels, the EMS vehicle-based medical scope of practice delivers care within one half to one hour of a medical event.

Vice Chairman Packer put the committee at ease at 9:15 a.m.

Vice Chairman Packer called the meeting back to order at 9:16 a.m.

Mr. Weston said each EMS agency has a physician overseeing their scope of practice, quality assurance, and improvement to assure consistent high levels of service. Of the 24,000 incidents in 2014, 5% were transported with lights and siren as a time-critical event, 61% were transported without lights and siren, 34% did not go to a hospital, and 10% of the calls cancelled enroute.

Mark Babson, Community Paramedic, Ada County Paramedics, presented information on Community Health EMS (CHEMS), a test program to deliver services at the point of need. The CHEMS extend the reach of the Emergency Department (ED) physician and other providers to the point of need, often the patient's home.

The CHEMS model is an overall healthcare shift to outpatient services used to transition care, improve health and wellness, assess home environments, and provide a resource for care coordination and education, preventing or decreasing ED visits.

Shawn Rayne, Deputy Director, Operations, Ada County Paramedics, stated the four full-time paramedics split their shifts between field paramedic and community paramedic. Although initial training was outside of Idaho, future education will be handled by Idaho State University's newly developed bachelor's program.

Their established programs include thirty day post discharge follow up for St. Luke's transitioning patients, at-risk field referrals, mental health crisis ED diversions, county vaccination programs, and outside provider vaccine or wellness programs.

By teaming with a social worker and law enforcement officer, community paramedics can respond to suicidal crises and provide on-site medical exams to get patients to the most appropriate level of care. They also provide check-in and observation visits for tuberculosis (TB) patients for the Central District Health Department.

Darby Weston, Director, Ada County Paramedics, said this program has gained attention from the nationwide industry as a way to enhance many communities.

Responding to questions, **Mr. Weston** said reimbursement comes from the Ada county property tax to the ambulance taxing district. Visits assure patients know what to do at home, reconcile medications, and observe their environment for potential issues. Patients in their homes are more relaxed and receptive to changes or improvements in their care, impacting their potential readmission rate.

Mark Babson, Ada Co. Paramedics, was invited to answer a question. He said the CHEMS communicate to the medical team what is going on in the patient's home and how well the patient is relating to the care plan.

Darby Weston answered additional questions, stating they are exploring specific projects and results to assure real value. Primary health care is not a part of the pilot yet, although other states are using Community Paramedics and Physician Assistants for similar care.

Responding further, **Mr. Weston** said 70% of their funding is fee-for-service payments. The model teams the community paramedic, Mobile Crisis Unit Counselor, and a police officer for mental health crisis situations. At a crisis scene, the police officer can place someone on hold, the counselor establishes the persons state of mind and need, and the paramedic does a physical evaluation for the end result determination. They all meet at the emergency scene.

Shawn Rayne, Deputy Director, Operations, Ada County Paramedics, was invited to answer a question. He said the current program cost is \$240,000 per year. A substantial cost savings is noted when reviewing the dropping number of readmissions and ED mental holds.

Mr. Weston explained the Department of Health and Welfare (DHW) has contracted with Community Paramedics to follow up with TB patients because they have the infrastructure to deliver to the patients, who are often homeless. Community Paramedics use a sports utility vehicle loaded with the same equipment as an ambulance.

Responding to questions, **Mr. Weston** said their goal is to have the EMT take an additional training module, but this could burden volunteer EMT systems. The current staffing model uses two full-time teams of two, who rotate between the 911 frontline and the community paramedic program.

Steve Bellomy, Bureau Chief, Audits and Investigations, presented an overview of the Department of Health and Welfare (DHW) Integrity Units. The four units are Internal Audit, Criminal History, Welfare Fraud, and Medicaid Program Integrity.

The Internal Audit Unit provides independent, objective assurance and consulting services for the Department's compliance, internal controls, operations, and financial reporting. Their staff consists of two auditors and 2,800 staff in forty offices. They also have expenditures of \$2.5B, 150 grants, fifteen major systems, 1,000 contracts exceeding \$1.5B, and 50 sub-recipients. The Unit continues to develop process improvement techniques, expand information technology audits, and help the DHW address critical grant compliance issues.

The Criminal History Unit performs a fingerprint-based background check on individuals working in DHW programs serving children and vulnerable adults. The Unit's staff of thirteen process 22,000 background checks annually, preventing 300 individuals from gaining access to our vulnerable citizens. They use a web-based application processing system. In 2014, 27,000 applications resulted in 21,315 individuals fingerprinted. Of those fingerprinted, 2% were rejected, 277 were denied, and the no-show rate was 20%.

They are currently processing fingerprint applications at a rate of 88% with no background history in the first week, up 7% from last year, and 82% with a criminal past within two weeks, up 46% from last year. The Unit, by law, covers the cost of background checks through fees, except for adoption, foster care, employees, and volunteers, which are paid with general and federal funds.

Continuing goals include improving productivity, developing a better website interface, improving appointment availability, and improved background completion process speed for those with criminal records.

The Welfare Fraud Unit investigates recipients and audits non-Medicaid welfare providers. It has eleven full and two part time positions. They investigate cases referred by complaint and also develop case leads through data analysis.

Mr. Bellomy said the County Jail Match Project identifies inmates receiving food stamps through a data analysis extraction method. This has resulted in a Food Stamp Program monthly reduction of 2,800 inmates, significantly decreasing improper payments. Their goal is to become financially self sufficient. Having reached a break-even point, they expect a modest general fund surplus in 2015.

The Medicaid Program Integrity Unit audits Medicaid providers. Their 18 member staff is located in three offices around the state. Annual leads have increased to 20,000 per year due to claim data and utilization reports that became available December of 2013. Through the second quarter, the unit has recovered 56% more than in 2013, with over \$4M in pending cases.

They continue to work with Medicaid and other partners to better align rules and statutes for Managed Care oversight. Long-range goals include improving provider communication and processes.

Answering questions, **Mr. Bellomy** said Idaho is one of the two top states for welfare fraud investigation productivity.

Medicaid cases revolve around investigating and analyzing medical records, taking substantial time. Data leads tend to be administrative in nature and are hard to use in determining criminal intent. Sanctions range from recovering overpayments, eliminating benefits for a variety of time, complete removal from programs, and prosecution.

Dave Taylor, Deputy Director, DHW Support Services, was invited to answer a question. Results of welfare recipient drug testing in other states show those on welfare programs are a small percentage and the same as in the community at large.

Mr. Bellomy answered additional questions, stating food stamps issued to a household or individual are allocated by portion for each member in that household. The degree of welfare fraud for providers impacts larger dollar amounts than those for recipients. So, the real recovery profits are with providers.

Three additional Welfare Fraud Unit staff positions were filled and two turned over within thirty days, so they are refilling those positions. Eligibility determination is the frontline to preventing fraud.

The Criminal History Unit charges \$65 for a criminal background check. Half of that amount covers the Federal Bureau of Investigation (FBI) processing costs. Any program paying to a recipient is subject to audit. They are working with the Women, Infants, and Children (WIC) Program to develop an auditing process to address illegal sale of formula. The integrity efforts for many programs rest with the state as the first line of defense. The federal government has audit, not recipient, administrative oversight. Schools, as providers of Medicaid services, are included in audits.

ADJOURN: There being no further business to come before the committee, the meeting was adjourned at 10:40 a.m.

Representative Packer
Chair

Irene Moore
Secretary