

MINUTES OF THE PRESIDENT'S TASK FORCE ON MEDICAID REFORM.

The meeting was called to order by Chairperson Senator Stan Clark at 3:30 p.m. on March 10, 2003 in Room 234-N of the Capitol.

All members were present except: Senator Feleciano, excused

Committee staff present: Norman Furse, Revisor of Statutes  
Emalene Correll, Legislative Research  
Ann McMorris, Secretary

Conferees appearing before the committee:

Others attending: See attached list

Chairman Clark indicated the goal today would be to discuss disease management, care management and case management and to put a little more detail into our structure. He called on Senator Barnett to lead the discussion. Senator Barnett noted the top areas in disease management would be congestive heart failure and diabetes. He noted another area is nursing home care and mental health.

We need to join efforts with SRS, the medical society and doctors to come up with a team that could focus on those small but very costly areas. This committee should assign that as a task to those entities who would be involved and would have the expertise. You can't case manage everything but should chose top ones.

Question was asked --If SRS wanted to do something innovative, do they have the authority to do that or do they need some additional authority? Reference was made especially to bundling or services involved in case management where there is a team approach required.

Robert Day, SRS, mentioned the Sedgwick County nurse/case management code. SRS doesn't need any new legislation. Money will need to be put into the system in order to get some money out of it and this is not a short term program. Don't pick on a grandiose scheme but start in a place with a pilot project - like Sedgwick County and work with the medical society, pharmacists, two major hospitals and see if a system of care can be developed in that area. What would the target be? Focus on those people who have repeat inpatient care over a 12 month cycle, non-psychiatric inpatients. People in the high dollar areas seem to be those who are dually diagnosed with a chronic disease.

What should care management have; what is its function? Care management has to be with the whole person, health care part needs some work. There is not a system in place that brings health and mental health together.

There were many issues covered in this round table discussion with the consensus being that all those involved in this system are asked to provide their recommendations.

The next meeting of the Task Force on Medicaid Reform will be on March 11, 2003.

CONTINUATION SHEET

MINUTES OF THE PRESIDENT'S TASK FORCE ON MEDICAID REFORM at on March 10, 2003 in Room 234-N of the Capitol.

Adjournment.

Respectfully submitted,

Ann McMorris, Secretary