



Wyoming Hospital Association

NEWS BRIEFS

Informational Newsletter for Wyoming Hospitals



**CEO/Trustee
Program
May 16
Casper**

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WHA Calendar

CEO/Trustee Educational Program Casper	5/16
HFMA Spring Meeting Casper	5/22-5/23

2019 PAC Contributions

**Barry Burkart
Bren Lowe
Margie Molitor
Doug Faus
Andy Fitzgerald
Maureen Cadwell**

Improved Care, Lower Costs for Youth with Behavioral Conditions

A Wyoming Department of Health (WDH) initiative designed to help keep Wyoming Medicaid-enrolled youth who have complex behavioral health conditions in their homes, in their schools and in their communities is leading to improved care and lower costs.

“We were seeing high numbers of youth who had difficult mental health challenges spending too much time in psychiatric residential treatment facilities,” said Teri Green, Division of Healthcare Financing senior administrator and state Medicaid agent. “We sincerely believed inpatient care wasn’t always the best approach for these children and their families, and we expected a different option would also lead to cost savings for Wyoming Medicaid.”

Wyoming Medicaid, which is part of WDH, contracted with Magellan Healthcare in Wyoming in 2015 to serve as what’s known as a care management entity (CME). The CME is working with WDH, as well as the Wyoming Department of Family Services, WyHealth (another Medicaid contractor) and CME providers across the state to bring people together from different areas of a family’s life to form a support team to help affected youth ages 4 to 20.

CME services are an added benefit provided at no cost to families that qualify for the program. Youth enrolling in the CME program must meet at least

one Medicaid criteria for inpatient care and must be able to be safely and adequately served in the community.

As of February 2019, the program has served 943 youth with complex behavioral health needs enrolled in Wyoming Medicaid. Successful results include:

- In 2018, total Medicaid costs for youth with no affiliation with the CME program served in psychiatric residential treatment facilities cost \$58,027 per youth. Total Medicaid costs during the same year for youth who graduated from the CME program were \$14,898 per youth.
- Readmissions to inpatient psychiatric care for CME-enrolled youth decreased by 33 percent from 2015 to 2018.
- Medicaid claims data reveals a decrease in out-of-home placements for youth enrolled in the CME program for six months or more. In 2018, 16 percent of youth enrolled in the CME program were in some type of out-of-home placement. In 2016, 24 percent of enrolled youth were in an out-of-home placement.
- The length of stay in out-of-home placements has decreased for youth enrolled in the CME. The average length of inpatient stays for youth enrolled in high

fidelity wraparound decreased 62 percent from 2016 to 2018.

“Clearly, community-based alternatives to institutional care can work to help youth remain safely in or near their homes, while also reducing costs to Wyoming Medicaid,” Green said.

Tammy Cooley, director of operations for Magellan in Wyoming, said Wyoming youth who struggle with complex behavioral health challenges receive additional care coordination services unique to their situations. CME services work to teach families skills to manage complex behavioral health needs, and identify additional supports the family can readily access after CME program services end.

Services available include family care coordination, adult peer support, youth peer support and respite care. The CME program helps children and youth:

- Stay connected to family
- Develop life skills
- Keep ties to their communities,
- Become successful, healthy adults

For more information about Wyoming’s CME program, visit <http://www.Magellanofwyoming.com/> or call 307-459-6159.



St. John's Health

After receiving a staff report of findings from research conducted last fall, the St. John's Board of Trustees has approved a transition from the name St. John's Medical Center to St. John's Health, effective Summer 2019.

"The feedback is that the new descriptor is an exciting and timely improvement because it more accurately

reflects the full range of services and role of St. John's in the community," said CEO Paul Beaupre, MD. "The new name resonates with many people because it is more inclusive of preventive health and other important St. John's programs that help keep our community healthy."

"The name recommendation came out of a rigorous process that could serve as a

blueprint for branding exercises anywhere," said St. John's board chair Cynthia Hogan. "We received input from staff, physicians, and the community. Key departments were involved so that the new name would represent our hospital, clinics, wellness services, physician services, and the Foundation."

Groundwork for Bipartisan Legislation on Surprise Billing

Hospitals took a beating in the first House legislative hearing on surprise medical billings.

The House Education & Labor Committee's health panel convened the bipartisan hearing and called witnesses from the policy and consumer advocacy worlds rather than the industry.

AHA Executive Vice President Tom Nickels said it was "unfortunate" there weren't any providers on the panel "to be able to address issues."

The House Education & Labor Committee governs issues having to do with employer health plans, which comprise the bulk of the market that legislation on balance bills will target.

The Senate Health, Education, Labor and Pensions Committee is also working on legislation, as a bipartisan Senate working group spearheaded by Sen. Bill Cassidy (R-LA).

A provider letter expressly criticized an idea gaining momentum in Washington's policy circles that would ban

specialist physicians from billing patients separately from hospitals. This would essentially force hospitals to broker a fee with those physicians in a kind of bundled-payment model.

Lawmakers are also considering binding arbitration as a way to resolve pay disputes between insurers and hospitals, a model some states have adopted. But experts of all stripes say the devil is in the details of setting a benchmark to serve as the fallback for arbitration.

Don't forget to send us a story about your hospital so we can feature you in our Member Spotlight

Interpreter International Training

The Wyoming Department of Health's Office of Health Equity is sponsoring a multiday training course in Casper to help healthcare professionals and other Wyoming residents become "community interpreters."

The sessions run June 3-7 from 8 a.m. to 5 p.m. each day, and will be held at the Casper-Natrona

County Health Department.

"Wyoming's need for what is known as community interpreting is growing," said Lillian Zuniga, Office of Health Equity program manager. "While family and friends have traditionally been a source of interpreting help, there is often a need for more specially trained professionals in critical situations."

Zuniga said the training

sessions are intended to prepare interpreters to work in community interpreting, which focuses on healthcare, social services and education.

Registration, cost and training session details are available online at <https://tinyurl.com/yxvzjlvp>. More information is also available from Zuniga by calling 307-777-5601.

