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clay@mostlymedicaid.com | 919-727-9231

Monday Morning Medicaid Must Reads

Helping you consider differing viewpoints. Before it's illegal.

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In this issue...

Article 1: Medicaid Access & Coverage to Care in 2017 (MHPA's Institute for Medicaid Innovation, Oct 2018)

Clay's summary: The industry survey from this leading Medicaid health plan association doesn't disappoint.

Key Excerpts from the Article: ... *Key findings from the data were noted in the high-risk care coordination, value-based payment models, women's health, and behavioral health sections. For instance, results from the survey demonstrate that the majority of Medicaid MCOs in 2017 performed a number of core functions in providing comprehensive, high-risk care coordination. The most commonly performed core functions included developing a plan of care for members, supporting adherence to the plan of care, engaging a care team of professionals to address the needs of the member, and conducting risk assessments....The findings also indicate that Medicaid MCOs are increasingly using value-based payment (VBP) models when providing care for their members. In 2017, half of Medicaid MCOs indicated that they were piloting population-specific VBP models, while over 15 percent were expanding successful pilots. Finally, approximately 10 percent of MCOs surveyed reported that they had extensive VBP arrangements in place in 2017. As barriers to VBP adoption are removed, we anticipate an increase in the number of Medicaid MCOs transitioning from the pilot phase to fully implemented arrangements....*

Read full article in packet or at links provided

Article 2: Who can be believed in medical research? Charles Barta, Nov 21 2018

Clay's summary: An AZ physician provides an overview of bogus medical and health systems theories throughout the years. Including that old chestnut about how expanding Medicaid would reduce ER in Oregon (that one's a real knee-slapper!)

Key Excerpts from the Article: ... *One interesting fact that has not been reported involves the idea that increasing Medicaid would clearly lower inappropriate emergency room visits and the expense these visits cost the public. We would save money...Oregon decided to prove this in 2009. It vastly increased the number of residents eligible for Medicaid. Unfortunately, the state didn't have the funds to pay for this, so they put a lottery in place. Half the people eligible were given Medicaid while the other half became a "control group." This was a scientifically perfect, randomized experiment. ...The results? Two years later, the covered group had a 40 percent increase in unnecessary ER use. When a social experiment doesn't work, the usual excuse of "we didn't fund it enough — we need more money" wasn't applicable. The next excuse, "The newly enrolled didn't have time to get used to the system so they didn't attempt to make (free) appointments with their doctors." Two years later, a follow-up study was done. Surprise! The increase in unnecessary ER rose dramatically. The only news organization that reported this was NPR....*

Read full article in packet or at links provided

Article 3: Our opinion: State budget reforms are needed, Houma Today Editorial Board, Nov 19, 2018

Clay's summary: A small town newspaper comes out in favor of income verification and work requirements for Medicaid eligibility. They must be evil,

GOP-loving, Trump worshipping [Insert current set of slurs media tells you to append to people with opinions non-leftist).

Key Excerpts from the Article: ... *But some of these reforms make a lot of sense. For instance, income verification for Medicaid can limit paying out benefits to those who don't qualify while making sure those who do qualify get the help they need....A recent state audit claimed that as much as \$85 million could have been spent over the past several years on people who didn't qualify for Medicaid. That's because Health Department officials check income only once, at the time of the enrollee's initial application for the program. They don't check again until 12 months later, when the person applies for renewal of coverage. In the meantime, the person could have gotten a new job or increased income, becoming ineligible for Medicaid....*

Read full article in packet or at links provided

SourceURL: [http://www.medicaidinnovation.org/images/content/2018 Annual Medicaid MCO Survey Results FINAL.pdf](http://www.medicaidinnovation.org/images/content/2018%20Annual%20Medicaid%20MCO%20Survey%20Results%20FINAL.pdf)



INSTITUTE FOR
MEDICAID INNOVATION

October 2018

Medicaid Access & Coverage to Care in 2017

Results from the Institute for Medicaid Innovation's
2018 Annual Medicaid Managed Care Survey

Jennifer E. Moore, PhD, RN
Erin R. Smith, MS

SourceURL: https://www.gvnews.com/opinion/barta-who-can-be-believed-in-medical-research/article_152c674a-ed0d-11e8-afb1-3ba1cb65f94b.html

BARTA: Who can be believed in medical research?

The numerous columns I wrote over a five-year period for the Green Valley News focused on the fraud and abuse in our health care system, along with analyzing the bad ideas (of politicians and special interests) in formulating a health care system.

It's interesting that we now have hard evidence of the failures of these ideas.

One interesting fact that has not been reported involves the idea that increasing Medicaid would clearly lower inappropriate emergency room visits and the expense these visits cost the public. We would save money.

Oregon decided to prove this in 2009. It vastly increased the number of residents eligible for Medicaid. Unfortunately, the state didn't have the funds to pay for this, so they put a lottery in place. Half the people eligible were given Medicaid while the other half became a "control group." This was a scientifically perfect, randomized experiment.

The results? Two years later, the covered group had a 40 percent increase in unnecessary ER use. When a social experiment doesn't work, the usual excuse of "we didn't fund it enough — we need more money" wasn't applicable. The next excuse, "The newly enrolled didn't have time to get used to the system so they didn't attempt to make (free) appointments with their doctors." Two years later, a follow-up study was done. Surprise! The increase in unnecessary ER rose dramatically. The only news organization that reported this was NPR.

This was just one small example of how the philosophical ideas that went into Obamacare were not rooted in historical example or knowledge of human nature. I have written a column discussing how in the 1990s, a study in Chicago demonstrated that unnecessary ER visits were not related to the lack of availability of outpatient services but rather to personal preferences.

I doubt anyone involved reviewed any information.

Rather than bringing up the failures of Obamacare, there is a whole new area, and in many ways more important than the financial story.

I plan on writing about the 37 years of medical and scientific research fraud and purposeful misinformation that has caused many (estimated in the millions) of deaths.

In the 1970s and early 1980s, a Medical researcher in the field of cardiology named John Darsee, MD, published a large number of well-regarded papers, many in the New England Journal of Medicine, with the most renowned author in the field, Eugene Braunwald of Harvard. Fifty-three papers and chapters in the books like Braunwald's "Heart Disease," the standard text in the field, were written by the young Dr. Darsee over 14 years. His research was fraudulent.

It wasn't uncovered by all the checks and balances the medical community were proud of. Rather, a cardiologist reading a Darsee paper noticed something that couldn't possibly be true. Unpublishing years of papers and books had to be done.

The long-time editor of the New England Journal, Arnold S. Relman, MD, the man who set the standard for medical publishing, did something unheard of. He wrote an apology describing how he and the entire publishing community and the peer-review process had failed. But he admitted that research fraud is almost impossible to detect.

How many other cases were there of widespread fraud before Darsee existed?

Since then, the examples of known fraud, which I will show killed people, have become rampant.

The former longtime editor of the Journal, Marcia Angell, MD, who replaced Dr. Relman, resigned and wrote books and editorials on this subject.

The editor in chief of the oldest medical journal, Lancet, Richard Horton, MD wrote: "The case against science is straightforward: much of the scientific literature, perhaps half, may simply be untrue."

It's not some small-town retired physician who is bringing up a baseless conspiracy.

It's the top names trying to bring up a very important subject. Unfortunately, the pharmaceutical industry, those in the medical industry, (mostly highly regarded physicians), as well as Sen. Richard Blumenthal (I will discuss how he as attorney general of Connecticut tried to put the Infectious Disease Society of America out of business for publishing guidelines that disputed the lucrative methods of a small group of questionable physicians who supported him), have done their best to undermine honesty.

In my next column, I'll discuss how 9,000 poor, black African women were subject to unnecessary, life-threatening surgeries because of the fabrication of data about breast cancer treatment. And many died.

Charles Barta, a former Green Valley resident, retired after 10 years as a medical director for several health care insurers. Before that, he was physician-in-charge of Kaiser Permanente of Colorado and a private internist in Las Cruces, N.M. He had previously held a management position in the Medical Systems Division of Pfizer. He now lives in Colorado and can be reached at Cbar52@aol.com.

SourceURL: <https://www.houmatoday.com/news/20181119/our-opinion-state-budget-reforms-are-needed>

Our opinion: State budget reforms are needed

Posted Nov 19, 2018 at 1:01 AM

The Louisiana Legislature will have a few important fiscal issues before it during the coming year. And some of them are good reforms that will help our government be better stewards of the public's resources.

"With the budget reforms, as we've talked about over the years, a spending cap and the work requirements and income verification on Medicaid, I think you'll see a lot of that get repeated as we continue to see that budget grow and the dependence on federal dollars grow," House Speaker Taylor Barras, R-New Iberia, told Lapolitics.com. "So trying to get as much efficiency as we can built into the spending side to avoid having to do much more on the revenue side, I think you'll see that combination continue to work through."

That is good news for a state that has had little good news about the budget.

But some of these reforms make a lot of sense. For instance, income verification for Medicaid can limit paying out benefits to those who don't qualify while making sure those who do qualify get the help they need.

A recent state audit claimed that as much as \$85 million could have been spent over the past several years on people who didn't qualify for Medicaid. That's because Health Department officials check income only once, at the time of the enrollee's initial application for the program. They don't check again until 12 months later, when the person applies for renewal of coverage. In the meantime, the person could have gotten a new job or increased income, becoming ineligible for Medicaid.

The audit also said the state isn't doing nearly enough to cross-check income information with federal wage data, something that could help avoid fraud and overspending.

In a state where budget difficulties have been persistent and worsening, every dollar spent should be scrutinized to make sure it is going where it should to do the most good.

Our college students and hospital patients bear the brunt time and again when mid-year cuts are made necessary by budget shortfalls.

But those who qualify for help should get it. So income verification is a much-needed improvement that should be able to garner broad bipartisan support.

Let's hope the state can address some of its money woes without creating unnecessary hardships for the people who need its services the most.

Editorials represent the opinion of the newspaper, not of any individual.