



1101 26th Street South
Great Falls, MT, 59405
(406) 781-3000

August 6th, 2018

Children, Families, Health, and Human Services Interim Committee

PO BOX 201706

Helena, MT 59620-1706

RE: REINSTATEMENT OF STATE BUDGET CUTS

Benefis Health System is one of many facilities that presents today to advocate for the patients negatively impacted by the fiscal revisions in Senate Bill 261 and the state fiscal cuts that followed in the Special Session.

Benefis Health System is a private, nonprofit, community health care system located in Great Falls and is currently the second largest health care system in the state. Annually, Benefis has over 30,000 home care visits and 137,000 acute and long-term care patient days. Benefis has a total of 402 beds, 220 of which are acute care beds. Benefis also has 64 long-term care beds and assisted living apartments. Although it resides in Cascade County, Benefis is the sole provider of many essential services in the 38,000 square mile region.

Like other healthcare systems throughout the state, Benefis has not been immune to the impacts of the federal and state financial cuts creating more uncertainties. The Affordable Care Act and HELP Act have improved access and affordable care substantially. Since its enactment in 2015, Medicaid expansion has extended access to quality affordable health care and workforce opportunities to over 96,000 people, roughly 7,440 of which were in Cascade County. The presence of this program has supported patient financial wellbeing and removed many of the social economic barriers preventing access for patients, many of which residing in long-term care facilities dependent on senior service programs. Going forward, Benefis will continue to focus efforts on supporting the vitality and prosperity of this crucial program and the sustainability of affordable care for our patients.

Unfortunately, the future of many governmental reimbursement programs and the impact of forthcoming regulatory changes and cuts remain unclear. As an organization with a 75.7% government payor mix, proposed changes at both the state and federal level have the potential to impact our patient populations and public health substantially. Due to our large government payor mix composed of Medicare, Medicaid, and Indian Health Services the enacted cuts drastically impact the financial wellbeing and security of many of our patients. Furthermore, these cuts are injurious enough to impact



operational margins in a time that is already riddled with uncertainty for health care systems struggling to maintain quality senior service programs.

In closing, Benefis urges all respective parties that restoration of Medicaid cuts be honored and that these funds be restored in entirety as identified in special session Senate Bill 9. Furthermore, Benefis respectfully requests that the 3 million plus dollars in funds cut from nursing homes in fiscal year 18 be reinstated in cadence with the restored cuts from the special session. Finally, Benefis Health System would like to thank Governor Steve Bullock for his tireless efforts maintaining Medicaid expansion in Montana. Benefis trusts that he will consider appropriating funds to the proposed areas with a special focus on the vulnerable populations impacted.

Economic Impact of the Montana HELP Act

University of Montana Bureau of Business and Economic Research

2,000

Number of healthcare jobs supported through the Montana HELP Act

584

Number of healthcare jobs added in rural Montana communities in the first two years the Montana HELP Act was in place
This growth followed a several-year period of stagnant or declining healthcare employment in the communities.

600%

How much less likely hospitals in Medicaid Expansion states were to close in the first two years of Medicaid Expansion than hospitals in non-Expansion states

\$175+

Millions of dollars in new money received by Montana's healthcare providers as a result of the Montana HELP Act

50-100%

Increase in net Medicaid revenue received by Montana hospitals since the start of the Montana HELP Act

25-50%

Decrease in uncompensated care at Montana hospitals since the start of the Montana HELP Act

April 6, 2018

To whom it concerns:

Denture services are highly needed here in Montana. Many Montanans rely on dentures. Dentures are not just an esthetic need; they are needed for everyday living. Without dentures, diets tend to be very poor which leads to many health problems.

The most common reason for tooth loss is periodontal disease. Inflammation from this gum disease can cause problems in the rest of the body. Health issues such as weight loss, severe gum disease, cardiovascular disease, dementia (poor oral health can affect the brain), respiratory infections, diabetes, pregnancy complications, cancer, kidney disease, rheumatoid arthritis and diabetes are a result of poor dental health.

A large number of our senior citizens are unable to afford the cost to repair their dentures, let alone maintain them. Many are living on fixed incomes that consist of social security alone. This barely covers the cost of renting an apartment let alone prescription costs, food, utilities, healthcare bills, etc. Time and time again I see people walk away because they simply cannot afford teeth. Seniors in care center facilities many times do not have the funding to get dentures and this continually leads to blended, soft-food diets, weight loss and other health issues.

With MT Medicaid not covering dental crowns, recipients are usually forced to have infected teeth extracted. Because many cannot afford the cost of dentures, they often choose not to have the teeth extracted. Leaving infected teeth in their mouth, again, leads to health issues.

Over time, these health issues are going to cost the state more money than the cost of dentures and regularly maintaining dentures for the people in need of Montana.

With many younger individuals, not having teeth makes it difficult to seek and obtain employment. Being unemployed, many of these citizens will rely on the state for income, food and other medical services. People without teeth tend to lose self-confidence which can lead to depression, self-doubt and ultimately remaining unemployed.

Montanans will never get ahead without this necessary care and will continue to cost the state more money through other Medicaid and state services. We are only adding to the problem by not providing denture services to our citizens.

Our offices, as well as many others, have been providing services to those who cannot afford them, but this is something that is becoming costly and we have to turn patients away who are unable to pay. This is not an easy thing to do, as we all strive to provide quality care to every one of our patients.

Dentures are not just cosmetic. They are required to perform a necessary function to live. Eating is not a need; it is a necessity. I request you reinstate denture services to all citizens, or at very least, those elderly, disabled and/or living in care facilities.

Thank you for your time,

Destiny Richmond
Office Manager
Flathead & Hi-Line Denture
(406) 892-0700

August 6, 2018

Senator Caferro and Committee Members
Director Villa and Director Hogan

Re: Medicaid Reimbursement

I am here as the office manager for a denturist's office in Great Falls, Secretary for the Denturist Association of Montana and as well as a concerned citizen. While I understand mental health and treatment for addiction are of great concern in Montana, dental health and denture services are important as well.

I know it was discussed last Wednesday, however, many of you may not have been at the DPHHS listening session. Let me remind you that proper digestion begins in the mouth. Chewing activates enzymes in the saliva that begins the complete breakdown of necessary nutrients the body needs to function. Not chewing properly means the body does not get all of these nutrients. Thus, a person not getting the nutrition they need creates a situation that will result in further health consequences creating a vicious circle of poor health and greater medical expenses. Poor dental health conditions are linked to heart disease, diabetes, respiratory disease, strokes and premature births, only to mention a few. These are all conditions that will cost the state and the taxpayers far more than providing the funds for proper dental health and denture services.

Working for a primary care provider, I see these types of situations regularly where patients have been unable to function properly with little, poor, or no dentition. Restoring their ability to chew properly leads to better nutrition and better health. Surgeons will often not perform life-saving procedures if there is a chance that gum disease and infection from poor dental health is rampant in their patient's body. Therefore, the funding of dental and denture services is vital to the health and well-being of Montanans.

In addition, self-esteem and the ability to talk properly because of well-functioning dentures is not inconsequential nor just cosmetic. The ability to present oneself with dignity is important to function in society, especially when applying for a job, for instance.

Thirdly, there are procedures that are more than a one-part process. In the case of immediate dentures, the first part is fabricating and placement of the dentures right after extractions, with temporary liners inserted during the bone's healing and shrinking period of up to a year. The second part of this procedure is to rebuild/refit the denture to the new healed shape of the gums and ridges. This begins with new impressions and rebuilding the denture to fit the mouth. Although the dentures and temporary liners may have been covered under Medicaid's standard benefit allowance, the rebuild or refit were not when the cuts were enacted. This left these

patients with ill fitting dentures they could not afford to have reconstructed which leads to the other health problems that can occur with improper nutrition.

The people being affected by these cuts were not financially able to pay for their dentures in the first place, therefore they were not financially able to complete the process. By restoring the funds for the remaining part of the immediate denture process, these patients will be able to finish the process started last year and restore their dentures to a proper functioning condition.

While dental and hygiene patients could have their teeth examined, cleaned, restored with fillings and crowns, and extracted, the denture patients were abandoned. They were not allowed the possibility of having their extracted teeth replaced with a prosthetic nor could they have their existing dentures cared for. A great many of those patients, who vitally needed extractions would go without because they had to choose whether to be toothless or live with a body full of contamination from infections. Other patients had to make the choice of living with ill-fitting and broken dentures or going without treatment. In either case, this is unacceptable.

The health risks these cuts created for our poor, our seniors and our disabled patients far outweighs the savings for the State of Montana and its taxpayers.

According to the proposed MAR 37-859, the dental services cut by MAR 37-828 (1/12/18) are being restored. Does that mean that the January 1, 2018 fee schedule will also be restored to the July 1, 2016 level for denture services?

Thank you for your consideration in this matter.

Sincerely,



Carol Casteel, Ofc. Mgr., and Admin. Sec.
First Impressions Denture Clinic LLC
and Denturist Association of Montana



Services Provided

- Chronic Illness Management
- Basic Wound Care
- Respite Services
- Extended Hospice Services / End of Life Care
- Immunizations / Vaccinations
- Patient Education
- Home Safety Assessment
- IV Catheter Change
- Lab Draws
- New Mom Visit
- Social Review and Navigation
- Foley Catheter Change
- As well as other specialized care prescribed by your healthcare provider.

For more information, please contact us at:

Glacier County Integrated Mobile Health Service

1102 East Main St
Cut Bank, MT 59427
Phone: (406)873-2727
Fax: (406)873-9072
or visit us at:
www.glacierems.com



Glacier County Integrated Mobile Health Service

Building a Healthier Community



What is Integrated Mobile Health?

Integrated Mobile Health (IMH) is a new and evolving model of healthcare. It is a healthcare delivery platform intended to serve a range of patients in the out-of-hospital setting by providing patient-centered, team-based care using mobile resources.

IMH brings your provider and our specially trained prehospital providers together to bring individualized care to a specialized population of patients in their home.



Specialized Population?

IMH was designed to reduce healthcare demands and costs nationwide. Several studies were conducted and they determined there was a huge gap in healthcare for individuals that are in need of a more hands on approach to their healthcare, but are not in need of hospitalization or a long term care facility. This also includes services that are difficult to obtain in a small town rural area like Glacier County such as respite care and hospice.

How this Works

After your provider has referred you and you have been accepted into the program, we will meet with the provider to review your medical baseline and needs. The provider decides how they want your care provided and together we form a care plan.

A Community Paramedic (CP) will schedule a visit to your home that will last about an hour and a half. During this time we will meet with you, your family, and any care providers that you may have. During that visit we will conduct a physical assessment, a home safety assessment, and review your history and goals.

Based on the outcome of the initial visit, we will be meeting with you on a regular basis to help you improve and maintain your health. Those visits may be three days a week to a phone call a week. The goal is to help you be the best that you can be.

During this time we will be in regular contact with your provider to update them with your current health and for further orders.

Enrolling in IMH

IMH is unique in that we work directly with each provider to bring their care to each patient at home. In order for a patient to be admitted to the program they must first be referred by their provider through our website. We are more than happy to assist in any way that we can if they want to call us. If you feel that this program will benefit you or a family member, speak to your provider.

Do I Qualify?

Each patient is different so it is important to discuss the possibility with your provider. Some questions to consider, but certainly are not limited to:

- Do I have limited mobility? Is it difficult for me to get to the doctor's office?
- Have I been to the ER multiple times in the past year?
- Do I have a chronic illness that is impacting my life?
- Do I need more help?



What is a Community Paramedic?

A CP is an experienced paramedic that has undergone an extensive amount of additional training dedicated solely to mobile health with topics including health screening, safety & wellness, outreach, chronic disease management, screening for mental illness, health education, wound care, hospice, pediatrics, and more.

CPs address minor and chronic health problems in the home, rather than automatically driving patients to a hospital emergency room and work to reduce readmissions and prevent unnecessary ambulance transports.