

## Medicaid Expansion Presentation

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- Advocates for Family Health projects -
  - Are Consumer Advocacy ombudsman programs that services potential recipients and current participants of MO HealthNet benefits. Our job is to assist clients in accessing MO HealthNet, starting with eligibility and maintaining benefits, as well as obtain medical services or treatments which have been denied for clients. We also track trends with regard to managed care access and report on those trends to the State. There are currently four AFH projects located in the Eastern, Western, Southern and Mid Regions of the state which strive to achieve accountability of the managed care plans with the contract.
  - As the spokesperson for the four projects, some of the current issues of concern that we are encountering with Managed Care as it is currently in practice are:
    - Phantom provider networks - which prevents real lack of choice for members, and are confusing for participants and providers-
      - We call these phantom networks because there are providers listed on paper, but they are not actually accepting new patients.
      - This was also confirmed by the report completed by Alicia Smith and associates in December 2009 win which she notes the managed care provider lists indicate a supply but not actual availability and recommended audits of the provider networks or secret shopper evaluations of networks.
- Additionally the predominantly rural areas of the state clients report that they have to travel extreme distances to find providers despite the distance standards imposed.

- Naturally the AFH programs are only able to help enforce the contract requirements re: access to providers but that doesn't help the clients who don't reach our offices.
- Another area of concern are The Prior authorization requirements - PA are needed for services under managed care which are not needed under FFS and in addition to that, there is a separate PA procedure for every managed care plan. There are 3 managed care regions but in the Western region there are 5 health plans, 3 in the Mid-Missouri region and 4 in the Eastern Region.
  - Providers have stated that having to know the multiple PA processes for every plan is too confusing and makes participating with Medicaid plans difficult. Additionally it is not clear to providers how to make referrals for members to other providers, because they do not know which providers are participating in the member's plans.
- Clients face problems with bouncing in and out of managed care coverage due to the lack of continuous eligibility and the premium level requirements imposed - leaving the client with breaks in their managed care coverage.
- of further concern is The 90 day timely filing deadline imposed by the managed care plans even though under FFS the filing deadline is a year. This leads to confusion for providers, especially for the ones accustomed to FFS timelines.
  - then If providers do not meet the filing deadlines, they aren't able to be paid for their services and when provider isn't paid, they are no longer

willing to see members anymore and ultimately providers drop out

- another area of concern is the Enrollment process -
  - as the process is currently set up and run, it is possible that Within one family unit members are assigned to different plans. This causes confusion for members as they assume their kids will all be on the same plan together as a family, which is an assumption made by providers as well.
- o To increase the effectiveness of managed care, it will be necessary to:
  - Have a more thorough and effective oversight of the managed care plans
  - There needs to be a focus on maintaining participants within a managed care plan continuously, or in the alternative, devise a billing mechanism which would be sure to cover any gaps in managed care coverage.
  - Establish sufficient provider networks, especially in rural areas.
  - Simplify and have more oversight of the enrollment process.

**These are some of the complexities that should be considered before geographic expansion of managed care is pursued.**