

MO HealthNet Division Public Forum  
Branson, Missouri  
November 11, 2008

The MO HealthNet Division conducted a public forum in Branson, Missouri on November 11, 2008 at the Branson Rec Plex. The purpose of the forum was to discuss potential expansion of MO HealthNet (Missouri Medicaid) managed care to the southwest and south central portion of Missouri. Approximately 25 people were in attendance.

Dr. Ian McCaslin, Director, MO HealthNet Division, indicated he has three major goals for the MO HealthNet program:

1. To serve the people;
2. To do a better job of serving the people; and
3. To improve access, quality of services, and accountability.

Dr. McCaslin presented on the potential conversion to a managed care delivery system for the MO HealthNet population in the area. He stressed that no decisions have been made regarding this expansion. Many steps are required to make any change, including discussion with the MO HealthNet Oversight Committee, the Governor's Office, and appropriation authority from the Missouri General Assembly. If implemented, the earliest possible start date would be June 2010.

Conversion to managed care doesn't impact an individual's eligibility; it is a different way to serve individuals already receiving services through MO HealthNet. Individuals to be included in the proposed expansion are MO HealthNet children, pregnant women, and some parents and caretakers. These participants currently receive their MO HealthNet services via a fee-for-service delivery system. Individuals eligible for MO HealthNet under a category of assistance of elderly or permanently and totally disabled would not be converted to the managed care model and would continue to receive services fee-for-service.

MO HealthNet managed care is not new to Missouri. The state began providing services to participants in the eastern, central, and western regions of the state in 1995. As of August 2008, there were 383,517 participants receiving services through the managed care program.

Under managed care there are no changes in eligibility or MO HealthNet services. The state contracts with managed care plans and pays the plans directly for each covered member. The health plan is responsible for coordinating the health services for their members and paying the providers within their network. The state is not involved in the contracts between the managed care plans and the providers. Each health plan must have enough providers to see their members, and patients and families can choose their own doctor from those who signed up with each health plan. There must be a minimum of two health plans in each region to allow freedom of choice.

The managed care health plans are required to provide the same services as under the fee-for-service program. Some managed care plans offer additional benefits such as circumcisions (not medically necessary); special classes such as childbirth, breastfeeding, and smoking cessation; cell phone programs for high risk members; adult physical therapy if medically indicated; and guest passes and waiver of joining fees at YMCA facilities.

Each health plan must meet the service standards established by the state and are held to performance standards and to improve access and quality in care delivery. Service standards include the distance to get to a doctor; number of days it takes to get a primary care appointment (30 days or less for well check-up); and 24 hour telephone availability. Performance standards include areas of well-child visits; better management of difficult pregnancies; and healthcare effectiveness measures. Over the past three years member satisfaction in the MO HealthNet program has ranged between 75% and 81%, which is similar to those enrolled in Medicare plans or standard insurance plans.

There are noted concerns with a managed care delivery system. Examples include providers not wanting the health plans to be in their business and providers not meeting the higher credentialing standards set by the managed care plans for health plan enrollment. Credentialing standards are plan-specific and out of the control of the MO HealthNet Division, but providers must meet minimum state licensure standards. Dr. McCaslin noted any conversion to a managed care delivery of service is not without turbulence.

Individuals who desired to offer public testimony were asked to register in advance of the meeting. The list of individuals who registered in advance is attached. It is important to note that not everyone who registered testified, and comments were also given by individuals who did not preregister. The attendance sheet from the meeting is also attached.

Issues raised include:

- It is feared there is no incentive for managed care plans to forward a patient for more diagnostic tests.
- Pharmacies took a substantial reduction in margins with implementation of Medicare D; concern exists that MO HealthNet managed care would do the same. A for-profit organization's goal is to maximize profit.
- Rather than third party involvement, suggestion was made to educate participants to call their physicians before going to the emergency department.
- Insurance companies are not the solution to inappropriate emergency department use.
- There are cultural issues associated with the MO HealthNet population that must be considered.
- A mental health provider noted there are administrative burdens with managed care organizations. Reimbursement is not timely.

Questions raised and answers provided during the forum include:

*What's the benefit of adding another layer between the state and dentists? Why not increase the current fee schedule to solicit more dental providers?*

In general, managed care health plans can bring in providers when MO HealthNet cannot. Some providers are more willing to work with health plans than the MO HealthNet program. Managed care health plans are good for the Missouri taxpayer in that they are better at controlling unnecessary care, i.e., they can get individuals out of the hospital sooner and into community resources such as home health care.

*Aren't there social workers already in the hospital taking care of those type issues?*

There are discharge planners who work in the hospital, but there are no incentives in MO HealthNet fee-for-service to get people home earlier. Health plan nurses evaluate participants' inpatient hospital stays to ensure they are appropriate in length.

*Children's Mercy Hospital put together a health plan in the western region. Do you think the Springfield and Branson hospitals want to do that same thing?*

The MO HealthNet Division does not have that information. Typically Medicaid managed care is not easy for health plans to administer. Since federal money is involved there are a lot of administrative issues, and health plans must be astute in the ways of Medicaid and federal government to participate. In addition, Medicaid managed care is not a real profitable business. It is possible to have another provider organization start a health plan, but it is getting harder.

*If managed care is instituted and the state will not be processing as many claims, will you see a reduction of staff? If not, how is money saved?*

Claims are processed electronically. Any cost savings is not personnel-related, but in health care costs.

*How are children disabled defined?*

Managed care enrollment is driven by the category of assistance under which a participant receives MO HealthNet benefits. Permanently and totally disabled tends to be those who meet the Social Security Administration definition of disabled.

*Is treatment for substance abuse provided in managed care?*

Yes.

*Are urgent care centers being considered in this model?*

Yes, plans make many contracts for after hours care centers.

*Who determines the legitimacy of treatment? Is there a utilization review process?*

Authorization for services will vary by health plan. All reviews will be done by staff with clinical awareness.

Branson, November 11, 2008  
Public Comment

**Individuals who registered to give public comment will be called in the following order.**

1	Rep. Raymond Weter
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2	Dennis Wells
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3	Nora Richtmyre
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4	Tracey Barton
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**MO HealthNet Division Public Forums**  
**Potential Expansion of Managed Care – Southwest Missouri**  
**Branson, Missouri**  
**November 11, 2008**

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Name	Mailing Address
DENNIS WELLS	5337-F S. Campbell Springfield, mo. 65810
DANE LaFavers FNP-C	1514 Talking Rock Road Branson West, MO 65737
Dennis Wood	St. Rep. District 62
Julie Ahanda	P O Box 369 TCHD Forsyth, MO 65653
Tina Bradshaw	2420 Hyde PK Rd. JC MO 65109
Melissa Shumaker	PO Box 2652 Joplin MO 64803
Debbie Thompson	2720 Shepherd of the Hills Expressway Suite D-1 Branson, MO 65616
Grace Catron	↑ Same as above
Pam Brust	Tany Co. Health Dept PO BOX 369 Forsyth MO 65653
Chlo Moche	2720 Shepherd of Hills D-1 Branson, MO 65616
Rep - David SATER	1735 Cedar Cassville, MO 65625
Shari Walker	7000 Merion Wixom - Fremont Hills MO 65714
Don Savley	2650 West Kearney St Suite 116 Springfield, MO 65803
Kim Cressa	115 Business Drive Rd Suite A Branson, mo. 65616

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Name	Mailing Address
Vanessa Huacoz	115 Business Dr. Rd <sup>Suite-A</sup> Branson Mo 65616
Daniel McKinney	115 BUSINESS PARK DRIVE Suite A Branson MO 65616
Jan McCaslin, MO	MO Health Net Division PO Box 6500 Jefferson City, MO 65102
Sandra Levels	MO Health Net Division
Karen Lewis	MO Health Net Division