

MO HealthNet Division Public Forum
West Plains, Missouri
November 12, 2008

The MO HealthNet Division conducted a public forum in West Plains, Missouri on November 12, 2008 at the West Plains Civic Center. 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 40 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 presented include:

- There is a lack of providers in the rural community. It is feared with a centralization of services emergency departments will be used if participants cannot wait to see a physician.
- Participants experience a distance to travel to providers.
- MO HealthNet was encouraged to adopt the Illinois method of reimbursing rural health clinics wrap around payments. This would ease administrative burdens.
- The value of managed care was questioned if there are not ample providers in the area.
- Concern about the potential administrative burden on rural health clinics and other specialty clinics was voiced. The 30 day appointment requirement is worrisome.
- The mentally ill should not be included in managed care.
- While some services have improved for the disabled, there are still access issues.

- Many community mental health centers are losing psychiatrists due to salary issues. If centers cannot maintain staff inclusion of mentally ill into managed care may need re-evaluated.

Questions raised and answers provided during the forum include:

If the State Children's Health Insurance Program (SCHIP) is expanded to include individuals to age 25, would that population participate in a managed care program?

SCHIP is traditionally for children of the working poor. There is lot of controversy in Congress regarding its funding. The expansion to age 25 was vetoed by President Bush and the program funded at a lower level. It is expected the expansion will be reintroduced, but this discussion is at the national level and coverage aspects are unknown.

Why aren't the permanently and totally disabled (PTD) or elderly covered? These individuals usually have Medicare but it doesn't always cover everything.

The division is not allowed to enroll PTD or the elderly in managed care per state statute. If these individuals are eligible for MO HealthNet they would receive services fee-for-service.

How would managed care affect services provided by county health departments?

The division highly encourages the managed care health plans to contract with entities such as public health departments and federally qualified health centers. Since the health plans need the resources of the public health departments, the state has found that the health plans typically seek out health departments in their provider panels. There are good relationships between the health plans and health departments in other regions.

How does managed care support transportation for participants who live in surrounding counties? What about no show rates?

It is a reality that MO HealthNet patients have a higher no show rate. The health plans will work with patients to raise awareness of the importance of keeping their health care appointments or calling to cancel. The health plans are held to the same transportation requirement as in the fee-for-service program.

An individual questioned services for her MO HealthNet eligible disabled son.

Every case is a little different. It was suggested the participant access the member handbook on the MO HealthNet Division website at www.dss.mo.gov/mhd or call 1-800-392-2161 for assistance.

What has been the financial impact of the implementation of managed care in other regions?

Under federal requirements any Medicaid managed care program must be budget neutral when compared to the same services for the same population under a fee-for-service provision of service. In general, the managed care plans tend to pay more for community care and work on hospital utilization. The division is pleased with the track record of managed care and management of the budget and

believes money has been saved while providing better access and outcomes. The competition for the health plans is not on the per member per month rate, but on quality and access of services. That rate is pretty much set by the state; there is not much latitude in the plans.

Is there a way to incentivize participants to keep appointments?

Some plans reward participants for keeping appointments in some areas, i.e., child's immunizations, prenatal care. It is often difficult for this population because of their situations. Many work in hourly jobs and may lose those jobs if they are absent from work. Keeping medical appointments falls off the list of priorities.

Trouble with transportation more than 30 miles to psychology services was voiced.

There is a statewide contract with a transportation vendor. The commenter was asked to send specific examples to Ask.MHD@dss.mo.gov.

A psychologist reported difficulty getting on other insurance boards. Is that anticipated through MO HealthNet managed care?

Adequacy standards are under the purview of the Department of Insurance, Financial Institutions, and Professional Registration (DIFP). The division will have a discussion with that agency regarding those standards.

Will reimbursement to rural health clinics (RHCs) change?

Although the health plan payment cycles are different than the standard two-week MO HealthNet program cycle, RHCs will receive a per diem from the managed care health plan and the add-on payment from the state.

It is hard for a not-for-profit hospital to see an incentive for managed care.

The MO HealthNet Division has a close relationship with the Missouri Hospital Association (MHA). Per MHA the hospital MO HealthNet managed care experience in other regions has not been negative. Hospitals with any concerns about MO HealthNet managed care are urged to contact MHA.

West Plains, November 12, 2008
Public Comment

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

1	Dawn Kintner
2	Lane Lakey
3	Glen Beussink
4	Jean Hammond
5	Glenna Young

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