MO HEALTHNET MANAGED CARE
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP
March 22, 2022
Conference Call

MO HealthNet Division
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Melody Webb
Mike Popa
Michelle Kohrmann
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Kelly Connell
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Jamie Bruce
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Tiajuana Henderson

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Other
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Annie Colwell
Geoff Seebeck
Melody Rosen
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Laura Fraser
Ryan Litteken
Abby Christensen
Kathryn Brown
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Angie WasDyke

Agenda Items	Discussion	Actions
Welcome **Introduction** **Minutes**	Mark Kapp, Healthy Blue, MO HealthNet Managed Care Quality Assessment & Improvement Advisory (QA&I) Group Chair, opened the meeting at 9:00 am. Requested a motion to approve the minutes from the previous meeting. A motion was made and seconded, and the minutes were approved.	
Behavior Health Update **Eric Martin** **Amber McCadney-McKenzie**	Specialty Plan for COA 4 youth mission statement was presented. The specialty plan will have a trauma informed approach to care management which includes 5 key principles of the Missouri Model: safety, trustworthiness, choice, collaboration, and empowerment. The specialty Plan is required to provide comprehensive community support rehabilitation services (CCS). These services are covered for members that have behavioral conditions that require rehabilitative services in a Children's Division (CD) licensed residential facility, qualified residential treatment program (QRTP), treatment foster home. CCS includes residential aftercare and transition treatment foster care. In lieu of services (ILOS) options can be considered if medically appropriate and cost effective and include: Partial Hospital Program (PHP), Intensive Outpatient Program (IOP), and Inpatient Diversion/Stepdown. General and Specialty Plans Updates: Mental Health Parity: update to contract section 2.6.8: health plans shall be prohibited from requiring prior authorization for in network behavioral health services unless approved in advance by the state agency in writing. Request for approval must include: list of behavioral health services proposed to be subject to prior authorization, summary of health plan's analysis demonstrating the prior authorization requirements comply with mental health party requirements in federal regulation. Level of Care Utilization System (LOCUS) for adults and child and Adolescent Level of Care Utilization System (CALOCUS) for youth have been updated. Effective 7/1/22 the following will be used: LOCUS – members over 18; CALOCUS- members 6-18; Early Childhood Service Intensity Instrument (ECSII)- members under 6 Psychiatric Residential Treatment Facilities (PRTFS) will now be required to be covered by managed care whether public or private facility. Question: Are you saying that if a child goes into Hawthorne, they will no longer be going FFS and will stay in the health plan? Yes, that is correct.	The Missouri Model: A developmental framework for Trauma Informed Care can be found at: ***https://www.cfechildwellbeing.org/becoming-trauma-informed***

Certified Community Behavioral Health Organizations (CCBHO): Expansion in Missouri **Jessica Bounds** **Jennifer Bax**	CCBHOS were developed from the excellence and mental health care act which supported a demonstration program to create national standards and allow for cost related reimbursement through the prospective payment system (PPS). Missouri was one of 8 states in 2016 to receive this award. There are currently 15 facilities certified as CCBHOs and in the demonstration project. 7 additional facilities are certifying to become CCBHOs (should be on boarded by summer). CCBHOs integrate behavioral health with physical health and provide: Crisis Intervention, Screening, Treatment, Prevention, and Wellness Services. They serve individuals with serious mental illness (SMI) and substance use disorders (SUD). CCBHOs are required to: use evidence based practices and promising practices, coordinate care and provide an array of services, provide services to the populations of focus regardless of ability to pay, and measure and report outcomes on efficient and effectiveness of services provided and health statuses. The initial outcomes indicate that CCBHOs are increasing number of individuals served, improving crisis response, decreasing wait times, and providing opportunities for services in new venues. Question: Do you feel like that service model is something that is occurring and can occur with high fidelity in the school setting? We do have people that focus on that so if you get me your name I will share additional information with you on certain CCBHOs that are working in the school setting.	CCBHOs are regulated by 9 CSR 30-6.010
Data Update **Paul Stuve**	Quarterly data continue to come in from the plans – thank you for sending that. We may have folks from the managed care unit that will follow up We are no longer using modified HEDIS, there are some elements that HEDIS may not ask but MHD we like the additional information. There may be re-admission measures that do not come from HEDIS. Question: Did anyone have any questions on what I sent last week? (no questions) Justin Clutter is working on a quality dashboard. Question: Does anyone have any comments on the dashboard? (no questions)	
Biopsychosocial Treatment for Obesity **Sarah Hampl** **Denise**	Obesity is associated with a range of diseases, including type 2 diabetes, heart disease, stroke, arthritis, sleep apnea, and many types of cancers. It increases healthcare spending by $149 billion annually (half of which is paid for by Medicare and Medicaid) Adult Obesity Trends: obesity has quadrupled. 1/3 individuals in Missouri have obesity. Childhood Obesity Tends: obesity has tripled. 1/5 school aged children have obesity. Disparities were discussed by race, metropolitan status, and household income. COVID caused sharp increases in rates of BMI during early pandemic.	

	Family based treatment is being used to target lifestyle behaviors in both youth and caregivers. MO HealthNet obesity treatment benefits became effective 9/1/22 for Fee-For-Service (managed care should come later this summer). Question: I appreciate this as previously being in a weight management program in St. Louis. I had questions about the access. I recall doing this kind of work and we would get patients to come in for the first one or two visits but they didn't want to make those trips to the hospital. I think the challenge will be to expand the expertise throughout the state to reach those parts of the state where we need this the most. Driving a few hours just isn't feasible to get all those visits in so telemedicine is great to see. I had a biological question, some groups such as the Asian and Hispanic populations experienced obesity complications a little earlier in the obesity spectrum. I am wondering if you guys can speak to loosening those guidelines and some of the bariatric surgery guidelines, depending on ethnic background, any thoughts on that? I like we would be glad to see more children and adults at lower BMIs (25-29.9 for adults) and 85th-95th percent for children. We see this as a starting point. One things I am excited about with this invention is being able to start as soon as 2 years old. What we are seeing in primary care is so many children age 13 already 300 lbs.
MHD Update **Jessie Dresner**	Missouri has never had what's designated as an Urban Indian Organization. The Centers for Medicare and Medicaid Services (CMS), required public notice for waivers or a waiver amendment and have never had to consider a tribal organization or an urban Indian organization in the public notice process. There is an organization in the Kansas City area called the Kansas City Indian Center and they've been in business for quite some time but just recently they enrolled with Missouri Medicaid Audit and Compliance enrollment units. We will now be including them when we do submit waivers or waiver amendments for public notice, as well as our state plan amendments for public notice. The services they provide is primarily counseling services. We are submitting a state plan amendment to CMS for them to approve what the process will look like for us to consult with the Kansas City Indian Center. New programs: PACE program, an all-inclusive care for the elderly, 55 or older. These will be in St. Louis and Kansas City. Molly Kempker is our program lead with this program and we will be hiring a nurse as well. The general assembly is back from their legislative spring break and there is a bill sponsored in the Senate and there's a companion bill filled in the house of Representatives. CMS is now allowing states to provide a full 12 months postpartum care instead of the current 60 day postpartum care so we are tracking that to see if it makes it through and have a workgroup to discuss. Health home for medically complex children that was passed in Congress a few years ago called Safe Kids Act and now there is a now a companion bill. This is for out of state care for medically

	complex children. We are working to speed up the process for provider enrollment, screening, and monitoring for out of state providers, specifically for children that have to go out of state for a procedure, . The 2nd part to this act is not only just having a process to coordinate that piece but to provide a health home for the medically complex children. So this has been sponsored so we are watching to see if it is voted to pass and have a workgroup for this program as well. The other two we are watching focus on telemedicine, to allow the patient provider relationship to be established by an adaptive questionnaire as opposed to face to face visit. The other telemedicine to be provided by a provider with an out of state license. We are watching to see if it makes it through. The last point: what are we doing to unwind the public health emergency? We did ask for a number of flexibilities, some were in the form of 1135 waivers, some in a disaster state plan amendment, and then some were appendix K (flexibilities to our waivers), specifically our home community based waivers. The state plan amendments sunset, the appendix case sunset 6 months after the end of the PHE, and the 1135 waiver flexibility sunsets as well. So we need to see what we want to make permanent and if we do, whether we need a regulation change, a law change, or if it is just a simple policy change. We will send out provider bulletins or hot tips for changes. Question: (no questions)
Pharmacy Update **Joshua Moore**	Asthma Treatment: when asthma is effectively treated, most patients can achieve good control of their asthma. Dr. Moore reviewed asthma treatment recommendations and the treatments MO Health participants received. MHD compare to other Medicaid programs, Missouri has high admissions to hospital. Proposed policy changes effective July 2022 (possibly later): notify prescribes of over utilization of SABA and promote the use of SMART and maintenance medicals to prevent exacerbations. Limit to 3 canisters per 180 days for participants over 18. Participants and providers both need to have increased awareness of maintenance therapy. Outreach will be done to providers in several ways as this is a big change. Question: Is there an exception for people who may have lost an inhaler? Yes, we will work through that process. We have strict lost and stolen policies already. Kids typically have complex living situations (1 for Mom, 1 for Dad, 1 for daycare, 1 for school, etc). Adults typically have less complicated living situations. This isn't a money saving effort, it is a population health trying to improve maintenance therapy and we have had an overreliance on rescue halers for so long. It is going to take time to convince the adult population to shift away from always having their albuterol inhaler on hand and utilizing that as rescue. Question: Is pregnancy an exception for the quantity limit as some experience a worsening in asthma during pregnancy? We will have to look into that more – we have talked to providers and I don't think we have received that feedback but we will do more research.

	Question: For adults its 3 inhalers for 6 months? Adults 18 and older: 3 inhaler per 6 months. For children we are not implementing a quantity limit for children at this time. We will implement this for adults and measure how it's going, then we may look into implementing for children. Question: Any consideration for adults 18 is legal age but for certain populations you've got a few additional years. We debated the exact age and settled on 18 but would take comments on a separate age.
Legal Aid Of Western Missouri **Kaitee Brown**	Our advocating for family health has been down since the public health emergency began so we will discuss bigger picture issues. Opportunities for improving participants understanding of managed care coverage: educating AEG applicants/recipients about benefits. What is available under MHABD vs AEG coverage? Many newly eligible participants are confused on coverage. We suggest outreach on the differences between MHABD and AEG. We have heard of some delays in getting managed care enrolled. Some participants believe this is a scam and someone trying to sell them insurance. We believe additional outreach and education would be beneficial. MCOs: continuing member outreach and education including the role of MCOs/subcontractors and MCO appeal vs state fair hearing. Participants are confused so we suggest additional outreach about what an appeal looks like and how it is different than a state fair hearing.
Public Comment/Questions **Mark Kapp**	There were no comments or questions, and the meeting was adjourned.
Adjourned	Next meeting October 18th