



**MO HEALTHNET MANAGED CARE
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP
October 18, 2022
Conference Call**

MO HealthNet Division

Todd Richardson
Ashley Wilson
Timothy Williams
Dr. Paul Stuve
Dr. Eric Martin
Alexander Daskalakis
Kathryn Dinwiddie
William Morgan
Danica Bialczyk
Justin Clutter
Melody Webb
Mike Popa
Michelle Kohrmann
Teresa Johnson
Jessica Dresner
Kelly Connell
Dr. Timothy Kling
Renee Riley
Lori Bushner
Desiree Vitale
Amy Lage
Jay Carver
Amanda Boehmler
Jenny Lockhart
Danielle Gesch
Barbee Pippert
Molly Kempker
Julie Schaefer

LeAnn Hager
Teresa Johnson
Anna Wainscott

Family Support Division

Kim Evans

DSS

Jennifer Hunter

Home State Health Plan

Bob Lampe
Lucian Nevatt
Patrick Mullins
Kelley Peters
Anna Dmuchovsky
Dr. Jennifer Wessels
Laura Fraser
Geoff Seebeck
Alex Curchin
Jeff Johnston
Todd Jacobs

Healthy Blue

Mark Kapp
Jeff Davis
Russ Oppenborn
Dr. Rhonda Brown
Leslie Chiles

Nadim Kanafani
Ed Williams
Chris Rowland
Angie Creech
Mal Herrera

United Health Care

Jamie Bruce
Carey Merzlicker
Colleen Giebe
Beth McCrary
Boone Brady

Behavioral Health

Aline Harahan

Pro Team Management

Anshu Misra
Ilalyn Irwin
Victoria Alexander

Legal Services of Eastern Missouri

Tiajuana Henderson
Elizabeth Larsen

Legal Services of Western Missouri

Kaitee Brown
Maura Weber

Mid MO Legal Aid

Edward Kolkebeck

**Missouri Coalition for Community
Behavioral Healthcare**

Rachelle Glavin
Cindy Davis

Department of Mental Health

Jenn Johnson
Jennifer Bax
T Bradshaw

Division of Health and Senior Services

Wayne Schramm

Mercer

Angie WasDyke
Elizabeth Gould

Missouri Hospital Association

Amy McCurry Schwartz

Other

Stephen Nichols
Nathan Honeycutt TAR
David Terrell

Amy Westhoff
 Matthew Combes PCN
 Jennae Neustadt
 Tammy Long
 Stacy McLaughlin

David Thielemier
 Kelsey Hussey
 Julie Mason
 Katie Phillips
 Rick S

Matt Underwood
 Michael Peppers
 Shelby Miller
 Marry Parrigon
 Karen Debosek

Tara Crawford
 Steven Burghart
 Sharon Freese

Agenda Items	Discussion	Actions
Welcome Introduction Minutes	<p>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.</p>	
MHD Update Todd Richardson Jessie Dresner	<p>As of July 1st, MHD went live with a new payment methodology for outpatient and inpatient services in order to modernize MHD payment methodologies such as diagnosis related groups. This is also in the works for nursing homes to update base rates and adjustments for acuity and quality of care.</p> <p>There has been a provider rate increase passed by legislation and is the largest increase in history for primary care and front line providers. The new fee schedule is tied to Medicare rates. We launched the Show Me Healthy Kids specialty plan for children in state custody to better coordinate behavioral and physical health needs.</p> <p>MHD has a new focus on maternal and infant health. Medicaid is about 40-45% of pregnancies and outcomes are not where they need to be. There is a long term effort in order to increase measures.</p> <p>MHD is excited about the changes in our provider education unit. It used to be a team for fee for service and a team for managed care, we have now combined those teams. This is to ensure we provide consistent and comprehensive information. Team members are Daniel Rush, Jackie Bollinger, Amanda Fahrendorf, Kathy Simmons, Julie Pace and lead by Anna Wainscott. One thing they are working on are provider resources and the material those pages send you to – any feedback is welcome. We also have a vendor that will develop videos for ongoing education for medical providers – expect this in calendar year 2023.</p> <p>No questions</p>	

<p>Show Me Healthy Kids (SMHK) Implementation</p> <p>Eric Martin</p> <p>Kathryn Dinwiddie</p>	<p>Residential & Treatment Foster Care Providers.</p> <p>The enrollment and credentialing for residential treatment and treatment foster care were previously not Medicaid providers. SMHK has been successful in contracting with these providers. The enrollment with the state has been slower but we are seeing progress.</p> <p>We started meeting with SMHK a few times a week. 1 meeting was towards making sure systems were updated and working correctly and the other was call center monitoring to identify any barriers. We will be slowing down these meetings as SMHK call center is now fully staffed.</p> <p>Kathryn shared several success stories from SMHK cases.</p> <p>No questions</p>
<p>Data Update</p> <p>Paul Stuve</p>	<p>CMS Core Set Measures – CMS has posted a proposed rule for core set measures and public comment is open till this Friday. For us, the core set measures are in the managed care contract. Not all are HEDIS measures but they are still required. There are new stratification categories that will be added as required. Paul is working with Inovalon on the output table for submissions to MHD.</p> <p>Annual Healthcare Quality Data- Paul sent validation checks out to MCOs and those are due by November 11th. Things that were flagged included flu vaccines and ER utilization measures. These graphs were reviewed and discussed. Mark from Healthy Blue states members may be receiving flu shots from other places with their COVID shot so maybe it isn't being captured. Colleen Giebe from United Healthcare suggests maybe with the push to get COVID shots, the flu shots weren't as big of a priority. ER visits for mental health visits has a huge drop for 2021 and Paul believes this is due to a change in specs to limiting only those that are billed by a mental health practitioner.</p> <p>Quarterly Data- revision to call center specs is likely in January as well as revisions to specs for provider and member grievances/appeals per CMS request. Paul asks the MCOs if they track complaints on behalf of a specific patient as they regards this as an appeal – UHC states they believe they already do this but they only send “reconsiderations” not appeals.</p> <p>No questions</p>
<p>Encounter Data Work Group</p> <p>Danica Bialczyk</p>	<p>The purpose of the Encounter Data Workgroup is to assemble key staff from MHD, Health Plans, MMAC, and Mercer to discuss issues with encounter claims and data that is submitted from the Health Plans.</p> <p>Issues may be problems or bugs within the MMIS system, policy revisions, or provider education. This group brainstorms possible resolutions and identifies new procedures to resolve issues. Issues are track for progress and resolution.</p> <p>Meetings are held quarterly and the #1 highest priority from each group is discussed. MHD has a goal to keep at least 75% of the issues “on target”</p>

No questions.

Enrollment Broker Update, ILOS, and other flexibilities

Danielle Gesch

Enrollment broker update- the state is procuring a new contract to replace the current enrollment broker and premium collections. This contract is known as the beneficiary support and premium collection solution and services contract and has been awarded to Automated Health Systems (AHS) and is expected to launch December 2022. The new features include a cloud based system and a secure web portal where members can changing their health plan, search for a provider, view and print notices (e notices), and also allow premium payments to be paid online. Participants will be able to receive notices by email and text. Upcoming functionality will be co browsing and chat.

Question:

It is exciting to hear about the premium payments being paid online, how soon do you expect this?

Answer: First quarter of the calendar year (March or April).

Will you bring updates?

Answer: Yes

ILOS and flexibilities:

CMS has approved in lieu of services in California and other states for things that have not traditionally been approved as a cost effective substitute for the covered service or setting as required in the federal regulation. These services include asthma remediation, nutritious meals, home modification, and sobering centers. CMS states guidance is forthcoming. MHD has been in contact with CMS and is looking forward to approaching the ILOS for allowing more nontraditional services that may help address the social determinants of health and provide a better care for their member.

No questions

Impact of Ongoing PHE and PHE Unwinding

Alex Daskalakis

Kim Evans

The public health emergency has been extended to the middle of January 2023 – the PHE. CMS has stated they will give states 60 days notice before it ends. The redeterminations will into begin until the PHE ends. The impact of the PHE in MHD- the family first coronavirus response act or the FFCRA includes a continuous coverage requirement that allows states to get enhanced federal funding for maintaining eligibility for the duration of the public health emergency. This has caused a number of participants that have overlapping eligibility categories or what we call ME codes. This has created complications with cap payments, reporting, coverage, claims, etc. We have been focusing on updating participants contact information since we work with a mobile population and the PHE is almost 3 years old at this point- updated contact information will be crucial part of unwinding the PHE. As of this week, constituent services has confirmed an updated new contact information for over 3500 MO HealthNet participants as of Monday. This will help the family support division to successfully determine eligibility after the PHE is over.

FSD has been struggling with a backlog of applications when we started processing the expanded Medicaid group back in October 1st, 2021 – as of September 30th the goals and deadlines for the

mitigation plan developed with CMS have been met and we are now down to 4,000 applications and processing within the 45 day timeline.

Since we are in a pause during the PHE on closing coverage, the only reasons for closure are death, confirmed move out of state, incarceration, and a voluntary closing. If someone is income ineligible, their case will remain active unless they request it close. We are nearing 1.4 million Medicaid participants and will have to conduct annual renewals on all of them. While we do not know when the PHE will end, FSD is getting ready for February in case it does end.

Communication to providers and the public will occur when CMS gives the 60 day notice that the PHE will end. Once annual renewals begin, FSD will utilize electronic sources to try to verify income, resources, and other eligibility criteria. A green path will show that we have been able to verify items and staff will be able to process information. A red path will indicate we cannot verify information or it exceeds the income threshold and that we need to send a pre populated form.

We will populate the form with any verified information and allow the participants to either agree or write in their correct information. Participants will have to submit the form back to FSD. FSD is standing up a new customer portal that will hopefully be in by the middle of January. It will allow participants to sign in and view the prepopulated form, report changes, see when the annual renewal is due. We are working to develop a self-serve account. FSD is also working on texts and email notifications for annual renewals.

No questions

**Legal Aid Of
Eastern Missouri**

Advocates for Family Health Staff-
Elizabeth Larsen – Program Director/Attorney
Mary Anne Banks- Healthcare Advocate

Tiajuana Henderson

Marisa (Missy)_ Waldman – Healthcare Advocate
Tiajuana Henderson- Healthcare Advocate

Types of Cases/Significant Events-

Health and welfare unit – hosted outreach and enrollment clinics to assist AEG applicants with applications. We have assisted participants with AEG delays/backlog as well as pregnant women delays. We also assisted in newborn delays, AEG clients that moved from Gateway to Better Health to AEG coverage, displaced children, and changes of addresses. Other items include denial of service, prior quarter coverage for AEG participants, and replacement MO HealthNet cards.

Concerns for the Region: AEG, End of PHE, and SMHK

Concerns for AEG participants include education regarding covered services, understanding MO HealthNet card and health plan card, outstanding medical bills, denial of services, physical therapy, and personal chore/care services.

Concerns for the end of the PHE include annual renewals and the potential loss of coverage for families, changes of address, families moving from non-premium to premium, children aging off of

MO HealthNet, and ex parte reviews. Legal services asks FSD if ex parte reviews will be completed to move clients to proper programs versus closing cases. FSD responds that FSD must complete an ex parte review before starting the closing.

Concerns for SMHK include education to clients and families that they have switched health plans, education to providers regarding the new plan, challenges in advocating on behalf of children/families in state custody, and ex parte reviews for children transitioning from state custody due to age or moving back to families. Kathryn Dinwiddie sent a process to legal aid in order to ensure authorized representative information and she will resend it to Tiajuana.

Success stories were shared in regards to AEG clients

Questions: Nadim Kanafani from healthy blue- we are confused around the therapy benefits available for the AEG group. My understanding after speaking with therapy experts and coding experts is that the habilitative therapy benefit is fairly restrictive and falls under a defined category of therapy that is typically not needed in adults. Rehabilitative benefits for injury and post op care are not covered. For the benefit of the members and everyone, as well as our own plans per functioning would be good to get a very level set understanding of how to administer that benefit in a compliant and appropriate manner.

Tiajuana responds that legal services received conflicting information from MO HealthNet division and from the health plans and didn't know which way to turn. One plan approved a member and 1 plan denied a member so with this being a new eligibility group (AEG), it would be beneficial to resolve this.

Jessie Dresner, MO HealthNet responds she will clarify the therapy and personal care question and that guidance can be issued. CMS approved for personal care to be authorized for rehabilitative services and physical therapy to be authorized for habilitative services.

Dr. Kanafani would like guidance with examples to be issued, Jessie responds that this can be completed.

Tiajuana asks if there is an opportunity for an exception process and Jessie responds that the exception process that has been in place before adult expansion will apply in this case as well.

**Public
Comment/Questions**

There were no additional comments or questions, and the meeting had a break before QA&I: MCO presentations where each MCO presented services they have available to pregnant women.

Mark Kapp

Adjourned

Next meeting March 7th
