MO HEALTHNET MANAGED CARE
QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP
June 21, 2018
Harry S. Truman Building
301 West High, Room 490
Jefferson City, MO 65101

MO HealthNet Division
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Dr. Paul Stuve
Dr. Eric Martin
Rebecca Logan
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Lori Bushner
Renee Riley
Mary Ellen McCleary
Kim Morgan
Amy Kelsey
Dr. Samar Muzaffar
Jennifer Tidball
Melody Webb
Cathy Wade
Beth Stokes
Kathy Brown
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Home State Health Plan
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Primaris
Victoria Alexander
Anshu Misra

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MO Hospital Association
Sarah Wilson
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Dept. of Mental Health
Natalie Cook
Susan Henderson

MO Health Plus
Heidy Robertson-Cooper

Children's Mercy Pediatric Care Network
Candace Ramos
Shanna Widener

Mid-MO Legal Services
Steve Kuntz
Edward Kolkebecke

Legal Services Eastern Missouri
Lucas Caldwell-McMillan

Other Agency's
Kevin Luebbering
Kelly Peter
Sam Joseph
Rachelle Galvin

Agenda Items	Discussion	Actions

Welcome **Introduction** **Minutes**	Mark Kapp, Missouri Care, MO HealthNet Managed Care Quality Assessment & Improvement Advisory (QA&I) Group Chair, opened the meeting at 9:15 am. Minutes from the October 2017 meeting were approved by Mark Kapp and seconded by another member.
Director Updates **Jennifer Tidball**	Jennifer started off the meeting discussing the budget that has not been signed yet but expects it to be signed by the end of the month. She is working with Family Support Division on MAGI population which is the population in Managed Care and eligibility. Annual reinvestigation on cases to determine if individuals are still eligible. Preliminary works that has been done is not getting a good response rate. 25-35% of the time eligibility can be determined automatically, other time responses are needed but are extremely low and which will result in losing eligibility. Working on resurrection we have good contact information, to let individuals know documentation is coming and it will need to be looked at. Working on to work with the plans to let them know about renewal dates, so they are aware when they are going to expire. Wants to make sure participants are educated on that the health plans are Medicaid. Question: Is this review process to a new procedure? This process is to get us back on track due to the new system. We just are getting back to the prior process since we changed systems back in 2014. This is not new it is getting us back to reviewing every case. Question: Is there a particular reason why the response rate was poor? Has Family support Division contributed to reason or reasons why the response rate is poor? Not yet, This information comes from smaller samples from a particular moth response rate. This is just samples of a month to if there was something we could do differently. Cases are being reviewed from this sample to see if there is something that we could do to correct the information. Question: Years ago there was monthly data files showing individuals that were coming up for reinvestigations. Is that something that you will do today? Yes, Pat Luebbering (Family Support Division Director) is working on resurrecting that list and information available to plans. This is similar with nursing homes for eligibility and it is done 3-4 months in advance.
Health Home Update **Samar Muzaffer** **Rebecca Logan**	Dr. Muzaffar, wanted to touch base on Health Home and Coordination with Managed Care, and updated language based on the Amendment and the goal of the language. The basic piece is to make sure that everyone is working together, coordinating care, to avoid duplication and mare sure services and care that is needed is given. The updated language talks about coordination care and what conditions the primary health homes are responsible for or what makes someone eligible. The language gives steps in coordinating between the health plans and Health Homes. Health plans assess members who are currently health homes for care management conditions other than care

	specified. Coming up with a plan around health homes and the managed care plans come together has been an important discussion over the past few years. Dr. Muzaffar: "The one thing the plans have expressed over time is worry around are you responsible for the outcomes for the population in the health home for the conditions that the health homes manage. The managed care plans are not accountable for health home activities and health home performance, that's directly related to MHD administrative activity. So in the past, and we can revisit this as well, I the past what we have talked about is removing the health home population from any measures that we evaluate for the plans because we already evaluate that population as part of the health home program. I just wanted to put you guys at ease that the health homes are responsible for the outcomes in the population that they care manage, etc. for the conditions that make people eligible for the health home program." We also talk about information sharing and point of contacts. Rebecca addressed that none of this information is really new. It was moved from one section of the contract to another and address the main points that have been question in the past. Continue to have conversation between the plans and the health homes, also working on scheduling another state wide meeting. Megan's (Home State Health Plan) Question: "I guess I am kind of curious. We are responsible for the HEDIS and we have to report up any payment for inpatient stays and ED and that type of thing. But it would be when you are saying that they a going to be not part of the performance, something you said, it would be part of the health home. What does that mean to you?" Dr. Muzaffar: "So and this is just something we have just touched on in conversation. The gist of it would be if we took the health home population and were evaluating them on, and I don't have all the HEDIS measures in front of me, but specific HEDIS measures around diabetes if it is health home people we can pull them out. So it is that kind of conversation so if you are looking at measures specific to the conditions that makes them eligible for the health home and the health home is managing we can pull that population out so it does not reflect on the plans in any way. If they are not performing well it doesn't impact your outcomes. That is a conversation we have had over time and we can continue to look at that." Rebecca, want jus to follow up that they are working on getting a meeting together for health homes and health plans. This fall we will follow up with focus review meeting on a section of the contract.	
Reporting Changes/Care Management Logs	Dr. Stuve discussed the Data Update's. Annual Healthcare Quality Date Due August 31 which is a little later than normal. Quarterly Data Specifications Changes, Fraud/Waste/Abuse Activities log is discontinued and the Case Log changed to annually instead of quarterly. Member Appeals and	-Information is on the website in regards to Open and Closed Reports.

Paul Stuve	Grievances Frequency for members changed to monthly instead of quarterly, but provider has not changed. Report Open and Closed cases separately, in two different data files. Reports the status of all records as of the last day of the quarter. Gave breakdown of Care Management Log Revisions over the Health Plan Suggestions, MHD's Latest Revisions, and the Items Removed. One record for each issue that is a focus of care management. Include all CM members who were newly enrolled, had continuing enrollment, or were discharged during the quarter. The dates should pertain to the specific issue. This plan will be effective after the finalization log meeting and finale product hoping to be done in the last quarter of the year.	-PowerPoint was emailed out to view breakdown of Care Management Log Revisions. -Review these changes and a separate meeting will be made to finalize log before the summer is out maybe even before July is over. -Dates that will work for health plans for meeting.
Performance Withhold **Amy Kelsey**	Revised Performance With holding Program, Current Withhold Model is five process measures with no "tiers" of performance tied to differing payouts (release of withheld funds). The MO HealthNet Division (MHD) will be evaluating three of the five measures in the upcoming contract year. The Encounter Data Workgroup has been formed to address the Encounter Data Completeness and Accuracy measure, Methodology for the EPSDT measure has been provided, and Self-reporting of the Pregnancy Care Management measure is now allowed, with only minimal data requested. The New Withhold Model Uses 14 Healthcare Effectiveness Data and Information Set (HEDIS) measures and evaluates performance based on both health-plan specific baseline data and national benchmarks. Mercer has been involved in developing the new withhold model. Several changes to the previous Performance Withhold Program Proposal have been made based on feedback from the health plans. The Calendar Year (CY) 2018 is the baseline for the first period of performance for the State Fiscal Year (SFY) 2020 contract period, which is CY19. Baseline and performance period results will be based on actual health plan performance. A percentage of withhold will be released based on performance for each individual measure, rather than in groups of measures under different category headings. Tiered releases within each individual measure and withhold percentage will be allowed. Performance Withhold Program Goals for MHD expects the health plans to invest significant time, attention, and resources to drive the kinds of improvement that the new performance withhold program is designed to elicit. Goal: health plans will reach or exceed the 50th percentile for each measure by June 30, 2022. Goal: each health plan will show improvement each year for each measure. The MHD plans to require quarterly reports on any of the 14 HEDIS measures selected that can be evaluated more than once per year. Future Considerations are all HEDIS measures selected for the Performance Withhold Program are national measures. If changes occur, the MHD will change its performance measures to align with national measures. The Performance Withhold Model and measurement criteria may be modified in future contract periods to respond to unforeseen challenges or to drive improvement.	-Handouts were provided by email.

EQRO Introduction (Primaris) **Victoria Alexander**	Victoria is the Director of Primaris and is overseeing the State EQRO Contract. Introduction meeting with the plans was held last week and are request a lot of data in a short period of time. There was a protest right after they were awarded the contact at the first of the year, which took 3 months to resolve. March 28th they had the final discussion review with MHD to get work started. They consider this contract to be a 3-way partnership. Onsite reviews the 2nd week of July with Home State for the full week, then Missouri Care, and the 4th week of July will be United Healthcare. Explained to plans on how the onsite review will be. Question: Who can the plans reach out to if they have questions in regards to the data that is needed? You can reach out to Dr. Anshu Misra as the contact person and CC: Victoria Alexander Question: Documents are due Monday, if they are going to need additional information after those documents are submitted are they going to allow more time to that information in? Absolutely, you can always send when you get the forms and use the read receipt as well. Primaris' phone number is 573-817-8300 Victoria's personal extension is 258	Primaris' phone number 573-817-8300 Victoria's extension is 258
Substance Use Disorder Treatment Policy in Pregnant Women **Eric Martin**	Priority Admission to SUD Treatment for Pregnant Women, there are particular federal requirements that apply to CSTAR and Opioid treatment programs. MCO does not pay for these services but are required to coordinate with these services. Care management these requirements impact referrals to treatment, coordination, and education to members. SAPT applies to how CSTAR programs are funded in Missouri. Requirements are to give preference to treatment in specific order, this list can be found on CSTAR's website. If a capacity issue arises and unable to admit a pregnant woman, refer to a program with capacity or provide interim services within 48 hours of initial request that includes prenatal care. Opioid Treatment provider requirements may waive requirement of 1 year history of addiction for pregnant women. They must consider special need of pregnant women, prenatal care provided by OTP or by referral. Priority for pregnant women for transfer from interim maintenance treatment to comprehensive maintenance treatment. Natalie Cook, Women's Service Coordinator with Department of Mental Health. There are two types of Methadone Clinics Missouri. Three of the clinics are certified by the Department of Mental Health and the other two are private. Some of the clinics provide are buprenorphine and methadone and other just provide methadone. CSTAR is required to have the capability to prescribe buprenorphine.	-References provided in PowerPoint
Legal Services Quarterly Report	Lucas discussed when there is a gap in health plan coverage due to an error by the Family Support Division. This happens a lot in pregnant women loosing coverage in the middle of her pregnancy. He explains that he is her to make sure the Family Support Division makes less errors and will	

Lucas Caldwell-McMillan	contact them as often as needed. Is there a way that the plan enrollment for some period of time to be retroactive? Question: Providers come in our network and sign contract are not HP bill members and not sure what that looks like for future service, so not sure how that provider being in the network for anyone would be able to bill the member? Mo HealthNet is not a fee for service provider this is one of the sources of problems. Most likely the provider will say they are not a member for that month. Maybe something in a contact now or in the future that could say otherwise may fix this problem. Question: We receive retro eligibility all the time are we certain that they are being reassigned a fee for service? I am certain in fact, Mo HealthNet often time the plans wouldn't cost to be retroactive. The only retroactivity that is routine is newborns. This problem is normally in pregnant women and kids. Bobbi Jo explains that the contract only allows us to do retroactive eligibility for newborns. If the issue is that we need to research whether or not the plans and the state can work out whether or not we can due retroactive eligibility either for another group or for all we would have to talk to CMS to see if we are able to do that. We are willing to research that issue to see if that a possibility. But right now we cannot expect the plans to go cover that period of time if you were not aware that you were supposed to be covered at that time. Question: It we have individuals that are coming back, how do we get them back to the managed care program? The problem is the window, if they lose their eligibility is when they are put in the fee for service section and then have to pick a plan again. One good thing we will have cone July 1 is that we will not have this problem with foster care population. This whole issue could be fixed for an initiative for an ask at some point to change all to next day eligibility, so we would not have a window or a lag of time.	
EPSDT Methodology Review **Amy Kelsey**	Request that was made in the Withhold Program was transitioning from 5 measures down to 3 measures interim period. EPSDT was one of them. Information on how the EPSDT participant ratio is calculated. The health plan must meet the required 65% ratio for the categories. Discussed the periodicity schedule and associated parameters for MO HealthNet performance Withholding Program from handouts. If the plans want to try and calculate the data by themselves they can submit the information for us to review. They will provide a table when submitting the information back to you so they get the most information that they can sent out.	-Handouts were provided by email.
Public Comment/Questions	Looking at changing the day of the QA&I meeting, due to it is a conflict with another big meeting. Will get information out as soon as we can.	

Adjourned	Adjourned at 11:15	Next meeting scheduled for October 18, 2018 in Room 490 Truman Office Building