

# MO HEALTHNET MANAGED CARE QUALITY ASSESSMENT & IMPROVEMENT ADVISORY GROUP September 25, 2019 Harry S. Truman Building 301 West High, Room 490-492 Jefferson City, MO 65101

#### **MO HealthNet Division**

Bobbi Jo Garber Dr. Paul Stuve Dr. Eric Martin Rebecca Logan Justin Clutter Amanda Clutter Grace Moss Natascha Medley Kim Morgan Kelly Connell Teresa Wortmann Renee Riley Danielle Gesch Susan Thorne David Ward Cathy Wade Beth Stokes Amber McCadney-McKenzie Lori Bushner Nanci Nikodym

#### Home State Health Plan

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## Missouri Care

Mark Kapp Russ Oppenborn Jeff Davis Dr. Ron Lopez Robyn Grier Erica Bruns Claudia Douds Lou Gianquinto Dr. Ronald Lacey Dr. Rhonda Brown Josh Haynes

# <u>DentaQuest</u>

David Thielemier

## **United Health Care**

Jamie Bruce Carey Merzlicker Lisa Overturf Katherine Whitaker Ken Powell Colleen Giebe **CommCare Behavioral Health** 

Terry Trafton Erica Immenschuh Primaris Victoria Alexander Anshu Misra Ilalyn Irwin

<u>Children's Mercy Integrated Care</u> <u>Solutions</u> Matthew Combes

Children's Mercy Pediatric Care Network Shanna Widener

Mid-MO Legal Services Ed Kolkebeck

Legal Services of Eastern Missouri Tiajuana Henderson

Legal Services of Southern Missouri Sharon Alexander

Legal Services of Western Missouri Kaitee Brown Maura Weber Diane Jiminez

Missouri Coalition for Community Behavioral Healthcare Natalie Cook Rachelle Glavin Cindy Davis

<u>Missouri Health Plus</u>

Sam Joseph Joe Pierle Lindsey Haslag

Missouri Hospital Association Amy Schwartz

Department of Mental Health Jennifer Johnson

<u>Division of Health and Senior Services</u> Paula Darr Leslie Woods

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 9:00 am. Requested a motion to approve the minutes from the October meeting. A motion was made and seconded, and the minutes were approved.	
Director's Update	CMS recently approved the Traumatic Brain Injury Waiver. The Fee-For-Service (FFS) Access plan was submitted today. The Program for All-Inclusive Care for the Elderly (PACE) has two	
Bobbi Jo Garber	programs, Swope Health Services (Kansas City) and Christian Horizons (St. Louis). Our actuary is now reviewing the data in order to develop a rate for the program. The SUD waiver currently being developed will be called "The Targeted Benefits for Pregnant Women Demonstration". The Electronic Visit Verification RFP is currently being worked on and is with CMS for review and approval. Our Beneficiary Support System RFP process will include Premium Payments and Financials and is with OA for approval. Still working on the Foster Care Initiative. As part of our transformation process, MO HealthNet, FSD, and MO Foundation for Health will engage in a project with Civilla on October 16th to streamline our application process.	
Encounter Data Workgroup Justin Clutter	Discussed the background, formation, and goals for the workgroup. Among the accomplishments are six All-Health Plan meetings; identifying and monitoring top five system edits; developing documentation on edits and providing guidance to the Health Plans on 15 different edits; and the completion of an STR which resulted in providing the Health Plans with ICNs of rejected claims. Developed one-on-one calls with each Health Plan to discuss comparisons of data, and finding resolutions to possible problematic claims. Lori Reed will continue one-on-one calls with the Health Plans as a source of technical assistance on encounters. Upcoming meeting topics are covered and non-covered days for inpatient claims, Health Plan denied claims, and monitoring the progress of CCBHO shadow claims.	
FUH Workgroup – A MO HealthNet Collaborative Solutions Initiative Dr. Eric Martin Dr. Rhonda Brown	Discussed the reasons for forming this Follow-Up after Hospitalization workgroup which concerns hospitalizations for mental illness and the importance of follow-up care. Some initial takeaways discovered are the lack of system understanding about opportunities with MCO Care Management as well as MO HealthNet expectations; clarification on NCQA FUH expectations; inconsistent aftercare planning across IP facilities; underutilization of telehealth provider capabilities throughout the market; and no coordinated problem-solving across the system. Some workgroup recommendations are MCO participation in Missouri Coalition quarterly meetings and MHA-BH Chapter meetings; promotion of telehealth solutions; and quarterly FUH best-practice reviews.	

FUH Workgroup - continued	Terry Trafton from CommCare Behavioral Health wanted to recognize that there are many unlicensed providers helping to provide the care that is needed with the lack of licensed professionals nationwide. Dr. Eric Martin acknowledged that this work is very important, however per NCQA standards, the provider must be licensed for the visit to count in the FUH HEDIS measure.
External Quality Review	Highlighted Primaris' mission, vision statement, and their background with MO HealthNet and the MCOs. A quick overview was given of the external quality review (EQR) and what it means along with the regulations it can be found in. A description of compliance with the Medicaid managed
Vickie Alexander Anshu Misra	care regulations was discussed, and Primaris indicated there are three focus areas for evaluation during EQR 2019: pregnant members (OB), children with elevated blood lead levels (EBLLs), and behavioral health (BH) diagnosis leading to hospitalization. The process of care management review was discussed, along with performance measures validation.
Data Update	Discussed updates on quarterly submissions, annual healthcare quality data, and new quarterly data validation meetings. Errors on quarterly submissions could be solved by automated processes.
Dr. Paul Stuve	Quarterly data validation meetings will be scheduled to aid in identifying sources of error, confusion, or inconsistencies. When data between the health plans result in large variances (e.g. two plans indicate high calls, however, the other plan has very low calls or none), the health plans are encouraged to work together to better understand these discrepancies to ensure they are reporting accurate data. Annual reports are submitted by the MCOs for contract compliance, and allowing for MHD to monitor the quality of the reports.
Data Integration – Update from October 2018	Discussed population health tools, and how they relate to bi-directional data flow. Some benefits for primary care include the ability to risk stratify, pre-visit planning, transition of care processes, inpatient admissions and needs payer data. Attribution and enrollment, and care gap reconciliation
Sam Joseph Joe Pierle	are a part of the needs payer data. Three goals for data transfer are improved communications, improved clinical outcomes, and improved cost outcomes. Some data transfer components are assigned patient rosters, claims and care gaps, all from payers. Clinical outcomes and social determinants of health can be available from the primary care provider.
Legal Aid	Discussed concerns with the decline in enrollment in Medicaid. The reported barriers are outdated computer systems causing inability to update information, lack of access to customer service staff,
Tiajuana Henderson	technical problems in phases of enrollment, loss of enrollment in managed care plans with a 15 day reinstatement period, and breakdown of provider access with providers terminating relationships with patients after missed appointments. Health care providers have reported issues such as managed care enrollment problems including delay in enrollment, CHIP premium payment problems, and transportation problems. Some suggestions for improving the MO HealthNet

elosing children until renewal process is improved, express lane eligibility, and improving the Family Support Division Call Center.Legal Aid - continuedBobbi Jo Garber expressed her thanks and appreciation for what the people at Legal Aid are doing for Missouri children as well as all MO HealthNet individuals. MHD is very close to releasing the Beneficiary Support System RFP. When the new system is implemented it will support quicker enrollment, give participants mobile access and will allow them multiple modes of being able to select their MCO and/or provider.Break for LunchLunch from 12:00pm to 1:00pmAlternative Therapy pin, and trauma. The comprehensive therapies being used are acupuncture, chiropractic, physical therapy, and cognitive behavioral therapy. There is a two-step PA process. First step is the presenther requesting and distributing the units, and laternative prepare provider claiming the units. Discussed system edits for hours to units, and alternative pain management highlights from August 2019. More comprehensive outcomes will be presented as further data is obtained.Chiropractic and Treat/No Transport Nanci NikodymDiscussed the Ambulance Program and the Treat No Transport option that will be effective January 1, 2020. Ambulance providers will be allowed to bill a specific code and receive reimbursement. There are four upcoming special webinars for this service; two are in November, and two are in December. Participants will holy be allowed treatic program. There are also four upcoming special webinars for this service; three in November and one in December.https://dss.mo.gov/mld/providers/pdf/bulletin 41-55.pdfPreventative Services ProgramsDiscussed the Ashtma Education and Environmental Assessment Services. All ashtma education and asthma environmental Assessment Se			
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	population. The intent is to provide integrated medical nutrition and behavioral health services to facilitate behavior changes to manage obesity.
Show-Me ECHO	ECHO is the Extension of Community Healthcare Outcomes, and is a program that is run by the Missouri Telehealth Network out of University of Missouri Health. The model of this program is to
Rebecca Logan	use video-conferencing to connect experts with other providers and create a learning environment to improve healthcare outcomes for our participants. The three ECHOS of the ECHO Initiative are High Risk OB-Urban Partnership for Excellence (HOPE), Challenges in Rural Obstetrics for Women and Neonate (CROWN), and Neonatal Abstinence Syndrome (NAS). Participating providers in the ECHO initiative will receive bonuses for participating in the program.
Show-Me ECHO continued	Colleen Giebe thinks the rates for NAS are actually much higher than the figures from Rebecca's presentation. Paul Stuve will check on the data, and provide feedback.
Public Comment/Questions	There were no comments or questions, and the meeting was adjourned.
Mark Kapp	
Adjourned	Next meeting scheduled for March 25, 2020 in Rooms 493-494, in the Truman Office Building.