

# MO HEALTHNET OVERSIGHT MEETING

February 3, 2022

Via WEBEX Conferencing

## ATTENDANCE

### **Committee Members Present:**

Nick Pfannenstiel, Chairman  
Bridget McCandless, Co-Chair  
Todd Richardson, MHD Director  
Gerard Grimaldi  
Joe Pierle  
Representative Tracy McCreery  
Senator Jill Schupp  
Sam Alexander  
Donna Siebeneck for Val Huhn, DMH  
Carmen Parker-Bradshaw  
Sara Oerther  
Kaylyn Lambert  
Sen. Holly Rehder  
Richard Moore, Acting DHSS Director

Gail Luecke, MHD  
Tisha McGowan, MHD  
Alex Daskalakis, MHD  
Josh Moore, MHD  
Kim Evans, FSD  
Justin Clutter, MHD  
Ryan Conway, DSS  
Ton Brite, MHD  
Olivia Rush, MHD  
Abbie Barker, MHD  
Pat Luebbering, DFAS  
Ryan Conway, DSS  
Kathryn Dinwiddie, MHD  
Jennifer Tidball, DSS

David Clement  
Helen Jaco  
Iva Eggert  
Jackie Schmitz, Senate Staff  
J Kuang  
Jennifer Colozza, Conduent  
Jim Eschen  
Jenny Carrell  
Jessica Petrie  
Jim Moody, HB Strategies  
Joe Miller  
Jordan Hobbs  
Katie Reichard, MPCA  
Katrina Abraham  
Liz Henderson  
Luke Gordon  
Madison Nelson  
Mandy Hagseth  
Megan Fast, Conduent  
Megan Price  
Robert Groeneveld  
Sheldon Weisgrau  
Tim McBride, Wash Univ.  
Vicki Jessup

### **Members Not Present:**

Representative Jon Patterson  
Mark Sanford  
David Ott

### **GUESTS:**

Alisa Gordon, Milliman  
Alex Rankin  
Ashish Kumar  
Blake Shrout  
Brian Kinkade, MHA  
Bram Sable-Smith  
Brent Hemphill  
Cara Hoover  
Cara Alexander

### **DSS/State Gov't Staff:**

Robert Knodell, Acting DSS Director  
Kirk Mathews, MHD  
Leann Hager, MHD

All meeting presentations are located on the web at: <http://dss.mo.gov/mhd/oversight/meeting.htm>

## AGENDA

### ***Welcome/Introduction/Approval of Minutes***

- Dr. Nick Pfannenstiel, Chairman, called the meeting to order at approximately 12:00 p.m. The committee approved the minutes from the November 10, 2021 meeting.

### ***Director's Update***

- Mr. Todd Richardson, MHD Director, stated that the federal Public Health Emergency (PHE) was still in effect, which means continuous eligibility is also. The agency has been in numerous conversations with CMS and expects them to provide detailed guidance in terms of timing and how to proceed with annual redeterminations, etc., once the PHE is lifted.

- **Comment:** Senator Schupp asked if the difference in the state PHE status and the federal PHE status make a difference in the delivery of healthcare services for Missourians.
  - **Comment:** Mr. Richardson said it doesn't impact the status of eligibility or enrollment.
  - **Comment:** Senator Schupp asked if there was a plan in place to handle the influx of people needing to go through the eligibility process once the federal PHE ends.
  - **Comment:** Mr. Richardson advised that CMS will provide guidance on what needs to be done; however, nothing has been received yet. A follow up meeting is scheduled and, like every other state, Missouri would like some clarity on what that guidance is going to look like.
- Mr. Richardson gave a brief overview on valued based payment strategies currently in place in Missouri as well as future opportunities. Valued based payment is used to encompass a wide range of payment strategies and common goals that include improving quality of care; create better alignment between the payment and what the program goals are; and focus on better management of long-term chronic conditions. The execution of value-based payment strategies vary widely depending on the setting and what you're talking about, what the goal is, and the type of service. Two programs that utilize value-base payments are the Primary Care Health Home Program and the Managed Care Withhold Program.

Mr. Richardson explained that Missouri has been focused on trying to improve fee for service payment methodology and then look for opportunities to put value-based payment arrangements on top.

- **Comment:** Dr. Pfannenstiel asked if he could share which methodology the state might use when evaluating when to possibly go from the current position to the more progressive next step.
  - **Comment:** Mr. Richardson said that the Divisions' main focus has largely been to look first at the foundation of the fee for service payment methodology and how to move it to a more modern and better foundation from which to base those payments. The managed care payment model is more flexible, subject to the contract negotiations and we do see more innovations in those arrangements being closer to the value-based payment continuum.
  - **Comment:** Dr. Pfannenstiel asked if and when the state makes a decision regarding the fee for service population, if consideration would be given to have a requirement with the managed care plans to try to implement similar methods or would there be two progressive payment plans independent of each other.
  - **Comment:** Mr. Richardson said that he thought there was a lot of value in the alignment of methodology. We know that our current fee for service and managed care populations are pretty different in terms of where they access service. One thing that has been a significant topic nationally has been the focus of CMS to try to create better alignment in the methodologies, which would give more scale to the incentive. Having them better aligned would make it easier for providers to justify either changes in the system or changes in practice.
- Mr. Richardson announced the retirement of MHD Information Services Director Darin Hackmann and introduced the new director Tisha McGowan, who has been with MHD for 25 years.

Ms. McGowan gave an update on the Business Intelligence System (Cognos) and Enterprise Data Warehouse. ***The presentation is available online.***

- **Comment:** Dr. Bridget McCandless asked if outside groups would be able to request access to the data to be able to do analysis. She also asked if the data that is being gathered is desegregated by gender, race, age, and geography.
- **Comment:** Ms. McGowan advised that the plan was to have an open dataset that would allow outside groups to download and use. This data would be summarized and would not provide personally identifiable information. In addition, the plan is to be able to provide the identified data sets for more specific research after all agreements were in place.

In answer to the second question, Ms. McGowan said they are always interested in cleaning up the data as it comes in. Presently, however, the data source for the data warehouse is our claims processing system. We continue to make adjustments to make the data better and then that will carry on through to the data warehouse. Part of the process of bringing in additional data is to do a quality analysis to ensure we understand the data we have and how good it is.

**Family Support Division (FSD) Update:**

- Kim Evans, FSD Director, presented the FSD update. ***The presentation is available online.***
- Ms. Evans announced that individuals can now set up appointments by going online at <https://mydss.mo.gov> rather than waiting at the Resource Centers to be seen. They have also been processing adult expansion group applications since October 1, 2021, including those that had been previously rejected.

The single streamlined Medicaid application was introduced in July, which allows individuals to apply for all Medicaid programs on one application and through the customer portal in MEDES. FSD reviews these applications and determines which programs the individuals are qualified for.

Open enrollment began November 1, 2021 and ended January 15, 2022.

- **Comment:** Senator Schupp said she feels the process of setting up appointments and applying is still not easy for the consumer. She suggested having another public meeting with members of the committee present that would allow individuals and organizations to discuss issues they are having and to make sure Medicaid is not just efficient by also working for the consumers. Dr. Pfannenstiel agreed with Senator Schupp and advised he had received quite a bit of feedback as well; however, he didn't feel the regular Oversight Committee meetings would be the proper forum for this meeting.
- **Comment:** Mr. Richardson agreed with Dr. Pfannenstiel and said there have been working groups and subsets of the committee used in the past to have such discussions. FSD also have other standing meetings that might provide an opportunity for the committee to get different perspectives or for the committee members to address other specific concerns without having to discuss everything during the oversight committee meeting. She said that several issues ranging from staffing shortages to answering questions from people who have never applied for services and have lots of questions are attributing to the long wait/hold times, etc. The Resource Centers are seeing more traffic, which should help with some of the long hold times. FSD appreciates and welcome any conversations to address these issues and find a viable solution.
- **Comment:** Dr. McCandless asked if FSD was using any of the tools that other states are using to enroll people. She stated that Louisiana and Oklahoma were able to use existing data on people using SNAP, TANF, and other benefits to enroll them in Medicaid and not have to go through the certification or re-certification process.
- **Comment:** Ms. Evans said the information can be used to do income verification; however, with the express lane program, the applicant is still required to sign a form giving the state permission to use their information in order to process the medicaid application. FSD is researching possible regulation and system changes needed in order to proceed. CMS has been very helpful sharing ideas as well. They will continue to reach out to other states, sharing ideas, and looking at their best practices too.
- **Comment:** Representative Tracy McCreery has heard about issues regarding address verification where one of the databases being used, Lexus Nexus, is giving out faulty residency information. She inquired if the State has another way to verify someone's address and not put the burden back on the consumer.
- **Comment:** Ms. Evans advised they are aware of the issue. FSD is comparing the information in the state system and running up against Lexus Nexus information. The process uses it to send an adverse action to the out of state address as well as to the Missouri address currently in the state

system. If the individual does not respond to us within 10 days, the process starts to close the case. If a response is received, then the system is updated in the state's system as well as in Lexus Nexus' system. Some identity theft issues have also been found during this process.

- Ms. Evans reported that 144,455 Medicaid applications have been received since July. These are reviewed to determine what Medicaid program would best fit the applicant. As of January 28, they were pending 72,697 Medicaid applications, which includes not only expansion but also MO HealthNet for pregnant women, kids, etc. Numbers update on the website every Monday and as January 3, 60,611 have been enrolled in the expansion group.

An item that was brought up in a hearing is that the average processing time was taking up to 70 days. However, they have changed the way they report on the monthly management report due to the streamlined Medicaid application and some other data that the agency has in their tracking is not showing the number to be that high. Ms. Evans is following with how they are looking at these days since some adult Medicaid applications have a 90-day processing period.

- **Action Item:** She will follow up with the committee once she confirms this information.

Applications are received through the federal market place (FFM), online customer portal in MEDES, by phone through a contracted vendor and paper. Since open enrollment ended in January, applications through the FFM have dropped dramatically to 10,050. The online portal is staying pretty busy with 400 – 500 being received daily. The campaign to drive people to the phone applications through the vendor proved to be the quickest way to apply because an applicant's information is entered into the system as it is given to the agents.

- **Comment:** Dr. McCandless asked what the required timeline was from the federal government for processing the streamlined applications. What happens if the state does not meet this requirement.
  - **Comment:** Ms. Evans reported that it was 45 days for MAGI. MO HealthNet for the aged, blind and disabled requires a medical review determination and has a 90-day timeframe. Ms. Evans advised they are held to compliance by CMS. CMS understands we are in the middle of open enrollment and expansion and have been working with us to reduce the number.
  - **Comment:** Gerard Grimaldi asked if someone does not qualify with the FFM, can automatically be enrolled in Medicaid or is there another step the applicant needs to take.
  - **Comment:** Ms. Evans informed that when an application is received from the FFM, everything is first verified using electronic verification including the federal hub and can approve that way. Nothing else should need to be done by the applicant once entered in the state system unless something is not compatible.
- FSD operates a Customer Service Call Center that supports three tiers. Tier 1 is for general questions, Tier 3 handles SNAP interviews, and Tier 5 is dedicated to Temporary Assistance/Child Care. All Medicaid calls are directed to the contracted call center. The issue with extended wait times has been addressed within the call center. Staffing issues and volume of applications has contributed to the longer than normal wait times. The call centers have an Interactive Voice Response (IVR) that provides callers with information on how they may self-serve to apply online or check status or eligibility.

The Call Center supports a chat bot where individuals can ask general questions and receive non-case specific information. In mid-February FSD will launch a secure live chat that will allow live agents to respond to case specific questions. However, applications cannot be accepted through this method. This will allow someone who doesn't have the ability to be on the phone to quickly chat with an agent and get the answer to their general questions. FSD did a soft launch and within the first couple of days they had made over 400 contacts. The use of the chat bots should help alleviate some of the pressure off the call centers.

The call centers do more than just answer questions. They have moved to a first-touch resolution concept, which means they will keep the person on the line and try to take care of their needs while they have them on the phone, thus alleviating them from having to visit a resource center, fax or email additional information etc.

- Ms. Evans talked briefly about their staffing and what they are doing in terms of recruitment as well as retaining currently staff.
- **Action Item:** Rather than discuss the ongoing questions/concerns around expansion at the quarterly meetings, Dr. Pfannenstiel suggested a different format be used. All committee members were asked to send their suggestions/feedback to Gail Luecke, MHD. The information will be reviewed and a plan on the best way to move forward will be decided.

### **Chief Transformation Update:**

- Kirk Mathews, Chief Transformation Officer, gave the transformation office update, which is **available online**.

One of the initiatives under the provider enrollment is advocating for a provider rate increase for our physicians, mental health and dental providers. Included in the governor's recommended budget, \$89 million is to be used to make the rates with which we pay our providers more competitive. We've under invested historically and often wind up overinvesting in more expensive downstream healthcare procedures and hospital stays, etc.

Another initiative being pursued is the nursing home rate rebase project. This rate hasn't been rebased since 2005 and was only a partial rebase. Rates for facilities that have entered into the system since 2005 are based on the cost report from the year they entered the system and does not takes into account acuity or quality of care. The current methodology doesn't fairly account for capital improvements. As a result we might be inadvertently incentivizing to retain residents when they could be cared for at home through a home health service such as the Money Follows the Person program.

The transformation team along with our finance and budget team and our partners at Myer and Stauffer have been meeting with the industry for close to a year working on a rate that more accurately reflects both the state's goals and the current cost structure that exists in the nursing facilities. The proposed method is based on the most current auditing cost report, which is 2019. The team is still finalizing some things before the proposal is completed. The model will include the flexibility to allow for future re-basing and adjustments to quality measures. They are proposing approximately a \$2 million budget item that they hope the legislature will move forward with.

- **Comment:** Dr. McCandless asked if MHD would be hiring new a medical director. Former MHD Medical Directors helped to focus on the initiatives in this area and she feels having a medical director would be a great asset.
- **Comment:** Mr. Richardson advised that the Division was actively recruiting for a permanent medical director. Acting medical director, Dr. Timothy Kling, is also working closely with these programs and some of things in the value-based space like the PACE program that is coming back to Missouri. They are trying to further integrate the clinical side both through the medical officer but also through the nurses, behavioral health specialists, and additional staff on the pharmacy side to further improve the coordination between the program staff and clinical expertise.
- **Comment:** Mr. Grimaldi asked if the \$200 million was from general revenue or nursing home FRA.
- **Comment:** Mr. Richardson said it's a mix of general revenue, federal and a little bit of the other funds. The \$215 million is structured to cover what we think will be on the nursing facility rebase and also a component of hospice care which is tied to those nursing rates.

- **Comments:** Representative McCreery asked about a piece she read in the Kaiser News about outdated technology that states that the Missouri Department of Social Services processes about 50,000 documents per week by hand and there is a budget request in to be able to use some artificial intelligence on that. She asked if there was any update of this because she felt that with all the challenges we have been seeing and addressed in Ms. Evans' presentation could be addressed by some technology fixes.
- **Comments:** Mr. Richardson said that MHD doesn't have just one system but a collection of systems that we refer to as MMIS. The systems in MMIS all work together to allow the MHD operation to run. We remain focused on the modernization of MMIS; however, we cannot undertake all of them at one time because we don't have the staff to keep up with all the projects while keeping up with the program. There are opportunities for that modernization to reduce the amount of manual processing that we do from the MHD side of the equation.
- **Comment:** Ms. Evans reported FSD is updating their electronic content management system that stores the electronic records with a piece of artificial intelligence that will allow documents that are scanned into the system to be recognize. They also have a new decision item that will recognize handwriting and forms from outside the agency that will enable them to process and get them in the hands of staff quicker. They have another request for centralized mail where an outside vendor would process all incoming mail and scan to the appropriate staff.

### ***Managed Care Update***

- Alex Daskalakis, MHD Managed Care Director, gave an update on the new managed care contract, which goes into effect July 1, 2022 and lasts for five years. The bidding period ended January 12 and the proposals are being reviewed by the contract review committee and anticipated to be completed by February 16. The target date to award the contract is March 3 to three health plans. One of the three plans will be awarded an additional specialty plan, which will cover the population of children in the care of the Department of Social Services and former foster kids under the age of 26. The managed care contracts are organic and can be amended. The current contract has been amended 15 times and the 16th amendment is currently in the approval process. There are a lot of changes, small and large. One significant change in the current amendment involves a federal requirement regarding electronic visit verification. CMS also now requires states to cover routine patient costs associated with participation in qualifying clinical trials.

Mr. Daskalakis also reported they continue to work with the new enrollment broker contract to implement the new enrollment process which is scheduled for July 1 as well. The enrollment broker will run a variety of tasks. They will be doing premium collections, assigning participants to new health plan, will be operating a contact center and in the web portal for participants and maintaining a provider directory.

Mr. Daskalakis said the Quality Assessment and Improvement Advisory (QA&I) group public forum is scheduled for March 15 and will be held electronically via Webex. The purpose of this group is to maintain an open forum for collaboration and communication among not only the health plans and MO HealthNet but also other stakeholders such as participants, providers, advocates, and government agencies to improve the process and quality of the program. The agenda usually includes divisional updates as well as updates with managed care, pharmacy, behavior health and a few others.

- **Comment:** Dr. McCandless asked for confirmation that as the managed care companies gave their feedback to the state, that we were asking them that the data is desegregated by age, race, gender and geography so that the database has the best content as analysis are being done on this data.
- **Comment:** Mr. Daskalakis confirmed that this information be included in the RFP.
- **Comment:** Mr. Grimaldi asked that in regards to the Specialty Plan if we felt there was enough time to get it implemented by July 1 and if behavioral health was part of the overall contract.
- **Comment:** Mr. Daskalakis said that the implementation by July 1 will depend on which health plan is awarded the contract. If, for instance, the same 3 plans were awarded the contracts, then

it wouldn't require as many system changes that could be an issue with three new plans. The Specialty Plan is a comprehensive coverage of for the population identified and he believed does coverage behavioral health and other types of coverage as well.

**Pharmacy Update:** Start at 2:07:43

- Josh Moore, MHD Pharmacy Director, presented the pharmacy update, which is **available online**.

Mr. Moore announced that MHD now covers continuous glucose monitors and tubeless insulin pumps for any participant receiving short or rapid acting insulin without needing a prior authorization.

Mr. Moore also advised the group about SMART asthma therapy. SMART stands for Single Maintenance and Acute Rescue Treatment and allows one inhaler to be used rather than two to treat a person's asthma. The most commonly prescribed inhaler in Missouri has been albuterol, which is a rescue inhaler to treat the acute symptoms of asthma and not used to prevent asthma. The goal is to increase the maintenance inhaler usage, decrease the asthma exasperations, and decrease hospitalizations. The plan is to push education first and then over the next couple years, concentrate on the participants using albuterol month after month and get them to utilize the maintenance therapies.

Mr. Moore said the next education initiative they are working on is treating alcohol use disorder and hope to use the same type of flyer as they did for SMART therapy. It is a covered service for MHD participants.

The next initiative is their "Safe at Home" patient safety opioid initiative MHD along with the Board of Pharmacy and the Department of Health and Senior Services have been working together to start covering Dispose RX for MO HealthNet participants. Dispose RX is an at-home medication disposal packet to allow MO HealthNet participants to safely and easily dispose of unused opioids, preventing accidental overdoses. Pharmacies have a standing order to dispense these packets.

Mr. Moore talked briefly about Project Hep Cure which is the fight against Hepatitis C. He has the data available by county and advised committee members, especially the state representatives and senators, to contact him if they would like to discuss how it is affecting their districts, etc.

- **Comment:** Mr. Grimaldi said that he has heard from some of his financial counselors that some chain pharmacies are not accepting the PE3 presumptive eligibility form. He suggested that perhaps a reminder be sent out to these pharmacies and remind them that this is a valid form and they will be reimbursed.
- **Comment:** Mr. Moore said they were aware of this and had already reached out to the pharmacy chain and also posted a reminder hot tip on the MHD website too get the communication out to everybody as much as possible.

**Legislative Update:**

- Ryan Conway, DSS Legislative Liaison, updated the committee on legislation of interest to the Department. Two pieces of legislation the Department is following closely are the funding for the Medicaid expansion group and the 5.5% and \$15 base market wage increase for state employees. They hope to get both pieces moving in the next couple weeks.

**Budget Update:**

- Tony Brite, MHD Chief Financial Officer, gave the budget update, which is **available online**. Below are changes that have been made:
  - He reported that there was a change in the supplemental department request in general revenue from \$483 million (\$2,246 million total) to total of \$1,639.6 million. The general revenue was zeroed out due to that funding being moved to Medicaid stabilization rather than through general revenue.

- PHE requirement funds have been lowered to \$479.7 million due to some updated information received even though the PHE has been extended.
- ARPA Rural Citizens Access to Telehealth, which is a program where we use a grant process to distribute funding to improve the infrastructure for providers and participants to access telehealth in rural areas mostly. The amount added to the supplemental budget is \$34 million.

Items added to the department request, which are in the governor's recommendation for FY2023 included:

- Nursing facility rebase of \$200 million and \$15 million for hospice related expenses.
  - Provider rate increase of \$89.2 million, which were appropriated in areas of physician related services in behavioral health, dental and rehab.
  - FMAP general revenue increase \$51.9 million.
- There was brief discussion regarding the MMIS budget and upgrade.
    - **Action Item:** Ms. McGowan will do a presentation regarding the timeline for proposed upgrades at a future meeting.

**Public Comment:**

- There were no public comments.

The meeting adjourned at approximately 2:30 p.m. The next meeting is scheduled for June 1, 2022.