



MO HealthNet Oversight Committee Meeting

February 3, 2022

Agenda February 3, 2022

12:00 – 12:15	 Welcome/Introductions/Minutes Approval of November meeting minutes 	Dr. Nick Pfannenstiel, Chairman
12:15 – 12:45	Director's Update	Todd Richardson
12:45 – 1:15	Family Support Division Update	Kim Evans, FSD Director
1:15 – 1:30	Chief Transformation Officer Update	Kirk Mathews
1:30 - 1:45	Managed Care Update	Alex Daskalakis
1:45 – 2:00	Pharmacy Clinical Update	Josh Moore
2:00 – 2:15	Legislative Update	Ryan Conway
2:15 - 2:30	Budget Update	Tony Brite
2:30 – 2:45	Public Comment	

DIRECTOR'S UPDATE

BIS EDW Update

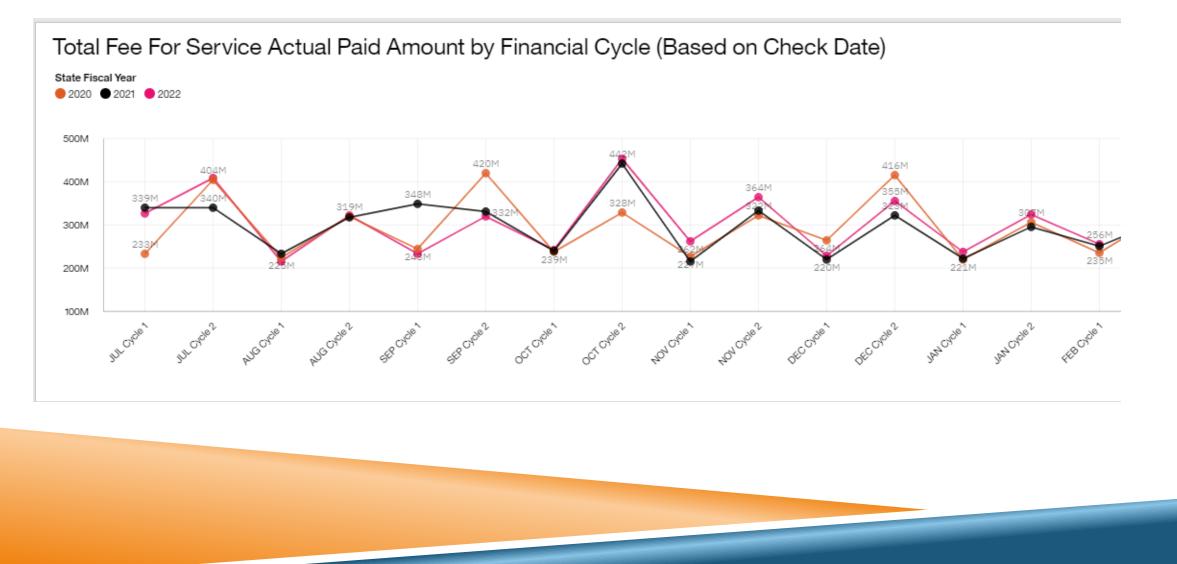
- Implementation of the base data warehouse is complete
- Cognos is the business intelligence tool
- Data verification and validation continues
- Organized into three layers:
 - > the staging layer data stored as it is received
 - > integration layer data organized in data packages available for reporting
 - > publish layer transformed data and data marts with summarized data

BIS EDW Next Steps – Data Governance

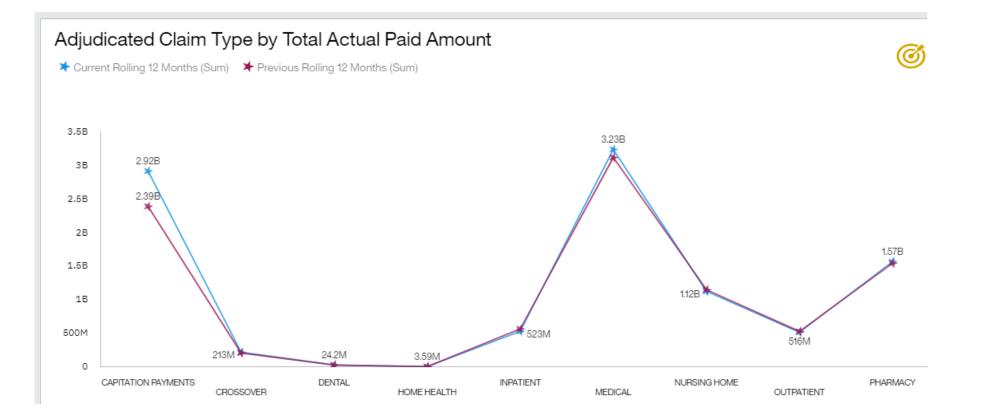
- Data Governance Council with representation by all Medicaid agencies meets every other month
- Data Steward group comprised of those report writers and business subject matter experts
 - > Write the definitions for consideration at the committee
 - > Build out policies to support data use
 - Define data and terms so anyone using the data uses it as intended and consistently

Continue to work with business units to develop dashboards supporting operations

BIS EDW Dashboard – Administration



BIS EDW Dashboard – IS Operations



7

FSD UPDATE



Missouri Department of SOCIAL SERVICES

Empower Missourians to live safe, healthy, and productive lives.



- Approximately 200 staff working remotely in a pilot project. All staff have been offered alternative work schedules
- All Resource Centers are open to the public and accepting walk-ins
- Appointments are being accepted so that individuals do not have to wait to be seen. <u>https://mydss.mo.gov/</u> scroll to the bottom of the page and there is a button Contact Us. It then takes you to the page where individuals can schedule an appointment
- July 1st started accepting applications for Adult Expansion Group (AEG)
- Interviews for SNAP recertifications re-started in 8/21
- October 1st started processing AEG eligibility including applications that had been rejected from 7/1/21 through 9/30/21
- 7/1/21 Single streamlined Medicaid application was introduced. Individuals may now apply for all Medicaid programs on one application and through the Customer Portal in MEDES
- Open enrollment for the Federal Marketplace opened 11/1/21 through 1/15/22

- Number of Medicaid Applications Received 7/1/21 1/11/22
 - 144,455 *Effective 7/1/21 individuals apply using the single Medicaid application
- Number of Pending Medicaid Applications as of 1/28/22 72,697
- Number of Individuals Approved AEG
 - 60,611 (numbers update on Monday)
- Number of Individuals Rejected from 10/1/21 -12/31/21 5,872
- Average Processing Timeframes

70 days

How applications were received 7/1/21 through 12/31/21

FFM

Online Customer Portal in MEDES

Phone Application (Contracted Vendor)

Paper

Call Center Information

- FSD operates a Customer Service Call Center that supports three tiers. Tier 1 is for general questions, Tier 3 for SNAP interviews and Tier 5 is dedicated to Temporary Assistance/Child Care
- All Medicaid calls are directed to the contracted call center. This includes calls for phone applications, general inquiries and will also support phone annual renewals
- Extended wait times have been addressed within the Medicaid call center. Staffing issues and volume of applications contributed to the longer than normal hold time
- Both call centers support a robust Interactive Voice Response (IVR) that provides individuals with information on how they may self-serve to apply on-line or check status or eligibility

Call Center Information

FSD call center supports a chat bot where individuals may ask general questions and receive non-case specific information. Mid February FSD will launch a secure live chat that will allow agents to respond to case specific questions. However, we cannot accept applications through this method

Staffing

- FSD is actively recruiting for vacancies
- Looking a new recruitment tactics
- Staffing shortages has been seen due to COVID
- Overtime is being offered

Year	Offered	Answered	Abandoned	AWT	AHT	Abandonment Rate
2016 Eligibility	206,676	198,237	8,439	0:01:10	0:07:27	4%
2017 Eligibility	285,342	267,179	18,163	0:01:03	0:08:01	6%
2018 Eligibility	195,889	191,305	4,584	0:00:45	0:10:07	2%
2018 MAGI	279,210	191,850	50,760	0:18:32	0:07:13	18%
2019 Eligibility	280,870	280,870	25,513	0:03:03	0:10:11	8%
2019 MAGI	413,628	248,431	165,197	0:31:36	0:15:42	40%
2020 Eligibility	144,931	141,407	3,524	0:00:46	0:11:44	2%
2020 MAGI	243,126	225,941	17,185	0:02:20	0:14:51	7%
2021 Eligibility	173,912	124,639	49,273	0:10:36	0:11:01	28%
2021 MAGI	160,652	127,468	33,184	0:16:53	0:17:09	21%

Key:

Eligibility – Phone Applications

MAGI – Change in Circumstance, Annual Renewals and Inquiries



Comments/Questions

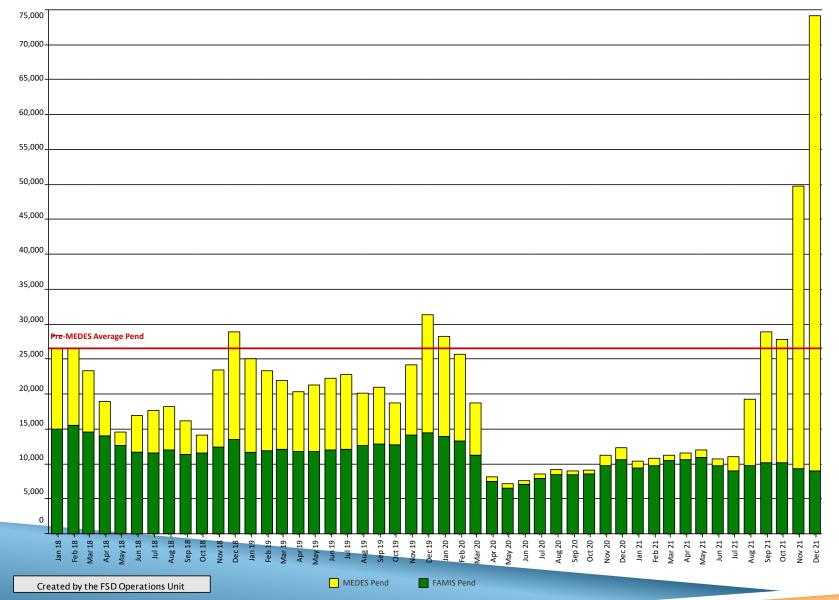
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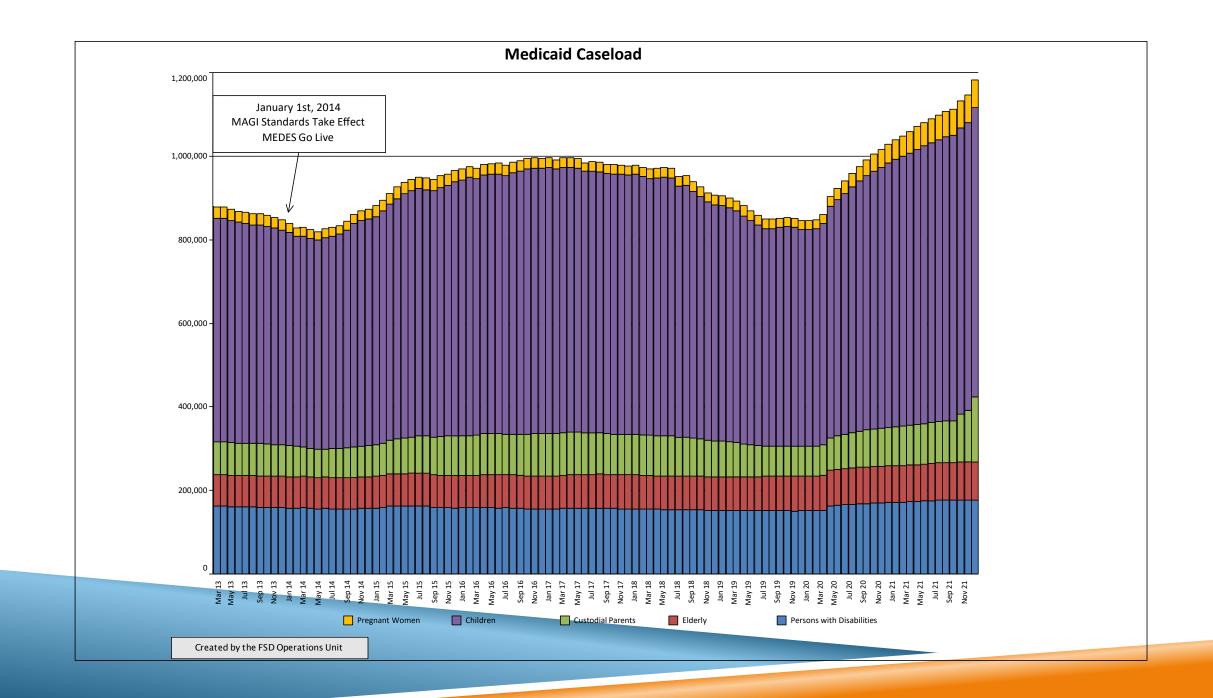


	Participants as of June 2010	Participants as of June 2014	Participants as of December 2021	Change Since June 2010	Current Income Eligibility Maximums (Show as a Percentage of Poverty Level)
Children	538,175	504,582	691,945	153,770	300%*
Persons with Disabilities	165,185	156,595	176,920	11,735	85%
Custodial Parents	81,660	67,829	102,118	20,458	(approximately 19%)
Seniors	77,917	75,122	90,821	12,904	85%
Pregnant Women	28,254	21,846	66,391	38,137	196%
Adult Expansion	0	0	53,643	53,643	133%
Total	891,191	825,974	1,181,838	290,647	-
Women's Health Services	49,901	67,616	15,991	(33,910)	201%
Managed Care Enrollment	421,756	388,857	898,057	476,301	

*Families with gross income above 150% of the federal poverty level are required to pay a monthly premium for coverage of their children. Source: Missouri Department of Social Services, Family Support Division/MO HealthNet Division, Monthly Management Report

Pended Medicaid Applications





Charts Legend

DSS: MO Department of Social Services (i.e. General MAGI applications)

FAMIS: Family Assistance Information Management Systems

FFM: Federally Facilitated Marketplace

MAGI: Modified Adjusted Gross Income

MEDES: Missouri Eligibility Determination and Enrollment System

MHABD (ADM): MO HealthNet Eligibility for Persons Who are Aged (age 65 and over), Blind, or Disabled





Transformation Office Update

Oversight Committee Hearing

February 3, 2022



TRANSFORMATION OFFICE

Projects	
In Flight	23
Completed	31
Total Projects	54

Nursing Facility Reimbursement

Current method

- Not updated/rebased since a 2005 "partial" rebase
- Based on facility cost report from the year that facility entered the system
- No accounting for acuity or quality and is inflexible
- Does not fairly account for capital improvements to the facility
- Results in annual industry requests for stop-gap budget measures

Proposed method

- Based on most recently available audited cost report
- Accounts for acuity upon implementation
- Includes value-based payments based on quality measures
- Flexibility to allow for future rebasing and adjustments to quality measures
- \$215 million budget item

MANAGED CARE DIRECTOR UPDATE



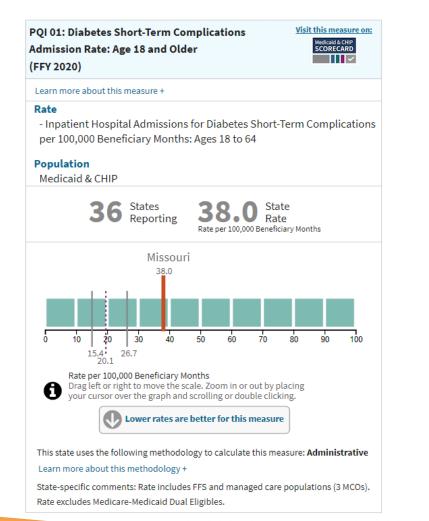


Pharmacy Update

Joshua Moore, PharmD MO HealthNet Director of Pharmacy February 3, 2022

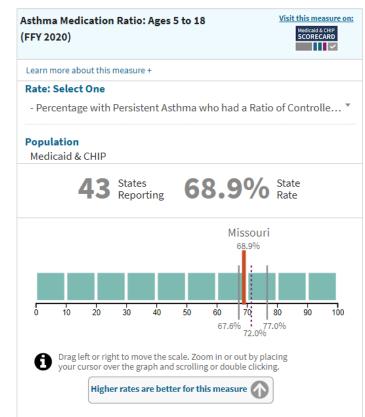
CGMS, TUBELESS INSULIN PUMPS & GLUCAGON

- Effective today, MHD will cover Continuous Glucose Monitors (CGM) and Tubeless Insulin Pumps for any participant receiving short or rapid acting insulin.
 - Already over 1,600 participants utilizing CGMs
 - Approximately 130 participants utilizing tubeless insulin pumps
- Nasal glucagon (Baqsimi[®]) is a preferred product with no prior authorization requirements along with the traditional glucagon kit.
 - Nasal glucagon is easier to use and can help participants avoid ER visits



ASTHMA

- MO HealthNet is providing education about SMART asthma therapy.
- Symbicort[®] and Dulera[®] can be used for both acute and rescue therapy.
- Provider blast sent to educate providers.
 - Blast sent to 23,627 providers
 - 3,925 unique providers opened the blast
- Goal is to increase maintenance inhaler usage to decrease asthma exacerbations.



This state uses the following methodology to calculate this measure: Administrative Learn more about this methodology +

State-specific comments: Rates include managed care population (3 MCOs), representing 89 percent of the Medicaid population and 66 percent of the CHIP population. Rates exclude FFS population, representing 11 percent of the Medicaid population and 34 percent of the CHIP population. MCO rates were audited by certified HEDIS auditors.



► To sign up for provider blasts:

https://dss.mo.gov/mhd/providers /pages/bulletins.htm

SMART Therapy

Standard treatments for asthma have been aimed at treating symptoms rather than preventing them, with options relying on inhaled corticosteroids (ICS) and short-acting beta agonist (SABA) or bronchodilators. Updated guidelines now support Single Maintenance and Reliever Therapy (SMART).

What is SMART Therapy?

In 2020, the **National Asthma Education and Prevention Program** supports Single Maintenance and Reliever Therapy (SMART) for people with moderate to severe asthma. SMART is:

- The use of a single combination inhaler with an ICS and a long-acting beta agonist (specifically formoterol) as the preferred daily controller and as-needed rescue therapy option.
- Similar to albuterol in that bronchodilation happens within 5 minutes; however, research shows the effects are longer lasting
- Proven to be more effective in reducing ED visits and hospitalizations without an increase in side effects.

Prescribing SMART to Patients

SMART guldelines are aligned with those of the Global Initiative for Asthma and their preference is to use a low dose inhaled ICS-formoterol inhaler as a rescuer and daily controller treatment for asthma management. This regimen reduces the risk of severe exacerbations compared with using a SABA as the rescuer. To make it easier to prescribe SMART for their patients, MO HealthNet has the following preferred products available without a prior authorization for both maintenance and rescue use:

DRUG	STRENGTH	PDL STATUS
Dulera (mometasone/formoterol)	100mcg/5mcg 200mcg/5mcg	Preferred - Open Access
Symbicort (budesonide/formoterol)	80-4.5mcg 160-4.5mcg	Preferred - Open Access

Our Goal for Asthma Patients

In Missouri, 69.6% Medicaid adults and 64.8% Medicaid children were dispensed the appropriate asthma controller medications. While this percentage is encouraging, MO HealthNet aims to increase this measure. In fiscal year 2021, MO HealthNet paid for 333,252 inhalers for 85,692 participants with almost 2,000 participants experiencing an asthma exacerbation related ED visit or inpatient stay. While albuterol inhalers will continue to be available, MO HealthNet hopes as SMART is implemented more widely, albuterol inhaler prescriptions will decrease as Dulera and Symbicort prescriptions increase and that we will see a decrease in asthma-related ED visits and hospitalizations.



Questions?

Visit tinyurl.com/MHDPharmacy for information about the MO HealthNet Preferred Drug Lists & Clinical Edits

"Safe At Home" Patient Safety Opioid Initiative

- Coverage of Dispose Rx[®] (effective 1/15/22) for at-home medication disposal packets to allow MO HealthNet participants to safely and easily dispose of unused opioids, preventing accidental overdoses.
 - Standing Order: <u>https://health.mo.gov/safety/bndd/pdf/so-drug-deactivation-and-disposal-products.pdf</u>
 - Bulletin: <u>https://dss.mo.gov/mhd/providers/pdf/bulletin44-35.pdf</u>

LEGISLATIVE UPDATE





MO HealthNet Budget Request

State Fiscal Year (SFY) 2023

February 3, 2022

MO HealthNet (MHD) Supplemental Request State Fiscal Year (SFY) 2022

SFY 2022 Supplemental Department Request							
		Dept Req		Gov Rec			
Requests		GR	Total	GR	Total		
MHD SFY 2022 Supplemental*		\$483.0M	\$2,246.0M	\$0.0M	\$1,639.6M		
Amount related to Public Health Emergency Requirements (included in total above)		\$228.0M	\$510.4M	\$0.0M	\$479.7M		
ARPA Rural Citizens Access to Telehealth*		\$0.0M	\$0.0M	\$0.0M	\$34.0M		
CHIP Federal Authority		\$0.0M	\$134.2M	\$0.0M	\$134.2M		
Money Follows the Person Grant Extension		\$0.0M	\$1.0M	\$0.0M	\$1.0M		
Home Health Rate Increase		\$.002M	\$.006M	\$.002M	\$.006M		
Total		\$483.0M	\$2,381.2M	\$0.002M	\$1,873.7M		

*Requests included in the Early Supplemental

SFY 2023 Request						
Dept Req Gov Rec						
New Items in Gov Rec	GR	Total	GR	Total		
Nursing Facilities Rebase			\$73.4M	\$215.6M		
Provider Rate Increase			\$30.4M	\$89.2M		
FMAP			\$51.9M	\$72.2M		

SFY 2023 Request							
	Dep	ot Req	Gov Rec				
Requests	GR	Total	GR	Total			
MHD SFY 2023 Cost to Continue (CTC)	\$313.6M	\$2,671.5M	\$488.9M	\$2,998.5M			
Amount related to Public Health Emergency Requirements (included in total above)	\$0.0M	\$0.0M	\$170.6M	\$218.7M			
Managed Care Actuarial Increase	\$60.8M	\$242.1M	\$62.0M	\$185.0M			
NEMT Actuarial Increase	\$0.8M	\$2.3M	\$0.8M	\$2.3M			
Hospice Rate Increase	\$0.1M	\$0.4M	\$0.2M	\$0.6M			
Pharmacy Specialty PMPM	\$13.1M	\$38.9M	\$13.2M	\$38.9M			
Pharmacy Non-Specialty	\$1.6M	\$4.6M	\$1.4M	\$4.1M			
Medicare Buy-In Premium Increase	\$5.7M	\$18.1M	\$9.3M	\$29.0M			

SFY 2023 Request						
		Dept Req		Gov	Rec	
Medicaid Management Information Systems (MMIS) Requests		GR	Total	GR	Total	
MMIS Health Information Exchange (HIE)		\$2.4M	\$5.0M	\$2.4M	\$5.0M	
Clinical Management Services for Claims and System for Pharmacy Claims and Prior Authorizations (CMSP) Contractual Increases		\$0.6M	\$1.8M	\$0.6M	\$1.8M	
MMIS Component Upgrades (Existing System)		\$1.9M	\$7.6M	\$1.9M	\$7.6M	
MMIS Identity and Access Management Solution for Citizen/Provider Portals		\$0.5M	\$5.0M	\$0.5M	\$5.0M	
MMIS Interoperability Requirements		\$0.2M	\$1.5M	\$0.2M	\$1.5M	
MMIS Business Intelligence Solution-Enterprise Data Warehouse (MEDES Data)		\$0.5M	\$5.0M	\$0.5M	\$5.0M	

SFY 2023 Request							
	Dept Req Gov F						
Requests	GR Total		GR	Total			
CHIP Authority CTC	\$0.0M	\$134.2M	\$0.0M	\$134.2M			
School District Claiming Authority	\$0.0M	\$16.0M	\$0.0M	\$16.0M			
Money Follows the Person Extension CTC	\$0.0M	\$1.0M	\$0.0M	\$1.0M			

PUBLIC COMMENT

NEXT MEETING JUNE 1, 2022