

MO HealthNet Oversight Committee Meeting

May 25, 2021

Agenda

May 25, 2021

12:00 – 12:15	Welcome/Introductions/Minutes <ul style="list-style-type: none"> Approval of February 4, 2021 meeting minutes Introduction of Acting Health Director Robert Knodell 	Dr. Nick Pfannenstiel, Chairman
12:15 – 12:45	Director's Update	Kirk Mathews, Acting MHD Director
12:45 – 1:00	Chief Operating Officer Update <ul style="list-style-type: none"> Preview of HCBS Presentation for next meeting COVID Update Follow up on LARC and EWHS questions Introduction of Dr. Stuve 	Jessie Dresner
1:00 – 1:15	Disaggregating Data Presentation	Paul Stuve
1:15 – 1:30	Hepatitis C Elimination	Josh Moore
1:30 – 1:45	Managed Care Update <ul style="list-style-type: none"> Performance Withhold with MCOs 	Bobbi Jo Garber Justin Clutter
1:45 – 2:00	Legislative Update	Caitlin Whaley
2:00 – 2:15	Budget Update	Tony Brite
2:15 – 2:30	Public Comment	
2:30 – 3:00	Family Support Division Update	Kim Evans, FSD Director

DIRECTOR'S UPDATE



CHIEF OPERATING OFFICER UPDATE



COO Update:

MO HealthNet operates several waivers and also has state plan services designed to keep individuals in the community as an alternative to long-term care in an institution. These services are called Home and Community Based Services or HCBS.

Alternatives to Long Term Care in an institutional setting:

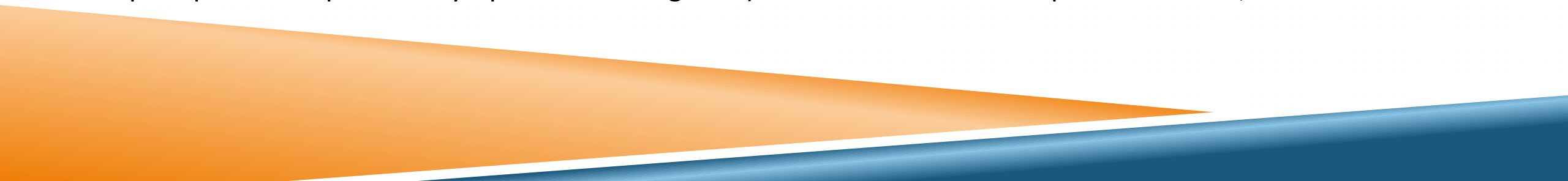
MO HealthNet covers Home and Community Based Services through its State Plan and through several 1915(c) waivers in order to keep participants in the community. At a future meeting we will have a presentation on these services. Please let us know any particular services you are interested in or questions you want us to cover.

State plan HCBS include personal care, home health, respite, and private duty nursing.

Waivers through the Department of Health and Senior Services include the Adult Day Care, Aged and Disabled, AIDS, Brain Injury, Independent Living, Medically Fragile Adult, and Structured Family Caregiving Waivers.

Waivers through the Department of Mental Health include the MO Children with Developmental Disabilities, Comprehensive, Community Support, and Partnership for Hope Waivers.

MHD also has an 1115 Waiver for Gateway to Better Health and a new 1115 for former foster care youth is in a draft form at this time. Our Targeted Benefits for Post Partum Women waiver was recently approved (it is also an 1115) and we are working to include additional benefits per legislation that passed regarding post-partum depression symptoms and diagnosis). These 1115s are not specific to HCBS, however.



DISAGGREGATING DATA

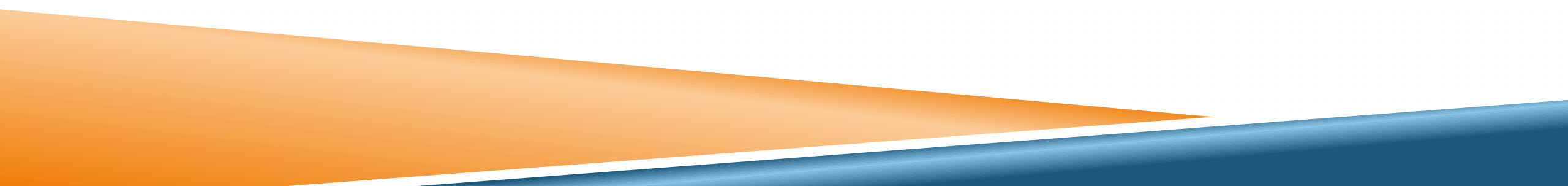


Disaggregating Data

Stratification of Quality Metric Rates

Paul Stuve, Ph.D.

Common Stratification Variables

- ❖ Age
 - ❖ Gender
 - ❖ Race
 - ❖ Ethnicity
 - ❖ Geographic Region (Urban/Rural)
 - ❖ County of Residence
 - ❖ Diagnoses
- 

Breast Cancer Screening

RACE	Numerator	Denominator	Rate
White	5077	11699	43.4%
Black	2174	4480	48.5%
Alaskan/ Am Indian	15	29	51.7%
Asian	74	145	51.0%
Hawaiian/ Pac Islander	2	4	50.0%
Multi-Racial	12	25	48.0%
Unknown	411	804	51.1%

Source: CY2019 Missouri Core Set Data

Cervical Cancer Screening

RACE	Numerator	Denominator	Rate
White	74034	170060	43.5%
Black	31016	61304	50.6%
Alaskan/ Am Indian	208	502	41.4%
Asian	870	1964	44.3%
Hawaiian/ Pac Islander	142	312	45.5%
Multi-Racial	538	1118	48.1%
Unknown	4376	10060	43.5%

Source: CY2019 Missouri Core Set Data

Post-Partum Care

RACE	Numerator	Denominator	Rate
White	19496	37052	52.6%
Black	7304	14218	51.4%
Alaskan/Am Indian	76	134	56.7%
Asian	280	444	63.1%
Hawaiian/Pac Islander	52	114	45.6%
Multi-Racial	228	418	54.5%
Unknown	1750	3052	57.3%

Source: CY2019 Missouri Core Set Data

Adolescent Well-Care Visits

Race	United	MO Care	Home State
White	40.3%	50.6%	43.0%
Black	47.8%	52.1%	52.7%
Asian	46.0%		45.3%
Indian			0.0%
Native American or Hispanic		64.5%	
Hispanic or Latino	53.6%		
Other			51.6%
Unknown	43.0%	52.5%	45.0%

Source: CY2019 MHD MCO HEDIS Data

Well Child Visits Age 0-15 Mos

Race	United	MO Care	Home State
White	53.4%	59.4%	54.8%
Black	49.4%	50.2%	47.5%
Asian	31.3%		50.0%
Indian			NA
Native American or Hispanic		65.2%	
Hispanic or Latino	60.9%		
Other			54.6%
Unknown	49.1%	61.6%	58.4%

Source: CY2019 MHD MCO HEDIS Data

Well Child Visits Age 3-6 Years

Race	United	MO Care	Home State
White	55.2%	65.4%	57.0%
Black	61.8%	67.0%	64.2%
Asian	62.5%		63.3%
Indian			NA
Native American or Hispanic		69.3%	
Hispanic or Latino	57.1%		
Other			62.7%
Unknown	56.6%	65.7%	60.1%

Source: CY2019 MHD MCO HEDIS Data

Questions?



Hepatitis C Elimination Plan

Joshua Moore, PharmD
MHD Director of Pharmacy
May 25, 2021

Hepatitis C Elimination Plan

“Those under 30 years of age are a population of growing concern due to an increase in injection drug use behaviors in this group that puts them at higher risk of hepatitis C infection. Those under 30 years of age accounted for 19.5% of all reported chronic hepatitis C cases in 2015 in Missouri. Baby Boomers, persons born between 1945 and 1965, accounted for 3,354 (43.0%) of the 2015 reported cases of chronic hepatitis C in Missouri. Opioid, especially heroin, use is on the rise in Missouri and nationally and is the leading risk factor for hepatitis C infection.”

- ❖ Missouri Department of Health and Senior Services’ report The Epidemiologic Profile of Viral Hepatitis in Missouri—2015 (see <https://health.mo.gov/data/hivstdaids/pdf/2015-MO-Profile.pdf>):

Hepatitis C Elimination Plan

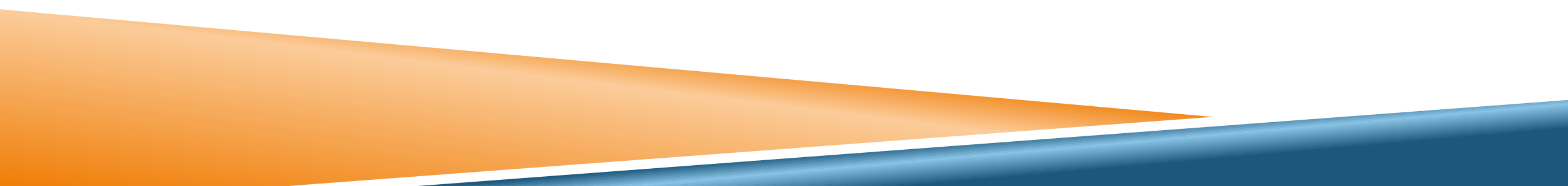
- ❖ MO HealthNet has partnered with AbbVie in a modified subscription model to eliminate Hepatitis C (HCV) in the MO HealthNet population
 - Mavyret™ treatment can take as few as eight weeks for most and results in 97% cure rate
- ❖ Contract is from July 2021 to June 2024
- ❖ Effective 7/1/2021 Mavyret will be the sole preferred product and available with **NO PRIOR AUTHORIZATION REQUIRED**
 - Also will be able to receive the full therapy in 1 prescription up to 16 weeks at prescriber discretion
- ❖ The contract allows MO HealthNet to pay a lower rate net of rebate up to a threshold, after the threshold the price moves to a nominal amount
- ❖ Goal is to test, treat and cure every participant infected with HCV during this three year time
- ❖ MHD is partnering with Missouri Primary Care Association, Project ECHO, and AbbVie to drive to success

Hepatitis C Elimination Plan

- ❖ MHD currently estimates a backlog of 6,639 participants untreated for HCV
- ❖ Estimates are based on the current MO HealthNet eligible participants
- ❖ There are not enough providers currently treating HCV in Missouri to eliminate the disease

Fiscal Year	MHD Annual Expenditure	MHD Members Treated
FY2016	\$42,307,300	490
FY2017	\$33,387,219	541
FY2018	\$49,026,692	1,382
FY2019	\$39,205,105	1,197
FY2020	\$39,088,238	971

MHD Ask of Providers

- ❖ Encourage high risk participants to get tested for HCV
 - ❖ Encourage HCV-infected participants to get treated
 - ❖ Provide feedback on any barriers to treatment for MHD participants infected with HCV
- 

Questions?

MANAGED CARE UPDATE



MO HealthNet Performance Withhold Program

Presented By:

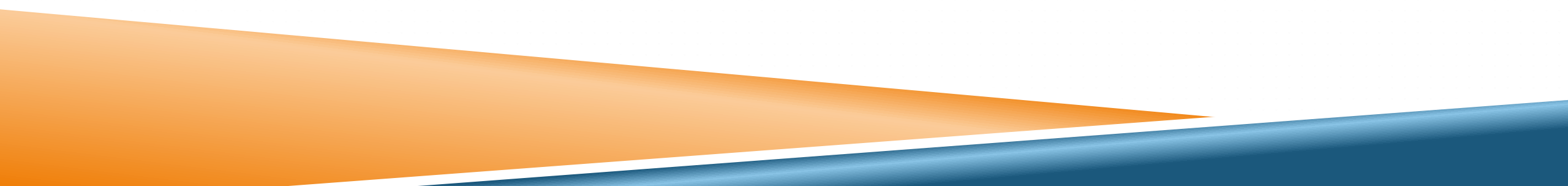
Justin Clutter, Transformation Office Project Manager
Bobbi Jo Garber, Director of Managed Care

Where Have We Been

The State Fiscal Year 2020 Performance Withhold Program consisted of 14 Healthcare Effectiveness Data and Information Set (HEDIS) Measures.

Three percent (3%) of the monthly per-member per-month capitation payment is withheld. This equated to over \$49 million dollars across all three managed care health plans.

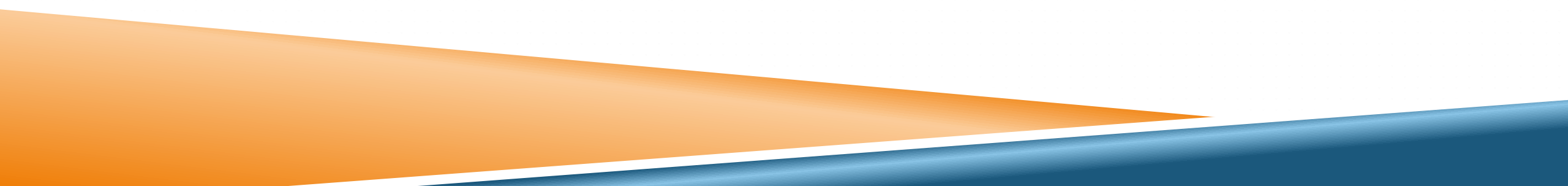
Health plans are required to show improvement on these measures in order to receive these withheld funds. Payment methods also allow for an increased payout when performance exceeds expectations (overall payout does not exceed the combined 3%).



Where Have We Been

HEDIS data showed there were several HEDIS measures that achieved tremendous growth in calendar year 2019.

Each HEDIS measure is unique in its own way, however, in averaging the increases/decreases across all three plans, an average rate of increase per HEDIS measure was around 4.33 percentage points.



FY2020 Percentage Point Improvement

HEDIS Measure		AVG Change
W15	Well-Child Visits in the first 15 Months of Life (6 or more visits)	6.90
W34	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	3.73
AWC	Adolescent Well-Care Visits	1.82
ADV	Annual Dental Visit (2-29 Yrs)	5.63
CIS	Child Injury Screening	3.73
IMA	Immunization for Adolescent Males	5.63
LSC	Lead Screening in Children	1.73
MMA	Medication Management for People With Asthma: Medication Compliance 75% (5-11)	-0.12
MMA	Medication Management for People With Asthma: Medication Compliance 75% (12-18)	0.43
CDC	Comprehensive Diabetes Care - HbA1c Control (<8%)	4.30
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	5.41
PPC	Prenatal and Postpartum Care - Postpartum Care	13.60
CHL	Chlamydia Screening in Women (Total 16-24 years)	1.29
FUH	Follow Up After Hospitalization For Mental Illness - 30 days	5.67

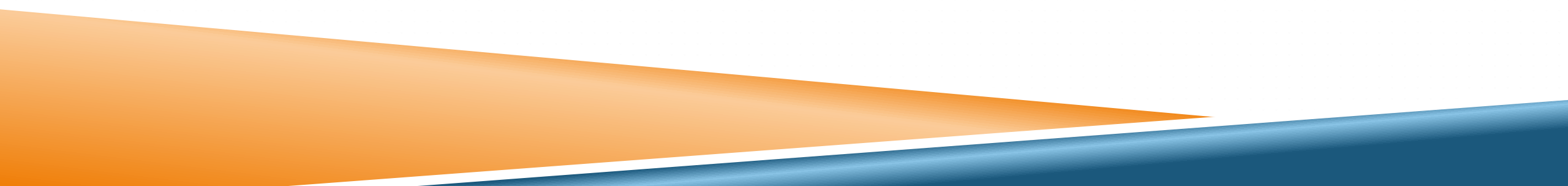
These are outliers, however our health plans performed well above the 50th percentile on these measures. They have since been retired and will no longer be evaluated.

COVID-19 Impact

COVID-19 impacted the state's ability to utilize HEDIS measures in 2020 to determine quality improvement.

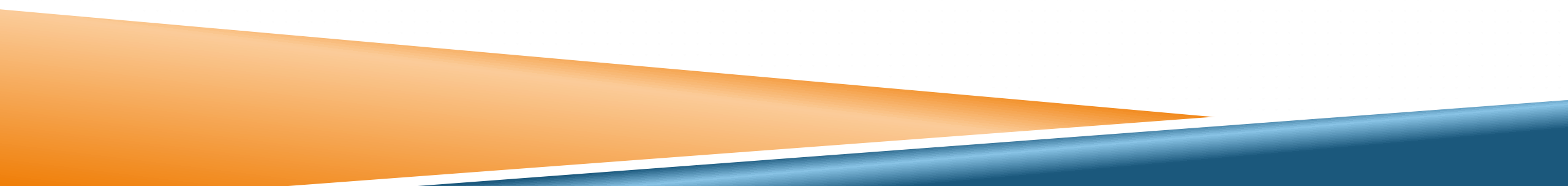
Rates nationwide are expected to be much lower due to the pandemic's effect on health care appointments. Determining improvements on prior year performance is not feasible.

Therefore, MO HealthNet collaborated with the health plans to implement an alternative model involving three separate tasks which will be used to measure the performance withhold.



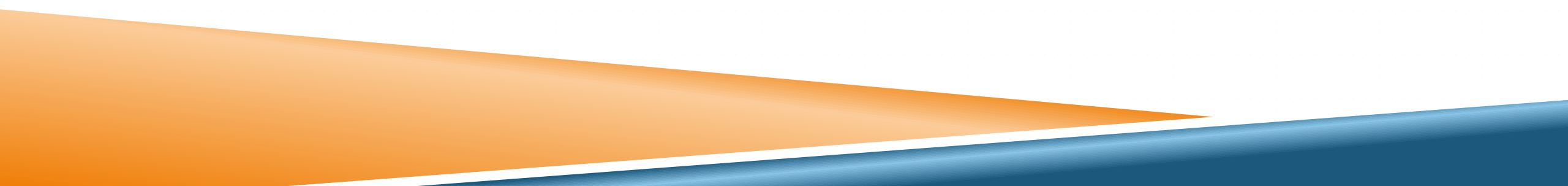
COVID-19 Impact

Task 1

- ❖ Each health plan is conducting a focused study on a quality improvement project of their choosing.
 - ❖ MO HealthNet has received and approved the project plan for each health plan.
 - ❖ By August 31, 2021 each health plan will submit a report detailing their project, a description of the evaluations, measures, a summary of the results, and conclusions/recommendations for future improvements.
- 

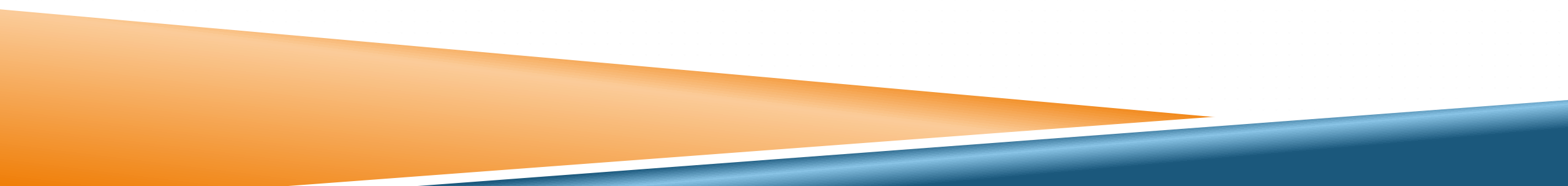
COVID-19 Impact

Task 2

- ❖ Each health plan will continue to report on the HEDIS measures included in the Performance Withhold Program.
 - ❖ Enhanced reporting of HEDIS data will be included (e.g. county, race, gender).
 - ❖ This additional detail will assist in identifying potential health disparities for future targeted improvements and value-based models.
- 

COVID-19 Impact

Task 3

- ❖ Each health plan will provide a report describing the effects of COVID-19 on performance measures, utilization, and incentive programs.
 - ❖ This analysis will assist in identifying key elements of the effects COVID-19 has had on Missouri's Medicaid population and provide insight and lessons learned which can be utilized during future pandemics or disasters.
- 

Where Are We Going - SFY2022

State Fiscal Year 2022 – Back to HEDIS Measures (15)

- ❖ The National Committee for Quality Assurance (NCQA) revised some specifications which resulted in an increase in measures.

Due to the Full Medicaid Pricing now being included in the capitation payments, and ultimately the Performance Withhold (it was excluded in prior years), MO HealthNet will reduce the Performance Withhold percentage to 2.5%.

- ❖ This adjustment ensures the same amount of dollars are still committed to the Performance Withhold Program to drive quality improvement.

Where Are We Going – SFY2022

- ❖ Coming out of COVID-19, MO HealthNet realizes there could be a slow ramp up to routine health care visits and therefore, reduced the percentage point improvement required to achieve the Performance Withhold.
 - In State Fiscal Year 2020, health plans were required to obtain a two percentage point increase or the 50th Percentile of the NCQA Quality Compass. In State Fiscal Year 2022, a one percentage point increase, or the 33.33th Percentile will be required. MO HealthNet will look to increase this in State Fiscal Year 2023.
- ❖ MO HealthNet and the Health Plans will continue to strive towards achieving the overall goal of reaching the 50th Percentile on the NCQA's Quality Compass.

LEGISLATIVE UPDATE



BUDGET UPDATE



MO HealthNet Budget

State Fiscal Year (SFY) 2022

May 2021

MO HealthNet (MHD) Supplemental

Truly Agreed and Finally Passed (TAFP)

State Fiscal Year (SFY) 2021

Comparison to Governor's Recommended Budget

- ❖ **MHD Supplemental reduced by \$59.3 million state share funds related to more current projections**

MO HealthNet (MHD) Budget

Truly Agreed and Finally Passed (TAFP)

State Fiscal Year (SFY) 2022

Comparison to Governor's Recommended Budget

- ❖ **MHD Cost to Continue reduced by \$100 million state share funds related to more current projections**
- ❖ **Managed Care Actuarial request reduced by \$109.8 million total funds due to lower acuity needs in SFY22**
- ❖ **Pharmacy Specialty Increase funded at half the Governor's Recommended amount**
- ❖ **Medicaid Expansion funding of \$1.9 billion not recommended by the General Assembly**

MO HealthNet (MHD) Budget

Truly Agreed and Finally Passed (TAFP)

State Fiscal Year (SFY) 2022

New Items added by the General Assembly:

- ❖ **\$5 million state share pick up for pharmacy dispensing fees**
- ❖ **\$1 million state share to begin work for adding non-duals to the MO Rx program**
- ❖ **\$743,000 for a rate increase for autism services**
- ❖ **\$95 million state share for a \$10.18 per day increase for Skilled Nursing Facilities and associated increase for hospice rates**

MO HealthNet (MHD) Budget

Truly Agreed and Finally Passed (TAFP)

State Fiscal Year (SFY) 2022

New Items added by the General Assembly:

- ❖ **\$2.9 million for a Family Certified Home Health Aide Pilot program**
- ❖ **\$3 million state share for a rate increase for air ambulance services**
- ❖ **\$5 million for COVID-19 testing for EMS providers**
- ❖ **\$2 million for FQHC community health workers for work with foster care children**
- ❖ **\$50 million state only share for payments to hospitals**

PUBLIC COMMENT

FSD UPDATE

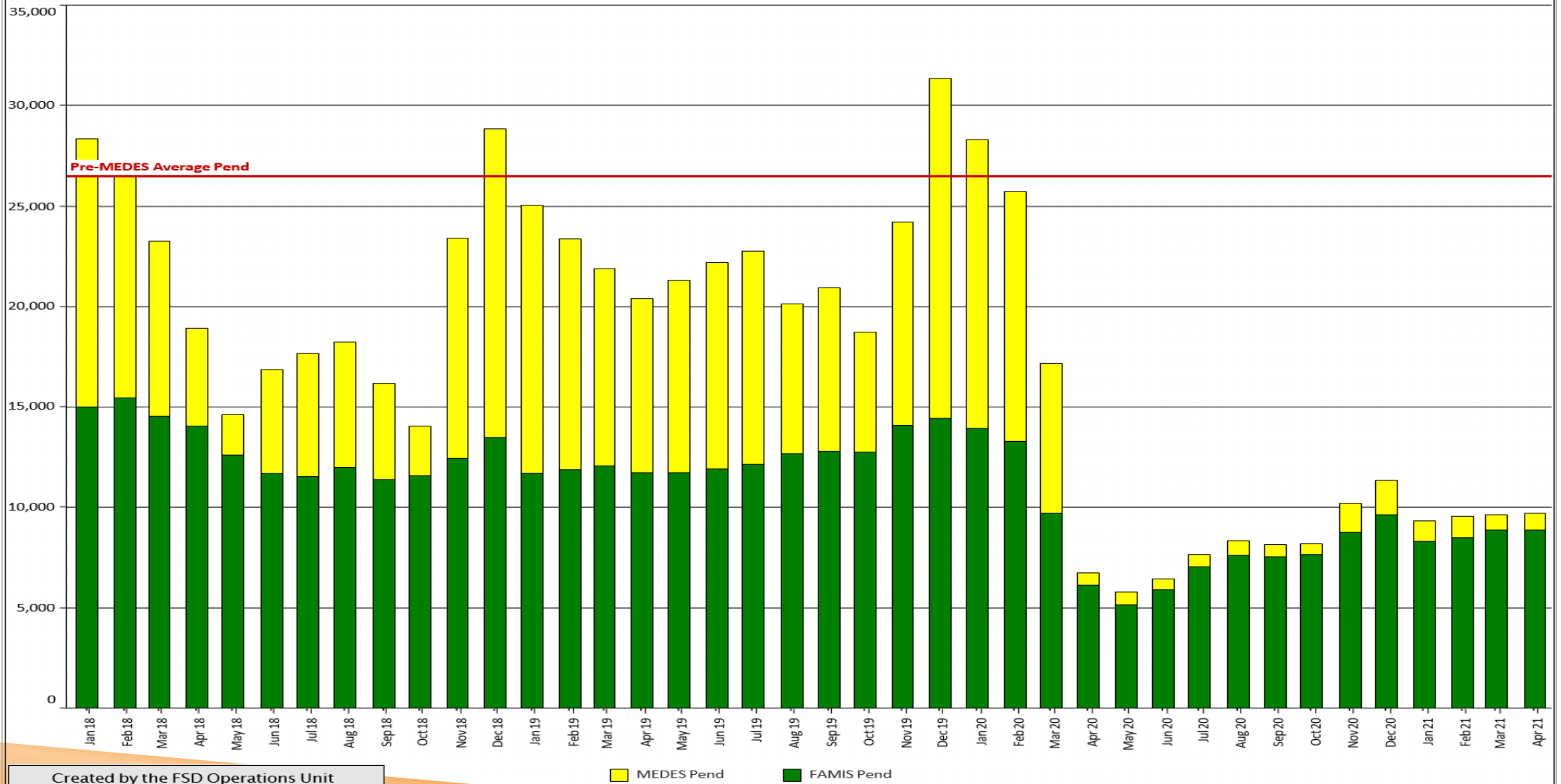


	Participants as of June 2010	Participants as of June 2014	Participants as of April 2021	Change Since June 2010	Current Income Eligibility Maximums (Show as a Percentage of Poverty Level)
Children	538,175	504,582	658,662	120,487	300%*
Persons with Disabilities	165,185	156,595	173,627	8,442	85%
Custodial Parents	81,660	67,829	95,741	14,081	TANF level (approximately 19%)
Seniors	77,917	75,122	88,132	10,215	85%
Pregnant Women	28,254	21,846	54,898	26,644	185%
Total	891,191	825,974	1,071,060	179,869	
Women's Health Services	49,901	67,616	46,401	(3,500)	185%
Managed Care Enrollment	421,756	388,857	793,871	372,115	

*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

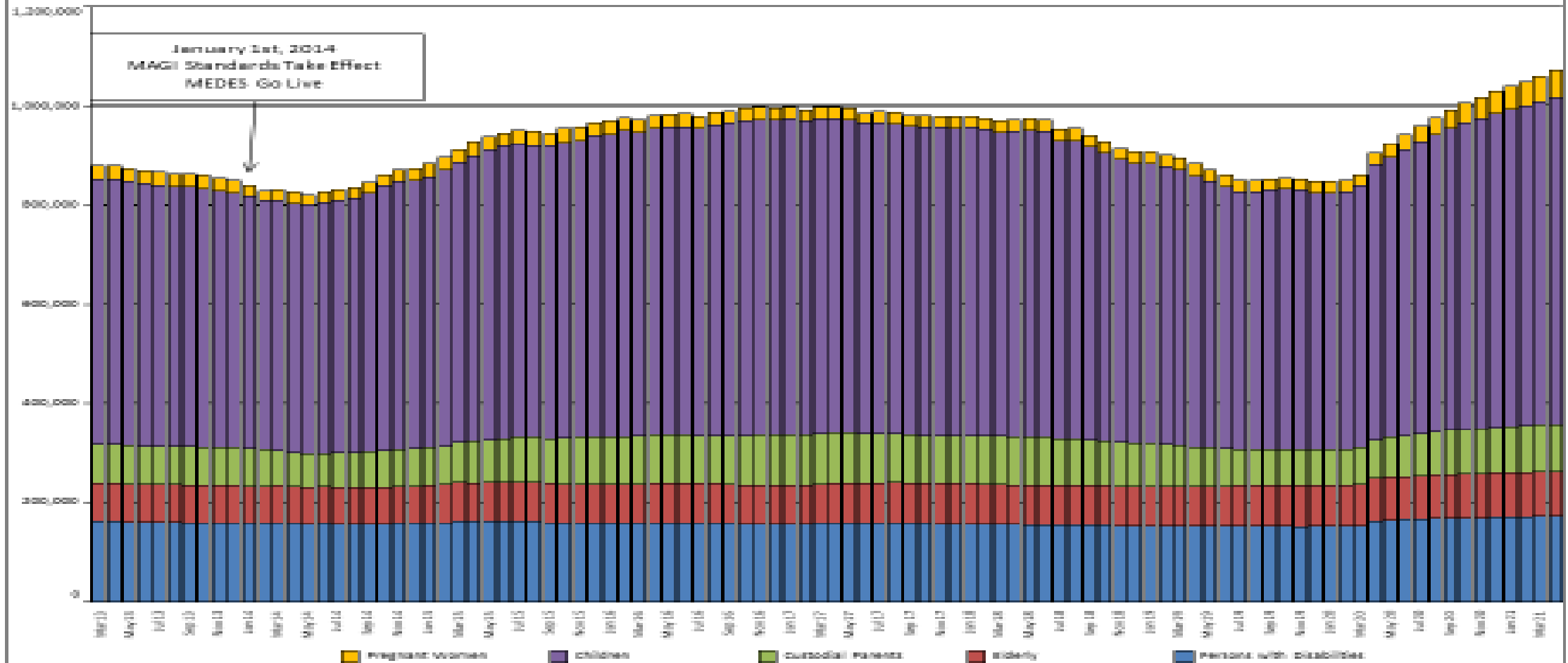


Created by the FSD Operations Unit

MEDES Pend

FAMIS Pend

Medicaid Caseload



Created by the FSD Operations Unit

NEXT MEETING
AUGUST 19, 2021