

MO HealthNet Oversight Committee Meeting

June 1, 2022

Agenda

June 1, 2022

1:00 – 1:15	Welcome/Introductions/Minutes <ul style="list-style-type: none">• Introduce Paula Nickelson, DHSS Director• Approval of February meeting minutes	Dr. Nick Pfannenstiel, Chairman
1:15 – 1:45	Director's Update	Todd Richardson
1:45 – 2:00	Chief Operations Officer Update	Jessie Dresner
2:00 – 2:30	Family Support Division Update	Kim Evans
2:30 – 2:45	Chief Transformation Officer Update	Kirk Mathews
2:45-3:00	Managed Care Update	Alex Daskalakis
3:00 – 3:15	Pharmacy Clinical Update	Josh Moore
3:15 – 3:30	Budget Update	Tony Brite
3:30 – 3:45	Legislative Update	Ryan Conway
3:45 – 4:00	Public Comment	

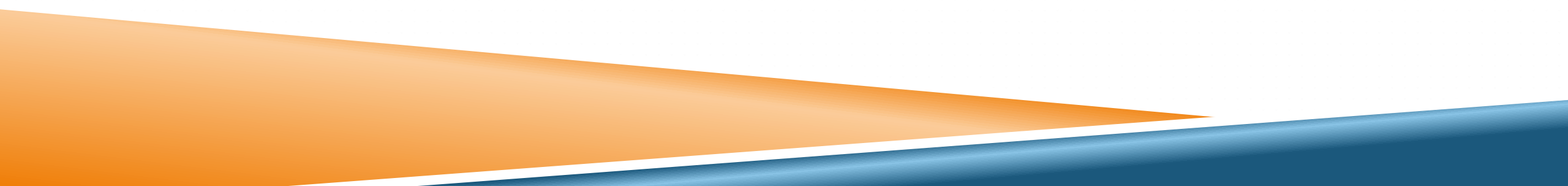
DIRECTOR'S UPDATE

CHIEF OPERATIONS OFFICER UPDATE



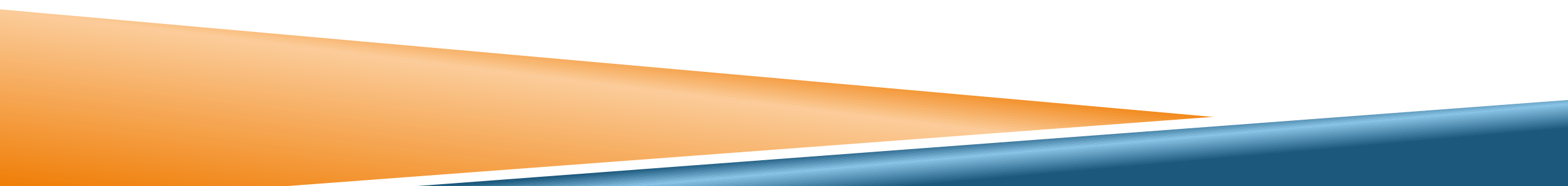
MHD Initiatives -Sample

New position at MHD: Quality, Compliance, and Process Improvement Professional

- ❖ Align federal and state laws and regulations, state plan, policy manuals
 - ❖ MHD communications
 - ❖ MHD resource library
 - ❖ New employee orientation
 - ❖ Cross training and career development
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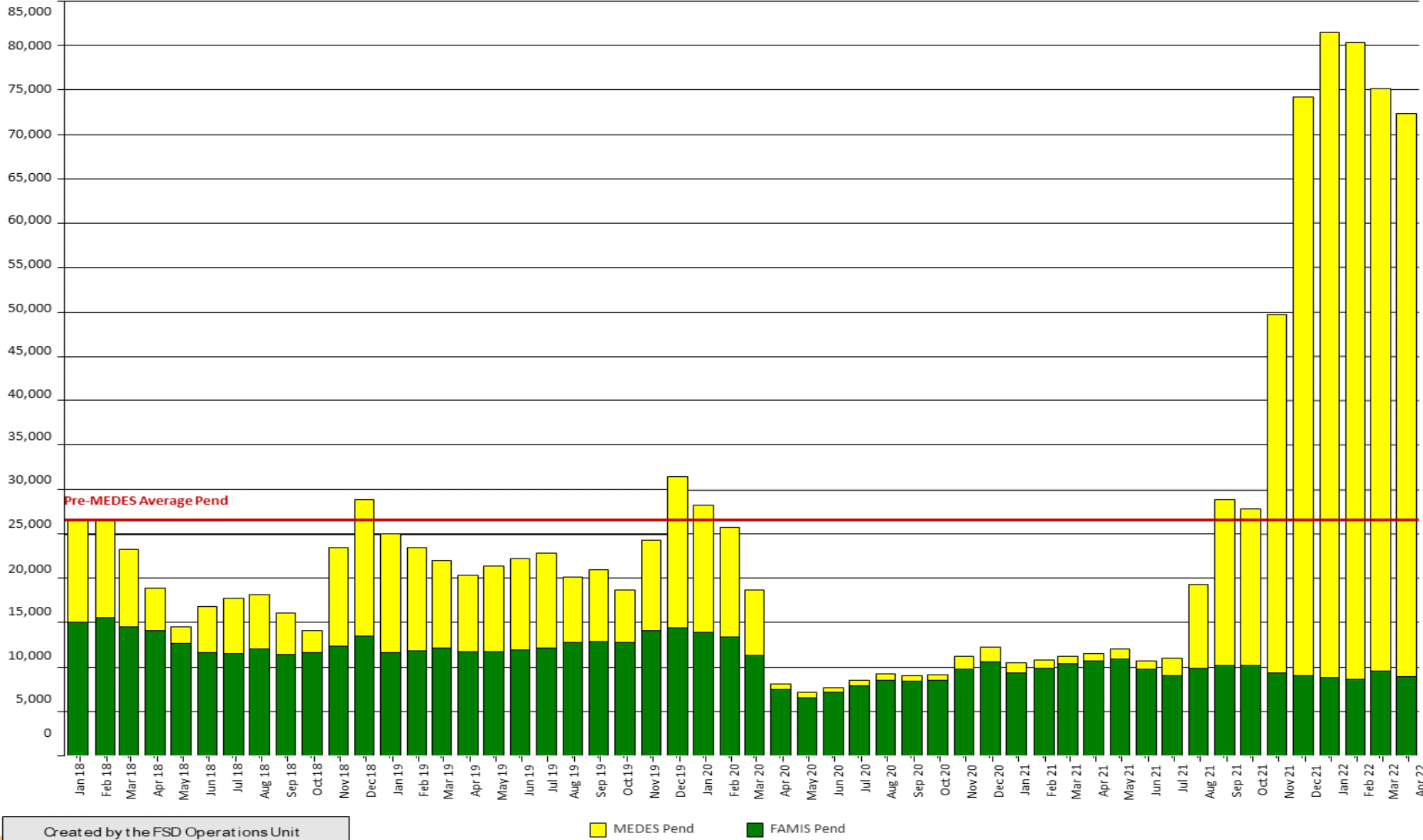
MHD Initiatives -Sample

The following are examples of other “non-Transformation” initiatives underway:

- ❖ Update participant handbook and webpages
 - ❖ Analyze data for disparities to make recommendations
 - ❖ Implement PACE
 - ❖ Revamp provider education
 - ❖ Continue to develop member forum
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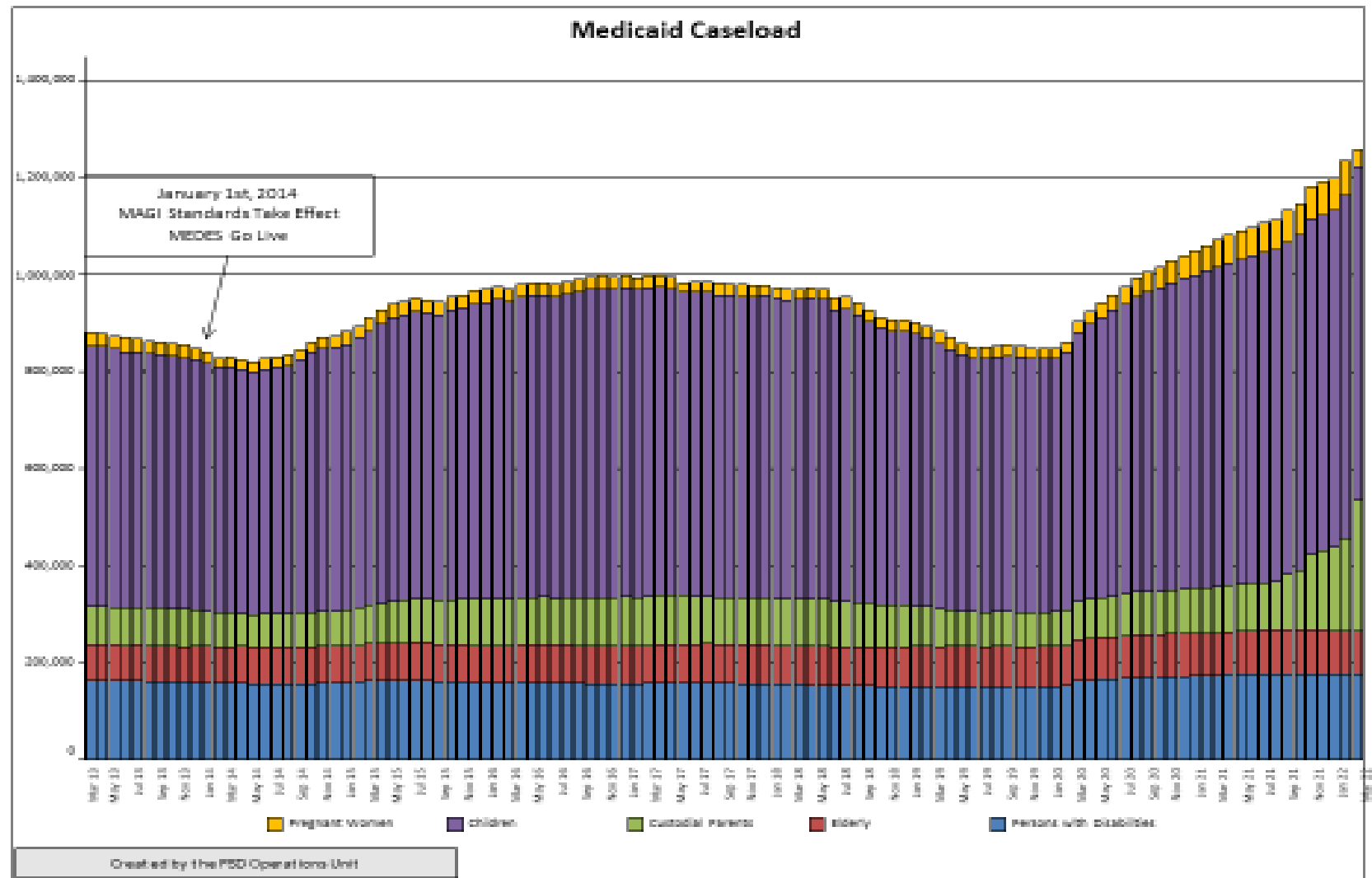
FSD UPDATE

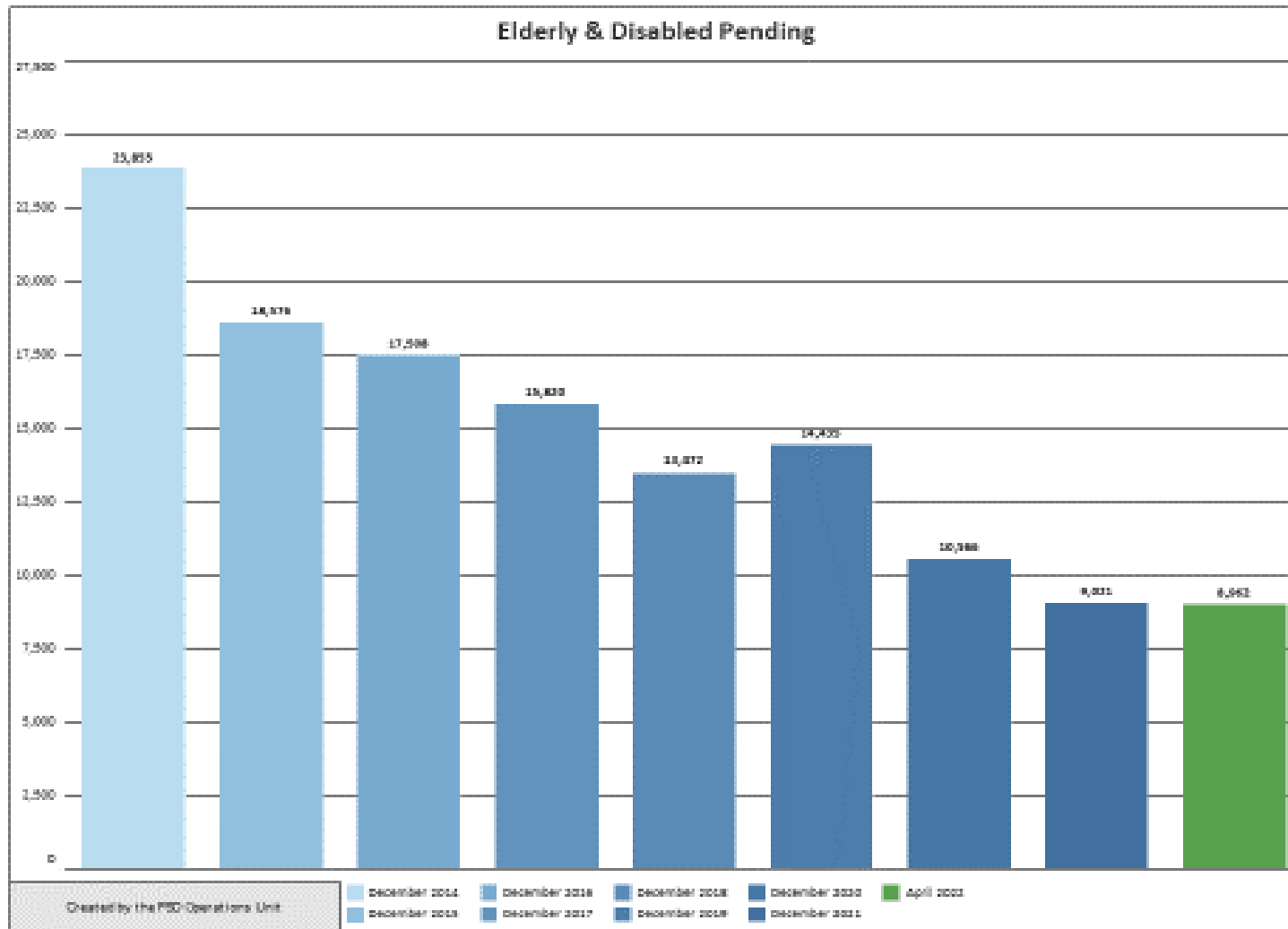
Pended Medicaid Applications

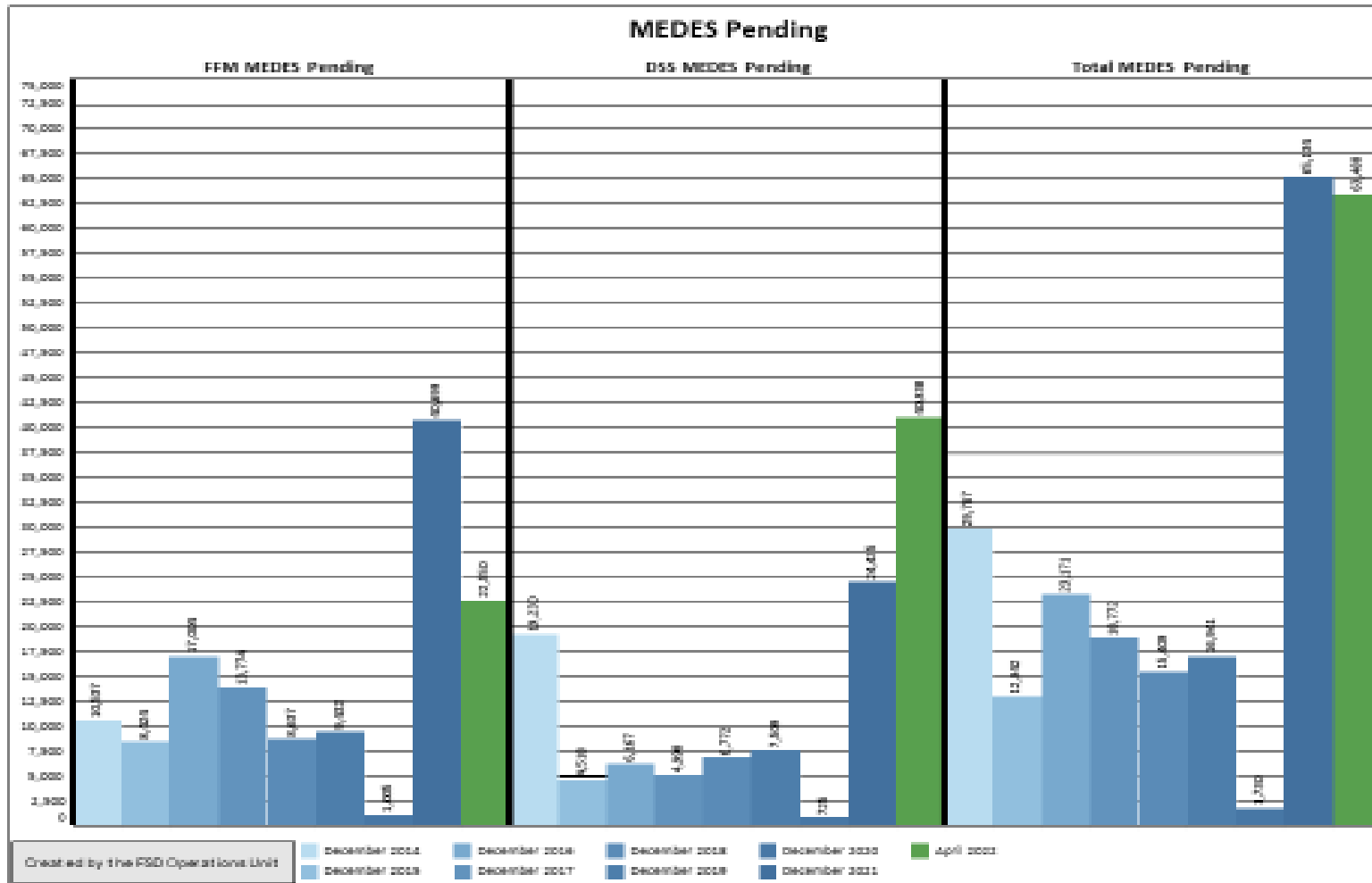


Created by the FSD Operations Unit

MEDES Pend FAMIS Pend





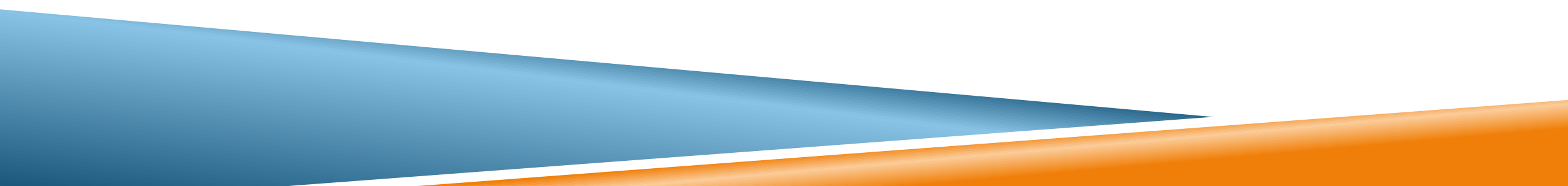


Transformation Office Update

Oversight Committee Meeting
June 1, 2022

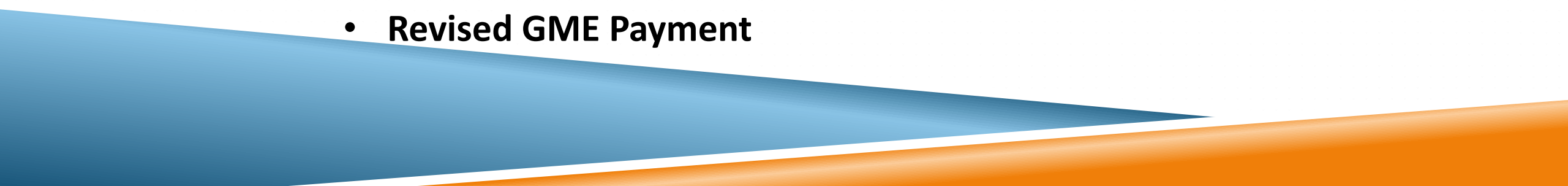
Hospital Fee For Service Reimbursement Transformation

Current Methodology

- **Per Diem Based on 1995 Cost Reports, trended to 2001**
 - **Payments made on ESTIMATED DAYS**
 - **Direct Medicaid Payments**
 - **Out of State Payments (paid to Missouri Hospitals for services provided to Medicaid participants from other states)**
 - **GME Payments (GME = Graduate Medical Education)**
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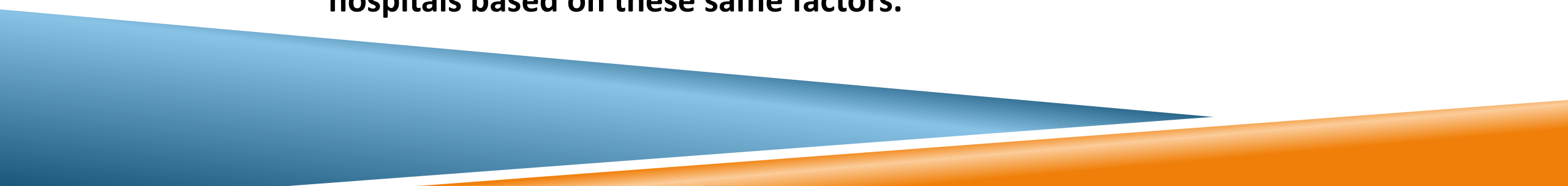
Hospital Fee For Service Reimbursement Transformation

New Methodology (effective July 1, 2022)

- **Per Diem Base Rate updated based on the 3rd prior year cost reports**
 - **Eliminates the Following Payments:**
 - **Direct Medicaid Payments**
 - **Existing GME Payments**
 - **Implements the Following New Payments:**
 - **Acuity Based Payment**
 - **Stop-Loss Payment**
 - **Revised GME Payment**
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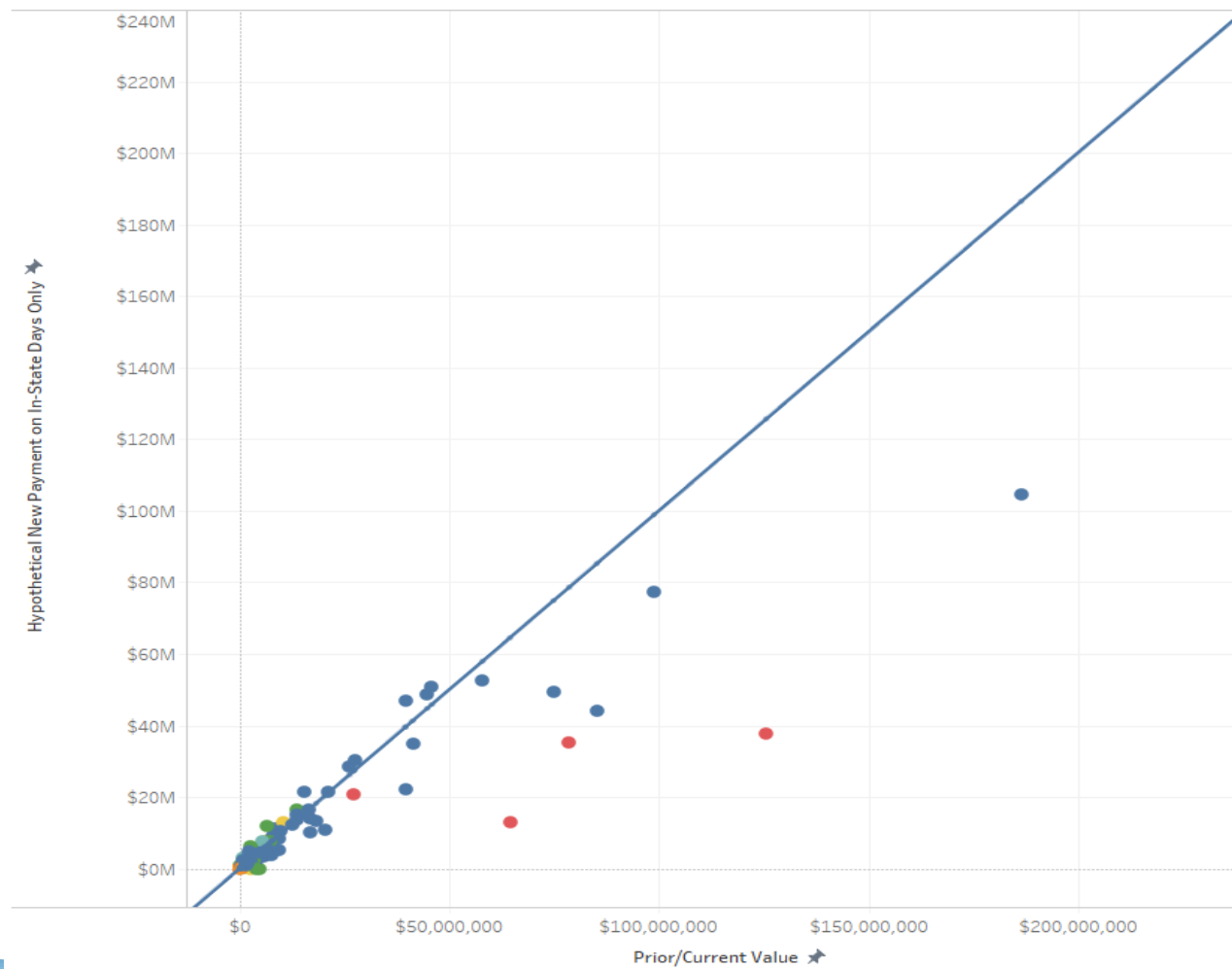
Hospital Fee For Service Reimbursement Transformation

New Methodology (continued)

- **Includes a Stop-Gain provision that limits the amount of increase in payments a hospital can receive based on the following changes:**
 - **Rebase of Per Diem Rate**
 - **Elimination of Direct Medicaid Payments**
 - **New Acuity Based Payments**
 - **Stop-Loss Payments will help minimize financial impact to hospitals based on these same factors.**
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Projected Impact if we had only used Actual Days

System Level Combined Impact



Ownership Group

- ☒ (All)
- ☒ NSGO
- ☒ Private
- ☒ SGO

Include in Model

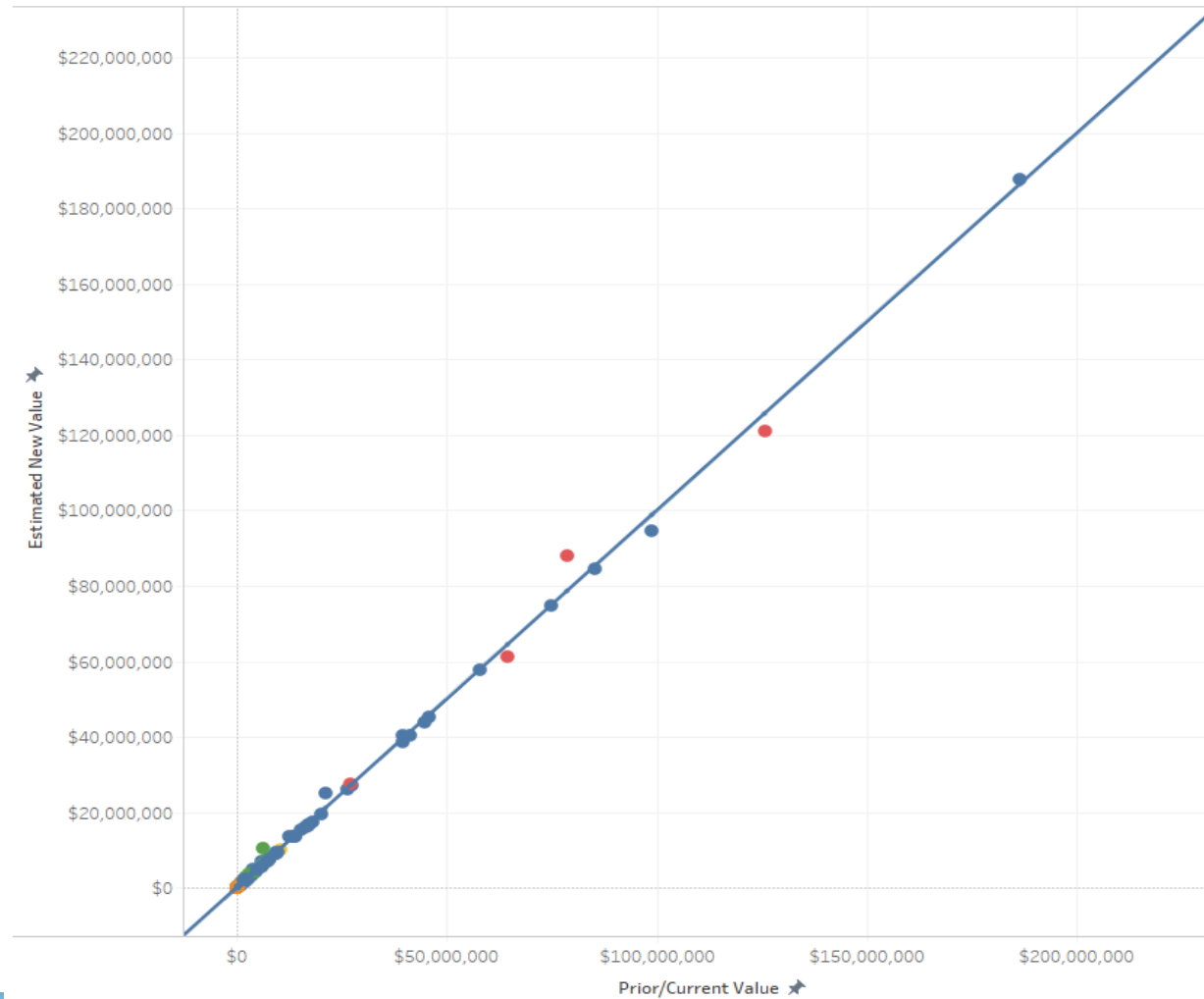
Per Diems and GME

Hospital Type

- Acute
- CAH
- Children's
- LTAC
- Psychiatric
- Rehabilitation

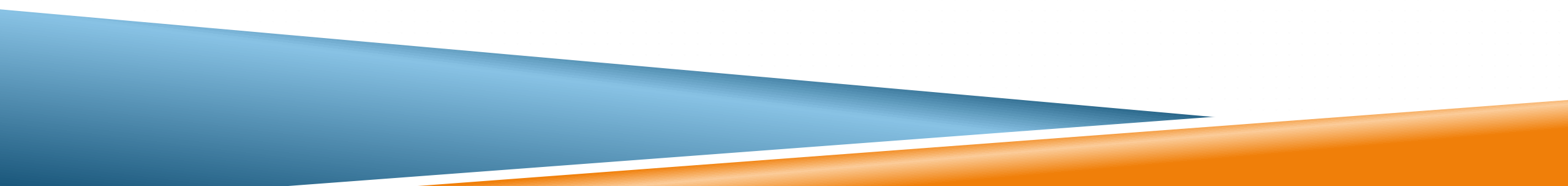
New Methodology Projected Impact

System Level Combined Impact



Hospital Fee For Service Reimbursement Transformation

New Methodology

- **SPA and Regulations nearly complete**
 - **Verbal CMS approval (should have formal approval soon)**
 - **Interim Step towards value-based reimbursement**
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MANAGED CARE DIRECTOR UPDATE

Project Hep Cure Update

Joshua Moore, PharmD
MO HealthNet Director of Pharmacy
June 1, 2022

❖ “I saw countless patients with end stage liver disease due to hepatitis C during my residency training. I saw those patients suffer and die due to liver disease. Knowing that I now have medications that can cure this horrible disease brings me such joy and relief. And now being able to access these medications quickly from Missouri Medicaid has made curing patients even easier.”

Blair Thedinger, MD – KC Care Health Center



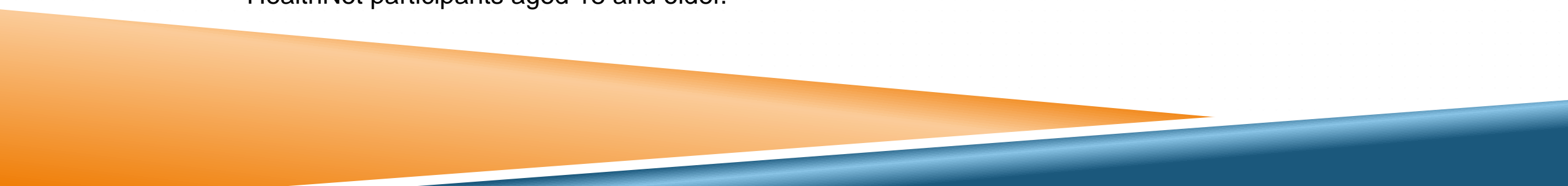
Pillars for Success

- ❖ Encourage universal testing of adults
 - Goal is to test 50% of MO HealthNet adults by 6/30/2024
- ❖ Treat all hepatitis C diagnosed participants
 - Treatment for all newly diagnosed AND treat those previously diagnosed but are currently untreated
- ❖ Treatment providers in all areas of the state
 - Expanded testing and treatment by rural and primary care providers
 - Referrals to GI and hepatologists take 3 – 7 months

Where are we today?

- ❖ Encourage universal testing of adults
 - 15% of MO HealthNet adults have been tested for hepatitis C
- ❖ Treat all hepatitis C diagnosed participants
 - 17.9% of MO HealthNet adults diagnosed with hepatitis C have been treated
- ❖ Treatment providers in all areas of the state
 - 458 MO HealthNet providers have prescribed at least one hepatitis C treatment

*Data accessed 5/19/2022 from MO HealthNet claims data. Includes only active MO HealthNet participants aged 18 and older.

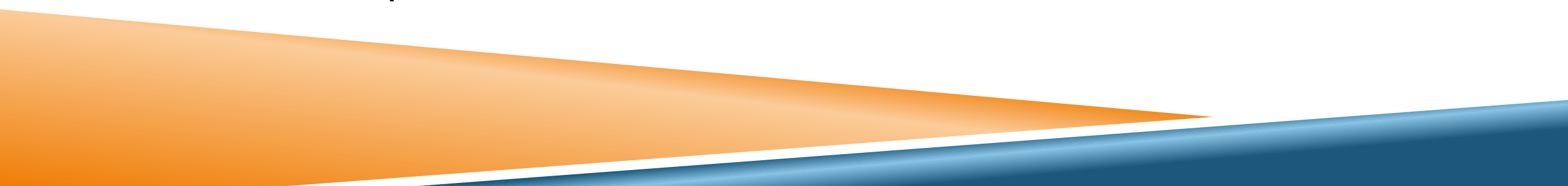


Participants Treated for HCV

- ❖ SFY 2020: 1,113 participants
- ❖ SFY 2021: 916 participants
- ❖ SFY 2022 through May: 1,025
 - SFY 2022 includes 193 Medicaid Expansion participants

*Data accessed 5/31/2022 from MO HealthNet claims data. Includes only active MO HealthNet participants aged 18 and older.

Existing Barriers

- ❖ COVID-19 PHE absorbing much of provider's time
 - ❖ Participants can have multiple comorbidities including opioid use disorder (OUD)
 - OUD isn't a barrier as much as it takes multiple appointments to properly treat, therefore providers are not able to take on more patients
 - ❖ Stigma of treating active drug users
 - ❖ Provider concern about coverage issues and the prior authorization burden/lack of coverage
 - ❖ "One more thing" on top of many other responsibilities
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Project Hep Cure Dashboard

- ❖ Will be available to the public at:
 - <https://dss.mo.gov/mhd/hepc/>
- ❖ Shows data at state and county level
- ❖ Updated monthly

❖ “It is very rare that we cure diseases, so being able to cure someone of a potentially fatal disease is exciting. Treating hepatitis c is not difficult; you need to check for hepatitis B, HIV, cirrhosis and drug interactions, write a prescription for 8 weeks and it’s a 98% cure rate.”

Daniel Berg, MD – Family Care Health Centers



MO HealthNet Budget

State Fiscal Year (SFY) 2023

June 2022

MO HealthNet (MHD) Supplemental Truly Agreed and Finally Passed (TAFP) State Fiscal Year (SFY) 2022

Comparison to Governor's Recommended Budget

- ❖ **MHD Early Supplemental reduced by \$12.1 million state share funds related to more current projections**
- ❖ **All items in Regular Supplemental funded at Governor's Recommended level**

MO HealthNet (MHD) Budget

Truly Agreed and Finally Passed (TAFP)

State Fiscal Year (SFY) 2023

Comparison to Governor's Recommended Budget

- ❖ **MHD Cost to Continue reduced by \$58.2 million state share funds related to more current projections**
- ❖ **Managed Care Actuarial request reduced by \$5.1 million total funds due to duplicated request in Families First NDI**
- ❖ **Medicaid Expansion placed in its own section within House Bill 11**

MO HealthNet (MHD) Budget Truly Agreed and Finally Passed (TAFP) State Fiscal Year (SFY) 2023

New Items added by the General Assembly:

Additional Provider Rate Increases

- ❖ **\$586,233 to increase Dental Provider Rates from 75% to 80% of Average Usual and Customary Rates.**
- ❖ **\$1,950,476 for Home Health Rate Increase to bring rates to the 75th percentile of the median quartile of Medicare rates based on 2019 cost reports**
- ❖ **\$5,811,410 for QRTP Rate Increase to \$202.39 per day**

Additional Systems/MMIS NDIs

- ❖ **\$10M for Health Outcomes Platform**
- ❖ **\$50M for Health Data Utility (HDU)**

MO HealthNet (MHD) Budget Truly Agreed and Finally Passed (TAFP) State Fiscal Year (SFY) 2023

New Items added by the General Assembly:

- ❖ **\$2M for FQHC community health workers for continued work with foster care children**
- ❖ **\$3M for Barriers to Care – To develop a Social Determinants of Health (SDOH) proposal**
- ❖ **\$375.2M Non-Count Transfer of Enhanced FMAP funding from Public Health Emergency to the Budget Stabilization Fund**

LEGISLATIVE UPDATE

PUBLIC COMMENT

NEXT MEETING
AUGUST 10, 2022