MO HealthNet Oversight Committee Meeting

August 10, 2022

Agenda
August 10, 2022

Time	Topic	Presenter
1:00 – 1:15	**Welcome/Introductions/Minutes** • **Approval of June meeting minutes**	**Dr. Nick Pfannenstiel, Chairman**
1:15 – 1:30	**Director's Update**	Todd Richardson
1:30 – 1:45	**Chief Operations Officer Update**	Jessie Dresner
1:45 – 2:30	**Family Support Division Update**	Kim Evans, FSD Director
2:30 -2:45	**Chief Transformation Officer Update**	Kirk Mathews
2:45 – 3:00	**Chief Information Officer Update**	Tisha McGowan
3:00 – 3:15	**Managed Care Update**	Alex Daskalakis
3:15 – 3:30	**Pharmacy Clinical Update**	Josh Moore
3:30 – 3:45	**Legislative Update**	Ryan Conway
3:45 – 4:00	**Public Comment**	

DIRECTOR'S UPDATE

CHIEF OPERATIONS OFFICER UPDATE

PHE Unwind: Providers

MO HealthNet will send provider bulletins advising providers of any policies that will revert back to pre-PHE. There will be bulletins for Home Health, Private Duty Nursing, Signature Requirements, Prescription Signatures, Radiology, Multi-function ventilators, Delivery Slip Signature Requirements, CPAP and BPAP Sleep Study Criteria, Teledentistry, the PASRR process, Testing and Specimen Collection, Telemedicine Services, and RBT Exams.

PHE Unwind: Telemedicine

MHD allows any licensed health care provider, enrolled as a MO HealthNet provider, to provide telehealth services if the services are within the scope of practice for which the health care provider is licensed. The services must be provided with the same standard of care as services provided in person.

MHD also allows the use of telephone for telehealth services, and allows quarantined providers and/or providers working from alternate sites or facilities to provide and bill for telehealth services.

13 CSR 70-3.330

PHE Unwind: Telemedicine

During the PHE, MHD waived these requirements:

❖ Physicians must have an established relationship with the patient before providing services via telehealth, per RSMo 191.1146

❖ In order to treat patients in this state with telehealth, health care providers shall be fully licensed to practice in this state. The flexibility allowed providers to treat patients in this state if they are licensed in the state in which they practice.

The two flexibilities above will be discontinued.

13 CSR 70-3.330

Provider Rate Increases

Find the bulletins with information about the upcoming provider rate increases here

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

Provider Resource Page

We are looking for feedback on our Provider Resource Page located at https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm and https://dss.mo.gov/mhd/providers/managed-care-providers.htm

Please send any feedback to Ashley.L.Wilson@dss.mo.gov

FAMILY SUPPORT DIVISION UPDATE

Missouri Department of SOCIAL SERVICES

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

August 10, 2022

Update on FSD

- Staff have moved to a distributive work plan.
- Overtime is being offered for Medicaid and SNAP application processing
- Since 7-1-2021 the agency has received 270,211 Medicaid applications
- As of 8-5-2022 the total number of pending Medicaid applications is 35,940
- As of 7-29-2022 199,963 individuals have been approved for the Adult Expansion Group (AEG). This information can be found at this link to the Caseload Counter https://dss.mo.gov/mis/clcounter/. This site is updated weekly on Monday mornings
- Reports are attached to the slide deck

Work with CMS – Mitigation Plan

- FSD submitted mitigation plan on 5-13-2022 and received final approval on 7-11-2022
- FSD must be processing under the 45 day timeframe by 9-30-2022
- Weekly touch-point meetings will occur between CMS and FSD
- CMS published the mitigation plan at Medicaid.gov
- The following flexibilities have been approved and listed in the mitigation plan.
    - Allow the agency to use verified SNAP income under 133% FPL without contacting the individual
    - Enrolling parents based on the children's verified income eligibility
    - Temporary Determination status. This allows the agency to accept the verification from the HUB without contacting the individual. NOTE: Not all eligibility factors can be verified which requires the agency to verify these factors

Work with CMS – Mitigation Plan Gateway

- After discussions with CMS, Missouri was given verbal approval to complete an ex-parte review on the remaining Gateway population using the current information in the system. All Medicaid categories are being explored. Final approval was received on 6-6-2022. This is outlined in the mitigation plan
- Project to be completed by 10-31-2022
- As of 8-1-2022 there were 1,243 participants remaining to be evaluated for Adult Expansion Group (AEG)
- These individuals will be subject to annual renewals once the PHE ends
- If an individual is not eligible for any other category they will remain in the Gateway coverage until the end of PHE or CMS gives additional instructions

PHE Unwind

- Due to the PHE still being in affect and extending Medicaid Annual Renewals are still on hold
- Missouri plans to implement a 12 month unwind strategy
- 5-13-2022 the agency requested flexibilities through the 1902(e)(14)(A) authority for annual renewals and was approved as part of the mitigation plan
  - Use verified income in SNAP case to determine continued eligibility
  - Complete ex-parte for individuals with zero income if electronic data sources return no information
  - Assume there is no change in assets (Aged, Blind and Disabled only) if the Asset Verification System (AVS) does not return data within a reasonable time
  - Partnering with Managed Care plans to update beneficiary contact information. If the Managed Care plans talk directly to the beneficiary the agency will not be required to verify the change
  - Auto re-enroll beneficiaries into their managed care plan for individuals who are reenrolled into Medicaid after a loss of coverage for 120 days.
  - Extended timeframe to take final administrative Action on Fair Hearing requests
- FSD has implemented the NOCOA and Managed Care address flexibilities to prepare the caseload for the unwind
- Social media blasts have been posted to encourage individuals to update their address, phone number and email address
- Communication plan has been drafted implement once a final date of the unwind is finalized
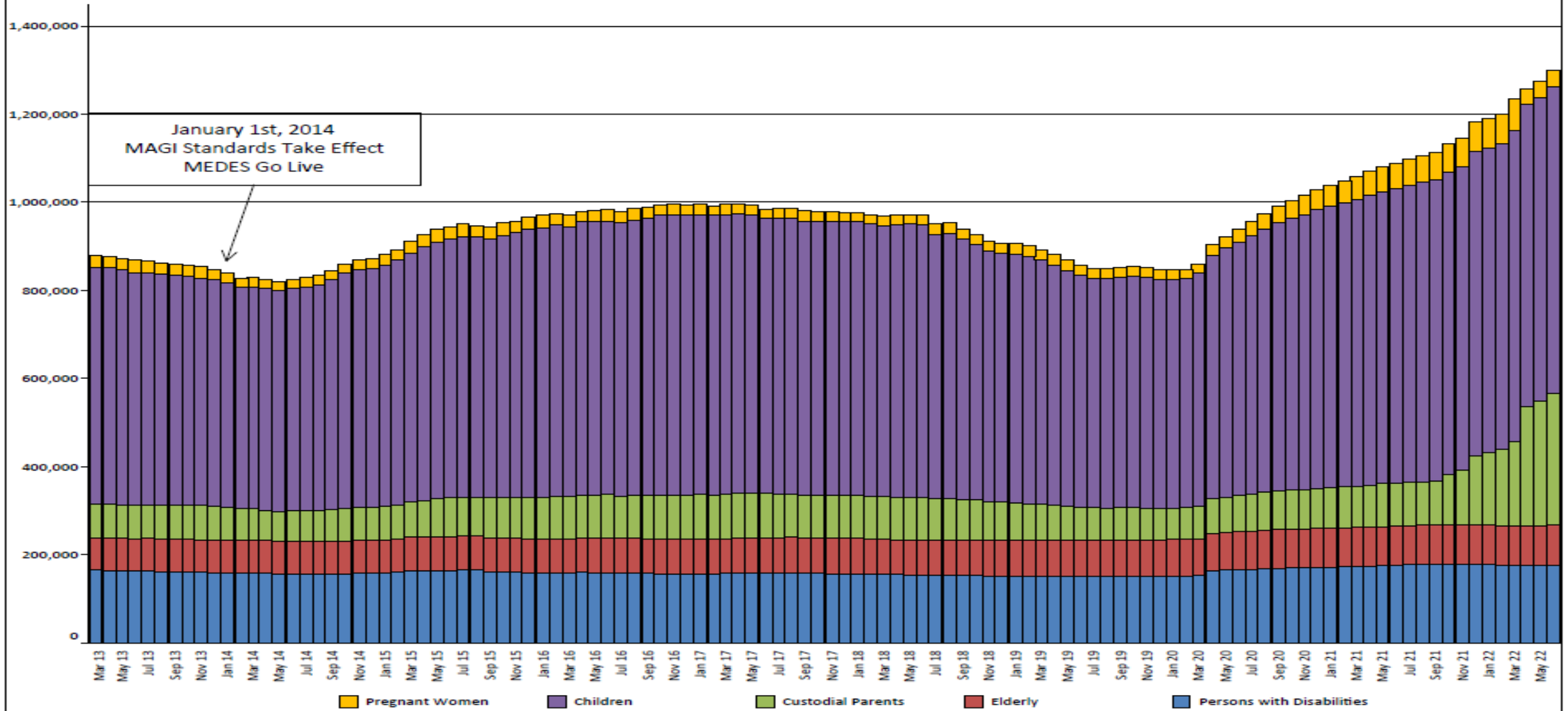
Technology Enhancements

- Robust Customer Portal
  - Allows individuals to complete applications, recertifications\annual renewals and changes online by phone, laptop or computer
  - Allows FSD to send reminder text\emails of due dates and when documents are placed in their account
  - Allows individuals to set appointments for phone, face to face or virtual face to face appointments. There is also an option for voice activation
  - Allows FSD to text\email reminders of appointment times
  - Allows individuals to check SNAP benefit amount and Medicaid coverage
  - Allows FSD to text and\or email individuals when a document is available in their account
- Centralized Mail
  - All incoming mail will be opened, scanned and indexed to electronic case
- Enhanced technology to read documents and update eligibility systems
  - Reviews all paper documents from postal mail, drop off, emails, faxes and uploads from the customer portal and in second phase will update the information in MEDES
- Scanners in Resource Centers to replace drop boxes
- Enhanced electronic verification
  - Will gather income, asset, citizenship and ID on applications and renewals\recertifications. Also will do continuous monitoring that will provide team members with actionable information
- Streamlined multi-benefit paper application (Civilla project)
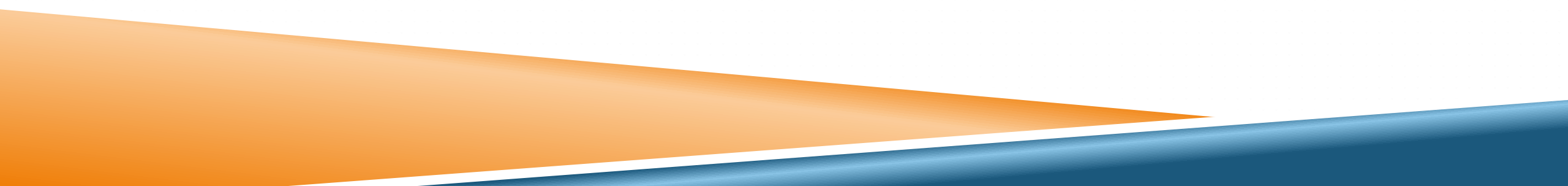
Pended Medicaid Applications

Pre-MEDES Average Pend

MEDES Pend   FAMIS Pend
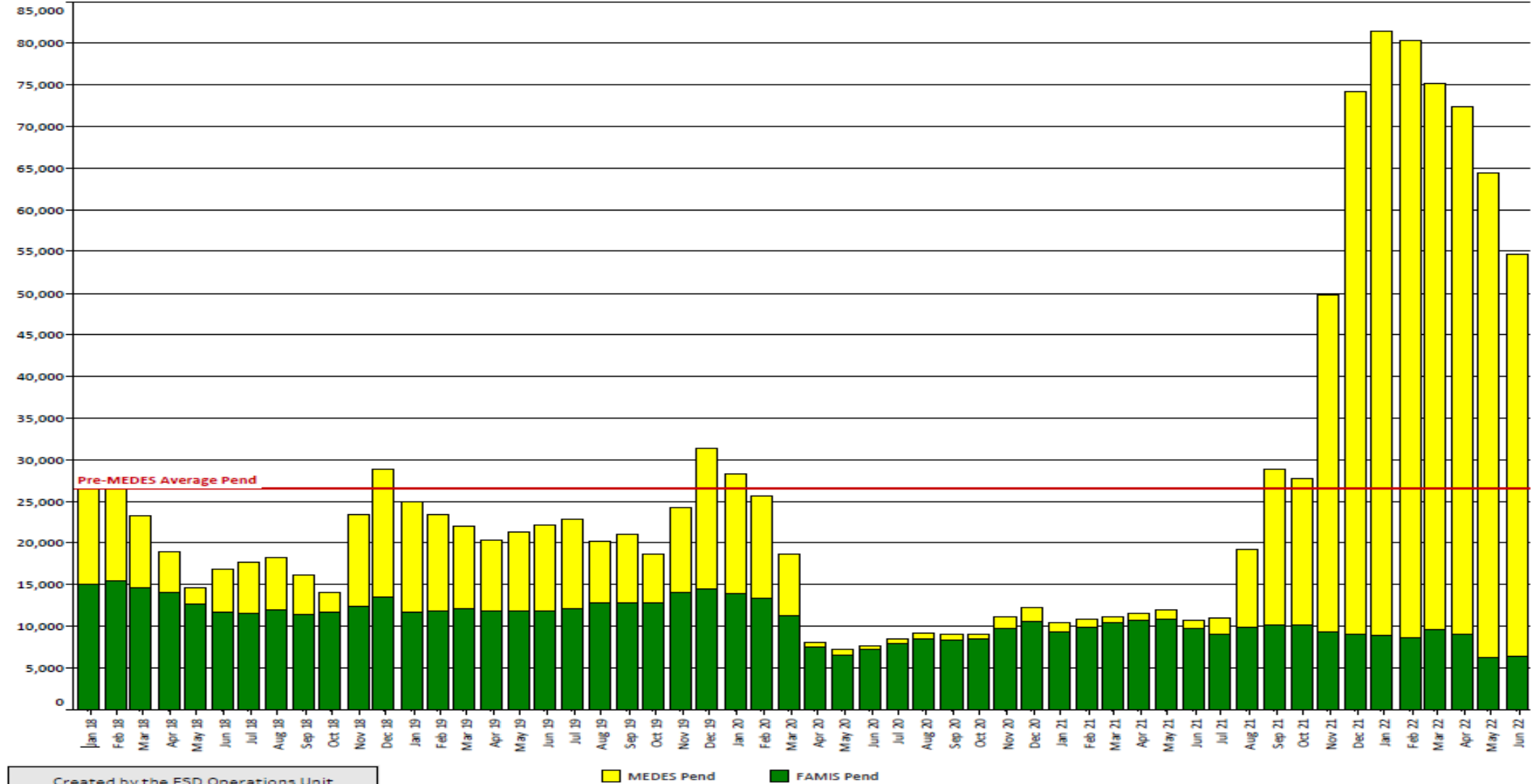
Created by the FSD Operations Unit

Medicaid Caseload

January 1st, 2014
MAGI Standards Take Effect
MEDES Go Live

Legend: Pregnant Women, Children, Custodial Parents, Elderly, Persons with Disabilities

Created by the FSD Operations Unit

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

MoHealth Net Participation

	Participants as of June 2010	Participants as of June 2014	Participants as of June 2022	Change Since June 2010	Current Income Eligibility Maximums (Show as a Percentage of Poverty Level)
Children	538,175	504,582	695,924	157,749	300%*
Persons with Disabilities	165,185	156,595	175,259	10,074	85%
Custodial Parents	81,660	67,829	102,339	20,679	TANF level (approximately 19%)
Seniors	77,917	75,122	91,739	13,822	85%
Pregnant Women	28,254	21,846	37,339	9,085	196%
Adult Expansion	0	0	196,572	196,572	133%
Total	891,191	825,974	1,299,172	407,981	
Women's Health Services	49,901	67,616	12,455	(37,446)	201%
Managed Care Enrollment	421,756	388,857	1,011,719	589,963	

*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

Transformation Office Update

Oversight Committee Hearing

August 10, 2022

CURRENT MAJOR INITIATIVES

- **Update on Nursing Facility Reimbursement project**
- **Update on Hospital Reimbursement Project**
- **Future Hospital Reimbursement**
- **Transformation of Rural Community Health (ToRCH) Pilot**
- **Maternal Infant Health focus**
- **Network Adequacy**
- **Managed Care Dashboard**

CHIEF INFORMATION OFFICER UPDATE

BIS-EDW Dashboard Rollout Project

Business Intelligence Solution – Enterprise Date Warehouse (BIS-EDW) Update

❖ Replace the existing Medicaid Management Information System (MMIS) systems with modern solutions that are:

  ➢ Scalable

  ➢ Agile and adaptable to future program requirements

  ➢ Automated

  ➢ Certified by CMS

❖ Provide a single **centralized** EDW with timely, accessible, and usable information that meets the reporting and decision support needs of the entire MME.

❖ Support performance measures allowing the MME to identify program successes and opportunities for improvement.

BIS-EDW Update Continued

❖ Implement more timely updates to the data warehouse as additional health information becomes available or the MME programs change.

❖ Provide business users with Business Intelligence (BI) tools that:

➢ Execute complex reports and return the results to the business users quickly to meet their program, financial, and clinical reporting and analytics needs

➢ Are powerful, intuitive, and simple to use

➢ Have the ability to store, mine, analyze, aggregate, and visualize, large, complex structured, semi-structured, and/or unstructured data from multiple data sources

➢ Provide answers to queries, creating summarized data, identifying trends, predicting future behavior, and following industry standards.

SMART-Summarized Management & Administrative Reporting Technology

❖ Cognos is the business intelligence tool

❖ Working with business units to determine the way they want to look at their data and develop dashboards to support operations

➢ Brainstorming sessions

➢ Early proof of concept

➢ Business engagement

BIS-EDW Dashboard Rollout Project Objectives

❖ Demonstrate the power of visually displaying information in an interactive way

❖ Gain support for managing MHD programs a macro-level rather than a micro-level

❖ Create excitement and recruit change champions for integrating dashboards into MHD routines

BIS-EDW Dashboard Rollout Project Objectives

Part of the Data Governance Program's larger vision of moving MHD further down the path of data governance maturity by making sure the right information is available to the right people at the time decisions are being made

Pharmacy Dashboard

❖ First dashboard in the project

❖ Exploratory dashboard

❖ Benefits quickly established

➢ potential case of provider fraud

➢ able to make a small policy change that saves MHD $20K for a specific drug without negatively impacting the providers or participants

➢ Identified an error in billing by a provider which has allowed for collaboration to correct the error

Pharmacy Dashboard: Filters

Pharmacy Dashboard: Visualizations

Pharmacy Dashboard: Visualizations
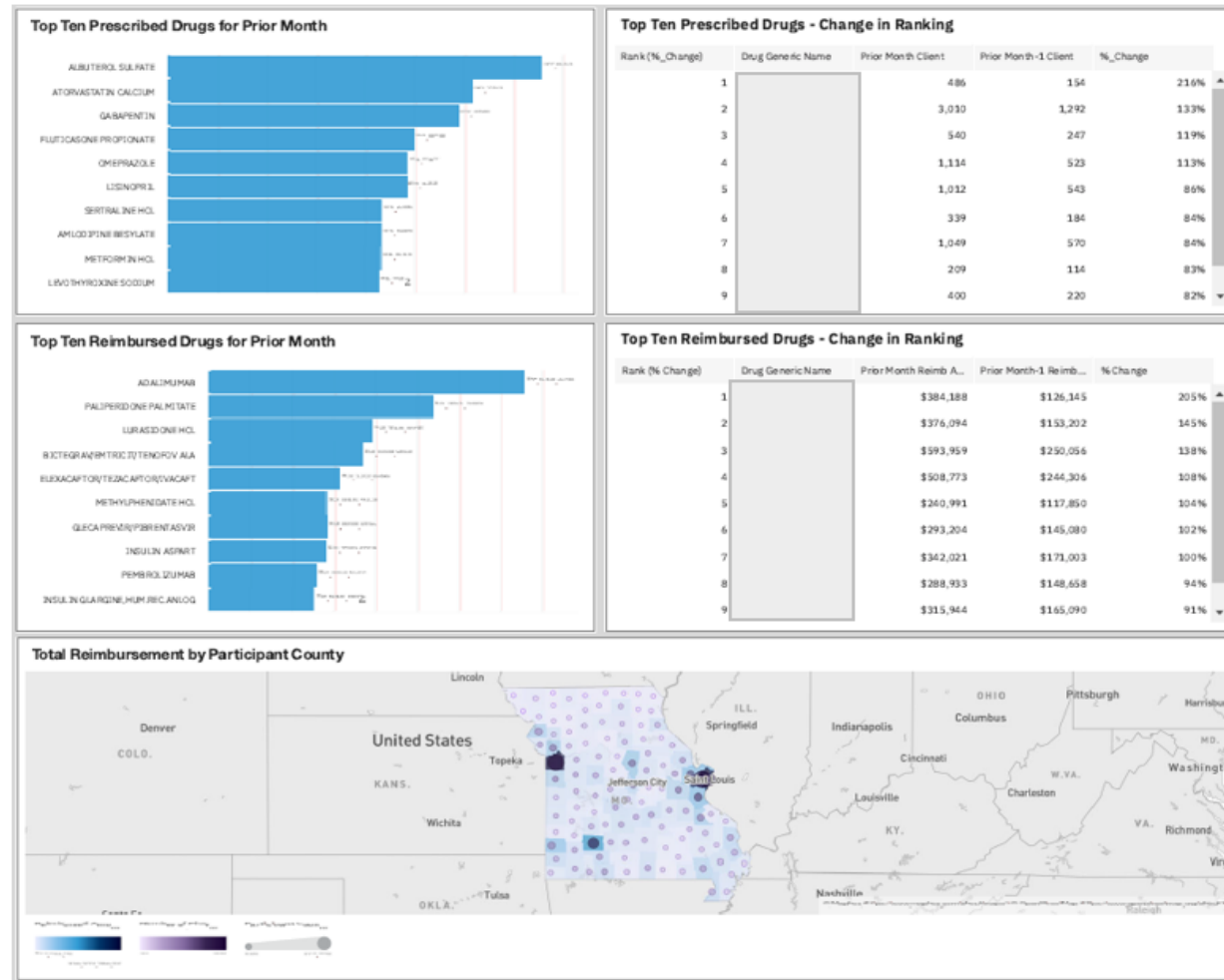
Adult Expansion Group (AEG) Dashboard

❖ Created to monitor the AEG population

❖ Explanatory dashboard

❖ Based on recurring questions and information obtained from data requests

AEG Dashboard: Filters

AEG Dashboard: Visualizations
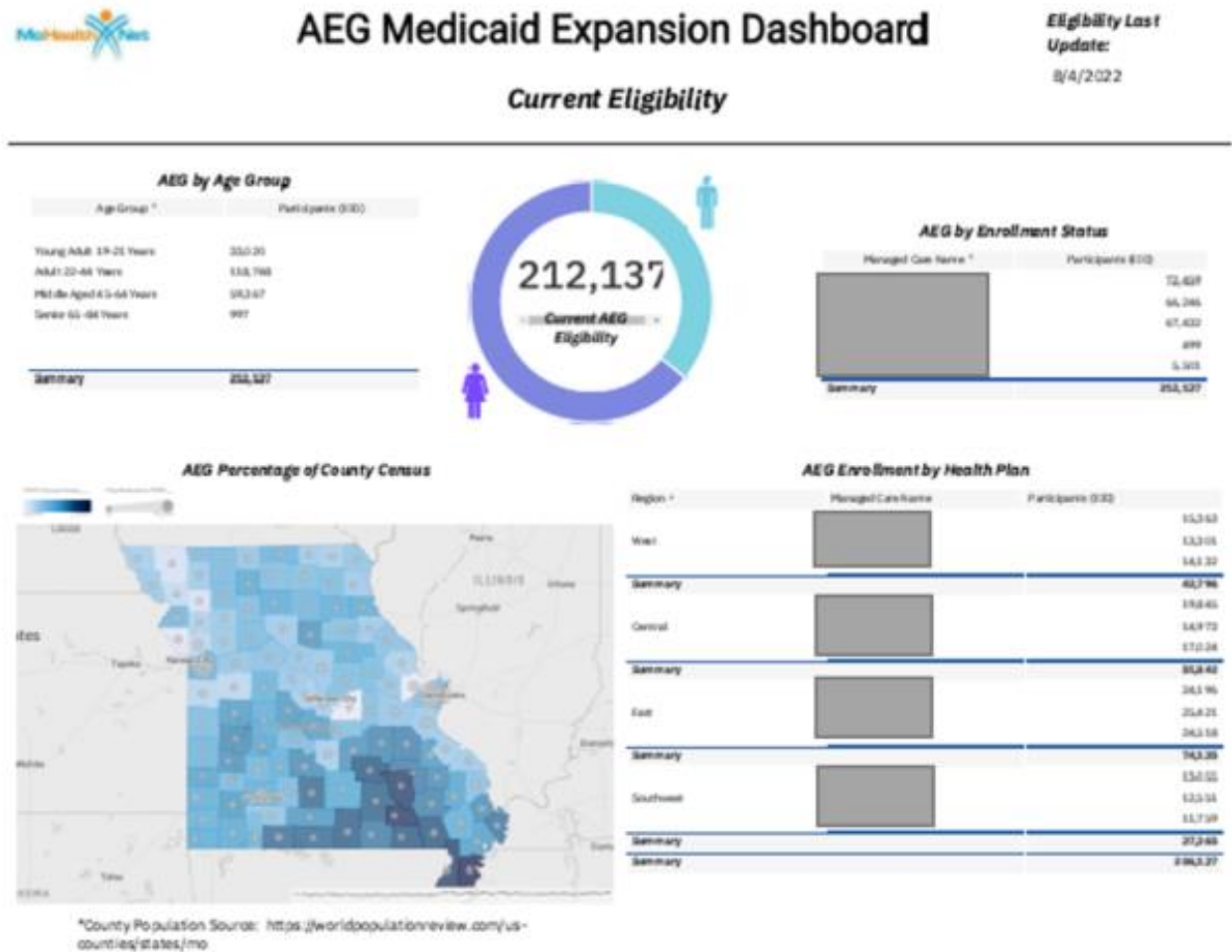
Provider Enrollment Dashboard

❖ Created to monitor provider enrollment

❖ Explanatory dashboard

❖ Adapted to other uses

Provider Enrollment Dashboard: Filters

Provider Enrollment Dashboard: Visualization

3-Month Interval % Providers Enrolled Change

	2021-08		2021-11		2022-02		2022-05		2022-08	
	Provider Id	% Change	Provider Id	% Change	Provider Id	% Change	Provider Id	% Change	Provider Id	% Change
01 - GENERAL HOSPITAL	463	(no value)	459	-1% ↓	430	-6% ↓	404	-6% ↓	375	-7% ↓
02 - MENTAL HOSPITAL	2	(no value)	2	0%	2	0%	2	0%	2	0%
04 - NOT CURRENTLY ASSIGNED	(no value)	(no value)	(no value)	(no value)	(no value)	(no value)	(no value)	(no value)	1	(no value)
05 - STATE INSTITUTION-LTC	11	(no value)	11	0%	11	0%	11	0%	11	0%
10 - NURSING HOME	515	(no value)	515	0%	512	-1% ↓	506	-1% ↓	499	-1% ↓
11 - PRIVATE HOME ICF/MR	7	(no value)	7	0%	7	0%	7	0%	7	0%
15 - TARGET CASE MANAGEMENT-MR/MI	110	(no value)	110	0%	110	0%	110	0%	110	0%
18 - CASE MANAGEMENT	1	(no value)	1	0%	1	0%	1	0%	1	0%
20 - PHYSICIAN, M.D.	25,218	(no value)	25,346	1% ↑	25,050	-1% ↓	25,424	1% ↑	25,386	-0% ↓
21 - ASSISTANT PHYSICIAN	54	(no value)	58	7% ↑	59	2% ↑	64	8% ↑	64	0%
22 - PHYSICIAN ASSISTANT	1,525	(no value)	1,583	4% ↑	1,629	3% ↑	1,696	4% ↑	1,693	-0% ↓
23 - CHIROPRACTOR	351	(no value)	359	2% ↑	366	2% ↑	379	4% ↑	379	0%
24 - PHYSICIAN, D.O.	659	(no value)	658	-0% ↓	651	-1% ↓	652	0% ↑	652	0%
25 - NURSE MIDWIFE	118	(no value)	130	10% ↑	133	2% ↑	132	-1% ↓	129	-2% ↓
26 - PERSONAL CARE	1,792	(no value)	1,840	3% ↑	1,833	-0% ↓	1,879	3% ↑	1,875	-0% ↓

MMIS Operations: Visualizations

Claim Total Actual Paid Amount by Calendar Year
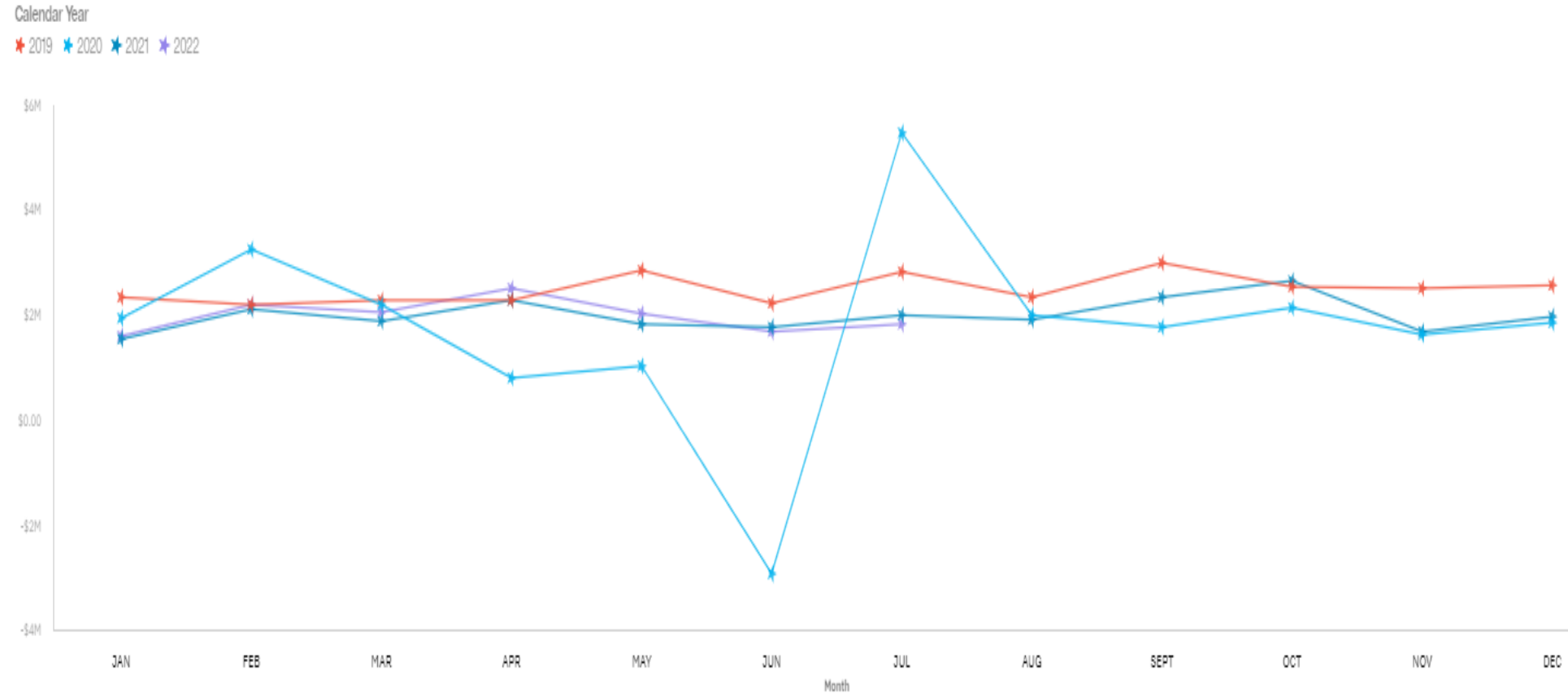
Future Topics of BIS-EDW Dashboards

- ❖ Certified Community Behavioral Health Organizations (CCBHO)
- ❖ Telehealth
- ❖ High Investment Drug Pipeline
- ❖ Finance
- ❖ MMIS Systems
- ❖ T-MSIS
- ❖ Drug Rebate

MANAGED CARE DIRECTOR UPDATE

Audit Update

Joshua Moore, PharmD
MO HealthNet Director of Pharmacy
August 10, 2022

The Why

❖ Ensure the accuracy of claims data

❖ 13 CSR 70.3.030

➢ Sanctions may be imposed against a provider for failure to take reasonable measures to review claims for accuracy.

➢ Billing errors, including but not limited to, incorrect ingredient indicators, quantities, days supply, prescriber identification, dates of service, and usual and customary charges, caused or committed by the provider or their employees are subject to adjustment or recoupment.
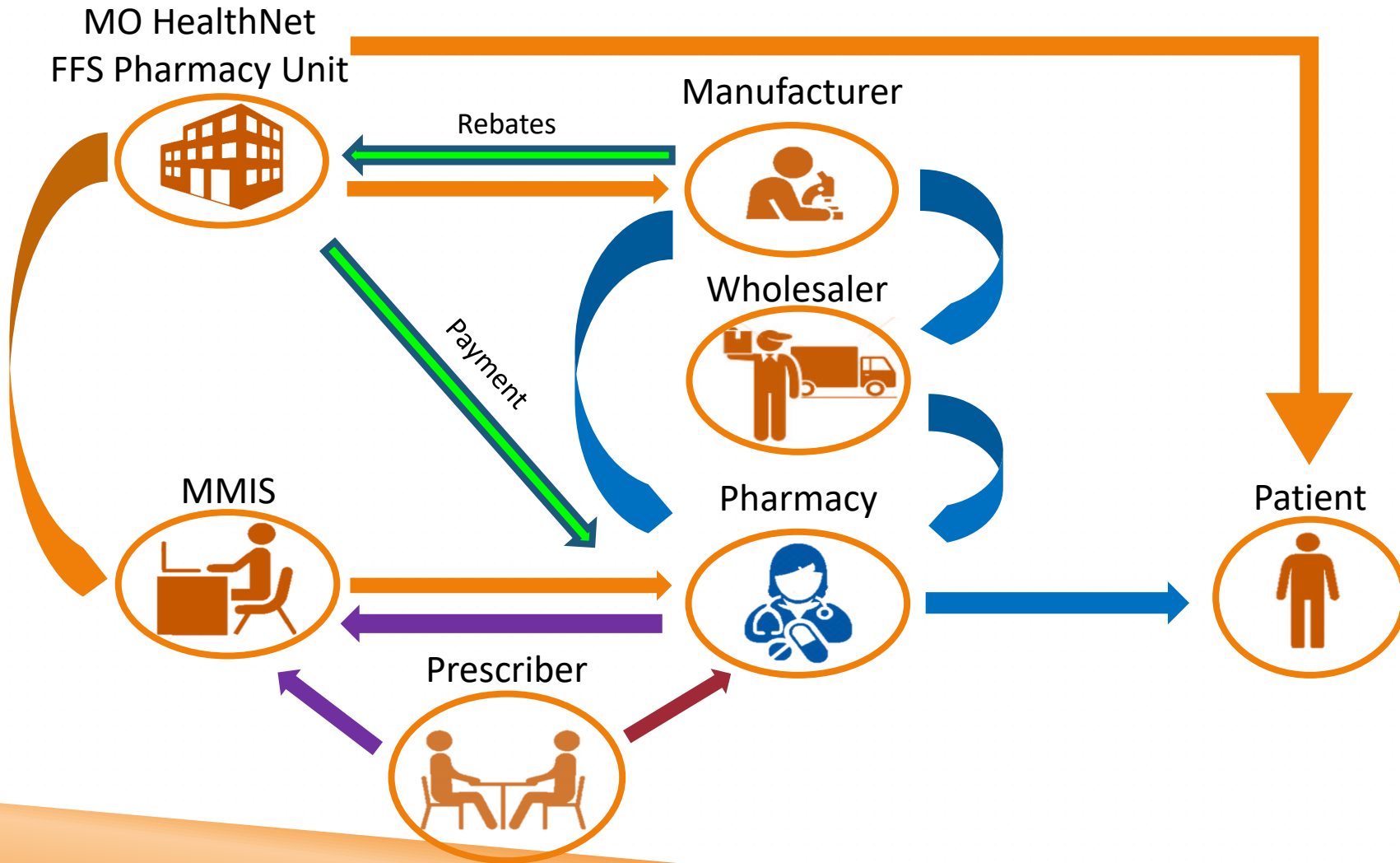
References
1. MO HealthNet Pharmacy Manual 2.6.A – Claim Integrity for MO HealthNet Providers
   a. http://manuals.momed.com/collections/collection_pha/print.pdf
2. 13 CSR 70.3.030 Sanctions for False or Fraudulent Claims for MO HealthNet Services
   a. https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-3.pdf

The Why (cont.)

❖ Accuracy of claims data leads to:

➢ Appropriate reimbursement

➢ Appropriate manufacturer rebate invoicing

➢ Appropriate utilization

Simplified Process Diagram

Incorrect Units Example

❖ Drug A: 500mg/10mL Vial

❖ Participant Dose: 500mg

❖ Drug is billed by the mL

Provider	Price	Billed Units	Billed Amount
A	$400/mL	500	$200,000
B	$400/mL	10	$4,000

❖ Provider A has an inappropriate inflated billed amount of $196,000

  ➢ Billed by the mg (500) and not the mL (10)

❖ MHD is now invoicing the manufacturer 50 fold

References
1. MO HealthNet Pharmacy Manual 15.7 – Claim Filing for Injectable Medications
    a. http://manuals.momed.com/collections/collection_pha/print.pdf
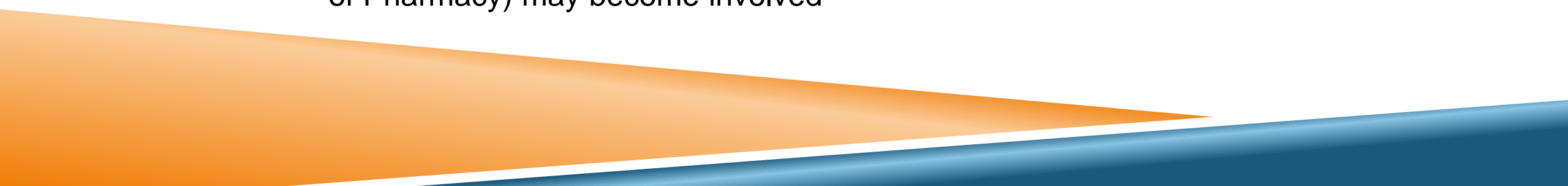
White Bagging Example

❖ Two providers billing for the dispensing of a participant's medication when one provider should be billing only for administration

Dispensed Date	Provider	Medication	Qty	Billed Amount
01/22/2022	Pharmacy A	Drug B	1	$13,000
01/28/2022	Hospital A	Drug B	1	$13,000

➢ Claim from Hospital A would be fully recoverable as the hospital administered the medication and did not actually supply it

Dispensed Date	Provider	Medication	Qty	Billed Amount
10/09/2021	Pharmacy B	Drug B	1	$13,000
10/10/2021	Hospital B	Drug B	1	$0.01

What to Expect

❖ Request for adequate documentation via call/email from MHD

❖ Provider sends records via mail, fax or email to MHD

❖ Desk audit begins

  ➢ Completed audit may indicate there are no findings or violations noted

❖ Outcome of audit will be sent to the provider, including the noted violations

❖ Provider and MHD work together directly to resolve any violations

  ➢ Rebilling of claims

  ➢ Educational opportunities

❖ If findings are identified as malicious or with intent, Missouri Medicaid Audit and Compliance or the appropriate regulatory board (i.e., Board of Pharmacy) may become involved

Resources

❖ Educational Opportunities

➢ Aid providers in proper billing of drug claims to MO HealthNet

Webinar	Time	Link to Register
August 31st, 2022	9:00am to 10:00am	Here

❖ MO HealthNet questions or issues, unrelated to prior authorizations, can be directed to the Pharmacy Administration Unit (PAU):

➢ Email: MHD.PharmacyAdmin@dss.mo.gov
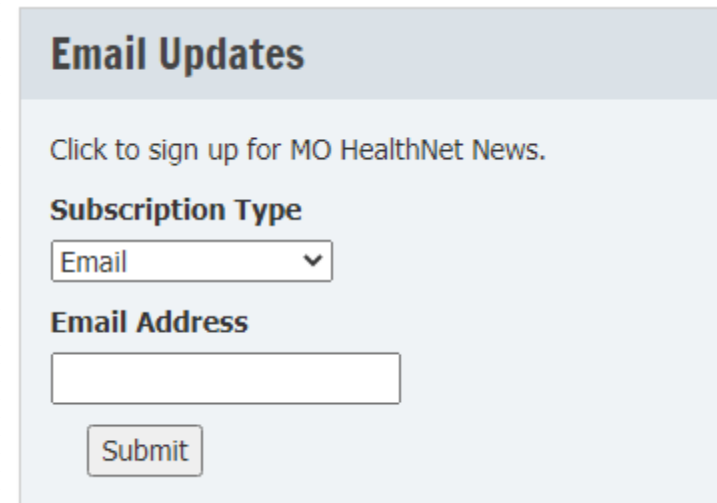
➢ Hotline: (573) 751-6963

Stay Up to Date

❖ Sign Up for our Hot Tips and Provider Bulletins

➢ https://dss.mo.gov/mhd/

LEGISLATIVE UPDATE

PUBLIC COMMENT

NEXT MEETING
NOVEMBER 9, 2022