

MO HEALTHNET OVERSIGHT COMMITTEE MEETING MINUTES

November 10, 2021
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 Mark Stringer
Carmen Parker-Bradshaw
Sara Oerther
Kaylyn Lambert

Alex Daskalakis, DLS
Josh Moore, MHD
Kim Evans, FSD
Justin Clutter, MHD
Caitlin Whaley, DSS
Ton Brite, MHD
Nate Percy, MHD
Olivia Rush, MHD
Abbie Barker, MHD
Pat Luebbering, DFAS
Darin Hackmann, MHD
Ryan Conway, DSS
Kathryn Dinwiddie, MHD
Jennifer Tidball, DSS
Ashley Wilson, MHD

Donna Checkett
Emily Wright,
Iva Eggert
Jackie Schmitz, Senate Staff
J Kuang
Jennifer Colozza, Conduent
Jim Eschen
Jim Moody, HB Strategies
Katiee Brown
Lindsey Haslag
Mandy Hagseth
Marga Hoelscher
Maya Moody
Megan Fast, Conduent
Megan Price
Paul Fung, Conduent
Russ Oppenborn

Members Not Present:

Representative Jon Patterson
Mark Stringer
Robert Knodell, DHSS
Mark Sanford
Sen. Holly Rehder
David Ott

GUESTS:

April Ash
Alisa Gordon, Milliman
Alex Rankin
Alix Cossett, Stinson LLP
Amanda Harris
Amy Schwartz
Audrey Rattan
Blake Shrout
Brian Kinkade, MHA
Cara Hoover
Chris Moody

Serena Barden
Sarah Unsicker
Shantel Dooling
Sheldon Weisgrau
Susan Henderson-Moore
Tessa Weinberg
Tim McBride, Wash Univ.
Tracy Hoerschgen
T. Bradshaw

DSS/State Gov't Staff:

Kirk Mathews, MHD
Leann Hager, MHD
Gail Luecke, MHD
Jessie Dresner, MHD
Glenda Kremer, 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 August 19, 2021 meeting.

Director's Update

- Todd Richardson, MHD Director, thanked and recognized MHD staff members who operated the organization in his absence to ensure everything ran smoothly. He also congratulated Director Mark Stringer from the Department of Mental Health on his retirement.
- Mr. Richardson shared that Medicaid Expansion is up and running. The first participants have been enrolled as of October 1. Claims are coming in and being paid. While we still have some regulatory approval process to complete with CMS, we feel very good at this point about how the expansion efforts are going. We do anticipate applications to continue to increase and enrollment to grow.
- Mr. Richardson also updated the group that the Enterprise Data Warehouse project has been completed and fully operational with data being updated daily. This project gives us a single source of true Medicaid data enabling us to run reports that allow us to extract real intelligence and meaningful information out of this data. Although reports are still being set up, we are very excited that the project is through the implementation phase. We are looking at additional data sources to add to the warehouse in the future but there is still some work to be done before that happens.
 - **Comment:** Sarah Oerther asked if we would be discussing value based purchasing.
 - **Action Item:** Mr. Richardson advised we could give an overview at a future meeting.

Family Support Division (FSD) Update:

- Kim Evans, FSD Director, presented the FSD update. ***The presentation is available online.***
- Ms. Evans advised open enrollment started November 1 through January 31. As expected, applications have taken a significant jump, currently pending 26,000 to 28,000 applications a day. FSD staff are working overtime and being able to verify income and addresses electronically enables them to move through the application process rather quickly.

The project office in MEDES is in the process of testing code changes that will allow them to do determinations on uninsured women and extended women's health. We will be able to move these categories over by running a new determination. However, this all depends on how the test goes and ensuring the code still secures the women from not losing uninsured or extended women's health if they are not eligible for the new expansion group.

They are also working on pieces for the Medicaid for pregnant women or postpartum and MO HealthNet for families where if they are determined not eligible for the new expansion group they will not lose coverage until the public health emergency (PHE) ends. Also, cases cannot be closed until the end of the PHE.

Another piece they are working on is the transition for Gateway. On November 19, approximately 11,000 annual renewals will be mailed to individuals on Gateway that do not have children who are active or known to MEDES that would allow us to move them over. CMS advised FSD they need to do a review to ensure these individuals are truly eligible before they can move them over to the newly expanded group. If individuals are determined not eligible they will remain in the Gateway program until the end of the PHE. Annual renewals will be sent out each month to anyone that hasn't returned the information requested to determine eligibility. This process will continue until the PHE ends. Once that happens, another letter will be sent with another annual renewal notice to inform the individuals they must complete or contact FSD by a certain date or coverage will end.

FSD's plan is to work thru the annual renewals by end of December. They are also doing prep work to get their caseload ready once the PHE ends. They have used Lexus Nexus verification to run our Medicaid population to see how many participants have moved out of state. They are sending out approximately 32,000 letters to adults that have been identified as being out of state but will also send to

in state as well. This will give them the opportunity to contact us with the correct information as to whether or not they had actually moved or not. Once we have moved these individuals through the adverse action period and they've not contacted us, we will move to close those cases.

We also identified 4,000 individuals who are deceased as well as 1,100 that are incarcerated across the U.S. FSD will continue to run these checks against the caseload every month going forward. They will continue to work with CMS on how to move forward once the PHE ends. FSD staff have talked to a lot of provider groups, hospitals, and clinics and are starting to see an increase of facilities that are working with us and signing the memorandum of understanding where they have access to our staff to assist with teaching their staff how to apply online and how to look for problems that their patients are having.

- **Comment:** Gerard Grimaldi, Director of University Health (formerly Truman Medical), asked what the current pending numbers were and how many applications or percentage of applications are able to be accepted without having to get additional information.
- **Comment:** Ms. Evan's replied pending applications range from 26,000 to 28,000 applications a day, with approximately 700 being returned for additional information. They hope to have better data that can be shared after November information is available.
- **Comment:** Dr. Bridget McCandless asked for confirmation about continued coverage for pregnant women.
- **Comment:** Ms. Evans confirmed that the women are covered during their pregnancy and then they have the 60-day postpartum coverage. They will continue to have coverage until the PHE ends. Upon the end of the PHE, FSD will explore coverage for expansion. If the participant is deemed not eligible, then they will explore to see if they qualify for other programs such as extended or uninsured women or possibly aged, blind & disabled program. If they do not qualify, they are automatically referred to the Federal Marketplace.
- **Comment:** Senator Jill Schupp asked if we are reaching out to people in other ways than just by letter.
- **Comment:** Ms. Evans said they are required to send a notice; however, they are working to develop a public education piece around the program. They have also been working with medical providers and their outreach partners by training them on the programs so they can assist individuals with completing the applications for the programs we have. They are also exploring the possibility of texting or electronic notices. Live Chat will be available in January that will allow people to ask questions rather than having to call into the call centers.
- **Comment:** Dr. Pfannenstiel asked how the annual renewal process would work once the PHE is lifted.
- **Comment:** Per CMS, FSD must verify all financials before they can close a case going forward. Any work done on cases prior to PHE ending cannot count as annual renewals. They will have to start renewals after PHE ends. If someone should lose coverage for whatever reason, MEDES will automatically explore the expanded coverage at the next level before they close. It also flags them to check aged, blind and disabled. They are taking a holistic look at a person's Medicaid eligibility before they take any action. This is the main reason with going with a single Medicaid application. When someone applies today, they apply for Medicaid. All the questions they need are within this one application and can be used for all the programs including a section to collect information for aged, blind and disabled services.
- **Comment:** Dr. Pfannenstiel asked if any word on when the PHE will end.
- **Comments:** Ms. Evans and Mr. Richardson concurred that the PHE is now set to end January 18. The National Association of Medicaid Directors' is trying to engage with CMS and make the point to them that we need some clarity and advanced lead time on when that expiration date might be. There are people working at the federal level trying to get that clarity so the end date doesn't surprise us.
- **Comment:** Dr. Pfannenstiel asked if we had preliminary numbers as of August as to how many expansion applications have been approved.
- **Comment:** Ms. Evans advised we did not have that information right now but should be able to provide at a future meeting.

- **Comment:** Senator Jill Schupp asked about the Tier One Genesis calls and asked why the average wait time seems to range from 20 – 30 minutes.
- **Comment:** Ms. Evans said tier one is the first tier you get to when you are asking general questions. This includes questions for all programs not just Medicaid. For instance, if someone is calling in for SNAP, they are keeping them on the line working the case until completed. The call center at WIPRO are taking care of the phone applications for Medicaid along with annual renewals, people calling in to make changes and the school lunch program. People tend to hang on the line so they can talk to someone rather than go through the interactive voices responses. Ms. Evans also said they hope to be able to get some additional information out of the new genesis phone system that could help to address these issues.
- **Comment:** Ms. Evans clarified that the numbers they will see will be Medicaid applications as a whole and they will not know if someone is actually applying for the expansion group. They may truly be eligible for another Medicaid category and never make it to expansion.
- **Comment:** Dr. Pfannenstiel asked that if there will be a category for those not eligible in the breakdown of total applications.
- **Comment:** Ms. Evans said they would have information about those who are not eligible for any Medicaid category that we currently have.

Chief Transformation Officer's Update:

- Kirk Mathews, Chief Transformation Officer, gave an overview of the transformation office, how they are organized and the initiatives they work on with the operational units within MO HealthNet. They currently have 54 transformation initiatives that are completed and/or in flight. Forty-six of these initiatives were from input received from the McKenzie Report. They work in about different 8 different work streams ranging from eligibility and enrollment to pharmacy, managed care, hospital programs, integrity systems, etc.

In the managed care stream, they are working on a public facing dashboard that will allow participants to compare the managed care organizations across different quality metric.

In the nursing facilities stream, they are work on rebasing the nursing facility rates, which haven't changed since 2005. Rates are simply based on when a particular facility entered the Medicaid system. The cost reports the facilities were submitting at the time they entered the system, did not reflect any allowance or accounting for acuity or quality. MHD has been working with the nursing facilities for the past 9 month about how the system might work. The value based payments is also part of this. Not only should we pay a fair rate, but should account for variability in acuity and quality. MHD is working with accounting partners at Myers & Stauffer to rebase these rates.

In the hospital stream, they are working on an initiative that's at a very conceptual level right now, which they are calling a rural hospital health hub model. Dr. Abigail Barker, Washington University, is the primary author of this model, which will help rural hospitals be even more engaged in population, health and social determinants and finding a revenue stream that would incentivize that work. The ultimate goal is to have more sustainable rural hospitals and better population, health and reduce avoidable ER visits.

The redesign of our application process falls into our eligibility and enrollment work stream, known as the Civilla project. This is on hold for now and waiting on CMS approval. We felt introducing a new application process in the midst of the PHE and expansion was not necessarily a wise idea.

Some of these projects are big but there are also small initiatives such as Money Follows the Person program, which allows people to transition from a nursing facility back to their homes. It saves the state about \$7 million a year.

- **Comment:** Dr. McCandless asked how the Data Warehouse and the ability to query the data would help measure the outcomes of their work in the future.

- **Comment:** Mr. Mathews advised that they were just entering the phase where we will begin accessing and utilizing the Data Warehouse. The hope is to actually take the data and use it much more broadly and not just for policy decisions going forward but looking at the results. For instance, when looking at value based reimbursements, we want to be in the position to be paying for value based outcomes. The data received from the Data Warehouse is a huge key to its success. We hope to have more information on this at one of our future meetings.
- **Comment:** Dr. McCandless asked if internal resources were available to help translate what everyone wants to know and what the computer can actually do.
- **Comment:** Mr. Richardson said that the Department will be investing in additional staff to assist with this. One very wise thing the Department did early on when it was going through procurement, was actually getting some of the services included in the operations contract with our vendor IBM. IBM has dedicated some personnel whose responsibility is specifically to assist with the report writing.

Chief Operations Officer's Update:

- Jessie Dresner, Chief Operations Officer, advised that MHD team member Jennifer Hunter, who heads up the primary care health home program to see what ideas we have around sickle cell. There will be more to come at a future meeting.
- Ms. Dresner reported that an electronic platform for health records for our foster care children is up and running. This will allow a level of access to the health records for the foster care parents, clinicians, providers and necessary Children's Division personnel and provide a more consistent level of care if the children have to move among placements.
- Ms. Dresner advised that MHD is also working with the Department of Corrections (DOC). Currently we do not pay Medicaid to incarcerated individuals unless they are inpatient. Their benefits are now suspended as opposed to being terminated per the Support Act. MHD has been working with DOC on system compatibility that allow the sharing of screens to help us better determine who is incarcerated and help us be more efficient and not process any improper payments.
 - **Comment:** Dr. McCandless asked if the system compatibility work being done would allow the Department to look to see if they qualify for Medicaid expansion.
 - **Comment:** Ms. Dresner replied that the first phase addresses billing and ensuring we are not making improper payments to those that are incarcerated.
- Ms. Dresner announced the implementation of Electronic Visit Verification (EVV) launched November 8. EVV is used for certain Home and Community-Bases Services. For instance, when a caretaker checks in, they don't do that through a paper timesheet anymore, but electronically. This allows more accuracy with billing. The Cares Act made it a requirement for all states and Missouri is ahead of the game and have been implementing what we call an aggregator so that our providers who have chosen their own vendor do not have to terminate that contract and use a state prescribed system. They can continue to use their vendor of choice and it will hook up to the aggregator that will supply the state with the data needed for the Cures Act.
- Ms. Dresner MHD advised that MHD was in the planning stages of creating a member forum. The managed care plans have a consumer advisory committee; however, we've never had a participant forum for fee for service or a venue for exchange of information and education for participants, whether fee for service or managed care.
- Ms. Dresner advised that due to some confusion among providers regarding prior quarter coverage, which is fee for service, MHD sent out a news blast as well as published a provider bulletin addressing the issue.

- **Comment:** Dr. McCandless and Dr. Pfannenstiel asked for clarification around the number of applications and approval since October 1 for the expansion population.
- **Comment:** Ms. Dresner advised that the Department's website caseload counter is updated weekly. The website was provided to the committee.

Managed Care Update

- Alex Daskalakis, MHD Managed Care Director, introduced himself as the new Managed Care Director and also Kathryn Dinwiddie the new Managed Care Program Manager.
- Mr. Daskalakis reported that the Office of Administration is currently reviewing managed care request for proposal (RFP) that will go into effect in Fiscal Year 2023. MHD expects it to be released for bidding by the end of November. The RFP includes what is called a Specialty Plan, a targeted plan. One of the three plans being awarded the contract will get the Specialty Plan as well. This plan is designed to work with our population of foster kids, former foster kids, and kids getting adoption assistance. The goal is to deliver services to this population from one health plan with one network of providers.
 - **Comment:** Gerard Grimaldi asked for confirmation that the Specialty Plan would only be assigned to one plan.
 - **Comment:** Mr. Daskalakis confirmed that was correct and said it would be a statewide contract.
- Mr. Daskalakis said that in regards to Medicaid Expansion, the prior quarter coverage period for adults is July, August, and September of 2021 for fee for service. They started enrolling the adult expansion group participants into the managed care program on October 1. The amendment to the current contract that adds the adult expansion group as one of our covered groups has been executed with our health plans and is going to CMS soon.
- Mr. Daskalakis also announced that on July 1, 2022, the new enrollment broker Automated Health Systems (AHS) will be implemented. AHS will be handling a number of operations, including premium collections. We will be assigning participants to the health plans, operating a contact center for participants, operating a web portal for participants and maintaining a provider directory.
- Mr. Daskalakis advised that the external quality review organization Primaris just completed its "secret shopper" survey for 2021. They monitor quality control of the health plans for such things like access to care issues, appointment availability and accuracy of their provider directory.

Pharmacy Update:

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

The presentation centered on opioids. From 2012-2021, usage dropped 43% and the number of claims processed dropped 53%. This is not the sole work of MHD but also a collection of providers, patient advocacy groups working together to address the opioid epidemic. There is still room for improvement. He reported that in the last 12 months ending March 2021, over 72,000 have died in the U.S. and 1,470 in Missouri due to opioid overdose. A lot of this is due to street opioids.

Mr. Moore spoke about some of the others things being done for pain treatment other than opioids. For example, they looked at (1) non-opioid agent restrictions (topical treatment for pain, removed prior authorization for certain drugs); (2) non-medication pain management (use of complementary health and alternative therapies such as chiropractic, acupuncture); (3) risk reduction measures (clinical edits for long term use of benzos, high risk therapy clinical edits to increase access to naloxone and removed prior authorization from buprenorphine/naloxone).

Mr. Moore reviewed the current opioid policy and the proposed changes to the opioid policy. Any changes still need to be approved by the advisory committee which will be in April, 2022.

Mr. Moore also reviewed some program updates regarding certain drugs. Notices go out weekly regarding such changes. He encouraged anyone interested in these updates that go out via Hot Tips and Provider Bulletins to sign up by going to MHD's web page at <https://dss.mo.gov/mhd> and complete the "Email Update" section found there.

Legislative Update: Caitlin Whaley introduced the new legislative liaison Ryan Conway. There was no legislative update.

Budget Update:

- Tony Brite, MHD Chief Financial Officer, gave the budget update, which is **available online**.
 - **Comment:** Mr. Grimaldi asked if there were discussions on how some of the federal funds might be used to improve the MMIS or other IT needs for MO HealthNet above and beyond what is included in the department request.
 - **Comment:** Mr. Richardson said the Division is continuing to evaluate where it is on the transformation of the IT system roadmap. Need to keep in mind that as we plan the IT transition, it's not just the dollars but also the available resources in terms of staff time to commit to the implementation. While we are excited about the opportunity to be able to do some of the projects and have the funding for it, we have to make sure we can resource them as well.

Public Comment:

- There were no public comments.

Miscellaneous:

- There were questions regarding future meetings continuing to be virtual or in person. After some discussion, Gail Luecke will poll the group for their preferences via email. Once decided, we will get the information out to the committee members.

The meeting adjourned at approximately 2:15 p.m. The next meeting is scheduled for February 3, 2022.