

MO HEALTHNET OVERSIGHT COMMITTEE MEETING

**October 8, 2013
600 West Main Street
Jefferson City, MO**

MINUTES

Members in Attendance

Gerard J. Grimaldi
Margaret Benz
James McMillen
Sen. Rob Schaaf
Joe Parks
Sen. Joseph Keaveny
Brian Kinkade
Timothy McBride
Joseph Pierie
Ingrid Taylor
Rep. Jeanne Kirkton
Rep. Keith Frederick
Kecia Leary

Members Absent

Bridget McCandless
Mark Sanford
Carmen Parker Bradshaw

DSS Staff in Attendance

Jennifer Tidball
Andrew Bond
Julie Creach
Rhonda Driver
Darin Hackmann
Samar Muzaffar
Donna Sybouts
Beverly Smith
Alyson Campbell

Others in Attendance

Meghan Ellege- Legal Aid of West MO	Pam Victor, HCUSA
Matt Dietz, St. Louis University	Pat Mills, MSMA
Ashley Borg, Heartland Regional	Julie Philbert, FSD
Erica Garcia, St. Louis University	Emily Wright, Stinson Morrison Hecker
Erin McGuinness, St. Louis University	Jim Burns, CMS
Carrie Craig, Adapt of MO	Susan Zalenski, J & J
Daniel Landon, Missouri Hospital Association	Berend Koops, Merck
Grant Calk,	

WELCOME/INTRODCUTIONS/MINUTES – Dr. Tim McBride called the meeting to order at 12:05 pm. Dr. McBride made a few housekeeping announcements. Minutes of the July, 2013 were presented and approved.

DIRECTOR’S UPDATE – Jennifer Tidball, Interim Director, Mo HealthNet Divisioni (MHD) gave an update to the board regarding the last four months of activity. Ms. Tidball reported that on September 27, 2013 CMS approved “Gateway to Better Health Waiver” extension which will expire

on December 31, 2013. On October 1, 2013, letters went out to those who are currently at the 138% poverty level who will not be eligible for benefits after January 1, 2014.

Dr. Samar Muzaffar and her team have been working on early elective delivery amendment. They are in the final stages of drafting the rules and it is getting ready to go out to our contractors who will review the rules.

Rate increases had been restricted however; funds have been released effective October 1, 2013. Home and Community base providers received a 7% increase. Nursing Home increase of 3% will be effective for a full year; however will not go into effect until January 1, 2014.

Key personnel changes – Dr. Atwell left MHD in September, we are now recruiting for her replacement. Also, recruiting efforts are underway for MHD Division Director, hoping to have someone on board by the first of the year.

Questions were asked and answered regarding the Federal Exchange, rate increases, and Managed Care.

MO HEALTHNET – ENROLLMENT UPDATE: Lodi Henson gave the report for Division of Family Services (DFS). Ms. Henson reported participants as of August 2013 totaled 862,747 with an additional 64,223 receiving women's health services. The women's health services program is a limited benefit eligibility category, essentially family planning services. A higher federal match is allowed for these services. The number of participants is not typically included in overall MO HealthNet eligibility numbers. The chart reflects that of the 862,747 MO HealthNet participants, 60.6% are children, 18.6% are persons with disabilities; 9% are custodial parents, 8.7% are seniors defined as individuals 65 or older; and 3.1% are pregnant women. Out of the total 522,714 children enrolled, there are approximately 67,714 children enrolled in the Children's Health Insurance Program (CHIP). The chart reflects that out of the 862,747 MO HealthNet participants, 410,757 are currently enrolled in Managed Care.

Questions were raised about the number of children projected for next year. Alyson Campbell, Director of Family Support Division (FSD) will check and will report back to the committee.

BUDGET – Andrew Bond reviewed with the committee a chart of the MO HealthNet Enrollment in the last few months. Andrew stated there is a slight increase, nothing more than normal inflation. The budget request for 2015 for MHD is \$23.1 million. The department submitted the budget to the Governor's office on October 1, 2013. Mr. Bond reported MHD is seeing a growing population in dual eligibility, we believe the driving force is the Part B side of Medicare.

We have money in the budget for the federal side; we just need the state side.

We are seeing a slight increase for the rates for 2015 for both Part A and for Part B, but we are also seeing an increase in people (this goes with Medicare Premium increase portion of the budget). There is also an increase disability number, no indicators why; however, all we have is who comes into the Medicare program.

MEDICAID TRANSFORMATION ACTIVITIES - General Assembly Committee Status Update- Jennifer Tidball updated the committee on the involvement of MO HealthNet (MHD) in hearings, and current projects MHD is undertaking:

1. Interim Committee – Medicaid – there have been six (6) hearings around the state, MHD presented at five (5) of the hearings giving overview of Medicaid – talked about co-pays, MHD set-up, Medicaid program structures.
2. In September, a report was issued out on the committee website – part of the state website – testimonies of the six (6) hearings can be found there
3. House Committee Medicaid Transformation – were held on September 11 and 26. All of the agendas from those committee hearings can also be found on their website.
4. There was also a hearing on October 2, 2013. MHD provided publication, however we have been more behind the scenes and providing information when necessary.

Questions came forth and comments were made regarding the hearings and the concerns for expansion. Also, there was conversation around expansion vs. improvement.

Dr. Samar Muzaffar updated the committee on MO HealthNet Quality Initiatives and several of the pilot programs we are looking in to, including a new case management pilot and healthcare coordination models for foster children The goals of the proposed case management pilot include but are not limited to: 1) employ systems-based approach (for example, integrate medical care, community-based services, home assessments/housing for example with children with asthma, available social services, nutrition and access to healthy foods to evaluate and address when possible social and environmental determinants of health) to enhance multiple facets of care coordination, compliance, and overall health and productivity and 2) identify high risk pool by evaluating

- 1) Utilization patterns
- 2) Medication adherence
- 3) Spend
- 4) Disease profile
- 5) Compliance
- 6) Potentially incorporate predictive modeling tool
 1. Ex. Identify the 5% responsible for 54% of expenditure (national data) and the top 1% responsible for 25%

The proposed structure for this model is currently under construction but anticipated to include identification of 50 to 100 high-need patients per MHD nurse with oversight from MO Health Net physician; empanelment of patients with PCP's; oversight of care coordination, care management, and facilitation of follow through with patients' primary care providers and other resources; begin process of multidisciplinary and clinical meetings within MHD for the panel of patients to facilitate integrated systems-based approach; and identification of community supports (ex CHW, PN, PSS).

The pilot would also include an evaluation mechanism, including pre-post and/or control/demonstration group design, evaluation of population health outcomes, and evaluation of utilization patterns and spend.

The second model under discussion is around care coordination for foster children. Options include medical homes and health homes, a managed care model specific to foster children, contracted care coordination and management with a vendor, MHD run care coordination and management or some combination of the above. For each option, there are specific details and questions that need to be worked through.

Questions and comments came forth regarding the pilot projects.

PUBLIC COMMENTS – Albert Reine Jr. read a letter regarding non-emergency transportation not meeting the travel standards or the needs of the people they serve. Mr. Reine also expressed concerns for the way his letters were treated.

Jennifer Tidball responded to the concerns Mr. Reine addressed, stating that MHD did have staff review cases under the new contract of July 1, 2013. "We did see some changes we could make and made those in the current contract. The contract was a competitive bid and was a statewide and regional base search; there was a selection process." MHD does follow-up on concerns that come either by e-mails or letters and we do address concerns with the company who has been contracted with the state.

Questions from the committee came forth and Ms. Tidball answered the committee's questions. Megan with Heartland Community Hospital, addressed the board regarding communication concerns with Jefferson County call in numbers not receiving return calls, not processing paper work that is submitted, and not giving enough time to get the information that is needed. Heartland is asking for a partnership with the agencies so they can get through the system in order to help their patients.

Alyson Campbell – Director, Family Support Division (FSD) addressed the concerns stating that FSD has some issues to resolve in the divisional offices. Stating we are looking at new technology and procedures. We are looking at having an advocate at different locations to help get real-time eligibility established instead of having to come into an office and fill out paperwork that may get

lost. Ms. Campbell stated if you are outside of 45 days and you have not received an answer, please send the matters to her attention.

MEDICAID ELIGIBILITY AND ENROLLMENT SYSTEM - Brian Kinkade, Acting Director, Department of Social Services (DSS) gave an overview of the new system, MEDES. The program is a modern technology designed for state agencies like Missouri's. It will be rolled out in several phases – October 1 began installation and testing, January 1, the eligibility process must use the new MAGI rules for calculating income to determine eligibility and is the planned date for starting use of the MEDES system

Alyson Campbell, Director Family Support Division (FSD) – FSD is seeing a higher volume of applications and we are evaluating how we do business, focusing on customer services. FSD is currently going through reorganization and getting ourselves in position to better serve our customers. FSD is looking at how we can improve our services through new technology.

Ms. Campbell stated we can broaden our caseload, instead of being tied to one worker it would be a team of workers. The new system will replace FAMIS our current system. Work on our new system, Medicaid Eligibility Determination and Enrollment System (MEDES), began in July. Since Monday, October 1, 2013 we have received 932 applications. Our next release date will be January 1, 2014.

Regarding systems and organization in FSD – we have two types of centers; currently there are offices in every county. Customers had to come to us in person. We are moving to more Resource Centers, where we will partner with a community provider. As an example, In North Kansas City we have a center in a daycare.

These types of centers will expand our presence in the community where the public will already be. Today in our office – case processing in processing centers – Processing centers will not focus on meeting the people, but getting a more timely and accurate processing of applications. There will not be processing centers in every county. Only about 30 to 35 processing centers will be located across the state. Currently staff needs to know every system we use. With the new technology, we will specialize in the processing centers. FSD is already seeing this benefit to staff, as the staff is able to focus on one specific area. The new technology will allow us to go to the degree of specializing a more task and activity basis. Documents coming in will get handled in a more timely and accurate manner.

Dr. Taylor commented on the new system, but inquired if the applicant could use their cell phone to complete their application. Ms. Campbell responded stating eventually that is the goal, the program is a web-based system – Mydss.go. Currently however, Medicaid for children and adults

are the only access at this time, but eventually overtime, everything will be added, as well as an online chat capability. The system is user friendly.

Jennifer Tidball also added that the system will also in time be linked to Managed Care, CHIPS collection, Third Party Liability, and Spenddown, which will give better real-time healthcare delivery.

Ms. Tidball also informed the committee, that under the new Advanced Affordable Care Act between now and January, we are taking applications and processing it through FAMIS. January 1, 2013 when the state law kicks in, we will begin to process Medicaid under the new rules. Our worker portal will be up and running and will begin processing the applications in MAGI and MEDES.

MISSOURI MEDICAID AUDIT AND COMPLIANCE (MMAC) – Jessica Dresner, introduced herself as the New Director for MMAC, stating she has been in the position with MMAC since the beginning of July. Ms. Dresner gave an overview stating that MMAC is part of the Department of Social Services. The unit is unique because it is a provider review and investigation unit and provider enrollment unit.

Provider enrollment, at one point, was six months behind. At this point in time, we are caught up. We needed to concentrate on application process and getting caught up with e-mails.

Ms. Dresner gave an overview of what MMAC tasks; auditing different providers and reviewing contracts as well as manuals. We are dual in nature. Ms. Dresner talked about the Lock-in program, and some of the investigation that happens when a complaint is submitted.

Funding for MMAC was also discussed. Ms. Dresner stated they do have a financial manager, and because of the type of projects they are tasked with, the funding comes from different directions.

Most of MMAC's actions will be administrative in nature. If we do find something that is criminal in nature, we would forward to the local law enforcement agencies.

Questions were brought forth regarding the Lock-in program. Ms. Dresner stated that when it is drug seeking behavior, then MMAC can do a lot more with the Lock-In program.

With no further business to come before the committee, a motion was made to adjourn and the motion carried. The meeting of the Missouri Oversight Committee was adjourned.