

MO HEALTHNET OVERSIGHT COMMITTEE MEETING

February 3, 2013
600 W Main Street
Jefferson City, MO

MINUTES

Members in Attendance:

Margaret Benz
Heidi Geisbuhler for Sen. Dempsey
Rep. Keith Frederick
Gerard Grimaldi
Celesta Hartgraves
Sen. Joseph Keaveny
Rep. Jeanne Kirkton
Kecia Leary
Timothy McBride
Bridget McCandless

Members in Attendance

(cont'd)
Joseph Pierle
Mark Sanford
Sen. Rob Schaaf
Ingrid Taylor

Members Absent:

Carmen Parker Bradshaw

DSS Staff in Attendance:

Andrew Bond, MHD
Alyson Campbell, FSD
Rhonda Driver, MHD
Kristen Edwards, MHD
Darin Hackmann, MHD
Jan Heckemeyer, MHD
Timothy Kling, MHD
Debbie Meller, MHD
Samar Muzaffar, MHD
Joe Parks, MHD

Others in Attendance:

Lovey Barnes, Missouri Care
Kim Brandt, Wipro InfoCrossing
Albert A. Reine, Jr.
Steve Renne, MO Hospital Assn.
Larry Rohrbach, Leading Age
Misty Snodgrass, MO Coalition
of CMHC's
Dave Sprout, BMS
V. Young, Post Dispatch

WELCOME/INTRODUCTIONS/MINUTES – Dr. Tim McBride, Chair, called the meeting to order at approximately 12:00 noon. Minutes of the October 8, 2013 meeting were approved as submitted. Dr. McBride introduced Dr. Joe Parks as the newly appointed Director of MO HealthNet Division.

DIRECTOR'S UPDATE – Dr. Joe Parks, Director, MO HealthNet Division, thanked Dr. McBride and stated he is very happy to join MO HealthNet. He then welcomed all in attendance and introduced Dr. Ray Storm as the new dental lead. Dr. Storm is a shared access between Department of Health and Senior Services and MO HealthNet Division. He will be involved in the implementation of rural health dental services.

Dr. Parks stated that MHD is going to reprocore both the MMIS WIPRO and Xerox Decision Support which includes the Cyber Access portal. The current contract ends June 2017. We want new contracts in place by June 2016, so there will be a one year overlap. We will be doing an open procurement by RFP. We are in the process of retaining counsel to help us develop the RFP for the reprocorement of the MMIS and decision support software. We have to have the consultant RFP awarded in two weeks.

Both CMHC Health Home and Primary Care Health Homes are expected to add an additional 5,000 enrollees. For Primary Care this will involve selecting and enrolling new Primary Care Health Home providers.

A workgroup is developing a foster kid's health home model that involves MO HealthNet, Department of Mental Health, Children's Division and provider stake holders.

CMS has issued new rules for Home and Community Based Waivers that have a stricter definition of what it means to live in a Community. In part the new rule states that wherever the person lives in the community, they be able to come and go whenever they want, have whoever visit whenever they want and if rental they be the signer of the lease. Living on the grounds of an institution or adjacent to an institution can no longer be counted as living in the community. These new requirements will be difficult for the Department of Mental Health's DD waivers and could present complications for Department of Health's waivers also.

The Committee at this point requested an overview of HCB waivers at a future meeting.

The announcement was made that Dr. McMillen has retired and submitted his resignation. This leaves a vacancy plus one other previous vacancy. The Governor's Office is aware of these vacancies.

A nomination was made to ask Kecia Leary to serve as the Vice Chair of the committee. This nomination was seconded and approved. Dr. Leary accepted the nomination.

Tim McBride, Chair, reviewed bills regarding Medicaid expansion. A calendar of bills with a bill summary was sent to the Committee. Dr. McBride presented and discussed data about how Medicaid enrollment varies with unemployment rates growth and personal income.

Senator Schaaf inquired about how soon a person becomes eligible for CHIPS after losing a job. The response to this was six months with some exceptions.

There was a general review of Federal and State match across various eligibility categories.

Representative Frederick briefly described legislation that he and Senator Schaaf will be working on that will utilize an information system that was better integrated with providers.

Budget – Andrew Bond presented the Governor's Recommended Budget for MO HealthNet. For SFY – 2015.

MO HEALTHNET ENROLLMENT BY ELIGIBILITY CATEGORY DECEMBER 2013 – Summarizing the handout, Emily Rowe - Family Support Division, reported the following:

Participants as of December 2013 totaled 847,385 with an additional 63,964 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 847,385 MO HealthNet participants, 60.7% are children, 18.7% are persons with disabilities; 8.9% are custodial parents, 8.8% are seniors defined as individuals 65 or older; and 2.9% are pregnant women. Out of the total 514,037 children enrolled there are approximately 68,286 children enrolled in the Children's Health Insurance Program (CHIP). The chart reflects that out of the 847,385 MO HealthNet participants 402,007 are currently enrolled in Managed Care.

PUBLIC COMMENT – Albert Reine, a provider through the non-emergency medical transportation (NEMT) program, submitted a written letter for consideration by the Committee regarding the EMT program. The first and last paragraph was read. Senator Schaaf questioned if these concerns have been looked into. Brian Kinkade responded that this has been looked into several times. Ingrid Taylor requested topic to be put on the agenda for discussion at the next Oversight Committee Meeting. Tim McBride requested follow up and agreed to put on the next agenda.

MORx – Missouri State Pharmacy Assistance Program presentation was presented by Rhonda Driver, Director of Pharmacy. The following items were addressed:

- In 2005 the 93rd General Assembly passed SB 539 restructuring Missouri's Pharmacy Assistance Program from former Missouri Senior Rx Program
- Implemented January 2006
- The program was reauthorized in 2011 for three years.
- The current program will sunset Aug 28, 2014. General Assembly reauthorization is needed.
- Provides prescription drug assistance to elderly and disabled Missourians by coordinating benefits with Medicare's (Part D) Prescription Drug Program.
- All MORx members must be enrolled in a Medicare Part D Prescription Drug Plan (PDP).
- Today 25 states operate State Pharmacy Assistance Programs that coordinate benefits with Part D
- MORx covers Dual eligibles (automatically) and Non-Dual eligibles up to 200% of the FPL, that are Missouri residents.
- MoRx pays for 50% of out-of-pocket costs on medications that are covered by a Medicare Part D plan, including:
 - 50% on deductible;
 - 50% on co-pays; and
 - 50% during the coverage gap and beyond
- Current membership is approximately 228,000 members
- Income requirements
 - Single — annual gross household income of \$21,660 or less
 - Married — annual gross household income of \$29,140 or less
- The program is 62% female and 38% male.

- Approximately 18 percent of this program’s funds are used to address the Medicare coverage gap, or ‘donut hole’.
- The vast majority of MORx funds go to help participating Missourians pay for their deductibles and co-pay costs.
- Without the MORx program, Medicare and Medicaid beneficiaries will see the co-pays for prescription medications double
- The ACA will slowly close the donut hole down to 25% through the year 2020
- MORx Mission – Helping Missourians Stay Healthy
 - By providing affordable, high quality, easily accessible prescription drug coverage.

MEDES Start-UP Alyson Campbell, Director, Family Support Division reported

A new MEDES system was launched on 1/6/2014 replacing FAMIS for TANF and CHIPS eligibility groups. It was implemented due to federal requirements changing to the new MAGI income eligibility rules. This is an on-line system with both applicant and case worker portals that is intuitive and easy to navigate. The system allows more efficient use of caseworker manpower. Staff are adapting easily with training which is only taking a couple days. After they finalize implementation for TANF and CHIPS the next step will be to implement the Aged, Blind and Disabled (ABD). The final completion date for all modules is December 2015.

MO HealthNet Medical Updates. A presentation was given by Dr. Samar Muzaffar to review a sampling of completed and proposed evidence-based clinical and medical policy changes.

- MHD System Level Goals Include:
 - Follow Evidence-Based Practice
 - Maintain cost-effectiveness in addition to adhering to evidence-base
 - Reduce administrative burden on providers
 - Focus on population health and public health impact
 - Review and update of existing physician and clinical/MED policy services to do the above
- 1. Early Elective Delivery
 - a. Work of expert work-group and MHD partners ongoing
 - b. Draft regulation is complete
 - c. Draft provider bulletin is complete
 - d. Draft supporting components are near complete
 - e. Systems work is being prepared
- 2. Genetic Testing
 - a. Review and update of existing policy as needed
 - b. Collaboration with DHSS Genetics Advisory Group
 - c. Create catalog of tests
 - d. Review evidence
 - e. Review of cost-effectiveness/cost-analysis
 - f. National models, ex. Oklahoma
 - g. Goal to develop automated prior-authorization process in the future as need arises
- 3. Bariatric Surgery
 - a. Evaluating change in policy from current threshold of BMI 40 with co-morbidity to BMI of 35 with co-morbidity or BMI of 40 with or without co-morbidity

- b. Evidence speaks to
 - i. Cost-effectiveness of bariatric surgery at BMI 35 with co-morbidity; cost-effectiveness indicates benefits are sufficiently large compared to the costs and justify the cost
 - ii. Cost-savings over a lifetime at a BMI of 35 when DM is a co-morbid condition; cost-savings indicates that dollars are saved, costs are decreased
- c. Medicare policy provides coverage for bariatric surgery for BMI of 35 with co-morbidity
- d. Currently performing a cost-analysis and review of policy requirements
- e. Goal to develop automated Prior Authorization process

A question regarding medical nutritional counseling or therapy arose. MHD is currently evaluating its policy and undertaking a cost impact analysis around the USPSTF recommendations for intensive counseling for overweight and obesity.

- 4. Circumcision
 - a. From the American Academy of Pediatrics 2012:
 - i. Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks and that the procedure's benefits justify access to this procedure for families who choose it. Specific benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV.
 - b. MHD has reviewed and is updating its policy:
 - i. Remove requirement for two MD reviews
 - ii. Allow for circumcision post-birth during same hospital stay
 - iii. Maintain PA (automate) for circumcision after birth if not during same hospital stay due to need for OR, specialists, and anesthesia
 - iv. Cost-analysis done
 - 1. Using 2010 and 2011 circumcisions rates, projected savings roughly between \$850K and \$950k
 - 2. If all male newborns circumcised in 2011, cost impact of roughly \$6,500
- 5. Breast procedures in the setting of a history of breast cancer
 - a. Currently, breast procedures are prior-authorized to filter cosmetic procedures
 - b. All procedures related to breast cancer are approved through a PA process
 - c. MHD will remove the PA process for procedures related to history of breast cancer
 - i. No cost impact
 - ii. Reduces administrative burden for providers and MHD
 - iii. Will require some systems work
- 6. Next steps
 - a. Ongoing review of clinical, physician, DME, and MED policy
 - i. Includes review of newly available procedures/tests that would avoid more invasive procedures
 - ii. Will update policies as indicated

Dr. McBride adjourned the committee at 4:00 pm. Next meeting is April 10, 2014.