

MO HEALTHNET OVERSIGHT COMMITTEE MEETING

April 10, 2014
1706 E. Elm Street
Jefferson City, MO

MINUTES

Members in Attendance:

Margaret Benz
Gerard Grimaldi
Celesta Hartgraves
Sen. Joseph Keaveny
Rep. Jeanne Kirkton
Kecia Leary
Timothy McBride
Joseph Pierle
Mark Sanford
Carmen Parker/Bradshaw

Members Absent:

Rep. Keith Frederick
Bridget McCandless
Sen. Rob Schaaf
Ingrid Taylor

DSS Staff in Attendance:

Joseph Parks, MHD
Andrew Bond, MHD
Rhonda Driver, MHD
Kristen Edwards, MHD
Darin Hackmann, MHD
Jan Heckemeyer, MHD
Debbie Meller, MHD
Samar Muzaffar, MHD
Nanci Nikodym, MHD
Alyson Campbell, FSD
Emily Rowe, FSD
Jennifer Tidball, DSS

Others in Attendance:

Lucas Caldwell- McMillan,
Legal Aid of Western MO
Connie Miholovich, MU
HealthCare
Leanne Peace, MO Kidney
Program
Melissa Freeman – Cerner
Michelle Miller – MO
Foundation for Health
Carol Curtis – Astrazenika

Carey Kebodeaux, Washington
University
Mary Schantz, MO Alliance for
Home Care
Steve Renne, MO Hospital
Association
Jim Burns, Centers for Medicare
and Medicaid Services
Pam Victor, HealthCare USA
Samuel Harris

Lovey Barnes, MO Care
Susan Zalenski, Johnson &
Johnson
Berend Koops, Merck
David Reine, CMT
Albert Reine
Christian Jensend – Anthem
BCBS, MO
Larry Rohrback, Citizen

WELCOME/INTRODUCTIONS/MINUTES – Dr. Tim McBride, Chair, called the meeting to order at approximately 12:00 noon. Minutes of the February 3, 2014 meeting were approved as submitted. Introductions of MO HealthNet staff included Jan Heckemeyer, MHN Deputy Director, Kristen Edwards, Nanci Nikodym and Samar Muzaffar, MHD Medical Director.

DIRECTOR'S UPDATE – Dr. Joseph Parks, Director, MO HealthNet Division, welcomed all in attendance. Dr. Parks provided a discussion regarding a number of bills under consideration in the Legislature in various stages that would change the aspect of our Medicaid program. A bill providing for Medicaid expansion bill has been entered but not yet approved. There are also other expansion bills, in the

budget there has been an agreed expansion to the dental services that has passed both the House and the Senate as well expansions of Medicaid in terms of dental services. In addition, there is an expansion of Medicaid being approved in terms of asset limits being lowered. Asset limits have not been changed for decades. There are several bills related to expanding Managed Care from its current regionalized approach to being state-wide. Dr. Parks also spoke about rebidding. In addition, he stated that the department is still clear that the major expansion would be helpful, as it would provide federal funds, cover an additional 300,000 people, generate an additional billion dollars in economic activity and save the state general revenue in amounts ranging between \$70 to \$180 million between now and 2022.

Dr. Parks gave a presentation on The Next Managed Care procurement. The presentation included some of the considerations regarding how MO HealthNET will be rebidding the managed care contracts in the coming years depending on what legislation passes. It takes about 9 months to rebid a managed care contract, though ideally the agency prefers to have a whole year. Some of the bills in the legislature will require us to make changes as soon as January 1, 2015. Our current contracts end June 31st so in any case we have to have new contracts in place a year from now. Some of the pending legislation would require that we expand managed care or Medicaid as a whole on January 1, 2015 and since we don't know what bill will pass we need to be prepared to go on January 1, 2015.

MO HealthNET is currently developing an RFP that will use the next managed care re-procurement whether that occurs by January first, six months ahead of anticipated or whether it occurs July, one year from now. Depending on what bill is passed, there could be significant changes in the size of the population covered by managed care.

Dr. Parks stated that the agency is currently looking at several options very closely. Those include bidding state-wide without regions, limiting the number of plans awarded to three or four, lowering the current 65% max market share per plan cap and institute a minimum size cap, creating a separate rate cell for pregnant women, statewide open enrollment, and an option to carve out dental and bid it separately.

Dr. Parks remarked that none of these are completed decisions they are all things we are modeling out and thinking through at this point, and feedback and discussion from the Committee is welcome on all of these points.

A question was asked about mental health. Dr. Parks responded saying that at this point we are not looking at carving out mental health. Dental tends to operate more as a separate benefit, we work hard to do mental health as an integrated benefit also we don't believe we have adequate time to think through the much greater complexities because mental health involves hospital also and some of it is provided by primary care, what is mental health and what is not mental health is much less clear. Current contracts will all expire June 30, 2015

Gerard Grimaldi discussed his understanding that the language is being weakened and that he would like to encourage going back to the previous language. He suggests there are concerns among providers in Kansas City about the way KanCare has been rolled out from the provider perspective. Also it was noted that the length of contact is 3 years renewable yearly.

MEDES IMPLEMENTATION – Alyson Campbell (Director, Family Support Division) reported to the committee on the MEDES implementation. At the last meeting it was reported that the MEDES program for the MAGI population had been rolled out. The Division has continued to improve the system and is starting to see an improvement in the ability to process applications also. In January and February approximately 10,000 applications were processed, as of the end of March approximately 17,000 were processed; approximately 21,000 cases pending. Last week applications were processed at an average of 800 per day, and the last couple of days 1,000 per day were processed. The Division has been working through a backlog on paper applications--by the end of March we were receiving, processing and entering within 2 days of receipt and there is no longer any type of backlog on the paper applications.

The process of receiving the account transfers coming from CMS has significantly improved. The Division received the account transfers a couple thousand at a time beginning mid February and have continued to get them through March. At high point had received about 24,000 account transfers. More than 14,000 have been entered into MEDES, leaving around 9,000 that still need to be entered, but the Division received a couple thousand more account transfers last week. We expect to see those decline now that the open enrollment is over. What we know about the account transfers is that a significant number of them are not eligible, they are adults but not aged or disabled and do not have any children in the home. So those individuals we know will not be eligible for Medicaid in Missouri. We estimate that approximately 10,000 that we have receive will be eligible, meaning we will run them in MEDES and do a full determination on the eligibility. We still have a lot of work to do and a lot of applications to get through the system.

We are doing a couple things to better address concerns. The first is newborns: we had an issue of newborns that were born to mom's that were currently receiving Medicaid so we reached with the help of the Hospital Association and set up a process where we could get the information regarding those newborns on a spreadsheet so we could use the spreadsheet to get the newborn information into MEDES. Several thousand were pushed through the system so they could get enrolled. Everything received from the hospitals have been processed. Dwight Fine is working with them to reach out to the hospitals and other providers to make sure that we don't have any sitting out there unprocessed.

The Division is going to be putting two eligibility specialists at the Department of Mental Health to begin to help address issues around individuals with mental health issues so those applications can get processed timely.

Reorganization of the division. The first phase of that reorganization was to establish ten processing centers. All ten will be operating by next week and eight should be up and ready now. All staff in those ten centers will be specialized and solely focusing on processing the MAGI Medicaid.

The committee discussed how the reinvestigation of eligibility is handled, and Campbell confirmed that no one lost coverage. She anticipates 15,000 to be reinvestigated in April and staff is specifically assigned to those. She also stated that she believes that they do have sufficient staff to handle the workload, as they are currently processing more applications than received.

Down the road applications will be done through MEDES and individuals who apply will have the ability to upload documents electronically, update information and check status online. The federal hub has been turned on now to allow for some evidence verification to be done on line including items such as social security numbers.

The Committee requested a report on the continued progress on MEDES at the next meeting and Campbell agreed to provide this update.

Lucas Caldwell-McMillen from Legal Services MO spoke about the problems that consumers have been encountering, specifically with filling out the new applications and no help being offered through the county offices and problems with use of the drop boxes. He also described problems especially with pregnant women, newborns and children, and extended delays to find out if they are eligible and children being several months old before receiving coverage.

Alyson Campbell followed up stating that she has been working with legal services and they are currently working on these issues. Getting more case specific information on individuals which is very helpful and she appreciates receiving that information.

Representative Kirkton asked if we are in a situation that we could bring in staff to clear up this backlog or is that part of the problem. Alyson Campbell responded that we actually did utilize staff from her department to process paper applications into. She also had temporary staff helping us with the account transfers.

Non-Emergency Medical Transportation (NEMT) (Kristen Edwards provided the report). Kristen Edwards gave a presentation regarding the Non-Emergency Medical Transportation (NEMT). The presentation included the purpose, who NEMT is available to, the delivery method, and eligibility. It also included how to make transportation arrangements, modes of transport and the types of assistance available. The presentation included ancillary services, pick-up and drop off requirements and types and amounts of complaints received. Contact information was provided. Ms. Edwards also provided a document with responses to Mr. Reine's letter dated February 3, 2014 to the MO HealthNet Oversight Committee Along with a synopsis of MHD communication with Mr. Reine which occurred in 2012 and 2013.

Dr. McBride thanked Ms. Edwards for her presentation and discussed the importance of Mr. Reine using the public comment period as he has a right to do. Dr. McBride is trying to figure out how to handle as a committee when there is a dispute. Regarding the contract the question was asked why there is only one contract awarded. Dr. Parks remarked that he is not sure why but he will look into it.

PUBLIC COMMENT –

Albert Reine, a provider through the NEMT Program, submitted a written letter to the Committee regarding the NEMT program for consideration, which is available on the MO HealthNET Oversight Committee's website.

Leann Peace – MO Kidney Program: Ms. Peace indicated they also are having lengthy enrollment processes. Her group is still in the MAGI not the MEDES group but are also having three to four months waiting periods. Participants are missing not having contact with a case worker, not having a person they can talk to and not having a phone number to call. It is very hard and not good customer service and they want someone to talk to. She reported that it appears there are still a lot of reinvestigations happening. She asked Allyson Campbell if there was any possibility of a 30 day turn-a-round for reinvestigation? Participants receive their letter and sometimes only have 5 days to respond. Also noted they are also having issues with the drop boxes.

Allyson Campbell responded they could certainly talk about it, but needs to better understand the issues and suggested they talk after the meeting. Leann requested being on the calls with legal services if possible.

One other concern is doing a secret shopper on the 1-800 line – Ms. Peace reported getting complaints of waiting on hold for up to 45 minutes and then get dropped.

Dr. Parks explained that the eligibility falls under FSD which is a separate division from MO HealthNet.

Lori Freeman (Manager of a transportation vendor that works with MTM and Logisticare): Informed the committee that they receives complaints daily from clients they are transporting. They are too scared to call Logisticare to make a complaint. They feel that they will get kicked out of the program. A Logisticare manager was let go and a couple days later a call was received begging them to help out. They had just lost 20 drivers. Complaints indicate drivers showing up at their homes without calling a head of time to confirm they are coming. They do not know who to complain to. Hospitals are also complaining and state that they do not have time to call to log a complaint. Some clients are sitting more than 3-4 hours waiting to get picked up. Would like to request this be looked into more.

Samuel Harris – Harris Westphalia (from Wentzville, 45 miles west of St. Louis): Also speaking about Logisticare, stated trips are not efficient. They are next door to a rider but someone was called from St. Louis to pick that rider up. This is disheartening, patients are late, it is not good customer service and would like to request this be looked into; he feels like the little guys do not have a chance. Has lost a lot of business since the new contract with Logisticare.

Dr. McBride – Thanked everyone for their comments. A motion was made to establish an advisory committee consisting of a smaller group that will report back to the Committee. It was discussed, the motion was seconded and approved. The Chair will appoint a small subcommittee of approximately five people to look into this and Mr. McBride will be the point person.

FUTURE OF COMMITTEE –

Dr. McBride led a discussion of the future of the Committee. He reported that Senate Bill 847 introduced by Senator Schaaf and House Bill 1793 introduced by Representative Frederick do many things to change the MO HealthNet program but both include repealing this committee. A handout was provided to the Committee with the details of all potential Bills. Dr. McBride indicated his personal

views on the Committee are that he feels the committee serves a useful purpose and he would not like it to go away. The committee is bipartisan and the Bills would move this Committee into the legislature without public representation. He can see the purpose of doing that but removes the availability of public representation. Dr. McBride reported that there is a feeling the Committee does enough oversight -- the Committee would love to do more and is all in favor of doing more.

Support of the current committee was stated by Carmen Schultz and Representative Kirkton. An explanation of where all the bills currently stand was provided by Senator Keaveny. For those concerned it was suggested they write or call their Representatives and the sponsors of the bills. Dr. Parks indicated his support also stating that both he and the Department finds the Committee very helpful. Dr. Parks thanked Dr. McBride for doing all the heavy lifting and pointed out how much work he puts into this committee. Kecia Leary made an observation that currently there are no dentists serving in either the House or Senate therefore she represents that voice that is not heard in the legislature.

MANAGED CARE, CARE MANAGEMENT PROCESS UPDATE (Samar Muzaffar, M.D.): Presented on Care Management in Managed Care. This presentation included a description of what Care management is, what the goals are and how it is applied and how we want to proceed. Next steps include continuing discussion with the plans on case management, goals and expectations, continuing development of evaluation process and incorporating new guidance into the next contract. Guidance is given to the current contract they are under now.

A request was made that data regarding assessing both the financial and utilization analysis of what care management is doing for the contracts be provided for the committee for evaluation. Would also be interested in the comparison of the plans with other states.

The response from Dr. Muzaffar was that they are currently thinking through all of the processes. We do currently collect data and do benchmark against national measures and against themselves. Having conversations with plans about where we want to go.

Kecia Leary commented that there are no HEDES measures for oral health.

MO HEALTHNET ENROLLMENT BY ELIGIBILITY CATEGORY (Summarizing the handout, Emily Rowe, Family Support Division): It was reported that participants as of March 2014 totaled 829,585. The chart reflected that of the 829,585 individuals enrolled, 60.8% are children, 19.1% are persons with disabilities; 8.5% custodial parents, 9.1% seniors defined as individuals 65 or older; and 2.5% are pregnant women. Of the 504,694 children enrolled, approximately 67,804 that are enrolled in the Children's Health Insurance Program (CHIP).

In addition, 66,182 women are receiving services through the Women's Health Services program. This category is reported separately as benefits for this group of eligibles are limited to family planning services, not the full MO HealthNet benefit. A higher federal match is received for these services.

Out of the total 829,585 MO HealthNet enrollees, there are current 389,988 enrolled in Managed care.

A graph depicting enrollment in each region by health plan was also shared. The managed care program provides services to only children, pregnant women, and low income parents in select counties. If an individual is in one of these eligibility categories and lives in a managed county, enrollments in managed care is mandatory, with certain exceptions and opt out opportunities.

Some of the income maximums have changed since the last MO HealthNet Oversight meeting and will be reflected on the report for the next meeting. Also noted they are current in processing the TANF applications.

BUDGET UPDATE: Andrew Bond, Finance Director of MHD provided the committee with an SFY-2015 budget update and gave an overview of the status of each item. Some items are still open and not finalized. A chart was also presented showing the MHD monthly enrollment for the last ten years and a chart showing the total state Medicaid budget.

Bond was asked if the state of Missouri accepted funding made available from the Affordable Care Act, and reported yes the primary care payments were made through the ACA. Also Missouri actually went through an exercise looking at different grants made available through the Affordable Care Act, the largest that come to mind through Medicaid would be the physician rate increase and health Homes.

Dr. McBride adjourned the committee at 4:00 pm. The next meeting is July 31, 2014.