

MO HEALTHNET OVERSIGHT COMMITTEE MEETING

October 14, 2014
600 W Main Street
Jefferson City, MO

MINUTES

Members in Attendance:

Margaret Benz
Gerard Grimaldi
Sen. Joseph Keaveny
Kecia Leary
Timothy McBride
Joseph Pierle
Sen. Rob Schaaf
Carmen Parker-Bradshaw
Rep. Jeannie Kirkton

DSS Staff in Attendance:

Andrew Bond, MHD
Alyson Campbell, FSD
Rhonda Driver, MHD
Darin Hackmann, MHD
Debbie Meller, MHD
Samar Muzaffar, MHD
Joe Parks, MHD
Jay Ludlam
Jennifer Tidball

Others in Attendance:

Steve Renne, MHA
Samantha Uss, Post Dispatch
Steve Robins – HEVSA
Eric Jennings – Sen. Dixon's Off
Paul Frank – MO Care
Justin Cramen – MO Care
Jolene Borders – DHSS
Joel Ferber – Legal Aid
Karen Jones – Berry Dunn
Susan Zalenski – Johnson &
Johnson

R. J. Brisziona - Anthem
Brian Dobbins – HCUSA
LeAnne Peace – MOKP
Pam Victor – HCUSA
Jim Burns – CMS
Chris Moody-Moody Assoc.
Dan Hay – DMH
Shawn Furlly – Home State
Grant Cack-Blue Shield

WELCOME/INTRODUCTIONS/MINUTES – Dr. Tim McBride, Chair, called the meeting to order at approximately 12:00 noon. Minutes of the July 31, 2014 meeting were approved as submitted. The NEMT subcommittee was created and committee members were asked to volunteer. Enrollment and eligibility issues have been discussed at previous meetings. However, negative growth in enrollment, lost/misplaced documents, and issues with backlog and the computer system still continue to be problematic. Dr. McBride has received letters from constituents and healthcare providers regarding these issues.

DIRECTOR'S UPDATE – Dr. Joe Parks, Director, MO HealthNet Division, discussed the timeline for the Managed Care RFP. The contract is currently at OA Purchasing. There is a Pre-Proposal Conference on November 10, 2014, it is a public meeting. The new RFP services will begin on 07/01/2015. The timeline will be put online for viewing specific information. Regarding NEMT, MO HealthNet has had several meetings with Logisticare and hospital providers. The call center manager has been replaced. MO HealthNet is hoping to work on the subcommittee regarding NEMT issues.

MO HealthNet has hired two Deputy Directors – Jay Ludlam and Rhonda Driver. Jay is the Deputy Director of Administrative and Fiscal Services and Rhonda is the Deputy Director of Clinical Policy and Operations. A few staff members left MO HealthNet to go to the Department of Health and Senior Services.

A question was raised about the enrollment issue updates, but this was addressed later when Alyson Campbell gave the update on enrollment issues.

MMIS UPDATE – Darin Hackmann, Director of Information Services, MO HealthNet Division presented on the MMIS Claims Processing System. A handout was provided and the presentation is available online. MMIS processes claims, does cost avoidance, is a provider portal, and provides other important functions. He noted that there is not enough time left in the contracts that are in place to replace the MMIS system. Dr. Park's talked about the Cyber Access portal. The portal allows providers to look up 3 years of history on Medicaid Clients for Coordinator of Care. Missouri is ahead of other states with this portal.

The contract for MMIS is almost up. The Division is in the process of procuring new contracts for MMIS System.

The MEDES system contract was discussed. Senator Schaaf raised questions about the contract, if any deadlines had been missed and/or extended, and if so what are the ramifications for missing those deadlines. Also if the contract is being followed, or not, and if not why is it not being followed?

MMIS was not sophisticated enough to bill for specific items, example that was given was sealants with teeth. There is always a list, going out about a year and a half, to do updates and fix MMIS issues. Darin and Dr. Parks were going to see if the issues that were mentioned had been fixed and report back.

The biggest issue is to keep the RFP timeline as close to schedule possible and to not let it drop behind. Currently MMIS is meeting the timeframes. There will have to be legislative action to approve a new system and begin implementation.

The current system's rules will all have to be moved to the new system without being changed. The process of creating a new system is huge and if there is any way the committee can assist to prevent delays, they are asked to help do so.

MMIS is written in COBALT. It is getting harder to support a system written in COBALT because the staff that knows how to read/fix COBALT is harder and harder to find. Any modifications to this type of system are also very expensive and time consuming. There is also no opportunity to collaborate with any other state because of the system type. There is not enough time left in the contract to implement a new system side by side with the old system. You can't use commercial insurance systems for Medicaid because of the vast difference between commercial insurance and Medicaid.

MO HEALTHNET BUDGET UPDATE – Andrew Bond, Director of Finance, MO HealthNet Division, presented on the MO HealthNet Budget. The presentation is available online. The Department has submitted the budget to OA for review. The OA has the entire budget online if anyone is interested in reading it. The 2016 budget has a supplemental request for MO HealthNet of \$280.8 million.

There was no case load growth budgeted. The “per member per month” cost continues to increase so it offsets the drop in case load. The appropriated budget does not have any savings in it or if there is a savings it is offset by items that have exceeded their limit. There is a slight decrease for FY 16 in Federal participation. The biggest change in this year’s budget is due to pharmacy cost increase in specialty drugs, specifically related to the new Hepatitis C drug which costs \$84,000 per treatment cycle and clients receive more than one treatment cycle.

Some of the recommendations made by the Lewin Group have been implemented, not for Long Term Care, but for the High Cost Utilizer groups.

Dental sits in restrictions, but is not vetoed. Dental cannot be implemented while in restriction. There are a lot of new specialty drugs and it should be expected to see a growth in cost for the upcoming years. Pharmacy was part of Managed Care benefits until 2009 when it was carved out.

PUBLIC COMMENT – There was a move to do the public comment section in the middle of the meeting since time allowed. The motion was approved.

Joel, Legal Aid Services of Eastern Missouri – The progress is still very slow in fixing the challenges with the call center, MEDES, and back log of cases. They have special contacts with the Department who are helping to move their cases through faster but it still is a slow process and is a concern for them.

Leighann, Missouri Kidney Program – There is a large group of the “expensive people” who are experiencing backlog and problems with the reorganization. There are still issues with clients who are in FAMIS. Also, there will be a change in Blind Pension group to have them enroll in Medicare Part D. This causes us to worry that with the current backlog and disorganization these Blind Pension clients will be lost in the process. As a third comment, if the committee is seeking outside members for the NEMT subcommittee, Leigh would like to assist as an outside party on the subcommittee. Dr. McBride agrees that it would be beneficial to have an outside member to join the subcommittee. The Missouri Kidney Program did a survey that showed a 60-90 day delay in application processing time. They can have retroactive payment of services but it doesn’t help the client have transportation in place to go to medical appointments.

At present time there are two enrollment systems so that the new system can have different pieces implemented at different times. The same will occur with MMIS. As a new system is coming up the old system will overlap.

Jennifer Tidball, Deputy Director, Department of Social Services commented on budget restrictions regarding the Blind Pension change. Those individuals who are Blind Pension state medical, who are or can be Medicare Part D enrolled, will now be asked to enroll in Medicare Part D so that state Medicaid is the last payer. The Department has been collaborating with Blind Pension groups regarding the change and has had open meetings during the evening, weekend, and weekday times to assist those with questions. The goal is to enroll as many Medicare eligible Blind Pension clients in the Medicare Part D

plan. They are going to help anyone who needs assistance with this transition. This change will not affect the individual in out-of-pocket cost. Individuals will have to apply for Medicare Part D and have two different insurance cards. The email and help-line for this change will be sent to the committee for those who need assistance.

HOUSEKEEPING ITEMS - The next committee meeting is scheduled for January 27, 2015.

There are now four members from the committee, Dr. McBride, Senator Jeanne Kirkton, Carmen Parker-Bradshaw and Margaret Benz from the Committee, along with Leanne Peace from the Missouri Kidney Program added to the subcommittee. Dr. Parks will report back with a person from the MO HealthNet Division to be a part of these calls. Debbie Meller will set the phone calls up, the first being in early November.

MEDES ROLLOUT – Alyson Campbell, Family Support Division, talked about the numbers of applications with regard to the Federal Exchange. The data is preliminary, but approximately 56,000 account transfers were received and of those 53,000 have been processed. As of October 14, 2014 the 3,000 pending was down to approximately 2,200 pending. About 4,000 (7%) of the account transfers are still trying to be reconciled. Once several of the account transfer clients realized they were applying for Medicaid they did not wish to continue. Approximately 1,900 had citizenship issues, whether they lived in a different state or had US Citizenship issues. 29,000 applications have been sent out for full Medicaid determination and of that only 6,800 were returned. The full reconciliation is expected to be done by the end of next week and will be available once completed.

A handout was given with regards to the issues with the call center, reorganization, and lost documents. The current processing time for newborns is within 2 days of receipt of information from the hospital. The issue with pregnant women applications was caused by the extension of temporary coverage that MEDES would then not allow the coverage to be activated. If there are any more issues, send a list to Alyson Campbell so that the issues can be addressed. There is a special email account set up for receiving these lists which is FSD.MEDES@dss.mo.gov. The timeliness report should be available in the near future and will be published online for reference.

There was an uptick in applications in late August, early September caused from an issue with MEDES in the Pie Queue. This means that when the person hit “submit” the application did not completely go through to the worker portal. The contractor is aware of this and is pushing through those applications that got hung up in the system.

The contract was written in a way that allows the Department to do a holdback. If the contractor does not meet a milestone they can do a holdback. It originally started at a 10% hold back which has been increased to 16.5%. If the Department is not completely satisfied with a milestone they only get paid for what they deliver. If they only deliver 50% of the product the Department only pays 50%.

Next year there is a staffing reduction in the budget for FY 2015. However, there is more capacity to manage the caseload with the new system. On page 6 of the handout, it is noted that there was a chance to start the process a year earlier but the budget was not there. On page 4 of the handout it shows that there are a large number of people abandoning their call and the wait time is extremely high. The call center is under corrective action because it is required that the queue time is to be under 6 minutes. The Department is working on implementing a Virtual Hold so that a person can hang up but

retain their position in the queue line. When their position is ready the Virtual Hold will auto-dial their number.

There is also a Product Delivery Case (PDC) issue. They are working on this issue but have to make sure as they are correcting this issue that it does not cause problems downstream for MO HealthNet. The indexing of the documents scanned in the SharePoint program is done manually. If a person does not index the document correctly then this causes the "lost document" issue. They have fixed this issue so that they can search all queues to find all documents. The long term solution for document management is switching to File Net. This is expected to be completed in March 2015.

The Division is reorganizing so that employees are specialized in one program instead of having to know every program. Another goal is to create "Resource Centers" in every county and in most counties there will be more than one. These centers are intended to be the place where customers can come and get assistance in person and the staff at these centers are 100% focused on customer assistance and helping those who come through the door needing help. All Resource Center Staff have been brought in and informed of the expectation of customer service and what they should be providing to the customers. Problems with individual staff members are being addressed with that individual and if a customer does have a bad experience having a name and date of the visit is helpful so that it can be tracked down to whom it was at the Center helping them.

With the new enrollment time, the account transfers have been corrected so that they do not have to be manually entered but will automatically populate in MEDES. There is better access to verification data in the federal hub so that most of the information (i.e. income, citizenship, etc) has already been verified. FSD is also discussing with CMS about using the Missouri criteria so that the account transfers they send to us seem to meet the eligibility standards. This issue is not unusual; other states have been experiencing the same problem.

The meeting was adjourned at approximately 3:30 p.m.