

MO HealthNet Managed Care Contract Procurement

Presentation to the MO HealthNet Oversight Committee
February 17, 2015

Susan M. Eggen - Assistant Deputy Director
MO HealthNet Managed Care Program

Managed Care Contract Procurement

- Current Contract Expires on June 30, 2015
- The Office of Administration, Division of Purchasing and Materials Management is in the process of evaluating bid proposal from Amerigroup, HealthCare USA, Home State, and Missouri Care.
- Projected Contract Award Date is March 2, 2015.
- Three (3) year contract consisting of the original contract period (July 1, 2015 thru June 30, 2016) and 2-one year renewals.

Managed Care Contract Procurement (cont.)

- Service Implementation date is July 1, 2015.
- Open Enrollment will run from April 13, 2015 through June 16, 2015.
 - Managed Care eligibles currently enrolled with a health plan who do not choose a health plan during open enrollment will be re-enrolled with their current health plan.
 - Managed Care eligibles new to the program who do not choose a health plan during open enrollment will be auto-assigned to a health plan utilizing the auto-assignment methodology outlined in the Managed Care contract.

Highlights of Rebid

- Limit contract award to 3 health plans.
- Right-size the market share across the three health plans by lowering the maximum market share cap per health plan per region from 65% to 60% and raising the minimum share to 20% through auto-assignment.
- Utilizing risk adjusted rates when determining future capitation payments which reflect the acuity of the Managed Care members enrolled in each health plan.

Highlights of Rebid (cont.)

- Institute a separate rate cell for pregnant women which will more accurately cover the actuarial risk of pregnant women across health plans.
- Emphasis on better health outcomes and health care reform initiatives phased in over three years for reform and transformation.
 - Require the health plans to implement a provider-based care management approach such as health homes, person centered medical homes or primary care case management.

Highlights of Rebid (cont.)

- Emphasis on health care reform initiatives which include:
 - ❖ Providing case management or provider-based care coordination.
 - ❖ Incentivizing personal responsibility including promotion of healthier habits (i.e. not smoking, managing obesity, reducing emergency room utilization).

Highlights of Rebid (cont.)

- ❖ Capitation withhold amount tied to administrative performance metrics:
 - ✓ Encounter data accuracy and completeness.
 - ✓ Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) screening performance against 80% goal for 0 to 6 year olds.
 - ✓ Provider panel accuracy and completeness.
 - ✓ Case management for pregnant women and members with elevated blood lead levels.

Highlights of Rebid (cont.)

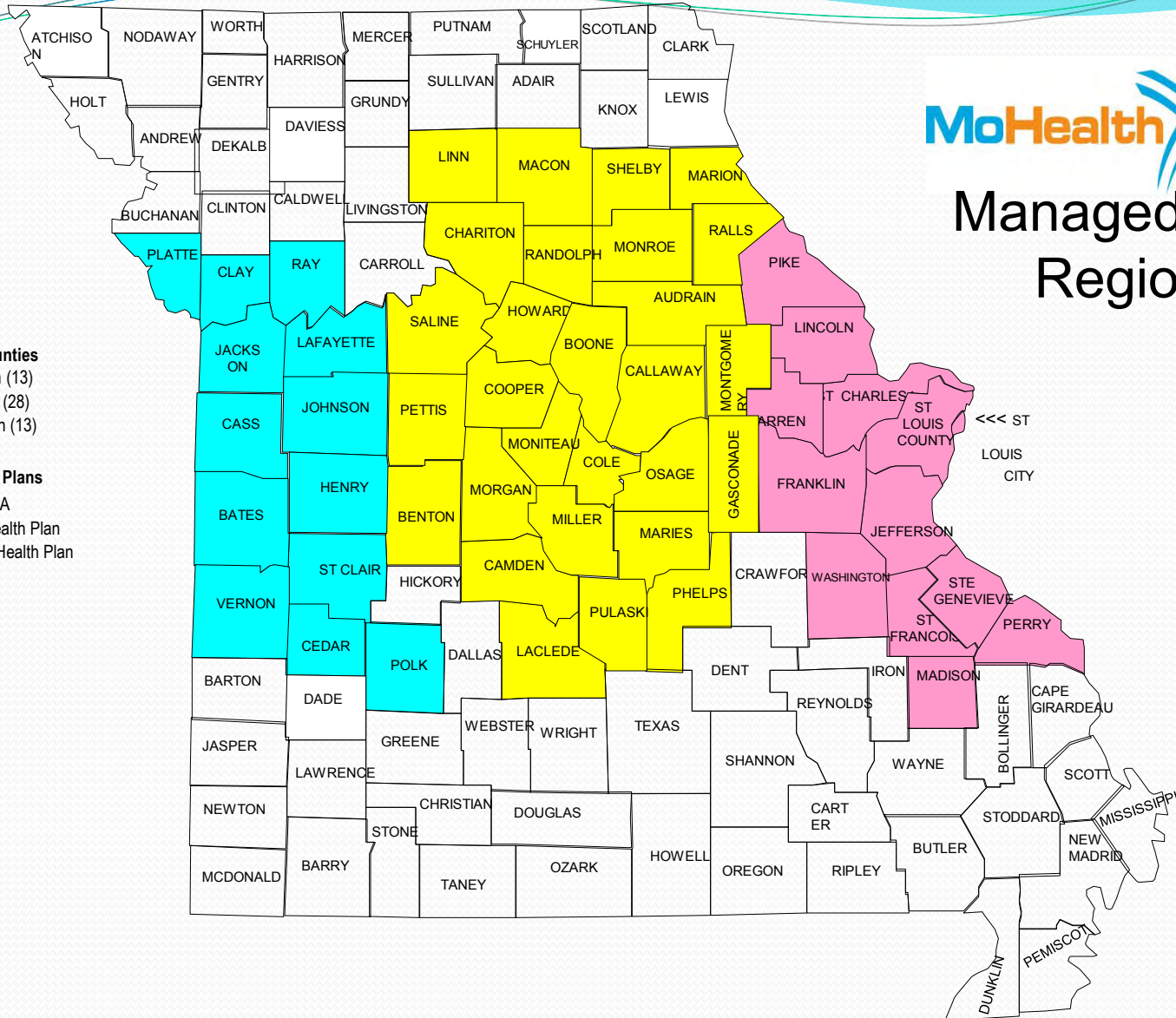
- Administrative Efficiencies and Transparencies
 - Statewide bid.
 - Require health plans to pay Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) ninety percent (90%) of their prior-year cost settled rate.
 - Require health plans to pay Community Mental Health Centers (CMHCs) the upper payment limit for clinic fees.

Participants in Managed Care

- There are 3 primary population groupings:
 - Parents/Caretakers, Children, Pregnant Women;
 - Foster Care Children; and
 - Children in CHIP.
- Total Enrollment as of 02/06/2015 is 422,023



Managed Care Regions



Number of Counties

- Eastern Region (13)
- Central Region (28)
- Western Region (13)

Current Health Plans

- HealthCare USA
- Home State Health Plan
- Missouri Care Health Plan



Information about the Managed Care Program
may be accessed at:

<http://dss.mo.gov/mhd/mc/index.htm>