



# MANAGED CARE

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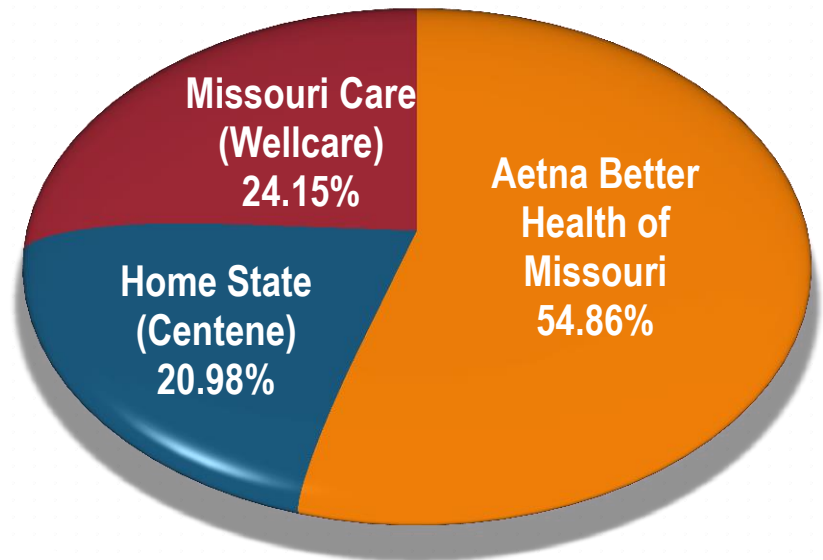
MO HealthNet Oversight Committee

March 6, 2017



# Current Market Share Report

Health Plan	Enrollment	Percent
Home State Health (Centene)	105,017	20.98%
Missouri Care (Wellcare)	120,897	24.15%
Aetna Better Health of Missouri	274,610	54.86%
<b>Total</b>	<b>500,524</b>	<b>100.00%</b>



# DSS Communication Efforts

- Announcement of contract award October 14, 2016
- Pre-Enrollment flyers to FFS MO HealthNet eligibles
- Notices to providers through provider bulletins
- Enrollment guide & open enrollment information to MHD eligibles
- Special notification to members enrolled with Aetna Better Health of Missouri
- MHD Managed Care webinar trainings
- ✓ Sign Up: [MHD.PROVTRAIN@dss.mo.gov](mailto:MHD.PROVTRAIN@dss.mo.gov)
- Creation of a provider toolkit

# Other Outreach Efforts

- Health plan provider education webinars and town hall meetings
- Provider Managed Care 101 Video  
<https://www.youtube.com/watch?v=pHULyMovcVg&feature=youtu.be>
- Advocacy Groups, Associations, and other Stakeholders
  - Missouri Association of School Nurses
  - Missouri Council for In-Home Services
  - Missouri Association of Rural Health Clinics
  - Missouri Alliance for Home Care
  - Special Pediatric Task Force
  - Cover Missouri
  - Healthcare Oversight & Coordination for Children/Youth in Foster Care Committee
  - Advocates for Family Health
  - Consumer Advisory Committee
  - Missouri Health+

# Enrollment Options

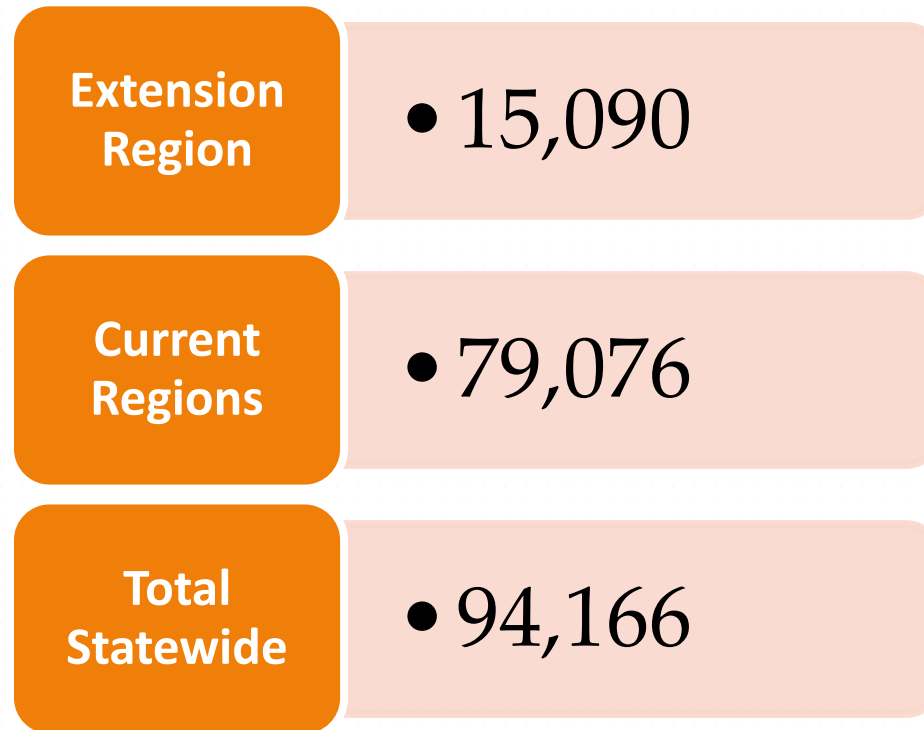
**Key dates:** Open Enrollment January 20<sup>th</sup> to April 3<sup>rd</sup>

## WAYS TO ENROLL

- ✓ **Online:** MO HealthNet website:  
<http://dss.mo.gov/mhd/participants/mc/>
- ✓ **Phone:** MO HealthNet Managed Care Enrollment Helpline  
1-800-348-6627  
Monday – Friday  
7:00 A.M. to 6:00 P.M.  
(except holidays)
- ✓ **Mail:** Return the Enrollment Form in the Pre-paid Envelope

# Enrollment Stats – Active Member Selection

(Snapshot– February 2017)



# Overview of Participant Health Plan Selection

- MHD eligibles will need to choose a health plan during the open enrollment period.
- For MHD eligibles that do not choose a health plan during open enrollment, one will be assigned to them (called “*Auto Assignment*”).
- After assignment, members may change their health plan for **ANY** reason during the first 90 days after they become a health plan member.

# Auto Assignment

- If a member who is currently enrolled with a health plan does not choose a health plan during open enrollment, they will automatically be enrolled with the health plan he/she was previously enrolled in.
- If a MHD eligible does not make a selection and was not previously enrolled in a health plan within the last 60 calendar days, the MHD eligible will be automatically assigned to a health plan in accordance with the automatic assignment algorithm.



# Auto Assignment Algorithm

- A. If the case head is enrolled with a health plan, the MHD eligible is assigned to that same health plan. If not, the next step in the algorithm is followed.
- B. If the MHD eligible is included in a eligibility case where another member is enrolled with a health plan, they are assigned to that same health plan. If not, they will be assigned randomly as outlined:
  - 1. If a health plan has 55% of the regional membership or greater, regional auto-assignment into the health plan will be limited to individuals meeting the algorithm criteria for only items (A) and (B) above.
  - 2. If one health plan has less than 20% of the regional membership or 25,000 members, whichever is greater, that health plan will receive 100% of the auto-assigned membership following the application of the algorithm criteria for items (A) and (B) above.

# Auto Assignment Algorithm

## (continued)

- 3) If multiple health plans have enrollment below 20% of the regional membership or 25,000 members, whichever is greater, 100% of the auto-assignments, following the application of the algorithm criteria for items (A) and (B) above, will be shared equally among the health plans with less than 20% of the regional membership or 25,000 members, whichever is greater. The health plan with the highest evaluation score (determined by the State of Missouri) will receive the first member.
- 4) If all health plans have at least 20% or 25,000 members, whichever is greater, and less than 55% of the membership within each region, the health plans shall equally share in the allocation from the auto-assignment process following the application of the algorithm criteria for items (A) and (B) above.
- 5) The enrollment percentage by health plan and by region will be calculated on a monthly basis.

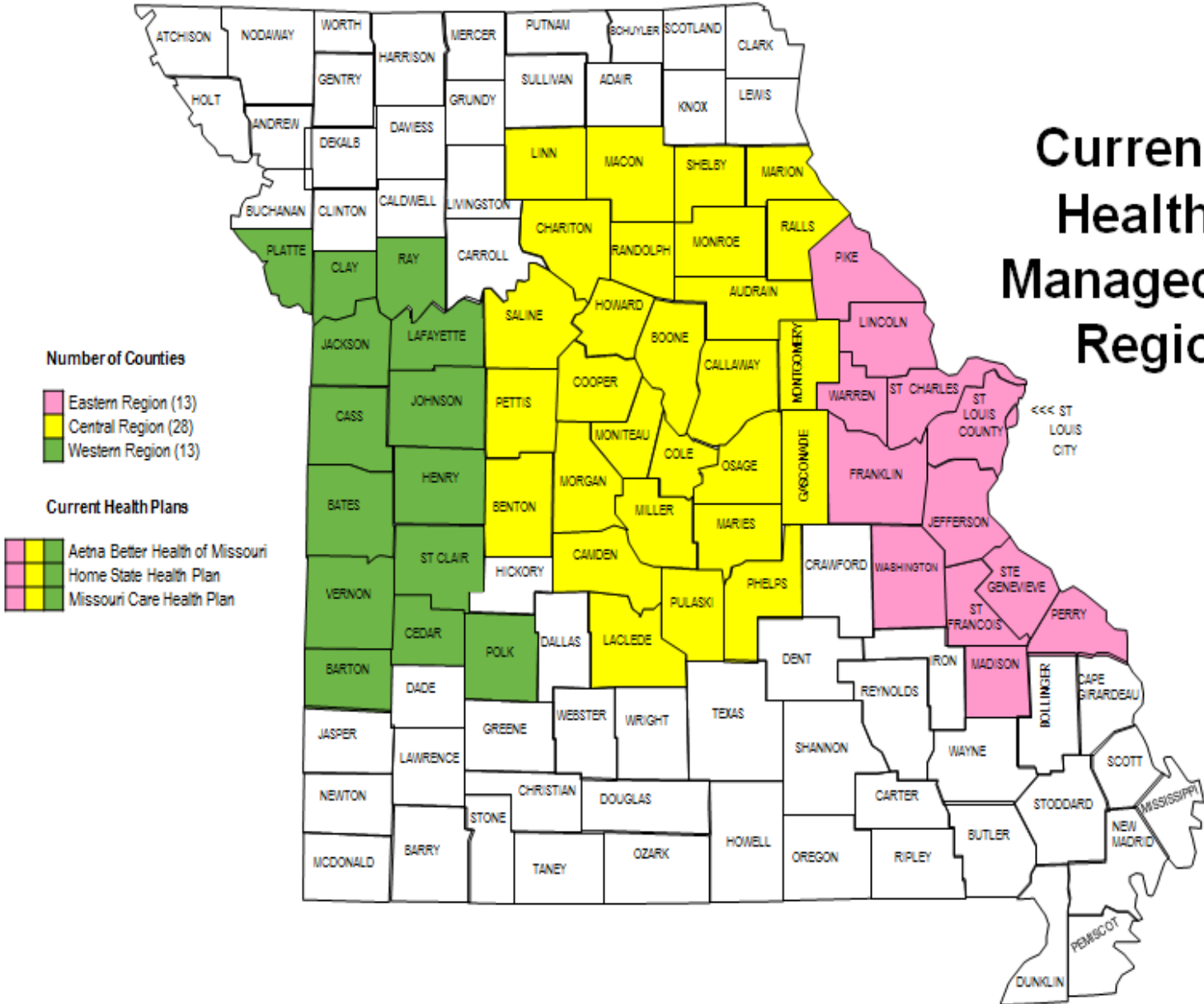
# Automatic Re-Assignment

- **Following Resumption of Eligibility:** DSS will automatically enroll members who were dis-enrolled from a health plan due to loss of eligibility into the same health plan and to the same primary care provider should they regain eligibility within 60 calendar days.
- **Members Relocating to Another Region:** DSS will automatically enroll members who move from one region to another into the same health plan.

# Just Cause Transfers

- A member may request to dis-enroll from a health plan. Examples of reasons for a member to request a transfer:
  - Transfer is the resolution to a grievance or appeal;
  - Primary care provider or specialist with whom the member has an established patient/provider relationship does not participate in the health plan but does participate in another health plan;
  - Member is pregnant and her primary care provider or obstetrician does not participate in the health plan but does participate in another health plan;
  - Member is a newborn and the primary care provider or pediatrician selected by the mother does not participate in the health plan but does in another health plan;
  - May also request transfer in order for all family members to be enrolled with the same health plan; or
  - When the state imposes sanctions on a health plan for non-performance of contract requirements.

# Current MO HealthNet Managed Care Regions



# MISSOURI MANAGED CARE REGIONS Effective May 1, 2017

