Welcome/Introduction/Minutes

- Dr. Tim McBride, Chair, called the meeting to order at approximately 12:05 p.m. Minutes of the May 31, 2018 meeting were reviewed and approved with correction made by Gerard Grimaldi.

- Tim McBride and Dr. Steve Corsi gave an update on discussions regarding rural hospital closures and possible help we can provide in areas such as Kennett, Missouri.
  - **Action Item**: Dr. Corsi suggested the formation of a small subcommittee on rural health in Missouri. This committee would meet to discuss current care and/or lack of care we face in the state and suggestions for possible solutions/funding for these issues. Tim McBride advised he would solicit members for this committee and bring back to the next meeting.

Director’s Update

- Jennifer Tidball advised the ambulance billing update would be presented at the next meeting.

- Jennifer advised the committee that a provision in the Managed Care contract (effective July 1, 2018), will pay non-participating providers (these are providers that aren’t contracted with a managed care plan) 90% of the MO HealthNet fee-for-service schedules. Prior to that, providers who were not “in network” with a managed care plan were paid 100% of the fee-for-service schedules. This new provision mostly affects hospitals.
  - **Comment**: Dr. Tim McBride asked how many hospitals were not participating in managed care.
- **Action Item:** Jennifer Tidball said that all hospitals are contracted with **one** of the plans; however, not all of them are contracted with **all** of the plans. She will provide a list to the committee of how many and what hospitals are not participating in all three managed care plans.
  - **Comment:** Dr. McBride asked how the 90% was determined.
  - **Action Item:** Jennifer advised that we looked at different state contracts and consulted with our actuary. She will provide a list that shows what we found at the next meeting.
  - **Action Item:** As a result of the lengthy discussions and questions from committee members, Jennifer will have her team put something together with the information we have in regards to the managed care data as well as mental health parity.

- Jennifer informed the committee that MO HealthNet (MHD) will be filing a regulation/rule with JCAR on the prescribed procedure that we shared with hospitals thus far and we will publish the rates. We will start to work on the simplified fee schedule to be published around July 1, 2019.

  - **The legislative update list is available online.**

- Tim McBride mentioned the drop in Medicaid enrollment of 20,000+ in July as a real concern.

- Jennifer explained that the stability of the eligibility system (MEDES) has attributed to the drop in the number of enrollments. Improvements to MEDES allow us to do re-investigations that we haven’t been able to do since 2014 and also provides us with automated ways that help us know who is eligible. Participants receive a letter and if they don’t respond within a certain amount of time, they become ineligible. We are able to determine eligibility 25-30% of the time now. We are working with the managed care plans as well to help with continuous coverage.
  - **Comment:** Senator Schaaf said he would like to have more data on a comparison of managed care spending to fee-for-service spending in Medicaid and how the state is faring after the expansion of managed care last year.
  - **Action Item:** Jennifer said we can share that information with the committee again. Tony Brite said we should be able to present a timeline of when this information would be available at the next meeting.

- Dr. Bridgett McCandless said that when you look at the website there is plenty of information on “how to apply” but there is nothing that tells you how to keep your Medicaid; what paperwork you should keep handy; or what to do when you receive a letter. It would also be helpful to know what the letter looks like. Her clients are very suspicious when they receive these things in the mail.
  - **Action Item:** Jennifer Tidball will look into this and get something back to the committee.

**Budget Update**

- Tony Brite, Deputy Director of Finance, presented the budget update. **The PowerPoint presentation is available online.**

**All States Medicaid Scorecard**

- Paul Stuve, MHD Quality Manager and Darin Hackmann, MMIS Director, presented the All States Scorecard and fact sheet. **The PowerPoint presentation is available online.**

**Public Comment**

- Alicia Johnson, Deputy Director of Legal Aid of Western Missouri, talked about issues her constituents are facing regarding (1) getting access to the FSD calls centers and (2) after being denied Medicaid, clients are waiting far longer than the 90 days after an appeal is filed to get a decision. In February of 2017, the average wait time was 4 minutes compared to a 30 minute wait in July of 2018. Dropped calls went from 4% last year to 60% this year. Both of these issues are causing a real hardship.

  Dr. Corsi provided his direct contact information and asked Ms. Johnson to advise him of any concerns that weren’t being addressed.

  Pat Luebbering, FSD Director, advised they are aware of the problems. Staffing of the call centers is the main issue and steps have been put in place to address this, including unlimited overtime, deferring leave, and pulling staff from field locations to process the SNAP applications. The SNAP applications/interviews are about 65% of the call volume. Each interview takes approximately 30 minutes and FSD is looking at ways to shorten this process. FSD is also opening another call center in Sikeston that should help the access issues.
• Joel Ferber, Director of Advocacy from Legal Services of Eastern Missouri, had the same concerns as Ms. Johnson.

**MO HealthNet Clinical Initiatives**

• Dr. Samar Muzaffar presented the MO HealthNet Clinical Initiatives. The PowerPoint presentation is available online. Below are additional details regarding the obesity fiscal impact statistics prompted by an inquiry from Senator Schaaf discussed during Dr. Muzaffar’s presentation:

  
  o Statistic: Childhood obesity is estimated to cost the United States more than $14 billion annually
  
    
  
  o Statistic: Childhood obesity is estimated to cost the United States more than $14 billion annually, a figure that jumps to approximately $168 billion when examining the cost of adult obesity.


    b. A more recent 2016 review article found that the cost was most likely around $150 billion (Kim & Basu, 2016). This is close to the $168 billion estimate that was in the CSC Childhood Obesity Subcommittee 2015 report, and the review article cites multiple reasons for variations in estimations.

• Samar reported that each beneficiary with obesity on average costs $1,021 more than normal weight beneficiaries.

  o **Comment:** Dr. Tim McBride asked how the $1,000 breaks down (is it hospital, prescriptions, etc.)
  
  o **Action Item:** Samar said she would find out and let the committee know.

**Family Support Division Update**

• Patrick Luebbering, Director of the Family Support Division (FSD), presented the division update. The presentation is available online.

• Justice System Eligibility information was not presented.

  o **Action Item:** Dr. Bridgett McCandless asked if we had any further information regarding if there was any further update to IT system that would allow a participant’s account to be flagged as “suspended” if they are incarcerated. (**Note:** This item was to be covered in the Family Support Division (FSD) update; however, it was not due to meeting running over.)

**NEXT MEETING**

NOVEMBER 1, 2018
MO Coalition for Community Behavioral Healthcare
221 Metro Drive
Jefferson City, MO