MO HealthNet Oversight Committee Meeting

August 18, 2020

Agenda

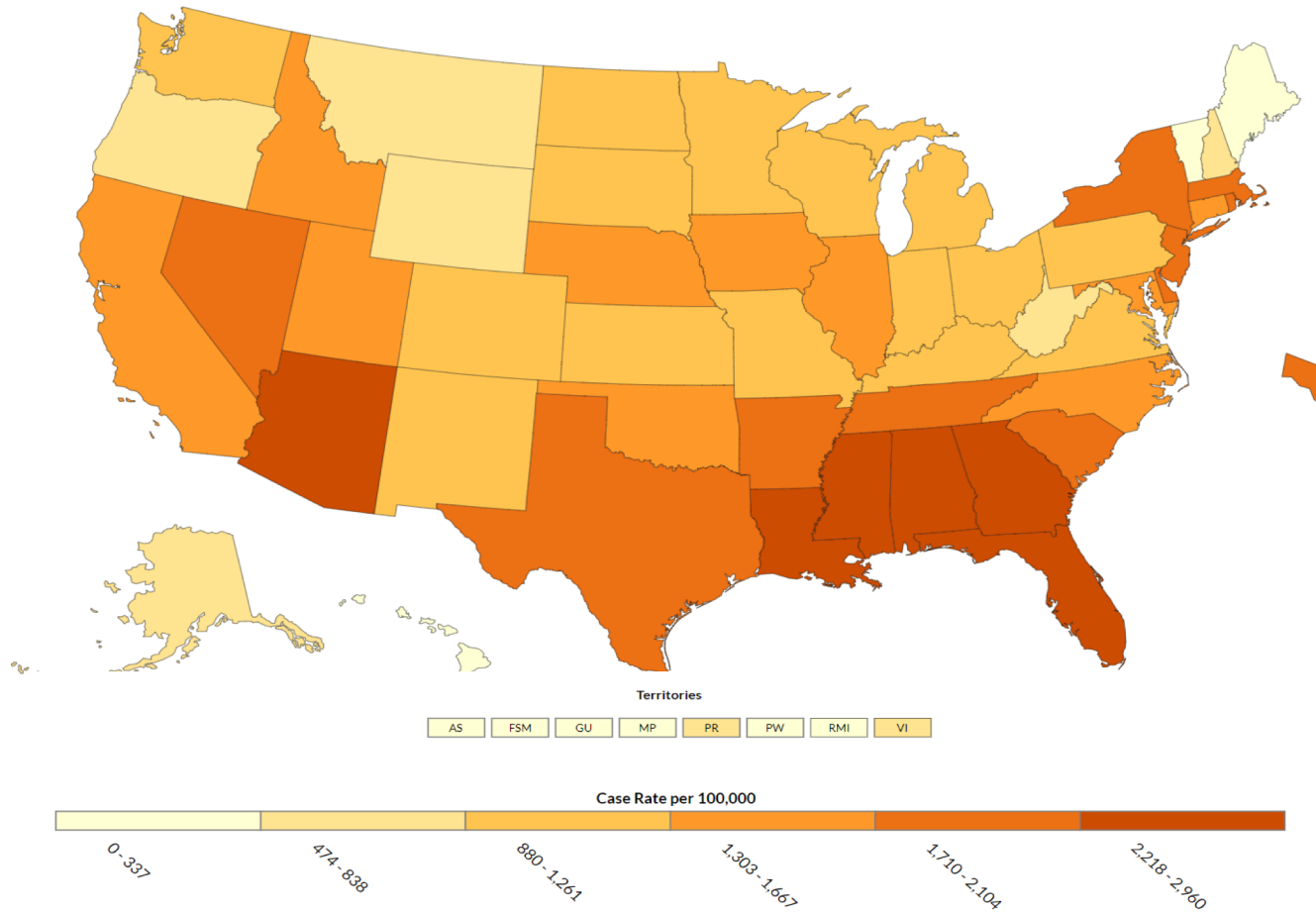|		
12:00 - 12:15	**Welcome/Introductions/Minutes** • **Approval of May 28 meeting minutes**	**Dr. Nick Pfannenstiel,** **Chairman**
12:15 – 12:45	Director's Update • Regional look at what non- IEP School-Based Services are being provided • COVID-19 Update • Update on current transformation projects underway and completed • BIS Enterprise Data Warehouse • Medicaid Expansion	Todd Richardson
12:45 – 1:00	Chief Transformation Officer Update • Missouri Benefits Transformation Project	Kirk Mathews
1:00 – 1:15	Chief Operating Officer Update • Update on COVID-related emergency Waivers & Disaster State Plan Amendments; COVID-related flexibilities with the Managed Care Plans • Telehealth update	Jessie Dresner
1:15-1:30	Legislative Update	Caitlin Whaley
1:30-1:45	Budget Update	Tony Brite
1:45-2:15	Public Comments	
2:15-3:00	Family Support Division Update • Enrollment Update (including child well care visits/claims, etc.)	Jennifer Tidball

DIRECTOR'S UPDATE

Medicaid **COVID-19** Update

18 Aug 2020

Missouri has 16th lowest cases per 100k in the nation at 1,101

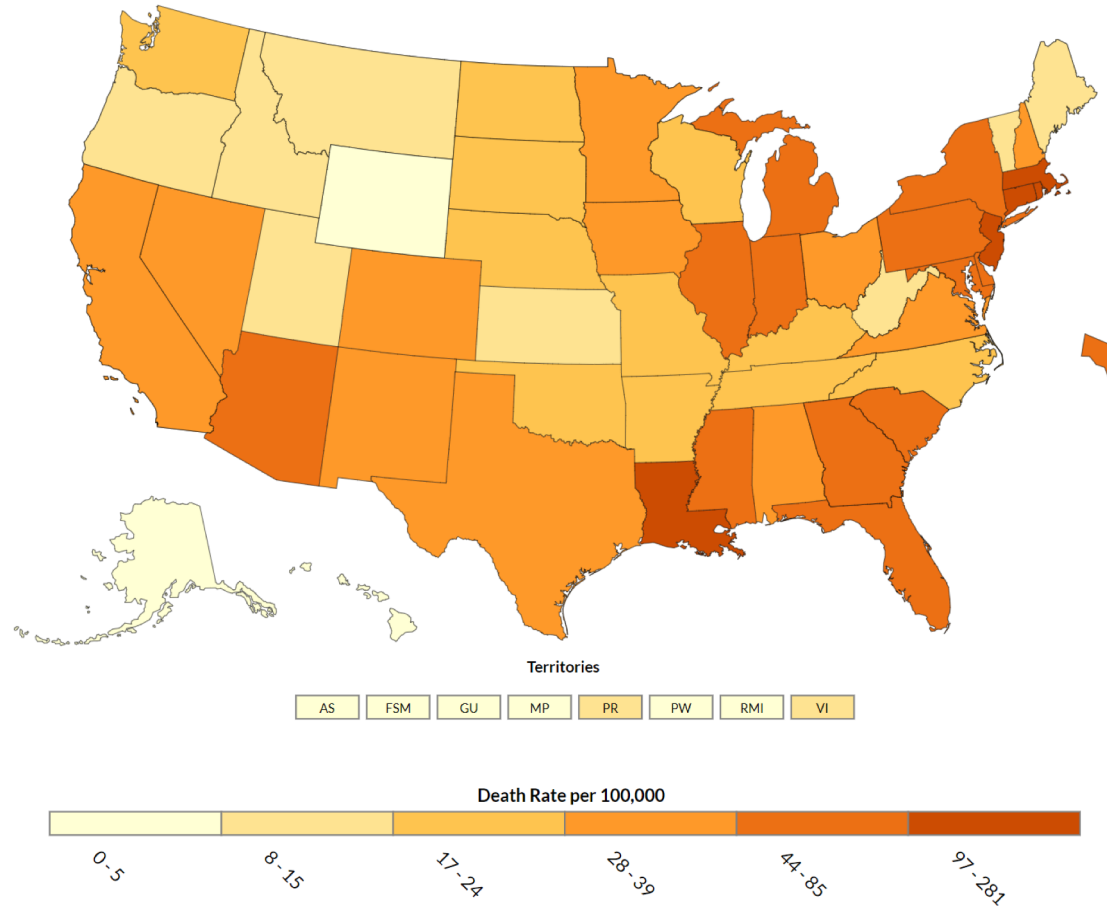COVID-19 Case Rate in the US Reported to the CDC, by State/Territory (cases per 100,000)

Territories

| AS | FSM | GU | MP | PR | PW | RMI | VI |

Case Rate per 100,000

0 - 337   474 - 838   880 - 1,261   1,303 - 1,667   1,710 - 2,104   2,218 - 2,960

Missouri has 20th lowest deaths per 100k in the nation at 22

COVID-19 Death Rate in the US Reported to the CDC, by State/Territory (deaths per 100,000)

Territories

| AS | FSM | GU | MP | PR | PW | RMI | VI |

Death Rate per 100,000

0 - 5   8 - 15   17 - 24   28 - 39   44 - 85   97 - 281

Data available as of 17 Aug 2020 | Source: CDC COVID Data Tracker

Increased testing volume is not the only driver of case growth, as the positivity rate is increasing
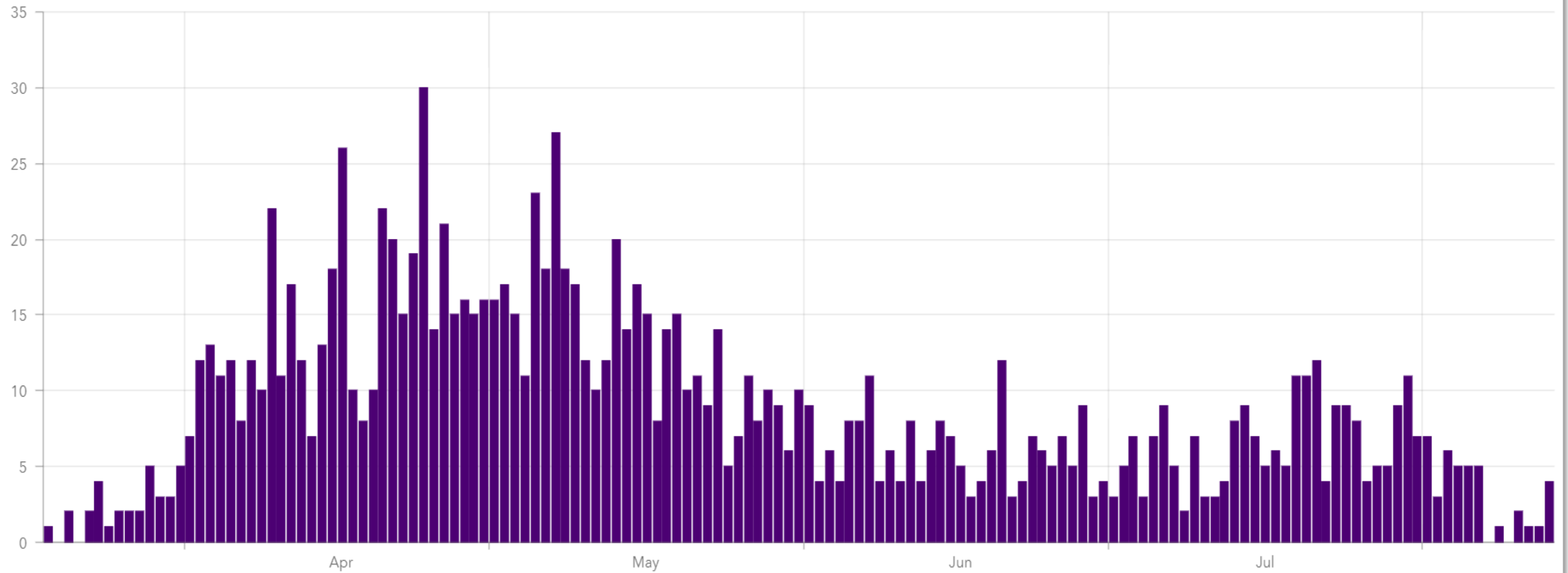
Test Encounters and Rolling 7-day Average Positivity
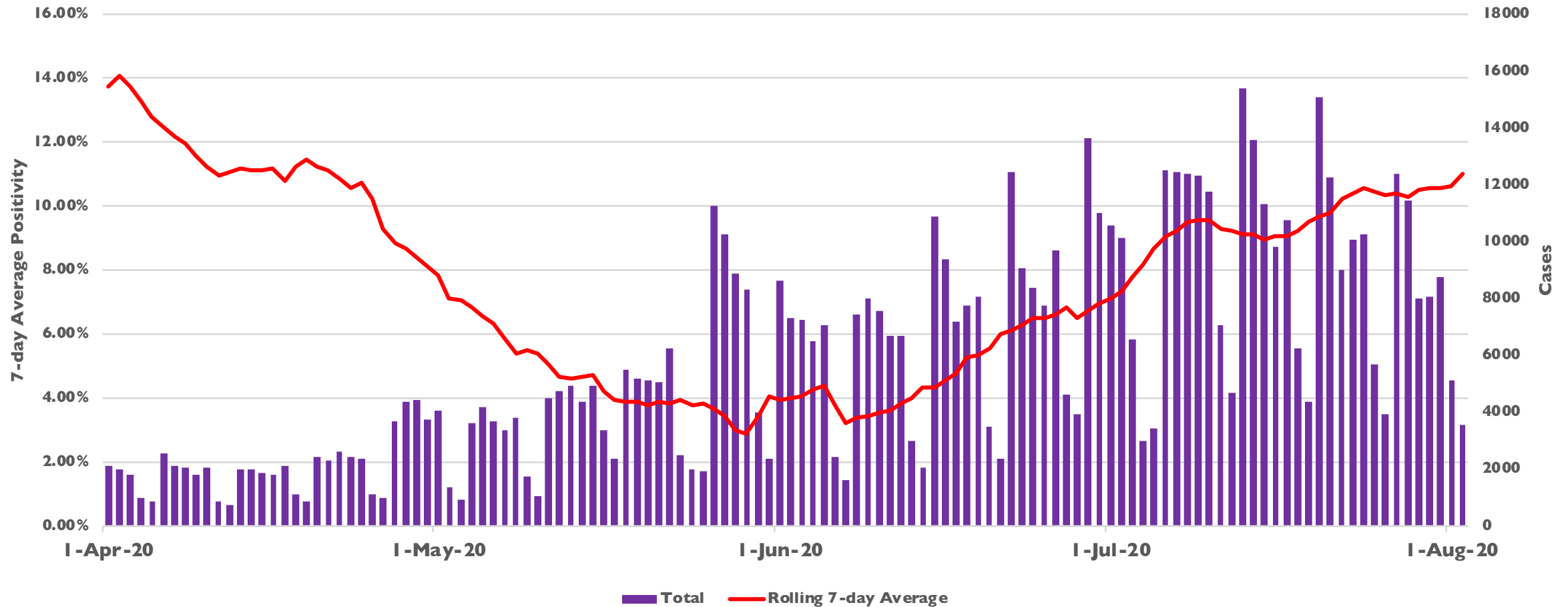
Data available as of 10 Aug 2020

cases

Daily Deaths

Data available as of 17 Aug 2020
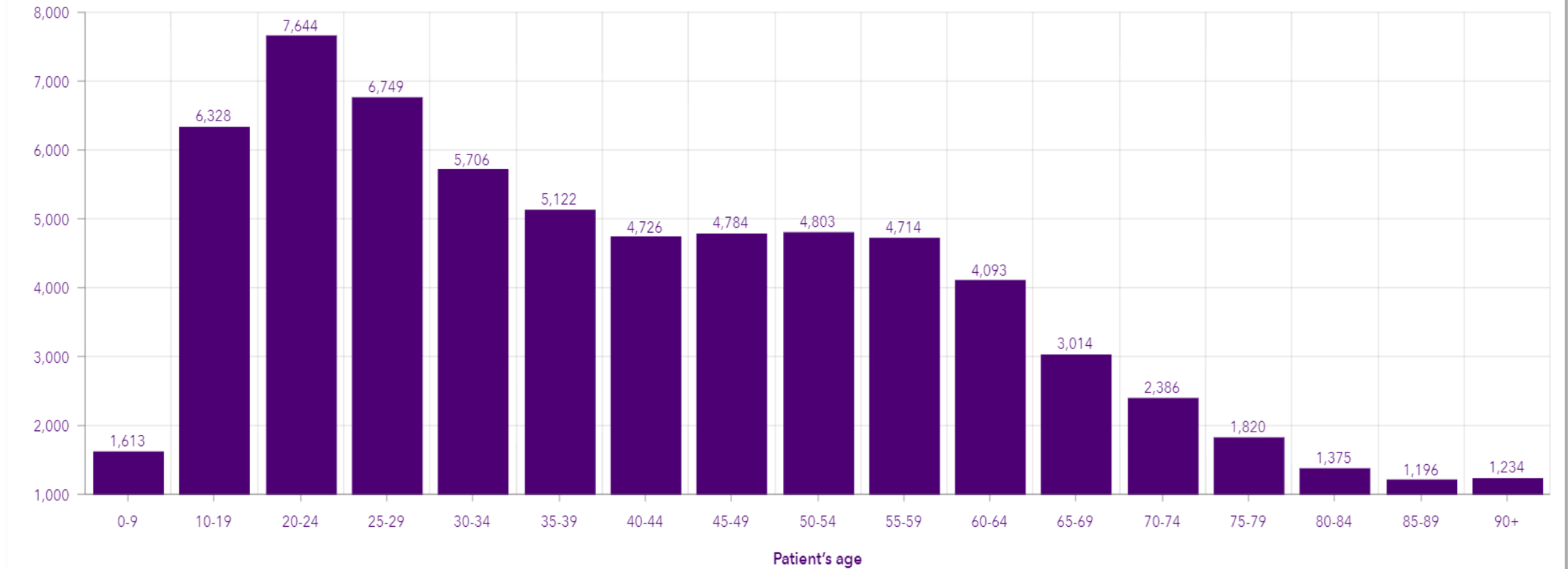
- People 65+ are at highest risk of infection and death
- Completed 113,308 tests of residents and staff in 440+ long-term care facilities (3,546 positive)
- State has provided:
  - Infection control advice
  - PPE
  - Access to testing
- % of total cases 65+
  - 22% in mid-April
  - 15% in early August
- % positivity rate 65+
  - 16.7% in mid-April
  - 7.5% in early August

1 Test
Widely

2 Isolate
All infected people

Box It In
To get us all working again

4 14 Quarantine
All contacts
self-isolate for 14 days

3 Find
Everyone who has been in
contact with infected people

Missouri **DHSS**
Department of Health
and Senior Services
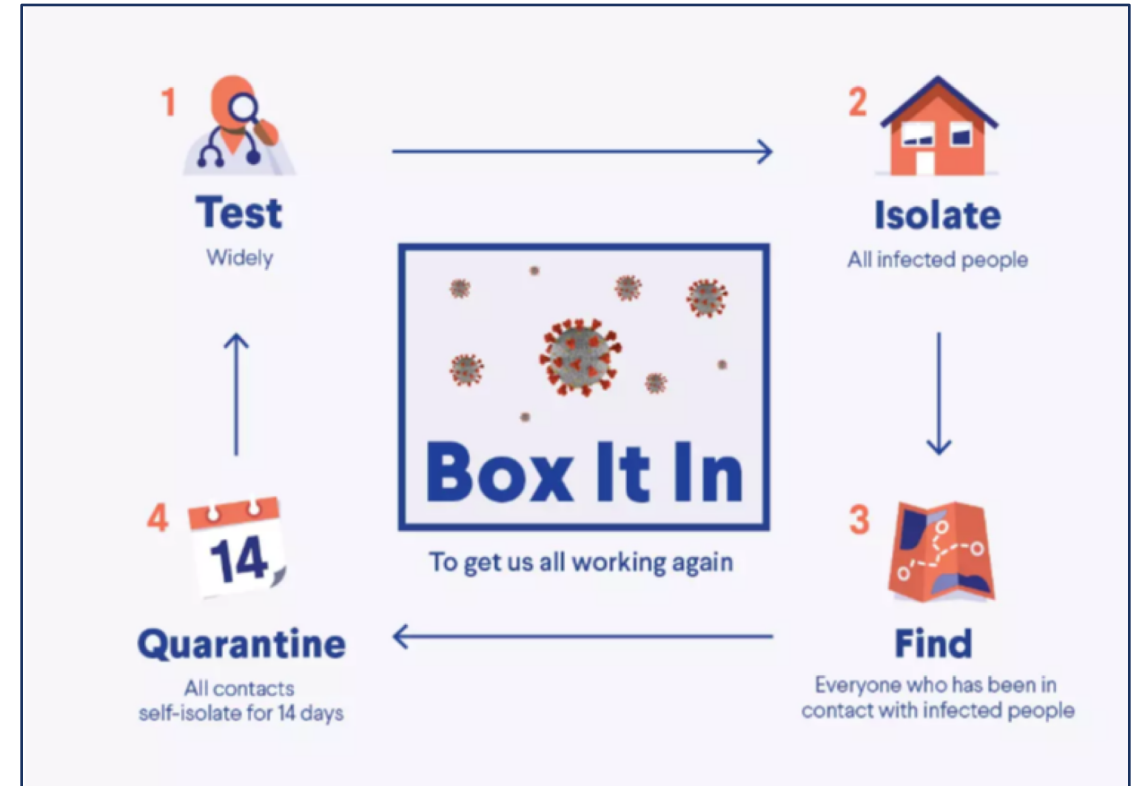
Central (Region F)

Central

Overview		
Population	502,486	
Cumulative Cases	3,203	
Cumulative Deaths	17	
7-day New Cases	467	
Wow % Case Increase	17.1%	

Reproductive Rate		
Pre-intervention	2.30	
Last Week	1.28	
This Week	0.99	⬇ (+/- 0.088)
Change from LW	-23.0%	⬇

Base Case Central Region

Model Scenario: Base Case, From Date: 3/1/20 1:00 AM, + 3 more

LEMMA Projections
median (best fit scenario)   p5   p25   p75   p95
Peak hospitalizations (best fit scenario)
Hospitalizations
Hospitalized COVID-19 cases (EMResource)   Hospitalized COVID-19 cases (NHSN)
Hospital Beds
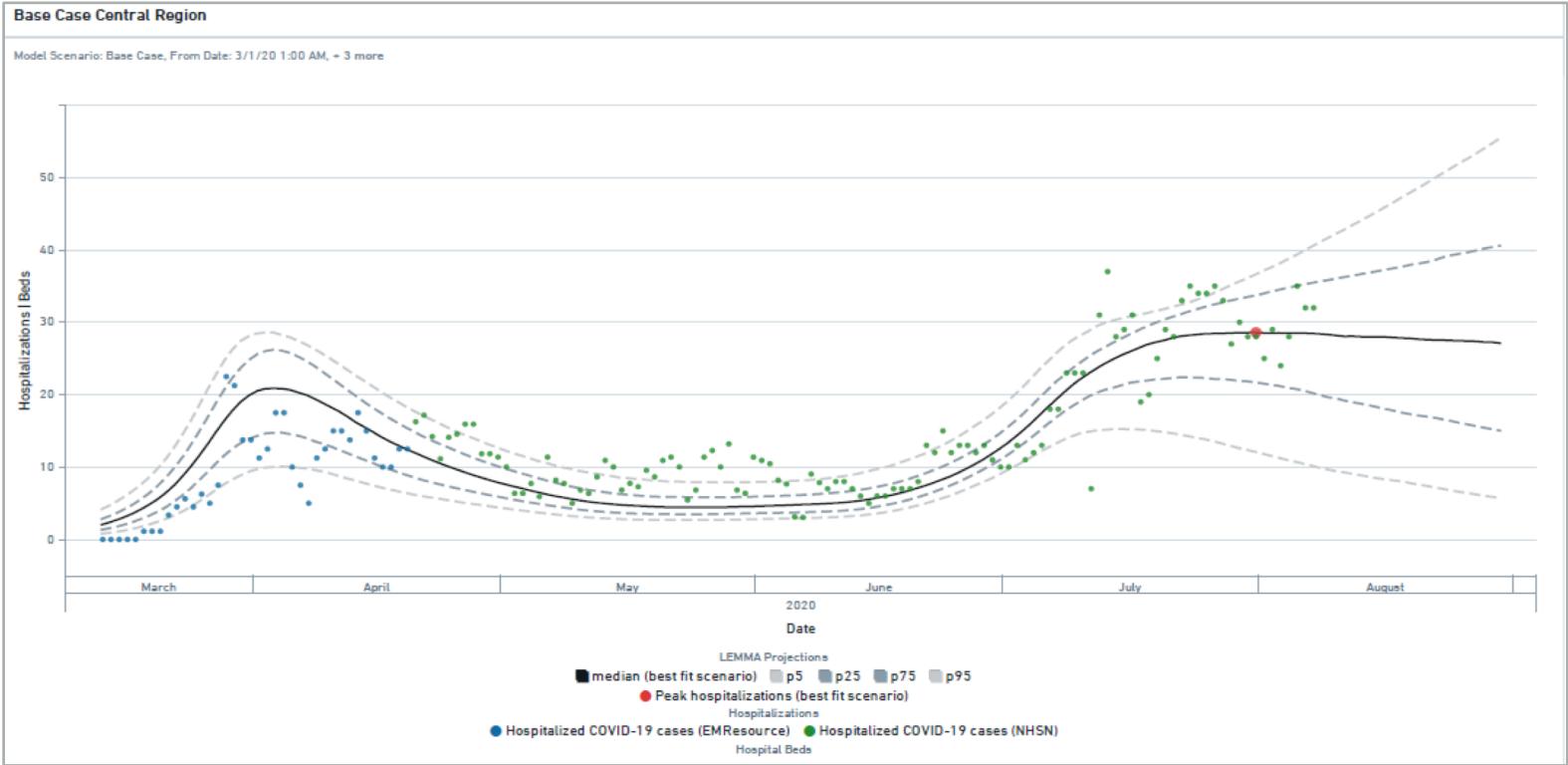
Greater Kansas City Area (Region A)

Kansas City Region

Overview	
Population	1,395,314
Cumulative Cases	15,150
Cumulative Deaths	176
7-day New Cases	1,837
Wow % Case Increase	13.8%

Reproductive Rate		
Pre-intervention	2.80	
Last Week	0.91	
This Week	0.93	⬆
Change from LW	2.0%	⬆

(+/- 0.057)
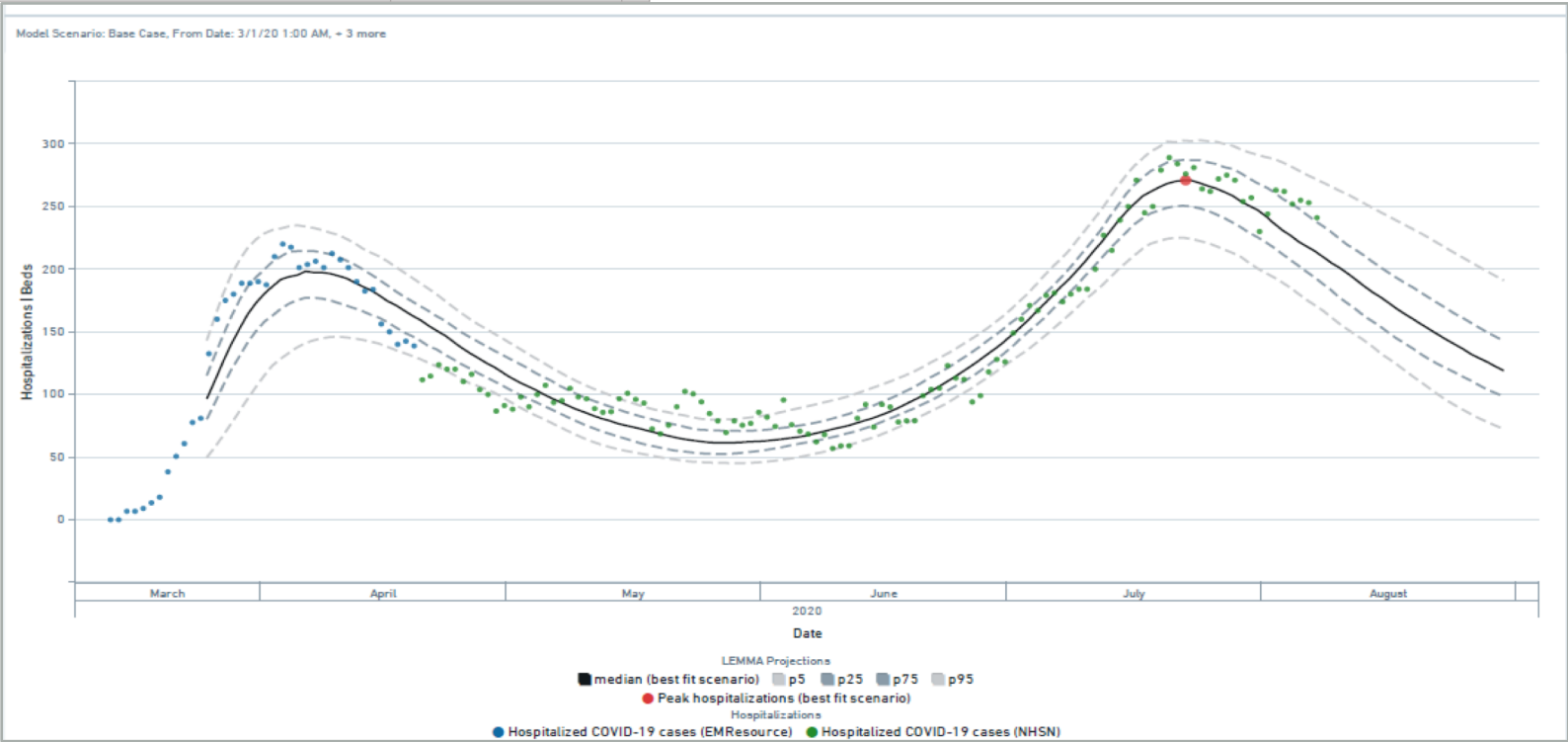
Northwest (Region H)

Northwest

Overview		
Population	234,361	
Cumulative Cases	1,820	
Cumulative Deaths	24	
7-day New Cases	110	
Wow % Case Increase	6.3%	

Reproductive Rate		
Pre-intervention	1.24	
Last Week	1.10	
This Week	1.10	⬇ (+/- 0.102)
Change from LW	-0.3%	⬇
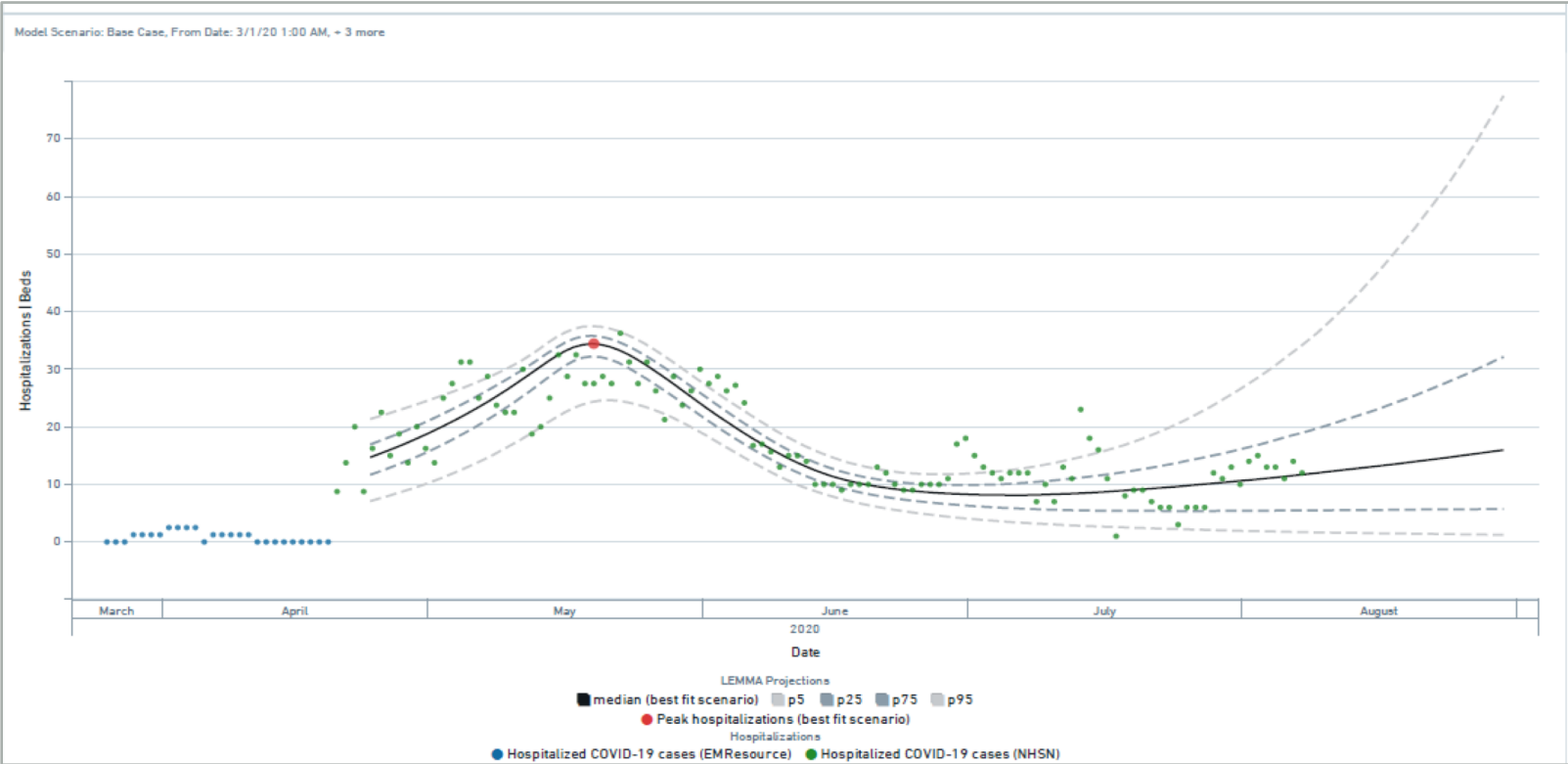
Southeast / Cape Girardeau (Region E)

Southeast

Overview		
Population	363,478	
Cumulative Cases	3,037	
Cumulative Deaths	49	
7-day New Cases	402	
Wow % Case Increase	15.3%	

Reproductive Rate		
Pre-intervention	2.61	
Last Week	1.22	
This Week	1.20	⬇ (+/- 0.084)
Change from LW	-2.4%	⬇

Southwest / Springfield (Regions D,G, I)
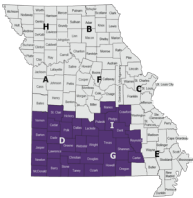
Southwest

Overview		
Population	1,221,847	
Cumulative Cases	8,520	
Cumulative Deaths	75	
7-day New Cases	1,109	
Wow % Case Increase	14.7%	

Reproductive Rate		
Pre-intervention	2.36	
Last Week	1.27	
This Week	1.25	↓ (+/- 0.084)
Change from LW	-1.4%	↓

Model Scenario: Base Case, From Date: 3/1/20 1:00 AM, + 3 more

LEMMA Projections
■ median (best fit scenario) ■ p5 ■ p25 ■ p75 ■ p95
Hospitalizations
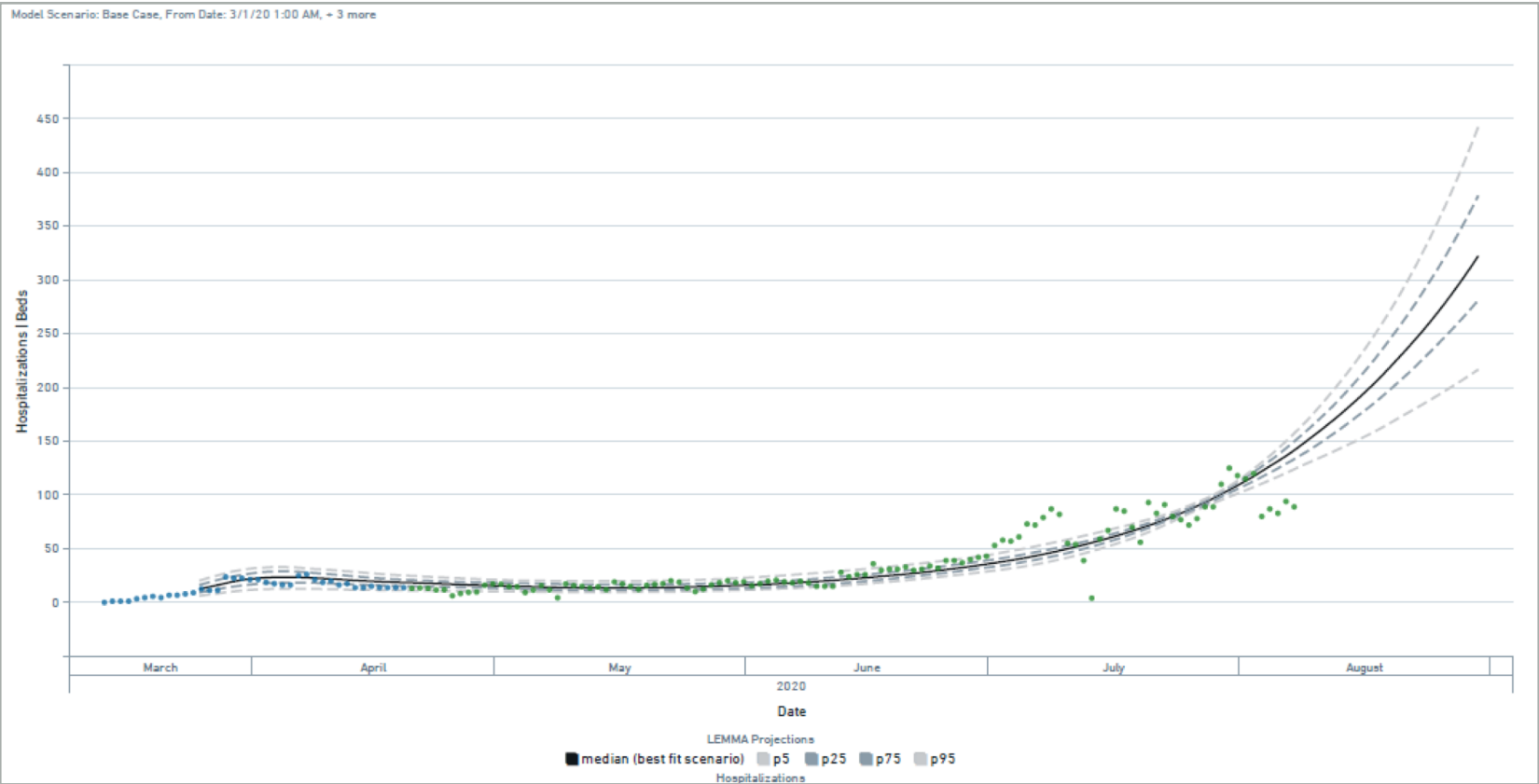
Greater St. Louis (Region C)

St. Louis Region

Overview		
Population	2,229,518	
Cumulative Cases	27,286	
Cumulative Deaths	960	
7-day New Cases	2,978	
Wow % Case Increase	12.3%	

Reproductive Rate		
Pre-intervention	3.39	
Last Week	1.61	
This Week	1.61	↑ (+/- 0.151)
Change from LW	0.1%	↑

Model Scenario: Base Case, From Date: 3/1/20 1:00 AM, + 3 more

LEMMA Projections
■ median (best fit scenario) ☐ p5 ☐ p25 ☐ p75 ☐ p95
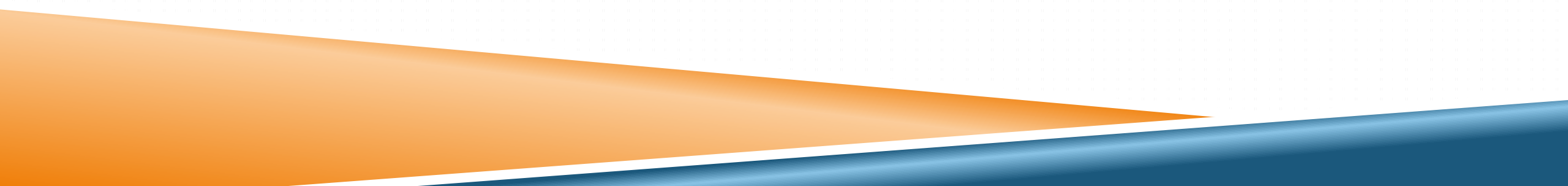● Peak hospitalizations (best fit scenario)
Hospitalizations
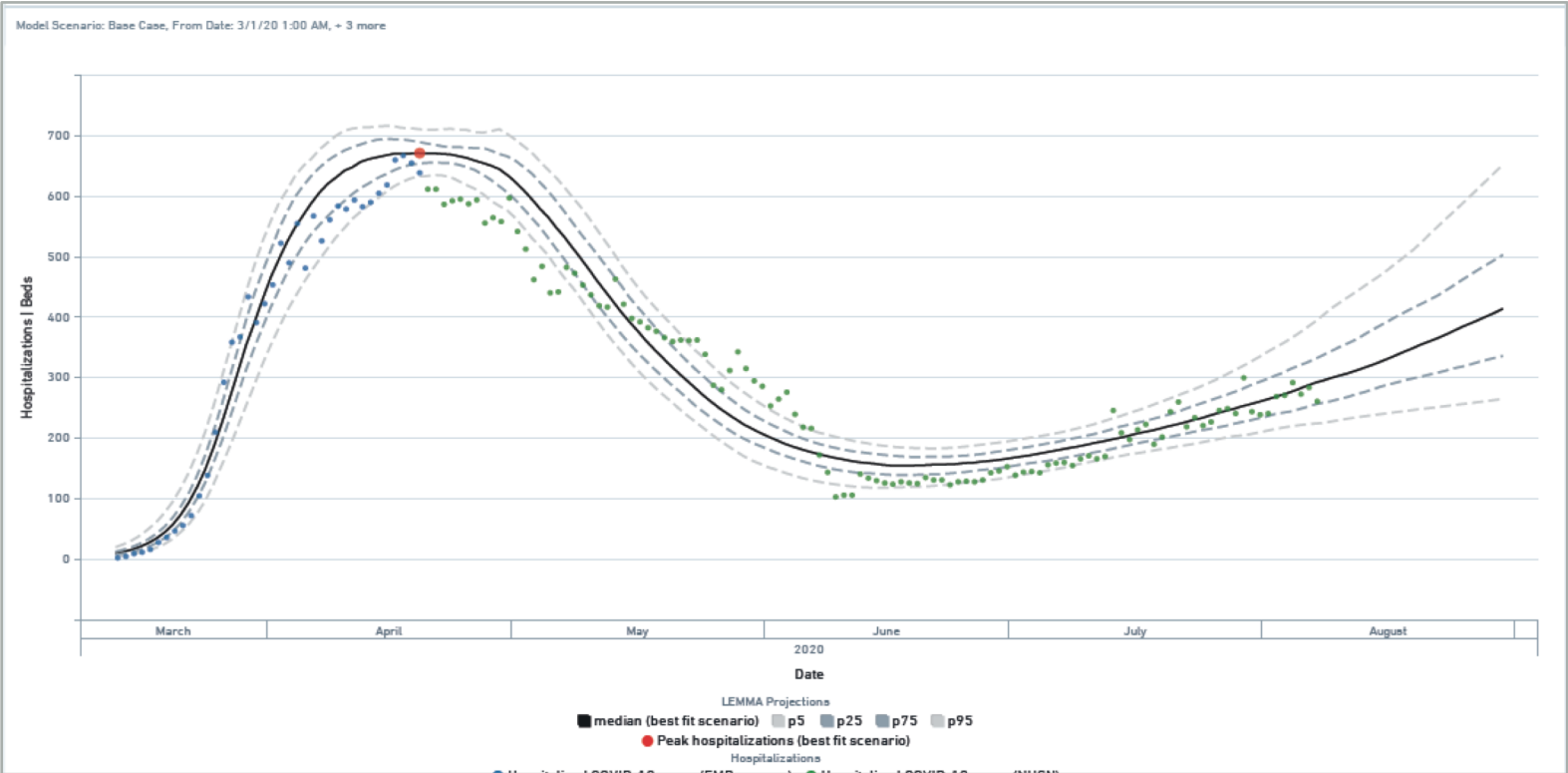
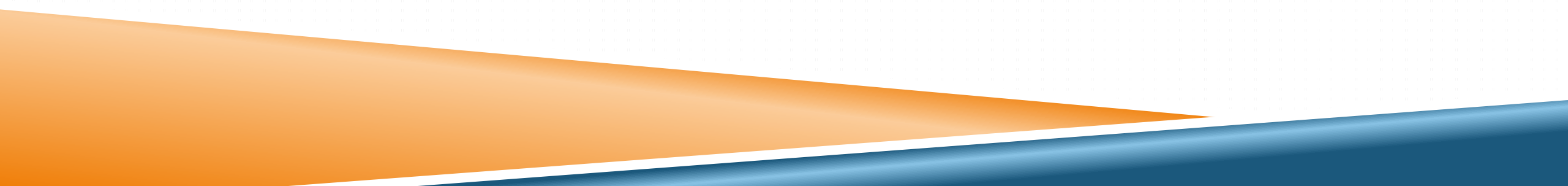# Medicaid Transformation Initiatives

Update

MO HealthNet Oversight Committee August 18, 2020

MHD Transformation Initiatives underway

❖ Outpatient Simplified Fee Schedule

❖ Expanding Prior Authorization processes, while eliminating others

❖ Improving physician and behavioral health reimbursement

❖ Transitioning to value-based payments

❖ Nursing home reimbursement methodology

❖ Level of care changes and mobile assessments for HCBS

❖ Extend Money Follows the Person through new grants or waivers

MHD Transformation Initiatives underway, continued

- ❖ Implement medical necessity guidelines and prior authorizations in drug classes that do not have such policies
- ❖ Implement NDC requirement on claims for non-J-code HCPCS drugs
- ❖ Implement additional tools for managed care performance management
- ❖ Enhance Explanation of Medical Benefits (EOB) processes
- ❖ Updated MMIS replacement strategy
- ❖ Strengthen IS capabilities

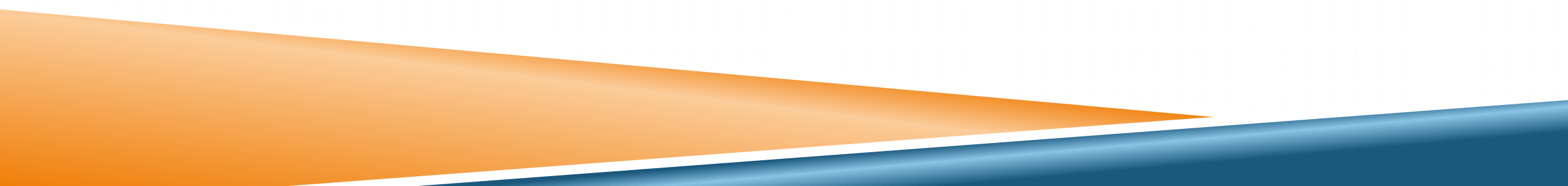# MHD Transformation Initiatives underway, continued

- ❖ Operational initiatives
  - ➢ Process guides for personnel
    - Print and mail initiatives
    - Desk manuals
    - New employee processes
    - Employee "playbook"
  - ➢ Automate processes
  - ➢ Civilla

MHD Transformation Initiatives: Complete

- ❖ Improved coordination between divisions: created referral process for MMAC-MHD; created Governor's Fraud and Abuse Task Force

- ❖ Eliminate grandfathering

- ❖ Revamped DMH waiver review process

- ❖ MO HealthNet has several operational excellence/continuous improvement projects underway that are not considered part of transformation

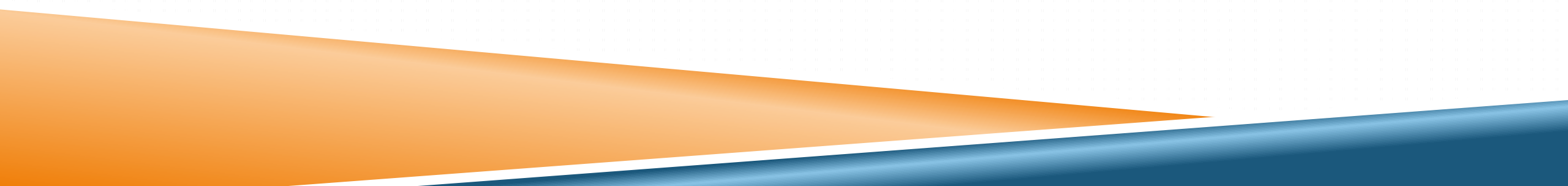# Business Intelligence Solution – Enterprise Data Warehouse (BIS-EDW) Update

BIS-EDW Goals

❖ Better management and use of information

❖ Better decisions

❖ Better outcomes for the State and our citizens

❖ Future scalability for the Missouri Medicaid Enterprise

BIS-EDW Overview

❖ Seven projects

❖ Three distinct implementations

Implementation 1- Nov 2020

❖ **EDW** - Creates the base data warehouse to bring in all of the data and organize it

❖ **DART** - Detailed Analysis and Reporting Technology to create complex reports

❖ **SMART** - Summarized Management and Administrative Reporting Technology creating data marts, cubes and dashboards

❖ Data governance – defining, managing, and distributing data

Implementation 2 – April 2021

❖ **Data extracts** – developing a repeatable process for managing and sending our data to authorized subcontractors/vendors/etc.

❖ Currently meeting to document the requirements and begin design work

Implementation 3 – October 2021

❖ **Federal Financial Reporting** – CMS required reports

➢ Requirement gathering sessions have started

❖ **T-MSIS** – specialized data extracts for the national Medicaid data repository

➢ Requirement review sessions and some design sessions have started

❖ **Historical Claims Project** – claims older than July 2011

➢ Not yet started

CHIEF TRANSFORMATION OFFICER UPDATE

Missouri Benefits Enrollment Transformation

Research Report Summary For
MOHealth Net Oversight Committee

August 18, 2020

The Challenge:

Modernizing the application and enrollment process for Missouri's largest safety net programs…

For Participants:
Difficult to navigate
63 pages
Long wait times

For Front Line Staff:
High volume
Siloed work streams
Multiple systems

The Project:

Missouri Benefits Enrollment Transformation

The Partnership:

Civilla: A Human Centered Design Studio
Missouri Foundation for Health
Missouri Department of Social Services

USER NEED

INSTITUTIONAL PLANNING

The Project:

1. Research Phase and Report
2. Design and Testing
3. Implementation
   - Pilot
   - Full implementation

The Research: Six Months

- 19 FSD Office Visits
- 65 Participant and CIS/Call Center Observations/Interviews
- 44 Specialist Interviews
- 17 Supervisor Interviews
- WIPRO call center – 6 specialist and 2 Supervisor Interviews
- 244 Resource Center Surveys
- 550 Processing Center Surveys
- 247 Call Center Surveys
- 4 Community Partner Surveys

The Findings: Participant Perspectives

1. No Clear Path
2. System is Dehumanizing
3. System of Fault vs. System of Dignity

The Findings: Frontline Staff Perspective

1. Servicing the task vs. servicing the person
2. A system of pieces and parts
3. A system of Workarounds

The Recommendations:

1. An Integrated Application
   - 1 application
   - 6 programs
   - 3 components

The Recommendations:

2. Standardized Interview Guides and case notes
3. Streamlined Verifications
   - Income Verification
   - Asset Verification
   - Expenses Verification

The Recommendations:

4. Clear and Consistent Communications
- **Renewals**
- **Case Action Notices**
- **Verifications**

5. Modernized Online Case Management

The Estimated Impact:

- More complete/accurate applications
- Reduced Application Time
- Lower Error Rate
- Fewer Outbound/Inbound calls
- Decreased processing time
- Decreased Procedural Denials and Churn

Project Timeline:

	2020		2021			
	Q3	Q4	Q1	Q2	Q3	Q4
Application	Plan	Design/ Testing	Implementation			
Correspondence			Design/Testing		Implementation	
Online Case Mgmt				TBD		

CHIEF OPERATING OFFICER UPDATE

COVID-Related Disaster State Plan Amendments and Waivers

Update

MO HealthNet Oversight Committee August 18, 2020
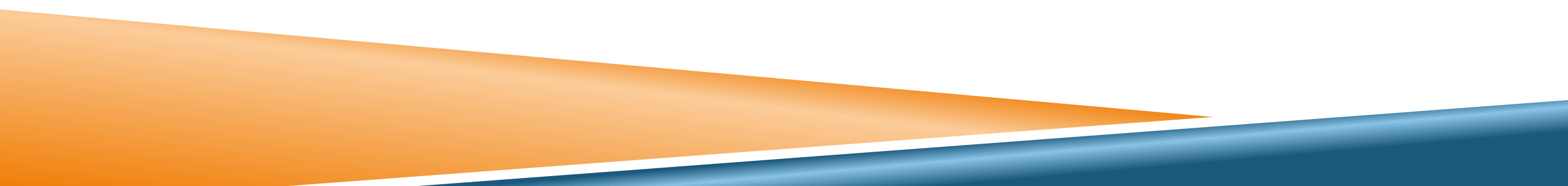
Summary of COVID-related SPAs and Waivers

MO HealthNet submitted several State Plan Amendments (SPAs) and waivers to the Centers for Medicare and Medicaid Services (CMS), in order to temporarily relax program requirements, in response to the pandemic.* Many of the items were approved by CMS.

Some items did not pertain to Managed Care coverage (certain items regarding personal care services only covered in Fee For Service, pharmacy items, or services provided through the Department of Mental Health- any that are "carved out".) If a service is provided through Managed Care and Fee For Service, the flexibilities granted were/are the same for both.

*Four 1135 Waivers, Two Disaster Relief SPAs, an Appendix K (HCBS services), CHIP SPA

Did the managed care plans do anything different in response to COVID 19?

Yes, all three health plans continue to provide updates to MHD. Examples include the following:

❖ Enhanced provider payments for dental providers

❖ Outreach to vulnerable, high-risk members

❖ Initiated meal program

❖ Webexes with providers to educate them on COVID related changes

❖ Providing asthma kits to ensure school-aged children have kits at home since most were primarily located at schools

❖ Provided kids activity packs for Boys & Girls clubs and other partners for kids to have at home

What are the next steps with the Disaster SPAs and waivers?

MHD must determine if "return to normal" requires system work, and the timeline necessary to "RTN". We must also coordinate with any statutory or regulatory temporary waivers/exemptions.

We must also determine whether or not we want to attempt to make the flexibility(ies) permanent, and if yes, what is required and what is the timeline to avoid a "gap".

We must ensure we communicate the return to normal to our providers and other stakeholders.

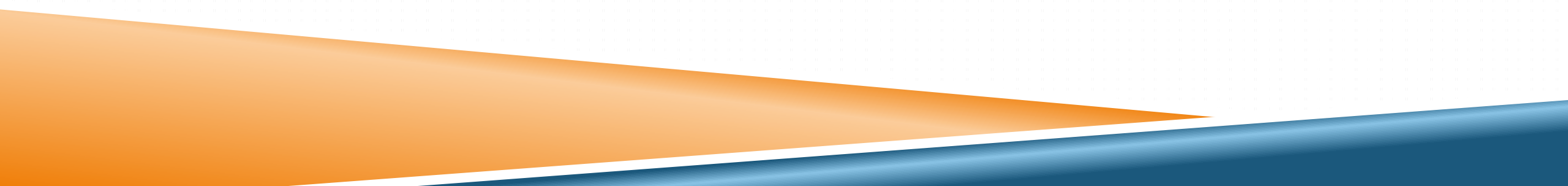# Are we considering requesting any flexibilities be made permanent?

MHD solicited provider feedback on this topic. Some feedback requires us to collaborate with sister agencies (interest in permanently easing caregiver requirements and licensing requirements).

Other feedback showed interest in continued use of e-signatures and waiving co-pays (while other feedback indicated restoring co-pays is important).
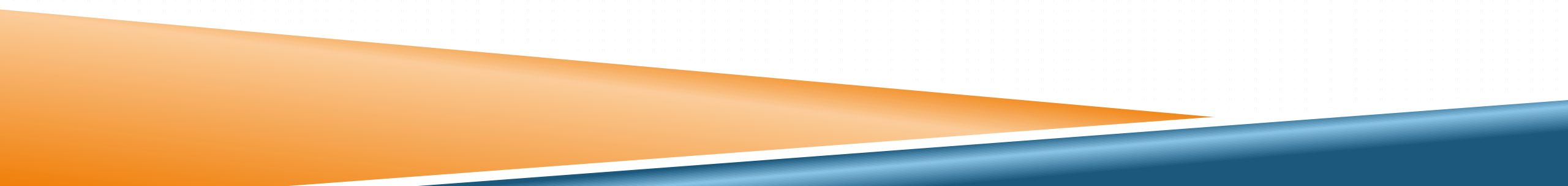
Most feedback centered around telehealth
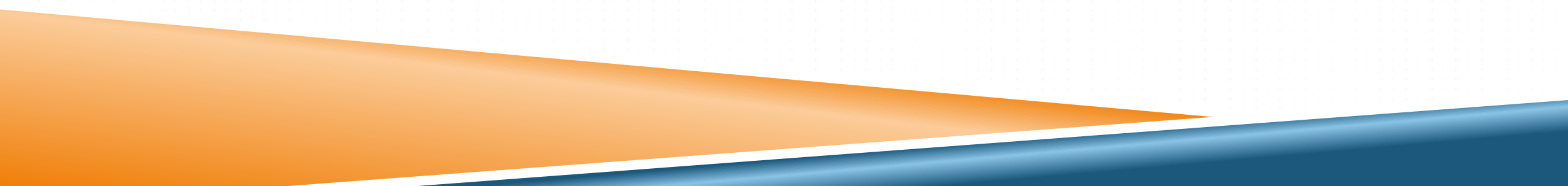
What about Telehealth?

Provider feedback tells us that telehealth has many benefits:

- ❖ Relieves staff anxiety
- ❖ Relieves patient anxiety
- ❖ Safely provides emotional support
- ❖ Clients prefer it
- ❖ Reduces "no shows"

Challenges with Telehealth

❖ Providers need more guidance and direction

❖ Lack of internet and spotty internet

❖ Not well suited for all clients and patients

❖ Clients don't have adequate equipment

❖ It's difficult to adjust for those who aren't technologically inclined

❖ It lacks the personal component that comes with face to face

Next steps with Telehealth

❖ At this point, MO HealthNet's coverage of telehealth is governed by its State Plan and state law

❖ MHD has convened a working group to help inform a potential state regulation and MHD policy. We plan to utilize provider feedback to help us provide the best guidance and instruction via webinars, a new webpage, a video(s), and more, in addition to participant outreach

BUDGET UPDATE

MO HealthNet

Public Health Emergency – Maintenance of Effort
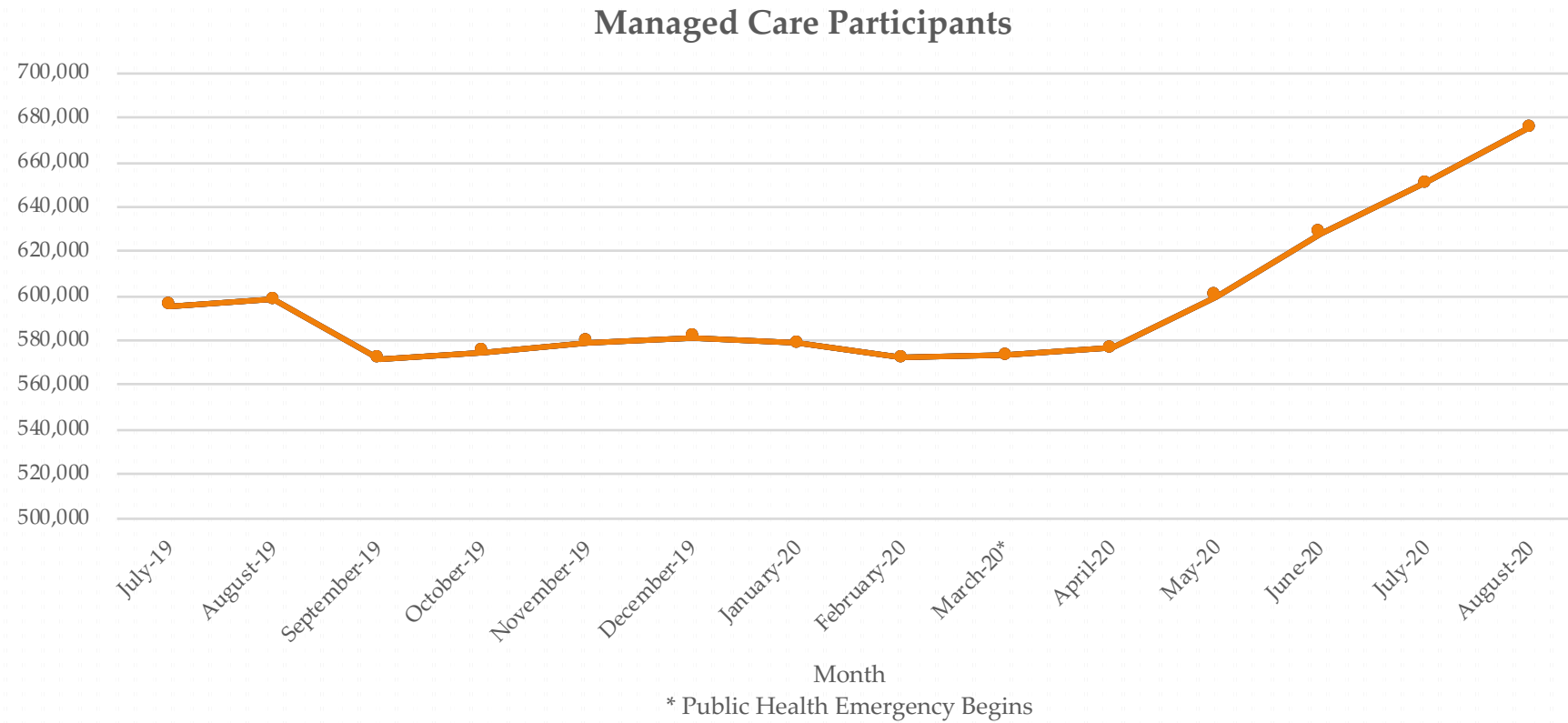
August 18, 2020

Maintenance of Effort Requirements to Receive Increased FMAP*

To qualify for the temporary 6.2% FMAP increase, states must, through the end of the month when the public health emergency ends:

- Maintain eligibility standards, methodologies, or procedures that are no more restrictive than what the state had in place as of January 1, 2020

- Not charge premiums that exceed those that were in place as of January 1, 2020

- Cover, without impositions of any cost sharing, testing, services and treatments— including vaccines, specialized equipment, and therapies—related to COVID-19

- Not terminate individuals from Medicaid if such individuals were enrolled in the program as of the date of the beginning of the emergency period, or becomes enrolled during the emergency period, unless the individual voluntarily terminates eligibility or is no longer a resident of the state
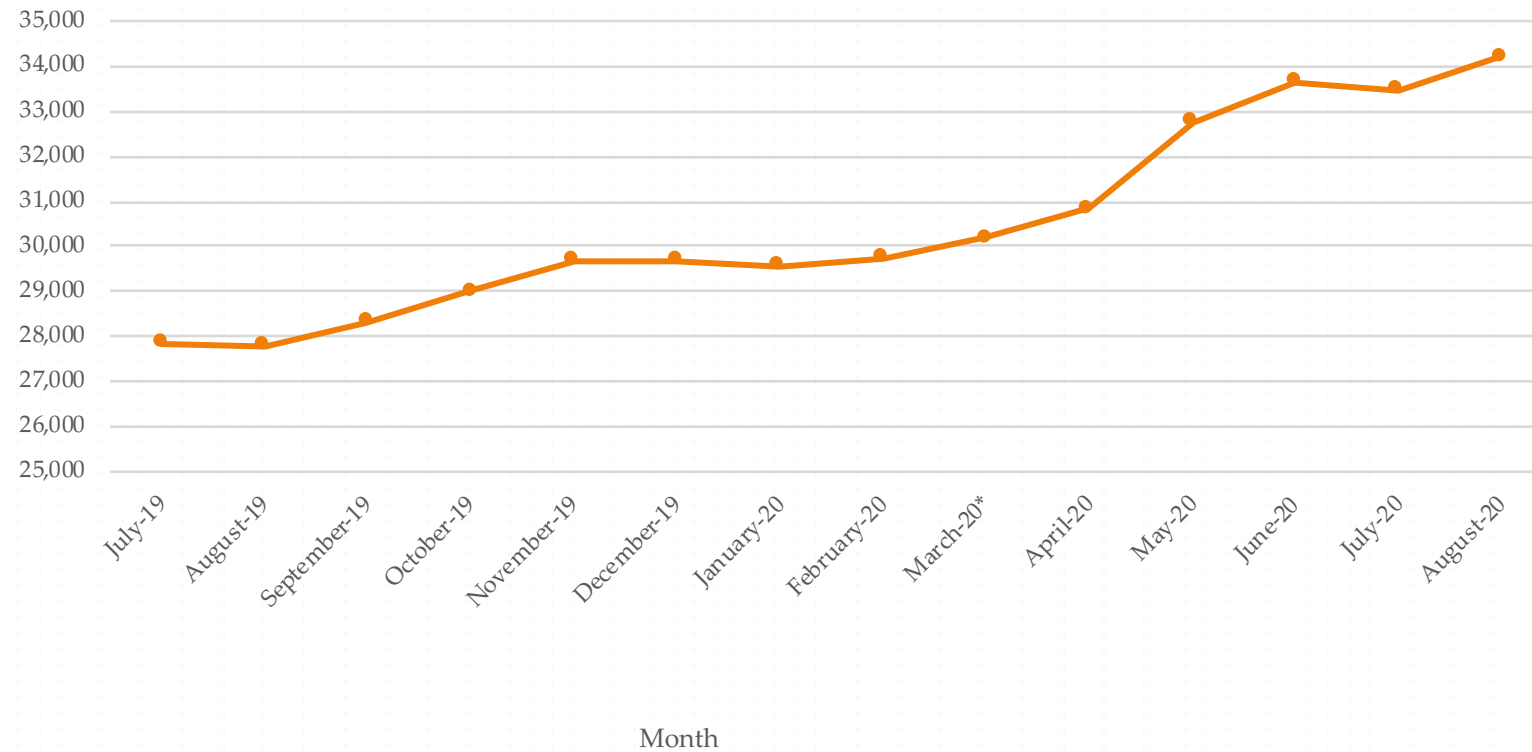
*Federal Matching Assistance Percentage (FMAP) refers to percentages used to determine matching funds.
Source: https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf

Managed Care Caseload

Managed Care Participants

Month
* Public Health Emergency Begins

CHIP Caseload

CHIP Participants

Month
* Public Health Emergency Begins

COVID-19 Budget Impact

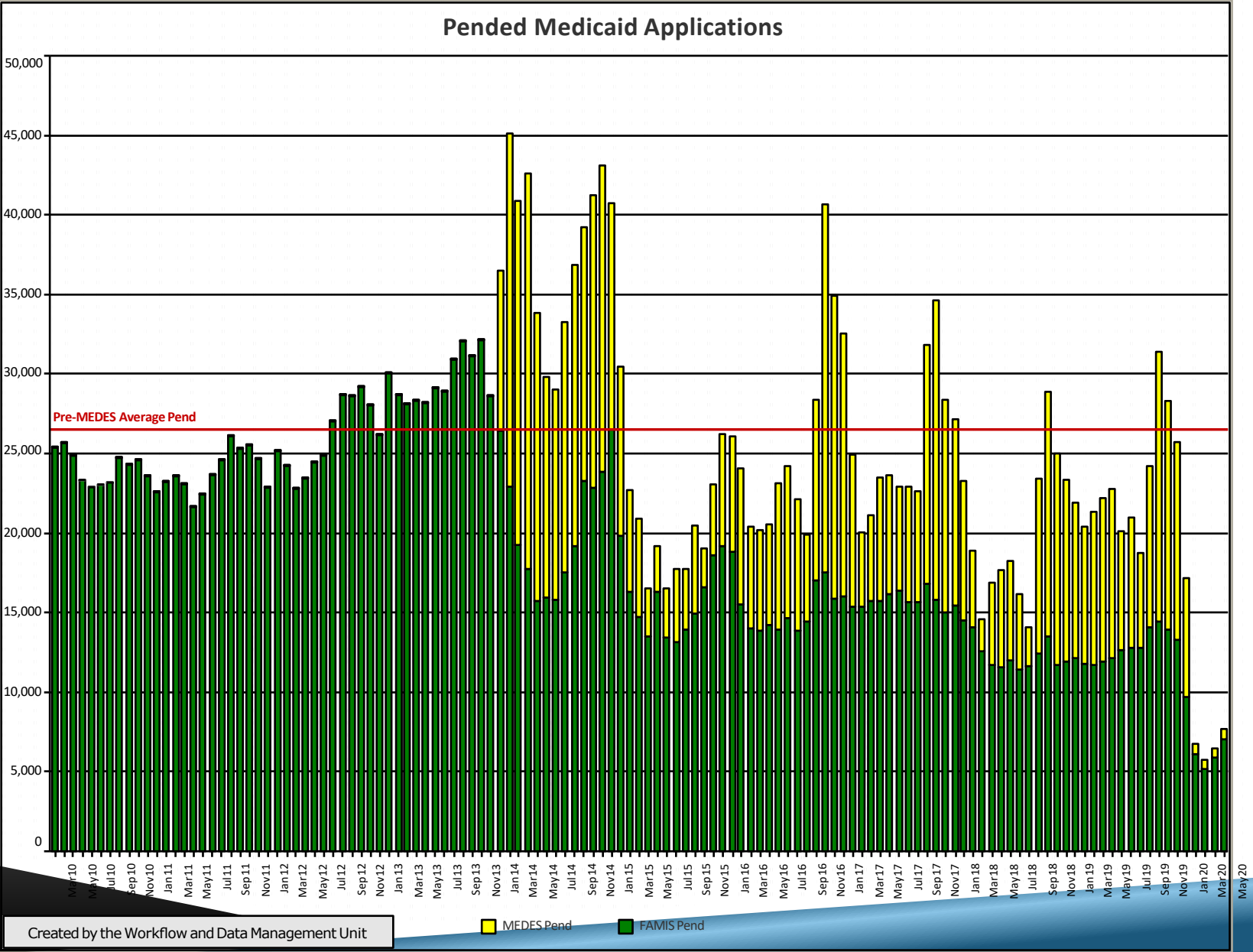|		
Total Projected Enhanced FMAP Received (Jan-Dec 2020)	$	648,782,340
Estimated Cost of MOE** for SFY20	$	8,302,413
Estimated Cost of MOE for SFY21	$	194,531,158
Estimated MOE Costs	$	202,833,571
Gain/(Loss) for Enhanced FMAP	$	445,948,769
SFY20 shortfall resulting in Governor Restrictions	$	435,000,000
SFY21 shortfall resulting in Governor Restrictions	$	448,000,000
Total Shortfall resulting in Governor Restrictions	$	883,000,000
Total State Shortfall with Enhanced FMAP	$	(437,051,231)

*Assumes Public Health Emergency Extends past October 1
**Refers to the Families First Coronavirus Response Act Maintenance of Effort (MOE) protection of coverage

Revenue Outlook

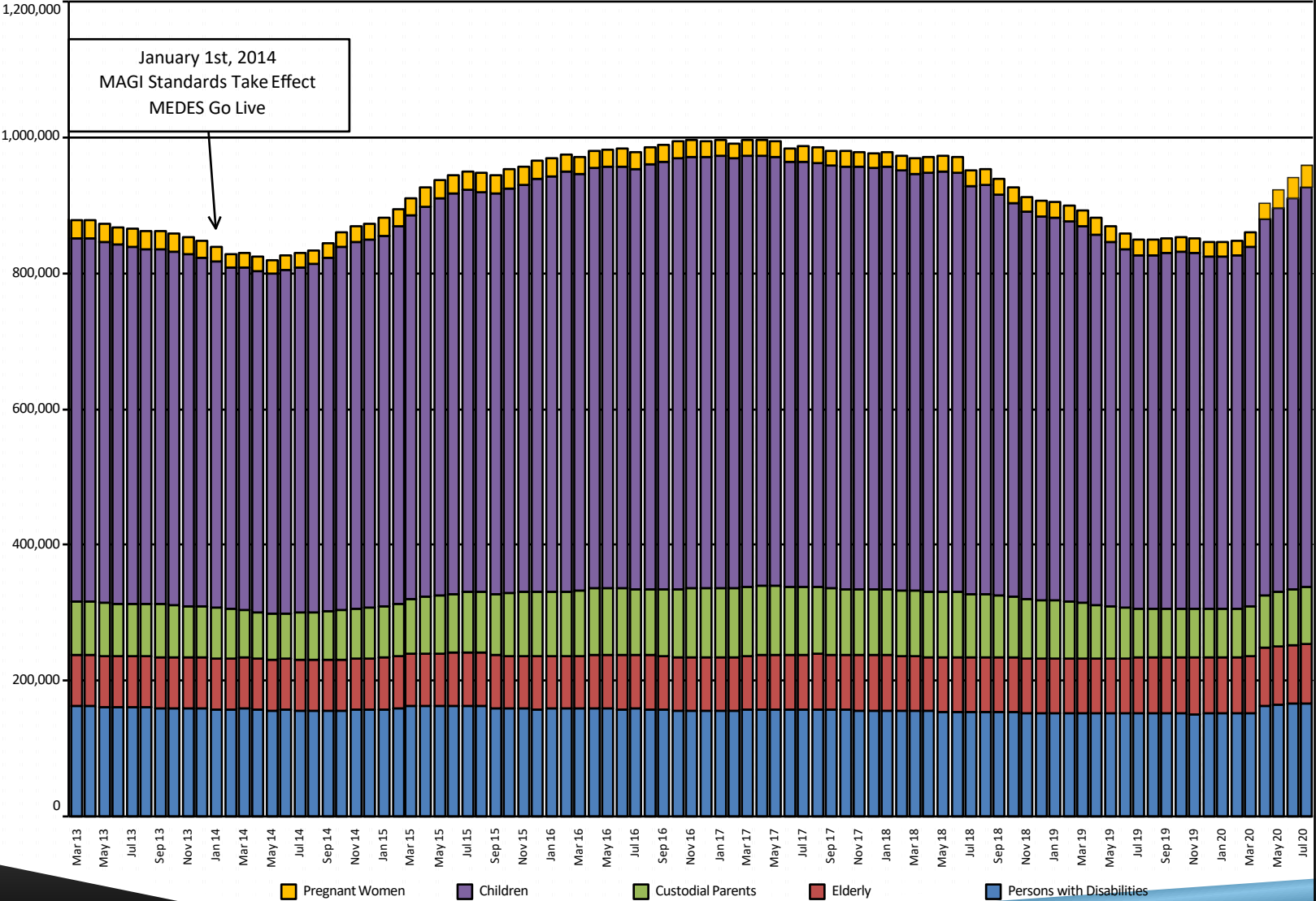|	
Projected SFY2020 GR Revenue Growth compared to SFY2019	2.7%
Actual SFY2020 GR Revenue Decline compared to SFY2019	(6.6%)
Revenue Growth needed in SFY2021 to meet pre-COVID-19 Budgeted Revenue Estimate	11.8%
Revenue Decline for April to June 2020 compared to April to June 2019	(32.1%)

Source: https://oa.mo.gov/sites/default/files/FY_2022_Message_from_the_Director.pdf

FSD UPDATE

Pended Medicaid Applications

Created by the Workflow and Data Management Unit

MEDES Pend   FAMIS Pend

Medicaid Caseload

January 1st, 2014
MAGI Standards Take Effect
MEDES Go Live

Legend: Pregnant Women, Children, Custodial Parents, Elderly, Persons with Disabilities

Charts
Legend

DSS: MO Department of Social Services (i.e. General MAGI applications)

FAMIS: Family Assistance Information Management Systems

FFM: Federally Facilitated Marketplace

MAGI: Modified Adjusted Gross Income

MEDES: Missouri Eligibility Determination and Enrollment System

MHABD (ADM): MO HealthNet Eligibility for Persons Who are Aged (age 65 and over), Blind, or Disabled

MoHealth Net Participation

	Participants as of June 2010	Participants as of June 2014	Participants as of July 2020	Change Since June 2010	Current Income Eligibility Maximums (Show as a Percentage of Poverty Level)
Children	538,175	504,582	587,773	49,598	300%*
Persons with Disabilities	165,185	156,595	166,352	1,167	85%
Custodial Parents	81,660	67,829	84,747	3,087	TANF level (approximately 19%)
Seniors	77,917	75,122	86,713	8,796	85%
Pregnant Women	28,254	21,846	32,235	3,981	185%
Total	891,191	825,974	957,820	66,629	
Women's Health Services	49,901	67,616	49,022	(879)	185%
Managed Care Enrollment	421,756	388,857	688,684	266,928	

*Families with gross income above 150% of the federal poverty level are required to pay a monthly premium for coverage of their children.

Source: Missouri Department of Social Services, Family Support Division/MO Health Net Division, Monthly Management Report

NEXT MEETING:
NOVEMBER 12, 2020
LOCATION: TBD