

**MO HealthNet Committee
April 28, 2008 Conference Call
Minutes**

Members in Attendance

Stephen Bradford
Gwendolyn Crimm, Co-Chair
Fredrick DeFeo, MD
Shawn Griffin, MD
Steven Lipstein, Co-Chair
Debra McCaul, MD
Heidi Miller, MD
Laura Neal
Joseph Pierle
William Thousand, DDS
The Honorable Joan Bray
The Honorable Rob Schaaf, MD
Brenda Campbell, DHSS (alternate)
Brian Kinkade, DSS (alternate)
Joe Parks, MD, DMH

MHD Staff in Attendance

Ian McCaslin, MD
George Oestreich, PharmD
Judith Muck
Amy Woods
Karen Lewis

DSS Staff in Attendance

Janel Luck

Steve Lipstein, Co-Chair of the MO HealthNet Oversight Committee, opened the meeting. He explained the purpose of the call was to discuss the health care home model and rollout of the Administrative Service Organizations (ASO), specifically the pilot phase. The conference call will enhance the discussion at the full MO HealthNet Oversight Committee April 29, 2008 meeting.

Two documents were shared with committee members in advance of the call: (1) Health Care Home Initiative and Administrative Services Organization RFP for Northwest Missouri and (2) Questions Raised During MO HealthNet Town Hall Meetings. As a result of questions raised, the state provided the following information.

Health Care Home Initiative and Administrative Services Organization RFP for Northwest Missouri

Section 1 -- Why the health care home? After review of the section no questions were voiced.

Section 2 -- What services will a health care home be asked to provide? The state provided the following information:

- It is expected that the 80% of risk assessment encounters with MO HealthNet participants will be performed by phone or on-line; others would be done face-to-face. The participant's health status and risk would be the determining factor.
- Due to the significant amount of wrap around services provided by MO HealthNet, dual eligibles (Medicare/MO HealthNet) will be included in the model. Another factor for inclusion of dual eligibles is the contingent liability for long-term care services. By sustaining a participant's wellness the need for long-term care services are delayed or not needed at all.
- It is not known how many dual eligibles are taken care of by physicians who are not equipped to deal with electronic medical records. Implementation of CCIP in

the Kansas City area was not disruptive to the providers working that program. The offset of additional reimbursement was found to be sufficient.

- It is unknown at this time if all physicians serving dual eligibles will enroll in the program. Participants can opt out at any time, irrespective of the reason. Regardless of the eligibility group, having a health care home is important so that MO HealthNet can learn about the participant as an individual, learn their risk factors, and share wellness information with them.
- Additional evaluation of dual eligibles will be conducted to determine how that population will benefit from health care homes.
- It is anticipated the multiple vendor organizations similar to Associated Psychological Services (APS) would show interest in bidding on the RFP. MO HealthNet Division also anticipates provider sponsored organizations, i.e., hospital sponsored or physician multi-specialty groups or others, and managed care organizations to express interest. A pre-bid conference will be scheduled after release of the RFP at which potential bidders are given the opportunity to gain additional information about the RFP requirements. A better idea of potential bidders will know after the pre-bid.

Section 3 – How will a health care home be compensated and evaluated? The state provided the following information:

- The ASO would receive a per member per month payment for each individual included in program. A risk assessment would be conducted of each individual and a plan of care developed. Educational information related to the participant's risk factors would be mailed as well as general wellness resources. The health care home practitioner has access to this information via the electronic health system and can log onto the system to review the risk assessment conducted by the ASO and suggested plan of care. In partnership with the ASO, the health care home practitioner approves the plan and care and is compensated for this additional task. This compensation is over and above the regular fee-for-service reimbursement the practitioner receives for the care provided to the participant.
- The health care home practitioner will vary based on the MO HealthNet participant's condition. In general the health care home would center around the primary care provider, with some exceptions. For example, for dialysis patients their health care home may be the dialysis center. A multiple sclerosis participant's health care home may be their neurologist. The health care home for an individual in a nursing facility with dementia may be the nursing facility medical director. Likewise, the health care home for a participant in a residential hospice center would be the hospice center.
- The winning bidder would be expected to include in their reporting efforts the success rate of their outreach efforts, both at participant and individual provider levels, i.e., documentation of mailings, demonstration of coordination of care.
- There is a requirement in the RFP to sustain the availability of data for five years. Upon contract termination the archived information must be made available to the state. The information could be used in research beyond the term of the contracts.
- The RFP contains a large section on confidentiality of protected health information.
- Concern was expressed about the use of the words "health care home" and "ASO" interchangeably. The state agreed to clarify the document.
- Reimbursement in the original CCIP program was not contingent upon success. That will change as the program moves forward.
- Appropriation designated by the General Assembly for the ASO project is in a separate funding line. It is not possible to use some of the appropriation for

therapies for adults. The legislative conference committee is currently meeting to discuss the state fiscal year 2009 budget. Insufficient funding for the project could potentially mean a delay or revision to the RFP and reevaluation of what could be achieved.

Section 4 – What are the eligibility criteria for responding to the RFP, and how will the RFP be evaluated? The state provided the following information:

- A committee comprised of Department of Social Services and other state agency staff members review all RFPs and evaluate whether the proposal meets all the requirements set forth in the RFP. Each bid is scored on cost, depth of experience, and method of performance.
- The pre-bid conference is typically where all questions about RFP requirements are addressed. Any modification to the RFP as a result of responses to questions or requests for clarification is done officially in writing and posted on the Office of Administration, Division of Purchasing website.
- The evaluation does consider cost, but in bid award the state tends to look at the complexity of the RFP requirements and the program to determine the weight assigned to the cost. The award is based on the combination of the scores of the cost and other factors.
- The plan is to only award one contract for the northwest region, but bidders will be informed in advance if that changes.

Section 5 – What is the timetable for the Northwest Region? No questions were asked on this section.

Questions Raised During MO HealthNet Town Hall Meetings. – The state reported two town hall meetings had been held thus far, the first in St. Joseph and the second in Moberly. While attendance was small, both meetings were informative.

No questions were asked of the document that was representative of questions raised at the town hall meeting.