

### MO HEALTHNET OVERSIGHT COMMITTEE APRIL 29, 2008 MEETING HANDOUTS

This packet contains the following information:

- Biography of James Uffmann, Associate Director, Department of Social Services
- 2. Medicaid Expenditures by Large Eligibility Groups
- 3. MO HealthNet and Uninsured Dashboard
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- 5. Health Care Home Initiative and Administrative Services Organization RFP for Northwest Missouri
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- 8. Health Improvement Disease Management Programs Presentation given by Family Health Partners
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### Jim Uffmann, C.P.A.

James W. Uffmann earned a B.S. in Accounting in 1978 and received the distinction of Certified Public Accountant in 1980.

- He began his 27-year career in government in the Missouri State Auditor's Office.
- In 1980, he became the first Comptroller for the City of Jefferson, Missouri, and later went on to be the city's Director of Finance.
- In 1987, he returned to state government as the Budget Director for Missouri Department of Social Services.
- In 1991, he was asked to be the first Chief Financial Officer for Missouri's Medicaid program.
- In 1997, the Director's Office of the Department of Social Services asked him to be the first Director of the Center for Management Information, and he went on to serve as the Interim Director of the Division of Budget and Finance.
- In 2007, he was asked to be an Associate Director for the department and he continues to hold this position.

He and his wife Patty reside in Jefferson City. They have one grown son who lives in Columbia.

### MEDICAID EXPENDITURES BY LARGE ELIGIBILITY GROUPS

**FISCAL YEAR 2007** 

Federal Poverty Level (FPL)	85%	85%	22%	100-185%		100-185%			300%			
Expenditures (in Millions)	Elderly*	Disabled**	Adult	Medical Assistance for Families- Child	Foster Care	Medicaid for Children	Other Children***	Pregnant Women****	MC+ for Kids (State Children's Health Ins Program)	Women's Health Services	All Other****	Total
Fed/state match rate	Title XIX 62 / 38	Title XIX 62 / 38	Title XIX 62 / 38	Title XIX 62 / 38	Title XIX 62 / 38	Title XXI 73 / 27	1115 Waiver					
Nursing Facilities	\$609.1	\$177.2	\$0.1	\$0.0		\$0.0	\$0.1	\$0.0	\$0.0	\$0.0	\$0.0	\$786.6
Hospitals	\$63.4	\$556.2	\$66.8	\$60.8	*	\$131.9	\$28.1	\$61.4	\$16.0	\$0.0	\$5.8	\$1,001.7
Dental	\$0.7	\$1.1	\$0.1	\$2.2		\$3.5	\$0.3	\$0.6	\$1.3	\$0.0	\$0.0	\$10.0
Pharmacy	\$20.6	\$403.9	\$37.3	\$32.4		\$48.6	\$11.5	\$5.7	\$18.4	\$1.4	\$3.9	\$594.1
Physician	\$43.5	\$165.7	\$28.4	\$20.6	\$3.7	\$33.2	\$5.0	\$32.8	\$8.5	\$1.0	\$1.4	\$343.6
In-Home	\$176.4	\$182.2	\$0.8	\$0.0	\$0.0	\$0.1	\$0.0	\$0.1	\$0.0	\$0.0	\$0.2	\$359.8
Rehab & Spec	\$68.7	\$72.6	\$2.6	\$3.4	\$0.7	\$4.9	\$0.8	\$0.9	\$1.3	\$0.0	\$0.1	\$155.9
Buy-In	\$59.5	\$71.3	\$0.4	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.6	\$131.7
Mental Health	\$19.4	\$328.4	\$0.2	\$0.5	\$1.1	\$1.5	\$15.4	\$0.0	\$0.3	\$0.0	\$0.0	\$366.8
State Institutions	\$11.2	\$210.7	\$8.3	\$12.6	\$29.8	\$17.5	\$43.8	\$1.4	\$5.1	\$0.0	\$0.0	\$340.4
EPSDT	\$0.0	\$26.5	\$0.6	\$22.8	\$12.9	\$37.9	\$17.0	\$1.5	\$9.6	\$0.0	\$0.0	\$128.6
Managed Care	\$0.0	\$0.0	\$194.5	\$220.2	\$20.1	\$294.9	\$16.2	\$41.8	\$55.8	\$0.0	\$0.4	\$843.8
Total (in millions)	\$1,072.6	\$2,195.8	\$339.9	\$375.4	\$90.3	\$574.0	\$138.1	\$146.1	\$116.1	\$2.4	\$12.4	\$5,063.0
Participant Data												
Number of Enrollees	77,339	140,878	81,409	166,634	14,822	228,301	12,224	22,952	63,676	17,054	610	825,899
Annual Cost Per Person	\$13,869	\$15,587	\$4,175	\$2,253	\$6,090	\$2,514	\$11,302	\$6,364	\$1,823	\$142	\$20,327	\$6,138
Monthly Cost Per Person	\$1,156	\$1,299	\$348	\$188	\$508	\$210	\$942	\$530	\$152	\$12	\$1,694	\$512
Monthly State Cost Per Person	\$443	\$498	\$133	\$72	\$194	\$80	\$361	\$203	\$41	#	##	##

(Source: Table 23 for FY07)

#Most services receive 90/10 match, all other services receive 62/38 match.

##State Monthly Cost per Person and Federal/State match rate vary by category of eligibility.

<sup>\*</sup>Elderly includes the following categories: Old Age Assistance (OAA) and Qualified Medicare Beneficiaries (QMB)

<sup>\*\*</sup>Disabled includes the following categories: Permanently and Totally Disabled (PTD), Aid to the Blind and Blind Pension

<sup>\*\*\*</sup>Other Children includes the following categories: Children in a Vendor Institution, Child Welfare Services (CWS), Div of Youth Services (DYS), Title XIX Homeless, Dependent & Neglected (HDN), MO Children with Develop Disabilities (MOCDD), Presumptive Eligibility for Kids and Voluntary Placement.

<sup>\*\*\*\*</sup>Pregnant Women includes the following categories: Medicaid for Pregnant Women, Presumptive Eligibility and Medicaid for Pregnant Women Poverty

<sup>\*\*\*\*\*\*</sup>All Other includes the following categories: Refugee and Women with Breast or Cervical Cancer (BCCP)

### MO HealthNet and Uninsured Dashboard Health Insurance Coverage in Missouri

				Health Insurance Coverage by Age					
		Total	Overlap Adjustment	0-18	Overlap Adjustment	19-64	Overlap Adjustment	65+	Overlap Adjustment
MO HealthNet Participants	Average MO HealthNet Enrollment	868,161		501,241		282,723		84,197	
	MO HealthNet Participants Also Covered by Private Insurance		(160,000)		(112,000)		(46,000)		(2,000)
	CPS Estimate of MO HealthNet Coverage	<u>677,000</u>		413,000		227,000		37,000	
	CPS Understatement of MO HealthNet Participants	191,161		88,241		55,723		47,197	
Uninsured	CPS Estimate of Uninsured	772,000		127,000		640,000		5,000	
	CPS Understatement of MO HealthNet Participants Assumed to be Uninsured <sup>1)</sup>	(63,720)		(29,413)		(18,574)		(15,732)	
	Net Uninsured	708,280		97,587		621,426		(10,732)	
Coverage by Medicare		949,000		22,000		175,000		752,000	
	Medicare Participants Also Covered by Private Insurance		(496,000)		(7,000)		(41,000)		(448,000)
	Medicare Participants Also Covered by MO HealthNet		(108,000)		(19,000)		(52,000)		(37,000)
Coverage by Military Health	n Care	173,000		13,000		88,000		72,000	
Coverage by Private Health	Insurance	4,114,000		962,000		2,686,000		466,000	
	CPS Understatement of MO HealthNet Participation Assumed to be Covered by Private Insurance <sup>(1)</sup>	<u>(127,441)</u>		(58,828)		(37,149)		(31,465)	
	Net Private Health Insurance	3,986,559		903,172		2,648,851		434,535	
	Approximate Percentage Employer Based	85%		90%		88%		52%	
Total Lives Before Adjustm	ent for Overlapping Coverage	6,685,000		1,537,000		3,816,000		1,332,000	
	Overlapping Coverage Adjustment		(764,000)		(138,000)		(139,000)		(487,000)
Total Lives			5,921,000		1,399,000		3,677,000		845,000

## Consumer Satisfaction

April 29, 2008

Judith Muck, MPA **Deputy Division Director** 

MO HealthNet Division

### **CAHPS**

- The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a multi-year initiative of the Agency for Healthcare Research and Quality (AHRQ) to support the assessment of consumers' experiences with health care. The goals of the CAHPS program are twofold:
  - Develop standardized patient questionnaires that can be used to compare results across sponsors and over time; and
  - Generate tools and resources to produce understandable and usable comparative information for both consumers and health care providers.
  - Information can be found at <a href="https://www.cahps.ahrq.gov/default.asp">www.cahps.ahrq.gov/default.asp</a>
- Health Plans report survey costs to be in the range \$15,000 – \$25,000.

## **HMO** Requirements

- Starting in 1998, all HMOs licensed in Missouri were required to utilize and report CAHPS results to the Department of Health and Senior Services.
- DHSS publishes a consumer guide for commercial, Medicare, and Medicaid HMOs at http://www.dhss.mo.gov/ManagedCare/.
- DHSS codified requirements in rules at <u>www.sos.mo.gov/adrules/csr/current/19csr/19c10-5.pdf</u> .
- Most recent results on the internet is for 2006.

### MC+ Managed Care Plan Performance

	Member Satisfaction									
Shaded areas show the three regions where MC+ managed care plans offer coverage	Customer Service (1)	Getting Care Quickly (2)	Getting Needed Care (3)	Rating of Doctor Seen Most Often (4)	Rating of Specialist Seen Most Often (5)	Overall Rating of Plan (6)				
Eastern Region										
Community Care Plus	$\bigcirc$	$\overline{}$	$\bigcirc$							
HealthCare USA of Missouri	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$					
Mercy MC+		•	$\bigcirc$	•						
Central Region										
HealthCare USA of Missouri	$\bigcirc$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$				
Missouri Care Health Plan	•	•	•	•	-	0				
Western Region										
Blue-Advantage Plus	$\overline{}$	-	$\overline{}$	$\overline{\bullet}$	$\overline{\bullet}$					
Children's Mercy's Family Health Partners	$\overline{igopha}$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	<b>—</b>				
FirstGuard Health Plan	$\bigcirc$	$\overline{\bullet}$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\overline{\bullet}$				
HealthCare USA of Missouri	$\overline{igo}$	$\overline{igo}$	$\overline{igo}$	$\overline{igo}$	$\overline{igo}$	$\bigcirc$				
Statewide Averages	75%	<b>79</b> %	80%	80%	77%	80%				

#### Response Descriptions for Satisfaction Catagories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) No problem getting necessary care in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health plan.

Statewide Averages and Quality of Care Symbols are explained on page 5.

### Medicare Advantage Managed Care Plan Performance

Plan	Member Satisfaction									
	(1) Customer Service	(2) Getting Care Quickly	(3) Getting Needed Care	(4) Rating of Doctor Seen Most Often	(5) Rating of Specialist Seen Most Often	(6) Overall Rating of Health Care	(7) Overall Rating of Plan			
Coventry Health Care of Kansas	•	•	•	-	-	•	•			
Group Health Plan	•	•	<u> </u>	<del>-</del>	<u> </u>	<del>-</del>	0			
Humana Health Plan	0	•	•	•	0	<b>—</b>	•			
Mercy Health Plans of MO*	•	•	•	•	<b>-</b>	<b>—</b>	<b>-</b>			
United Healthcare-Midwest	•	$\bigcirc$	•	•	$\overline{\bullet}$	<u> </u>	<del>-</del>			
Statewide Averages	71%	61%	89%	84%	85%	87%	74%			
*Mercy Premier Plus & St. John's Pre	emier Plus co	mbined								

Data Source: Center for Medicare & Medicaid Services

#### **Response Descriptions for Satisfaction Catagories Above**

- (1) No problem with paperwork, written materials or help from customer service.
- (2) No problem getting necessary care in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health care.
- (7) Overall rating of health plan.

Statewide Averages and Quality of Care Symbols Are Explained on Following Page.

### **Commercial Managed Care Plan Performance**

Plan	Member Satisfaction								
	Customer Service	Claims Processing	Getting Needed Care	Rating of Doctor Seen Most Often	Rating of Specialist Seen Most Often	Overall Rating of Plan			
	(1)	(2)	(3)	(4)	(5)	(6)			
Aetna Health Inc	$\overline{igo}$	$\overline{\bullet}$	$\overline{m{igo}}$	$\overline{m{igo}}$	$\overline{m{ightarrow}}$	0			
Blue-Advantage	$\overline{igo}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$			
Blue-Care Inc	$\overline{igo}$		$\overline{}$	<u> </u>	$\overline{}$	<u> </u>			
BlueChoice	$\overline{m{igo}}$	•	$\overline{\bullet}$	$\overline{}$	$\overline{}$	$\overline{}$			
CIGNA HealthCare of St. Louis Inc	$\overline{igo}$	$\overline{}$	0	$\overline{igo}$	$\overline{\bullet}$	$\overline{igo}$			
CIGNA of Kansas/Missouri	$\overline{ullet}$	$\overline{\bullet}$	0	$\overline{}$	$\overline{}$	$\overline{}$			
Community Health Plan	•	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{igo}$	$\overline{\bullet}$			
Coventry Health Care of Kansas Inc	$\overline{ullet}$	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{}$	$\overline{}$				
Cox Health Plans Inc	$\bigcirc$	$\overline{\bullet}$	$\overline{igo}$	$\overline{ullet}$	$\overline{igo}$	$\overline{ullet}$			
Group Health Plan	$\overline{m{igo}}$	•	$\overline{\bullet}$	$\overline{}$	$\overline{}$	$\overline{}$			
HealthLink Inc	NA	NA	NA	NA	NA	NA			
Humana Health Plan Inc	$\overline{ullet}$	$\overline{\bullet}$	$\overline{\bullet}$	$\overline{}$	$\overline{}$	$\overline{}$			
Mercy Health Plans of Missouri Inc-St. L	•	$\overline{}$	•	$\overline{ullet}$	$\overline{igopha}$	$\overline{ullet}$			
Premier Health Plans-Springfield	$\bigcirc$	$\overline{\bullet}$	•	$\overline{\bullet}$	$\overline{\bullet}$				
UnitedHealthcare of the Midwest*	$\circ$	$\overline{}$	•	$\overline{}$	$\overline{m{igo}}$	$\bigcirc$			
Statewide Averages	71%	92%	83%	76%	80%	68%			

All Plans Averages and Quality of Care Symbols Explained on following page.

\*Combined St. Louis and Kansas City and may not fairly or adequately represent the performance of the plan and its provider network services in that part of the state.

**Quality of Care Ratings** 

#### Response Descriptions for Satisfaction Catagories Above

- (1) No problem with paperwork, written materials or help from customer service.
- (2) Claims were correctly processed in a reasonable time.
- (3) No problem getting good doctors and nurses, referrals, and necessary care.
- (4) Overall rating of personal doctor seen most often.
- (5) Overall rating of specialist seen most often.
- (6) Overall rating of health plan.

MO HealthNet Division

## **CCIP** Consumer Satisfaction

- The first CCIP consumer satisfaction survey was conducted in February 2008. (Mail survey only).
- Results are being tabulated.

## **CCIP** Consumer Satisfaction

#### MO Health Net Division (Formerly known as Missouri Medicaid) Participant Satisfaction Survey

r articipant Satisfac		o u i	v c y		
IN STRUCTIONS:					
We value your input. Your response to this survey will be used to help the MO Health Net Division better serve you. Participation is voluntary.	GREE	AGREE	NETTHER A GREE NOR DISAGREE SOMEWHAT DISABREE	STRONGLY DISAGREE	
Please tell us how you view your current health and the health care you receive from your doctor.	STRONGLY AGREE	SOMEWHAT AGREE	NETHER A GREE NOR DISAGREE SOMEWHAT DISAE	NGLY DI	Comments
Place an $(X)$ in the box that best describes your answer.	STRC	SOM	NOR	STRO	
1. I have a regular doctor.					
2. I understand when I should go to my regular doctor.					
3. I understand when I should go to the emergency room.					
4. I understand my doctor when he tells me how to take					
m y m edicine.  5. I understand m y doctor w hen he tells me that I should					
follow a diet.					
6. I understand my doctor when he tells me when and	7				
w here I should get the tests he ordered.					
7. My doctor listens carefully to what I have to say.					
8. When I call my doctor's office, I am able to get an appointment soon enough to meet my needs.					
9. I feel well most of the time.		_ /			
10. The MO HealthNet (Medicaid) program helps me with					
all of m y health needs.			<b>*</b>	A 7	
11. The MO HealthNet (Medicaid) program helps me when					
I call them.					
12. There are enough doctors to choose from in the M O H ealth N et program .			7		
13. O verall I am satisfied with my experience with the MO		-			
Health Net Program.		, ,		<b>\</b>	
14. My Health Coach listens carefully to what I have to say.		' /		\	1
15. My Health Coach explains my health conditions to me		/			
in ways that I can understand.					
16. My Health Coach explains how I can take better care of					
m yself in ways that I can understand					
17. I use the internet to access inform ation.					
18. I use e-m ail regularly.					
19. I am in the APS Healthcare CCIP Program: (circle one)					Y E S NO
20. M y ZIP CODE is					

Please complete survey and return to:

A PS Health care

PO Box 6500

Jefferson City, M O 65102-6500

or fax to: 800-461-9184

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

### Why the health care home?

- At present, many MO HealthNet participants do not have access to coordinated care and are not aware of the resources available to assist them in improving their health.
- We wish to ensure that all participants are offered a health care home, where ideally they can access primary and preventive care. Additionally, access to health care services specific to the needs of the individual, including specialists, is promoted.
- Emphasis on improved health status and wellness of all participants is a primary focus of the health care home. Each participant is engaged to take an active role in his or her health care.

### What services will a health care home be asked to provide?

- The health care home will assist participants in recognizing their health care needs, coordinating care with qualified professionals, and integrating care within the health care system, including the participant's in-home and community resources.
- The health care home will conduct periodic health risk assessments to assess current health status and to monitor progress over time. Questions will be answered and resources provided.
- The health care home will approve and maintain a plan of care for each participant, at a minimum through the use of an electronic care management tool.
- Health care home providers will have access to an electronic health record that reports information received through claims data, as well as the risk assessment and electronic plan of care information.
- The health care home will work with participants to provide specific health information and assist in coordination of referrals among health care providers, based on the participant's needs.

### How will a health care home be compensated and evaluated?

- The Administrative Services Organization RFP requires the successful offeror to implement a quality improvement program to measure participant and provider compliance with established performance indicators.
- The ASO contractor will monitor participants' ability to self-manage and to adhere to treatment regimens by utilizing behavioral health assessments and educational tools.
- The ASO contractor will monitor each provider's clinical performance through claims data and available clinical data to assess changes in

- the provider's treatment patterns and outcomes among the provider's participant panel.
- The ASO contractor will also be evaluated based on the health outcomes of the participants for whom the contractor is providing case management services.

### What are the eligibility criteria for responding to the RFP, and how will the RFP be evaluated?

- The RFP seeks proposals for an Administrative Services Organization to operate a Care Management Program for MO HealthNet participants who reside in Northwest Missouri.
- The goals of the care management program are to provide MO HealthNet participants with care management services and to assist them in making healthy, educated lifestyle choices, manage their illness, when applicable, and become more knowledgeable about which healthcare services most effectively serve their individual needs.
- Care management services provided by the successful offeror include wellness and prevention counseling, care coordination, disease management, intensive case management, and operating customer service call centers.
- This is a competitive procurement process. The RFP document contains a series of mandatory requirements which must be satisfied by the successful offeror. The proposals will be evaluated using objective analysis and subjective judgment. Evaluation criteria include cost; experience, reliability, and expertise of personnel, method of performance and Minority Owned Business/Woman-Owned Business participation. Offerors must be in compliance with all laws applicable to conducting business in the state of Missouri. The contract will be awarded to the lowest AND best offeror.

### What is the timetable for the Northwest Region?

- The RFP is expected to be released in early May.
- Approximately two weeks after the RFP is released, a pre-proposal conference will be held. The pre-proposal conference is a public forum during which the buyer from the Office of Administration goes through the RFP line by line and allows prospective offerors to ask clarifying questions.
- Prospective offerors may ask additional questions, and the RFP may be amended.
- After the bid closes, the evaluation team will review and evaluate all responsive bids.
- After a thorough evaluation, the contract will be awarded and the successful offeror will have a 60-day planning and start-up phase before they are expected to be fully operational.

#### Questions Raised During MO HealthNet Town Hall Meetings

A public meeting was held in St. Joseph, Missouri on April 10, 2008, at which Dr. Ian McCaslin discussed the transition from Medicaid to MO HealthNet, as well as the rationale for and the operational plan for the health care home initiative. A second meeting was held in Moberly on April 21. Several more meetings around the state are being scheduled. Below are representative questions asked by attendees in the St. Joseph and Moberly meetings, as well as Dr. McCaslin's abbreviated answers.

- "I've heard this means all patients will be placed into an HMO. Is that correct?" No, there are no current plans to move individuals into managed care beyond areas already in place or underway. This initiative is still within fee-for-service.
- Is designation of a primary care provider restricted by geographic area? "Will I be placed with a doctor hundreds of miles away?"

  The intention is to match participants with willing providers within an area as convenient for the participant, inclusive of their other needs, as possible. There is no "random matching" planned.
- "This seems like a good approach. Does the program force change in personal behavior? How can the state educate participants?"

  The health care home concept is an effort to engage participants more actively in making good lifestyle and behavior choices through direct answers to questions, awareness of personal risk factors, mailed materials, and access to providers and a call center. There is no "threat" to the participant who chooses not to make lifestyle or behavior changes.
- What kind of solutions and educations will be provided, i.e., will participants be provided a smoking patch to assist them quit smoking?
  To the specific question, at present MO HealthNet does not cover smoking cessation as a covered benefit. Materials specific to an individual concern can be mailed to participants, and the health coaches in partnership with provider offices are tasked with providing recommendations and answering questions.
- How long will it take to do risk assessments?
   Depending upon the severity and number of conditions and risk factors, these could take anywhere from a few to several minutes for each individual.
- Community health centers treat lots of people with chronic care programs. Does the state foresee any way that MO HealthNet population with chronic conditions could be rewarded for taking steps to improve their health?

  \*Ultimately the reward for each individual is better health status and we hope a good relationship with their doctor or nurse practitioner. Additionally, electronic documentation of care plans means awareness of the individual's health conditions, risk factors, and medications for any treating provider in the state who securely accesses the system, leading to reduced chance of medical errors and duplication.

- Is it foreseen at any time that adult dental might be added back in? Coverage of adult dental services was recommended in the Governor's budget, and this proposal is working through the Legislature presently. Truthfully, there has not been as much support as we had hoped for.
- How will you coordinate with other providers, such as in home providers and personal
  care services providers?
   We need to do a much better job here. We very much wish to coordinate with providers
  of many types in order to better serve participants' needs. We realize that at present we
  have limited coordination with in home providers and are working on systems to better
  integrate awareness of care plans.
- Is this heading toward universal health coverage?

  The national debate going into the November elections will provide many opportunities for Americans to consider how they would ideally like their health care system to be financed and services provided. We look forward to that debate. That said, the health care home initiative does not in and of itself broaden eligibility standards within MO HealthNet.
- It is believed a lot of participants would work toward their risk assessment goals if the incentive would be coverage of a currently non-covered service, prescription, piece of equipment, or lowered co-pay. Are you considering that approach? At present, no. However, currently there are such incentives offered in other states and, if such systems upon full evaluation prove effective, consideration of such an approach might be considered in the future.
- What is the status of the Governor-recommended increase for physicians? At present the proposal appears to have gained considerable support in the Legislature. There are still multiple steps required before the proposal could be voted into law and signed by the Governor.

#### **Bob Finuf**

Bob has been the CEO of Children's Mercy Family Health Partners (CMFHP) in Kansas City since 2002. Bob has 24 years experience as a managed care executive. Before joining CMFHP, Bob spent the previous seven years as the Executive Director for Coventry Health Care in Wichita, Kansas. Prior to that time held various positions in Network Development and Marketing with provider-owned and publicly traded MCOs in Kansas and Missouri.

#### Ma'ata Touslee, RN, MBA, CCM

Ma'ata has been the Director of Health Services with CMFHP since 2002. She joined CMFHP with over 12 years of managed care experience. Prior to joining CMFHP, she implemented a hospital-based case management program at St. Luke's Hospital. In her role there, she developed and implemented a multi-disciplinary inpatient Case Management program, focused on collaborative discharge planning, development of clinical pathways, and monitoring of variance data. Prior to St. Luke's Hospital, Ma'ata spent 5 years at United Healthcare, managing the Quality Management and Medical Management departments.

Ma'ata received her Registered Nurse degree in 1988 and completed a Master's in Business Administration through MidAmerica Nazarene University. She also obtained her Certified Case Management certificate in 1995.

#### Dr. Elizabeth Peterson

Dr. Peterson has been the Medical Director of Children's Mercy Family Health Partners (CMFHP) since 2007. She is a board certified Pediatrician. After completing her training in Indianapolis, Indiana, she practiced there for over 12 years, and held several administrative roles for the managed care company M-Plan. Dr. Peterson came to Kansas City in 1996 as Medical Director for Humana Health Care Plans. She then served as President of the Encompass Medical Groups before returning to health care as Medical Director for Mid America Health, and then Coventry Health Care.

#### **Greg Hanley**

Greg has been the Manager of Health Improvement with CMFHP since 2006. In his role, Greg is responsible for oversight of the Health Improvement and Disease Management programs. Prior to joining CMFHP, Greg spent 2 years as the Operations Manager for the Health Management department at Children's Mercy Hospital. Before joining Children's Mercy Hospital, he spent 21 years in the Army, serving in Combat Support Hospitals in the areas of logistics, human resources, and operations. In his last assignment, Greg was the Operations Officer for the medical task force in Afghanistan.



# Presentation to MO HealthNet Oversight Committee April 29, 2008

Bob Finuf, CEO
Ma'ata Touslee, Director of Health Services
Greg Hanley, Manager of Health Improvement

# **Company History**

- Formed in 1996 as a joint venture between Children's Mercy Hospital and Truman Medical Center
- Children's Mercy Hospitals and Clinics became sole owner in 2002
- Licensed HMO in Kansas and Missouri
- Offices in Kansas City, MO



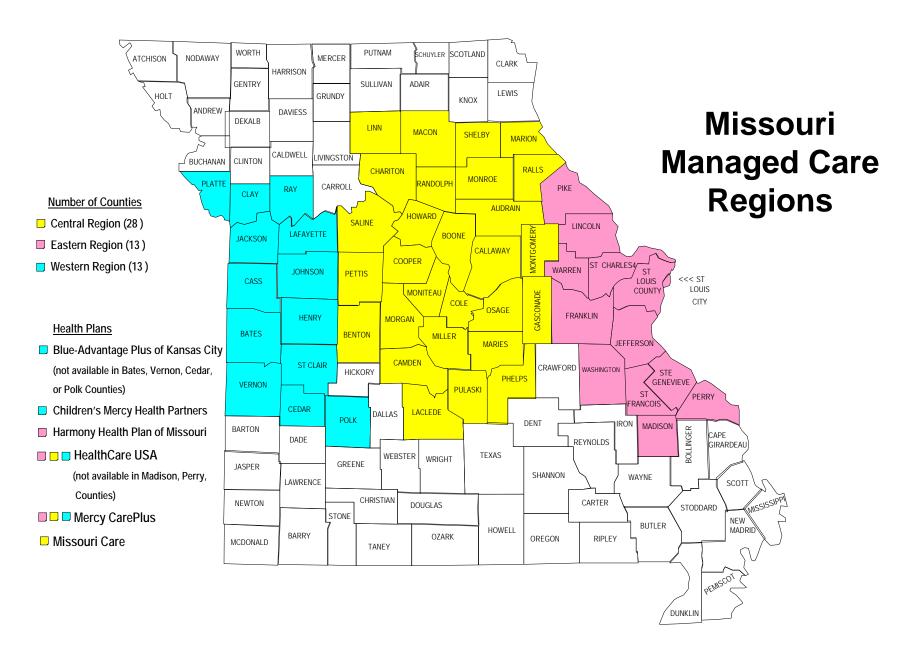
# Company History, cont'd

- Not-for-Profit Corporation
- Only Provider-Owned Medicaid MCO in Kansas or Missouri
- Medicaid Managed Care is our only line of business
- Served Missouri Medicaid managed care recipients since 1997



## **Populations Served**

- Included in Managed Care:
  - Children
  - Pregnant women
  - TANF recipients
  - Children and youth in custody of the state
- Excluded from Managed Care:
  - Seniors
  - Institutionalized individuals
  - Permanently and totally disabled individuals



# CMFHP Philosophy of Health Improvement/Prevention Programs

- Focus Areas of impact high volume, available screening methods, and/or high severity
- Broad outreach to heighten general wellness awareness (population-based outreach)
- Targeted mailings for specific health care needs
- Support Provider-Patient Relationship support Patient-Centered Primary Care Medical Home
- High Touch Face-to-Face Nature of Interventions

# Health Improvement/Prevention Programs

### General Wellness/Prevention Reminder Programs

- Immunizations
- Mammography
- Cervical Cancer Screening
- STD Screening
- ❖ Well Man

### **Lead Poisoning Prevention Program**

- Care Management
- Outreach/Education
- Community Partnerships



# Health Improvement/Prevention Programs, cont'd

### **Special Health Care Needs Program**

- Dedicated Outreach Coordinators
- Screening and Referral for Care Management

### **Performance Improvement Projects**

- Lead screening rates
- Improving Access to Primary Care Services (Reducing Inappropriate ER)
- ❖ Well Child in First 15 Months of Life
- ❖ Dental Access



# Care Management Programs

- Nurses with Social Work support
- Referrals from multiple sources
  - Health Status Questionnaires
  - Utilization Data
  - Onsite Utilization Review/Discharge planning
  - Providers
  - Members
  - Fraud and Abuse Detection



# Care Management Programs

### Member-centered in collaboration with the Provider

- Focuses on coordination of care through the healthcare delivery system with ongoing communication and redirection to the PCP and Specialists
- Onsite clinic visits with the member/family
- Home visits
- Tools to assist the provider with care coordination

### Care Management Teams

- Pediatrics
- Adult
- OB
- ER

### Member Incentives

- Prenatal Care incentive
- Cell Phone Program



## Disease Management Programs

- Disease Management Committee
  - Multi-disciplinary representatives
  - Quarterly review of outcomes
  - Didactic review and revision
  - New program development
- Asthma Management Program
- Healthy Lifestyles Program (HeLP)



## **Asthma Management Program**

- In-office education for Primary Care Providers (PCP's) and Staff
  - Disease-specific education modules
    - Developed by experts
    - Based on National Heart Lung Blood Institute Guidelines (NHLBI) EP-3
    - Provide CEU/CME's
  - Reimbursement code (CPT 98960 education code)
  - Shadow time in office post program
  - Bi Annual Follow-up education
  - Bi Annual Chart reviews



# Asthma Management Program, cont'd

- Asthma Action Plans
- Provider reports
- Member education materials
- Provider education materials



# Asthma Management Program Content

- Health Coaching
  - Self management/skill development
  - Lifestyle behavior changes
  - High touch (home & clinic visits)
  - Treatment plan compliance/adherence
  - Provider involvement
  - Psychosocial support
- Environmental Assessments

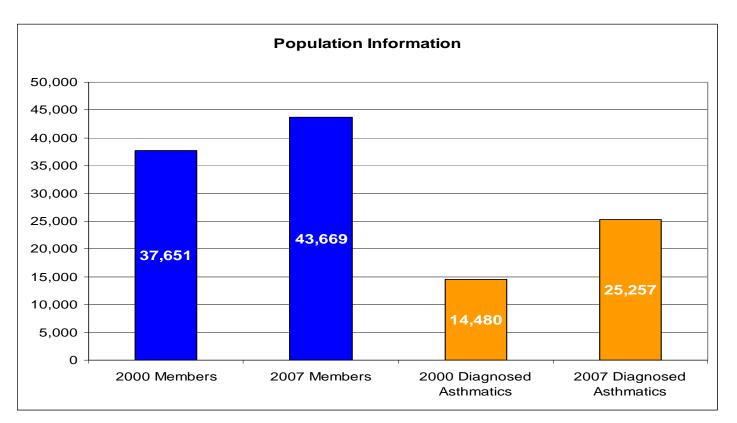


### Interventions

- Face-to-face education from Health Coaches
  - Individualized goal setting
  - Close coordination with mental health resources
  - In-home education and environmental assessment
- Incentives: Allergen pillow covers, peak flow meters, spacers
- Quality of Life Assessment
- Stratified interventions based on utilization history
- Seasonal interventions

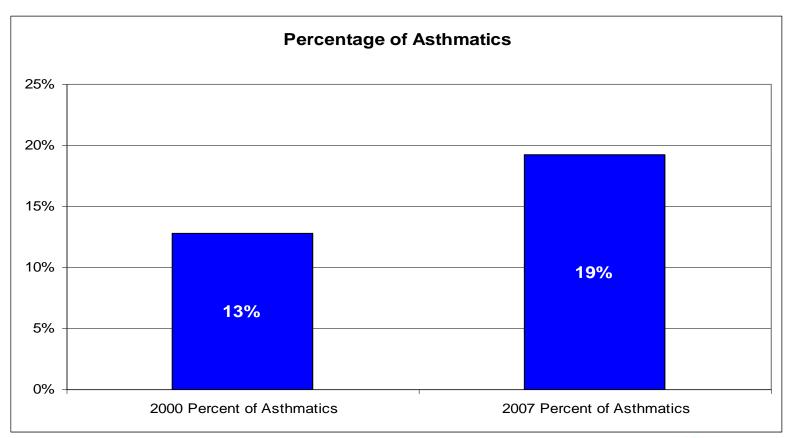


# Overall Membership and Number of Members Diagnosed with Asthma



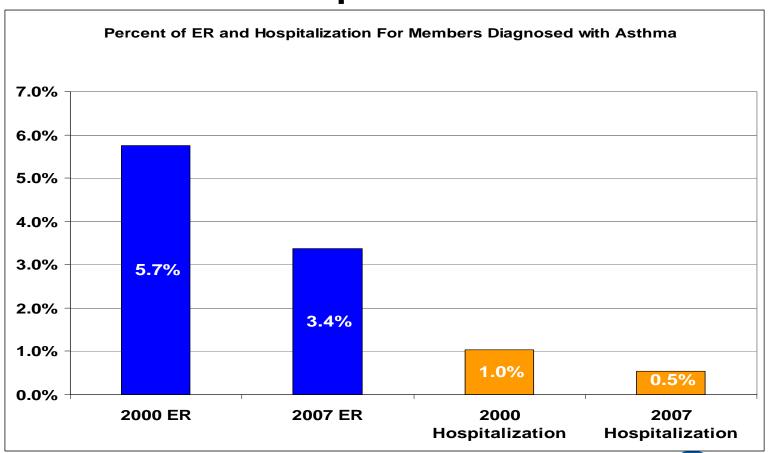


### Percent of Members with Asthma



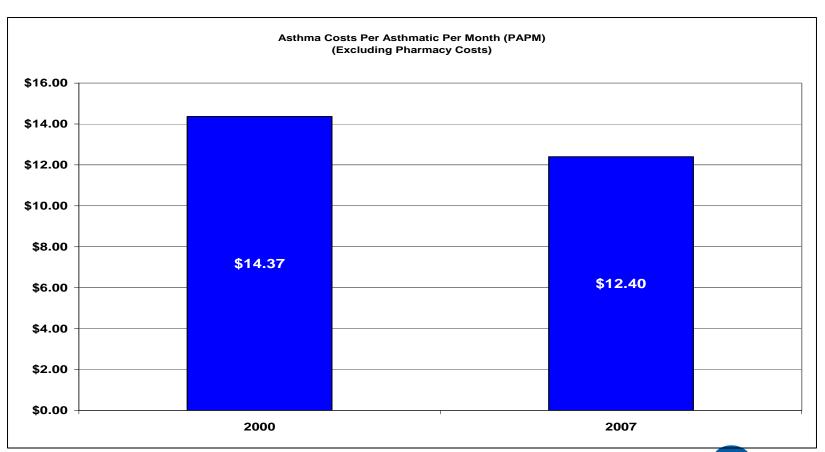


# Percent of Asthma-Related ER and Inpatient Hospitalizations



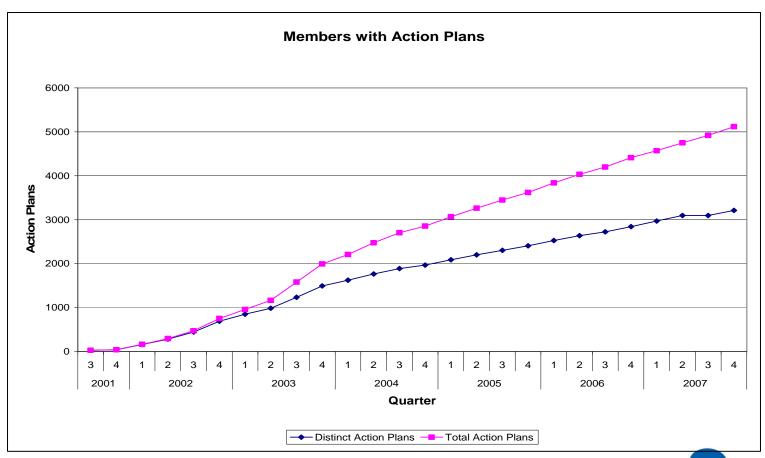


## **PAPM Asthma-Related Costs**





## **Use of Asthma Action Plans**





## Providers and Members Impacted by the Asthma Program to Date

 30% (97) of participating Primary Care Providers have completed the training

 64% (29,755) of CMFHP members are assigned to those providers



## Awards/Certification

- EPA National Environmental Leadership Award (2005)
- Allergy and Asthma Network Mothers of Asthmatics: Making a Difference Award (2005)
- The Joint Commission: Disease-Specific Care Certification (2006)

# Current/Future Enhancements to the Asthma Program

 Member Satisfaction Survey – to evaluate member perception of PCP education

Health Coach documentation standards and auditing



## **Healthy Lifestyles Program**

- Health Coaching
  - Focus on setting goals lifestyle changes
  - Referrals primarily from providers
- Member education materials
- Outcomes:
  - BMI
  - Use of Health Habits Assessment
  - Appropriate lab testing (i.e. Lipid Panel, Basic Metabolic Panel, Insulin)
- In-office Education for Providers and Staff
  - Registered Dieticians
  - Shadowing to re-enforce education



# Future HI and DM Program Development Plans

- Diabetes Disease Management Program
- Patient-Centered Medical Home Implementation
  - Joined Patient-Centered Primary Care Collaborative (PCPCC)
  - Centered around NCQA accreditation as a Medical Home
  - Focus on providers with "shared significance" for greatest impact
  - Support for infrastructure at provider level
    - Financial assistance
    - Education and Training
    - Tools
  - Provider Recognition
    - Based on level of accreditation
    - Publish to members
    - Include financial incentives



# MO HealthNet Provider Enrollment

April 29, 2008

Judith Muck, MPA
Deputy Division Director

MO HealthNet Division

## Provider Enrollment Statistics

- There are approximately 38,500 providers.
- There are 60+ provider types.
- Each day there are 40 to 50 new applications.
- Each day there are 80 to 90 updates.
- MHD currently processes applications and updates within 10 business days or less.
- An investigation of the provider's professional background is conducted pursuant to 13 CSR 70-3.020 (for example check licensing boards, OIG, and Secretary of State, and, if necessary, a criminal background).

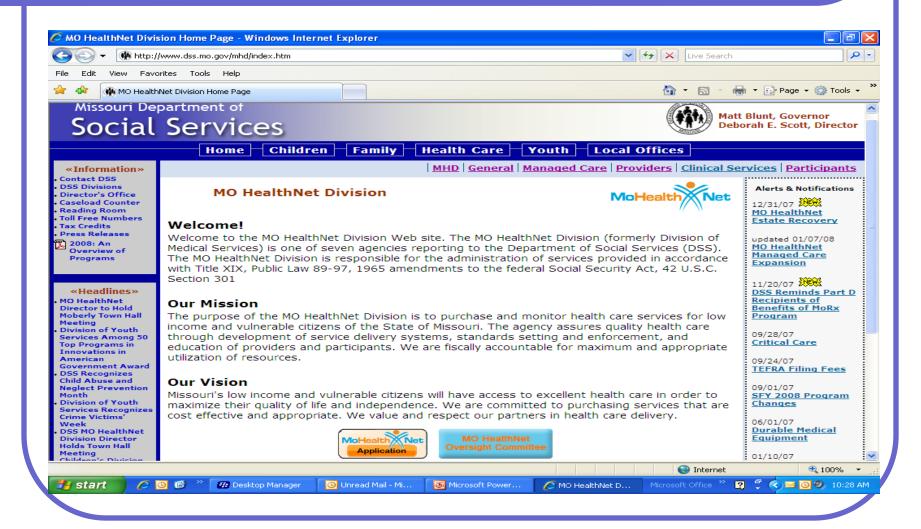
## Do Providers Have to Enroll?

- Providers must be enrolled in the MO HealthNet program to provide medical services.
- Providers agree to accept MO HealthNet payment as payment in full.
- Federal law mandates use of the National Provider Identifier starting in May 2008, 87% of providers have submitted their NPI. After May 12, 2008, claims will not be accepted without a NPI.
- Participants enrolled in Managed Care access services through the health plan's provider network.
- The health plan network may include providers not enrolled in the fee-for-service program.

## Where are the MO HealthNet Provider Enrollment Applications located?

- Provider applications are available via the Web and must be completed while on the Internet (a few provider types must enroll on paper).
- This site contains applications and requirements for enrollment.
- Information for current providers is also available for those who may need to change an address or make other changes.
- Contact the Provider Enrollment Unit at <u>providerenrollment@dss.mo.gov</u>.

# Web Resources www.dss.mo.gov/mhd/index.htm



## www.dss.mo.gov/mhd/providers/index.htm



## Contact Resources

- Providers may contact one of the following Interactive Active Voice Response System (IVR) telephone numbers for MO HealthNet program assistance:
  - 573/635-8908
  - 573/751-2896
  - Help on proper claim filing instructions, claims resolution and disposition, and participant eligibility file problems.
  - The IVR provides answers to such questions as participant eligibility, last two check amounts, and claim status using a touch-tone telephone.
- Written inquiries are also handled by the Provider Communications Unit and can be mailed to the following address:
  - Provider Communications Unit P.O. Box 5500 Jefferson City, MO 65102-5500

## More Contact Resources

- Infocrossing Healthcare Services, Inc. Help Desk: 573/635-3559
   E-mail: internethelpdesk@momed.com (For Electronic Billing
   Assistance): help with the required electronic claims format,
   network communication, assistance with billing Web site and
   other simple help tips.
- Third Party Liability 573/751-2005 Report injuries sustained by MO HealthNet participants, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage.
- Provider Education 573/751-6683 provider training on proper billing practices as well as MO HealthNet programs and policies education. Any scheduled training workshops are posted on the MHD provider page

## More Contact Resources

- MO HealthNet Exceptions
  - Life-Threatening Emergency Requests Only: 1-800-392-8030
  - Non-Emergency Requests Fax Number: 573/522-3061
  - Call for emergency requests or
  - fax non-emergency requests for essential medical services or an item of equipment that would not normally be covered.
- Pharmacy Help Desk, Drug Prior Authorization, and Diabetic Supply Prior Authorization Process: 1-800-392-8030 Fax Number: 573/636-6470
  - Call this number to obtain overrides to point of sale pharmacy claims that are rejecting because of clinical edits, such as "Refill Too Soon" and "Step Therapy".
  - Prior authorization for certain drugs or diabetic supplies can also be obtained at this number.
- Psychology Help Desk: 1-866-771-3350; fax number 1-573/635-6516
- Clinical Services: 1-573/751-6963

## Discussion

• Questions?



**Dr. Joseph Parks** serves as the Chief Clinical Officer for the Department of Mental Health as well as the Director for the Division of Comprehensive Psychiatric Services for the State of Missouri Department of Mental Health in Jefferson City. He also serves as a Clinical Assistant Professor of Psychiatry at the Missouri Institute of Mental Health and University of Missouri in Columbia. He serves as President of the Medical Director's Council of the National Association of State Mental Health Program Directors. He practices psychiatry on an outpatient basis at Family Health Center, a federally funded community health center established to expand services to uninsured and underinsured patients in the Columbia area. Dr. Parks has authored or co-authored a number of original articles, monographs, technical papers, and reviews on implementation of Evidence Based Medicine and Pharmacy Utilization Management and behavioral treatment programs. His work has appeared in several journals. He was awarded the 2006 American Psychiatric Association Bronze Achievement Award for a program controlling pharmacy costs by improving prescribing practices. (ex officio member)

## Missouri HealthNet, Department of Mental Health



Presentation to:

MO HealthNet Oversight Committee

April 29, 2008



## Joseph Parks, MD

Chief Clinical Officer

Missouri Department of Mental Health

## George L. Oestreich, PharmD, MPA

Deputy Director, Clinical Services

Missouri HealthNet Division

Department of Social Services



### Missouri DMS (Medicaid) Behavioral Health Spending Trends\*

- Missouri's Division of Medical Services (Medicaid) initiated strategies to contain the growth of Medicaid behavioral pharmacy spending in 2003-2004. BPM was the major strategy
- DMS did not restrict access to Behavioral Health drugs through prior authorization, Fail-First or other "hard edit" strategies
- Psychotropic Medications are in the top 4 high cost drugs and are responsible for 11% of the spend

\*Presented by Dr. George Oestreich, DMS Pharmacy Director, at SAMHSA Meeting, Oct. 6, 2004

### **MO HealthNet Goals and Strategies --**

#### **Strategy for Success – The "Win / Win" Opportunity**

Solve someone else's problem and they will solve yours

- Physicians become more cost conscious
- Medicaid pursue clinical quality
- Pharma combat inappropriate use
- Department of Mental Health help Medicaid manage utilization and preserve access
- Advocates work together to identify acceptable limits and interventions

#### **New Strategies for Behavioral Health**

Underlying principles for Both Approaches

- Use of existing data sets
- Supportive of existing providers
- Continuous Quality Improvement Approach
- Maintains Physician/Patient Autonomy
- Minimizes unintended consequences
- Provides Data Analysis and Operational Support to the State Agencies



### Partnership Values and Assumptions --

#### **BPMS Partnership Assumptions -**

- Prescribing Within Evidence Base Standards Results in Better Patient Outcomes
- Most Physicians will prescribe within evidence base quality standards when they know what they are
- Most states use BPM as a part of an overall set of comprehensive interventions

#### **BPMS Partnership Values** -

- Respects patient/physician autonomy; need for good stewardship of public funds
- Promotes Evidence Based Practice and Best Practice Guidelines
- Discouraging inappropriate use
- Excellent Results
  - saving against trend
  - improved clinical outcomes
  - changes the dialogue



### Public-Private Partnership Win-Wins ---

#### **Public – Private Partnership "Dos"**

#### Medicaid

Operates an efficient medical benefit based on evidence, quality and outcomes

#### DMH

Provides clinical standards and clinical expertise

#### CNS

- Proposes new approaches and provides analytical support
- Product is blind to brand

#### Eli Lilly and Company

- Funds via unrestricted grants directly to CNS
- Does not require exchanges around formulary access
- Does not receive data or analysis



#### **CNS Overview – Introduction –**

Founded: March 1999

**Headquarters:** 21 Bloomingdale Road

White Plains, NY 10605

**Employees:** 400 in 12 offices and 8 states nationwide

**Business Divisions:** Clinical Drug Development and

Care Management Technologies

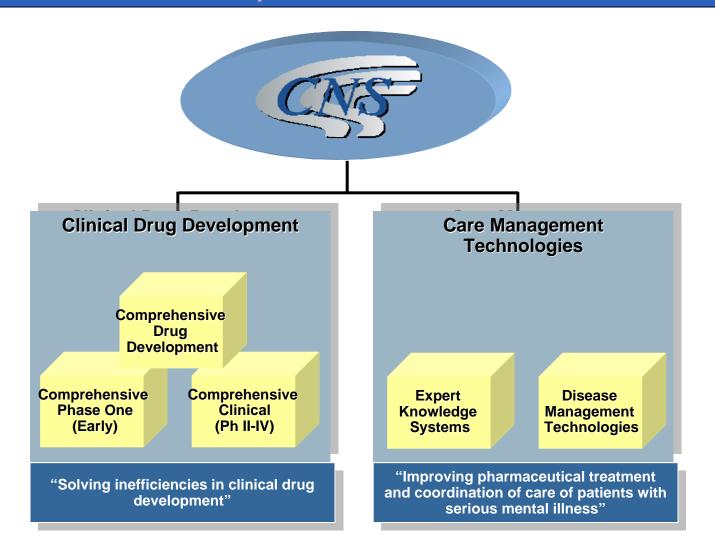
Clients: Government Agencies,

Government Agencies, Pharmaceutical and Biotechnology

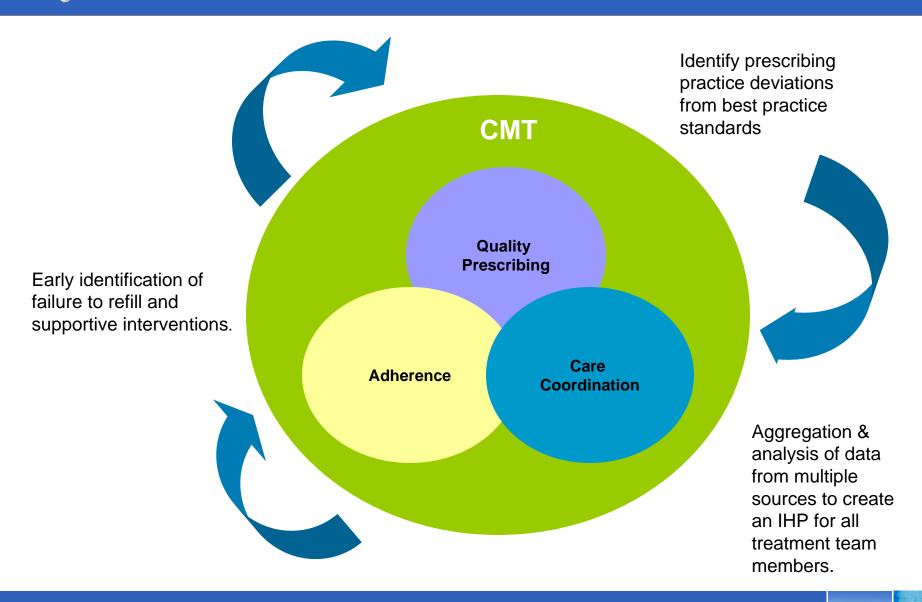
Companies and Healthcare Organizations

**Internet:** www.cnswebsite.com

## CNS Overview -- Corporate



## **Dynamic Evolution --**



## **CNS Program and Partnership Evolution --**

#### HISTORY -

- First BPM mailing in May 2003 Missouri
- First MRM mailing in July 2005 Missouri
- First TAP mailing in July 2006 Missouri
- 12 states added in 2005
- 12 states added in 2006

#### **CURRENT STATUS -**

20 states have CNS partnership including -

- 1 state in early implementation
- 1 state transitioned from BPM to a Schizophrenia/Diabetes Project
- 2 states have moved from BPM to MRM Platform
- CNS Business expanded in to DM, State Employee and MCO partnerships

## **MO HealthNet and CNS Partnership Initiatives**

Behavioral Pharmacy Management Initiative



## **Behavioral Pharmacy Management --**

### **Improve Quality of Prescribing**

**Data Optimizer**<sup>SM</sup>

Identify Prescribing Practice
Deviations From Best Practice
Standards

Generate
Reports and
Interventions

## Analyzes aggregate claims data:

- Pharmacy
- Physician
- Patient

- Apply proprietary algorithms
- Identify deviations from best practice
- Identify outlier physicians

- Clinician Reports
- Trailing 90 Day Medication
   Report
  - Clinical Considerations
  - Administrative Reports
- Clinical Summary Reports
- Financial Summary Reports

#### **Information on BPM Interventions --**

Program Start Date: 2003

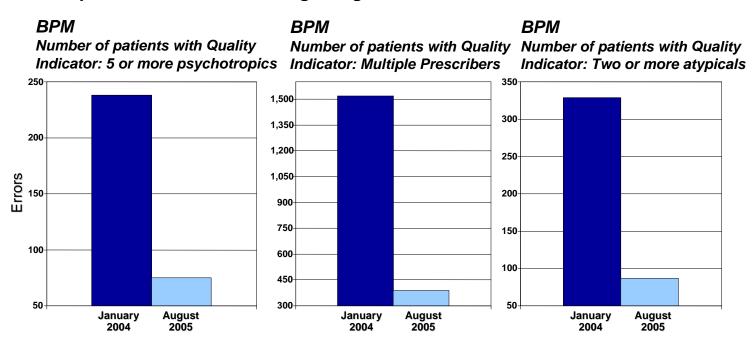
Number of Outliers: 1900 adult & child prescribers

Number of Average monthly patients touched: 7400

### **BPM Performance Data -- Prescribing Quality**

#### **BPM reduces prescribing errors**

#### Over period from Jan 04 through Aug 05



## **Mercer Independent Evaluation --**

- Mercer assisted in an independent evaluation of the impact of DMS initiatives on Medicaid BH pharmacy cost containment
- Prior to the CNS intervention, Missouri behavioral pharmacy spending growth rate: 2.4% per month for an annualized growth rate of 28.8%.
- Since April 2003, Missouri behavioral pharmacy spending growth rate: 1.18% per month for an annualized rate of 14.16%
- DMS conservatively projected savings off trend = \$7.7 million

## **BPM Performance Data -- Pharmacy Cost: Missouri Behavioral Pharmacy Costs**

Costs were reduced 20% for those physicians who changed their prescribing

#### **Missouri Behavioral Pharmacy Cost Summary**

(\$ in dollars, average per patient)

Group	Pre- Intervention	Post- Intervention	Difference
Change With Intervention	\$2,064	\$1,650	(\$414)
No Change With Intervention	\$3,427	\$3,663	\$236
No Intervention Comparison Group	\$2,264	\$2,429	\$165

## **BPM Performance Data -- Pharmacy Cost: Missouri Total Pharmacy Costs**

Costs were reduced 20% for those physicians who changed their prescribing

#### **Missouri Total Pharmacy Cost Summary**

(\$ in dollars, average per patient)

Group	Pre-Intervention	Post –Intervention	Difference
Change with Intervention	\$3,835	\$3,120	(\$253)
No Change With Intervention	\$5,208	\$5,413	\$205
No Intervention Comparison Group	\$3,133	\$3,401	\$268

## BPM Performance Data -- Healthcare Costs: Total Missouri Healthcare Costs, Excluding Pharmacy Costs

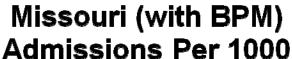
Total healthcare costs decreased 13.8% for those physicians who changed prescribing

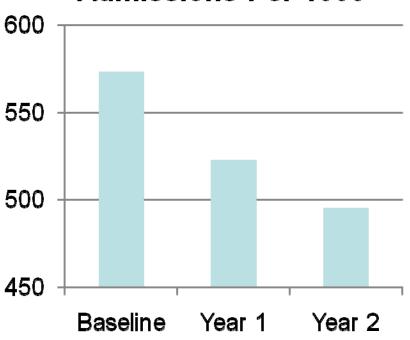
Missouri Total Healthcare Costs Summary Excluding Pharmacy Costs
(\$ in dollars, average per patient)

Group	Pre- Intervention \$	Post- Intervention \$	Difference	
			\$	% change
Change With Intervention	\$7,620	\$6,570	(\$1,050)	-13.8%
No Change With Intervention	\$8,571	\$8,089	(\$482)	-5.6%
No Intervention Comparison Group	\$5,946	\$5,634	(\$312)	-5.2%

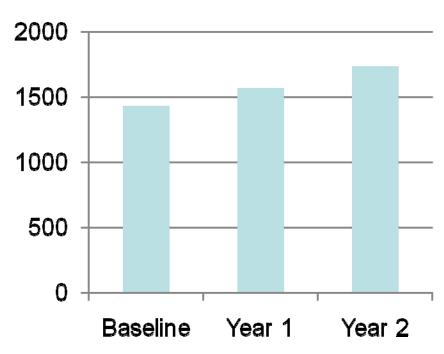
# Hospital Admission Changes as a Measure of Program Impact (Evaluation of Secular Trend)

# Comparison of Two Neighboring States: With and Without the BPM Program (Patients with Schizophrenia)



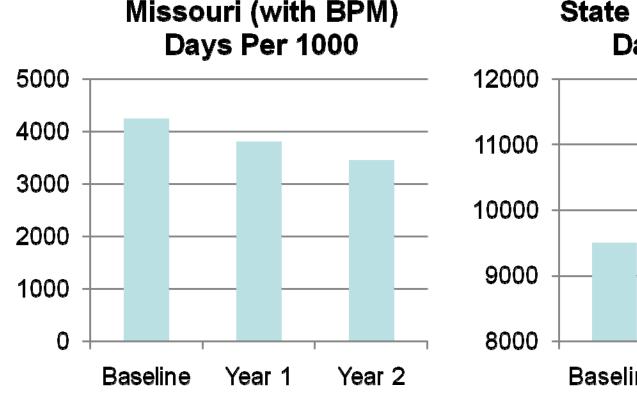


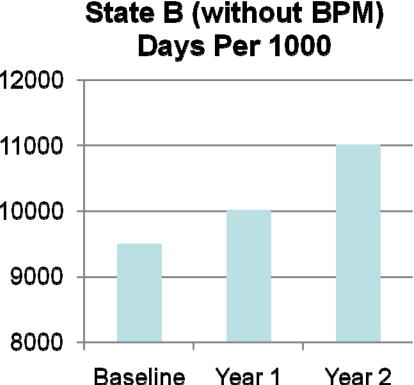
#### State B (without BPM) Admissions Per 1000





# Comparison of Two Neighboring States: With and Without the BPM Program (Patients with Schizophrenia)









#### **National Recognition --**

- NAMI Grading the States 2006 "Missouri also leads the nation in oversight of clinical prescription practices"
- Center for Medicaid and Medicare Services (CMSS) has identified MHMPP as a national model
- Disease Management Association (DMA) gave it their Gold Award for innovative programs in 2005
- Missouri Mental Health Medicaid Pharmacy Partnership was awarded the American Psychiatric Association 2006 Bronze Achievement Award
- URAC awarded their 2008 Silver Award in Health Information Technology to Eli Lilly, CNS and Missouri for the BPM program

#### Missouri Customizations & BPM Enhancements --

#### Special Reports -

- Benchmark Reports
  - Adult & Child BPM
  - CMHC
- Other Ad Hoc Reports
  - CMHC patients with co-morbid medical conditions
  - Nursing Home patients with psychiatric diagnoses
  - MR/DD Summary Spreadsheets
  - Geographic distribution of at-risk patients
  - Autism spending
  - Other reports as requested by Coalition and Missouri Department of Social Services

### Benchmarking Method-percent outlier prescriptions

- Don't consider low volume prescribers
- Exclude failure to refill and multiple prescriber indicators
- Exclude opiate prescriptions and indicators Missouri does not mail on
- Numerator = count of outlier prescriptions
- Denominator = count of all psychotropic prescriptions

#### **Benchmarking Results --**

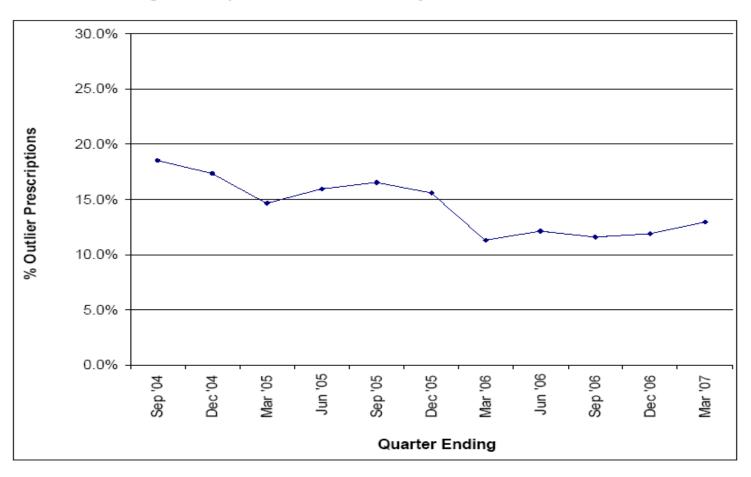
- Yields a population of 538 prescribers with rates greater than 1%
- Range = 38.7% 1%
- Median = 8.8%
- 75<sup>th</sup> percentile = 12.5%

#### Benchmarking Use --

- Inclusion on individual prescriber summary sheet
- Prioritizing referral for consultation contact
- Comparison across clinical entities of the same type
- Comparison between entities of differing types
  - CMHC's
  - Academic centers
  - Habilitation centers
  - Nursing homes

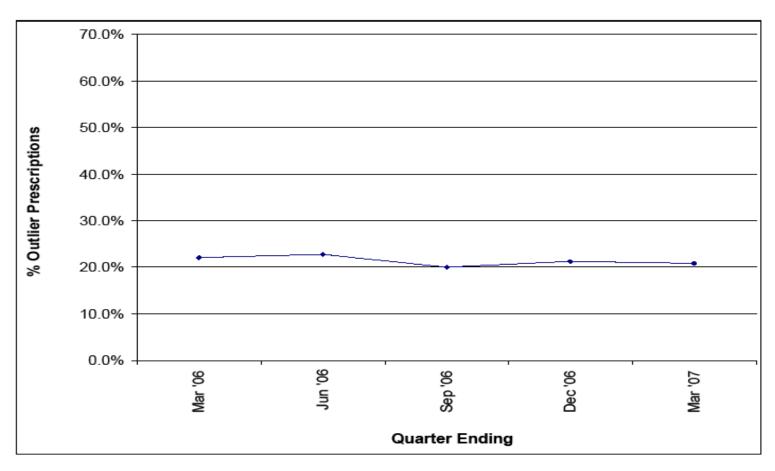
#### **CMHC Outliers -- Adult**

#### Adults - Percentage Prescriptions involved in Quality Indicator



#### **CMHC Outliers -- Child**

Child - Percentage Prescriptions involved in Quality Indicator



#### **Product Evolution --**

➤ Treatment Adherence Program (TAP)
➤ Care Coordination



#### Treatment Adherence Program (TAP) --

#### **Improve Adherence**

**Data Optimizer SM** 

Identify and Stratify
Patients at Risk
Requiring
Intervention

Initial Caregiver Intervention

Monitor Patients Continuously

#### Analyzes aggregate claims data:

- Pharmacy
- Physician
- Patient

- Identify Patients with a Medication Possession Ratio (MPR) of <.40-.80</li>
- Patients with lapsed refills

- Advise caregivers about adherence interventions
- Continuous notification of changes in MPR
- Monitor patients in real time for medication discontinuation

#### **Care Coordination —**

#### Improve Care Coordination in Complex Co-morbid Conditions

**Data Optimizer**<sup>SM</sup>

Identify and Stratify Patients

Identify and Educate Providers

Develop and Continuously Update and Provide Integrated Health Profile (IHP)

#### Analyzes aggregate claims data:

- Pharmacy
- Medical
- Physician
- Patient

- Use Risk
  Prediction Model
  to Identify
  Patients with cooccurring medical
  and behavioral
  health concerns
  requiring comanagement
- Identify or facilitate location of primary care and psychiatric homes
- Educate and inform providers treating patients with multiple chronic conditions
- Educate and train case managers on co-morbid conditions

#### **Basic Health Profile**

- Name/Age
- Diagnoses
- 90 Day Rx profile
- Recent medical events
- Recent psychiatric events
- Contact info for all other treating physicians

#### **Clinical Considerations**

- Clinical Alerts
- Health Alerts
- Rx Alerts

### Program Improvements and New Initiatives -- 2008

- Online Data Access Capabilities
- Diabetes Prevention and Self Education
- Integrated Care for Children—targeting Children in State Custody
- Consumer Engagement—Online Access to Health Information
- Pharmacy Management/Education in Long Term Care Facilities
- Pharmacy Management/Education in MR/DD Population

## **Questions?**



# MO HealthNet Oversight Reports

April 29, 2008

Judith Muck, MPA

Deputy Division Director

Deputy Division Director
MO HealthNet Division

## 208.978 Healthcare Technology

- Develop and Report and Deliver to the Governor and General Assembly.
- Including but not limited to:
  - Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Missouri;
  - 2) Addressing the potential technical, scientific, economic, security, privacy, and other issues related to the adoption of interoperable healthcare information technology in Missouri

2

- Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Missouri;
- Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;
- 5) Exploring the use of telemedicine as a vehicle to improve healthcare access to Missourians;

- Identifying methods and requirements for ensuring that not less than 10% of appropriations within a single fiscal year shall be directed toward the purpose of expanding and developing minority owned businesses that deliver technological enhancements to healthcare delivery systems and networks.
- Developing requirements that ensure not more than 25% of appropriations from the healthcare technology fund in any fiscal year shall be contractually awarded to a single entity.

- Developing requirements to ensure the number of contractual awards provided from the healthcare technology fund shall not be fewer than the number congressional districts within Missouri; and
- Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the Missouri healthcare delivery system.

- Report was due January 1, 2008.
- Letters dated March 21, 2008 went to Governor Matt Blunt, Honorable Michael Gibbons, and Honorable Rod Jetton indicating funding for the report was before the General Assembly.
- Funding is included in the Supplemental Budget bill.

- MHD will contract for the report with Fox Systems, Inc.
- Build upon existing reports:
  - Missouri Healthcare Information Technology Task Force Final Report, September 2006: www.dhss.mo.gov/HealthInfoTaskForce/Report.pdf
    - The Transformation of Missouri Medicaid to MO HealthNet, December 2006, www.dss.mo.gov/mis/mcdtransform.pdf

## 208.955 Outcomes and Satisfaction

- 208.950 requires DSS to commission an independent survey by July 1, 2008 to assess health and wellness outcomes. The results shall be completed within 6 months and be submitted to the general assembly, the governor, and the oversight committee.
- Committee shall determine how best to analyze and present data reviewed under section 208.950, so that it can be used by consumers, health care providers, and public officials.
- Present findings in a report to the general assembly and governor, at least annually, beginning January 1, 2009.

## 208.955 Health Improvement Plans

- Issue findings to the general assembly on the success and failure of health improvement plans and shall recommend whether or not any health improvement plans should be discontinued.
- Due July 1, 2011.

## 208.955 Subcommittee Report

- Comprehensive entry point system subcommittee report containing recommendations for implementation of comprehensive entry point system.
- Due October 1, 2008.

## 208.955 Office of Inspector General

- Conduct a study to determine whether an office of inspector general shall be established. Office would be responsible for:
  - Oversight, auditing, investigation, and performance review;
  - Provide increased accountability, integrity, and oversight of state medical assistance programs;
  - Assist in improving agency and program operations; and
  - Deter and identify fraud, abuse, and illegal acts.
- Review experience of states that created similar office.
- No due date specified in statute.