MO HEALTHNET OVERSIGHT COMMITTEE
APRIL 21, 2009

This packet contains the following information:

1. MO HealthNet Enrollment by Eligibility Category

2. Biography of Marga Hoelscher, CPA, Deputy Division Director-Finance, MO HealthNet Division

3. Budget Overview presentation given by Marga Hoelscher

4. Personal Health Records presentation given by Ian McCaslin, M.D., M.P.H., Director, MO HealthNet Division

5. Biography of Jennifer Kemp-Cornelius, R.Ph., PharmD, ACS Heritage, under contract with the MO HealthNet Division

6. Biography of Kristin D. Wilson, PhD, MHA, St. Louis University School of Public Health, guest speaker

7. Excerpt of Preliminary Report – Evaluation of Health and Wellness Outcomes of MO HealthNet Participants and MO HealthNet Provider Network Demographics Full report

8. MO HealthNet: Participant Health and Wellness Outcomes, Provider Network Demographics, and Participant and Provider Satisfaction Survey presentation given by Bill Elder, PhD., University of Missouri Office of Social and Economic Data Analysis and Kristen Wilson, PhD., St. Louis University School of Public Health

MoHealthNet
Participation

	Participants as of March 2008	Participants as of March 2009	Change Since March 2008	Percentage of March 2009 Participants	Current Income Eligibility Maximums (Shown as a Percentage of Federal Poverty Level)	Projected Participants by December 2009
Children	484,750	499,520	+14,770	59.9%	300%	521,368[1]
Persons with Disabilities	147,208	153,738	+6,530	18.4%	85%	159,237[2]
Custodial Parents[3]	74,561	74,888	+327	9.0%	TANF level (approximately 19%)	78,410[1]
Seniors	76,808	76,924	+116	9.2%	85%	77,751[2]
Pregnant Women	28,301	28,475	+174	3.5%	185%	28,475[4]
Total	811,628	833,545	+21,917			865,241
Women's Health Services[3]	19,831	20,148	+317		185%	38,310[5]

Clarifications and Assumptions:
(1) Projected growth was assumed based on participation experience.
(2) Projected enrollment is based on a six-month average caseload growth through the end of SFY-2009 and half of SFY-2010 budgeted caseload growth. Total growth for SFY-2010 was budgeted at 6,317 Persons with Disabilities (currently funded in the House and Senate); 1,248 Seniors (currently funded in the House and Senate).
(3) Some Women's Health participants were formerly captured in the Custodial Parents category. These participants have been separated for a clearer picture of caseload composition.
(4) No growth was assumed in the Pregnant Women category based on participation experience.
(5) Projected growth is due to the addition of Uninsured Women's Health Services program that began enrollment in January 2009. Based on preliminary trend data, enrollment is expected to grow by 6.6% monthly through December 2009.

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

Marga Hoelscher, CPA
Biographic Sketch

Marga Hoelscher, CPA, is the Deputy Division Director – Finance of the MO HealthNet Division, within the Department of Social Services. Marga serves as the Chief Financial Officer for the state's $6.7 billion Medicaid program. A Missouri native, Marga received her BS in Business Administration, Accounting Major, from Central Missouri State University and later received her Masters degree in Public Administration from the University of Missouri-Columbia. Marga is a Certified Public Accountant since 1991 and is licensed to practice in Missouri. Marga has over 23 years of experience working for the state in both Executive departments and the Legislature. Before coming to MO HealthNet in July, 2008, Marga served as the Director of House Appropriations for the Missouri House of Representatives.

Budget Overview for MO HealthNet Oversight Committee

Presented by Marga Hoelscher, CPA

Chief Financial Officer

April 21, 2009

Linking Budget to Policy Decisions

- ✓ Purpose of today's presentation is to provide relevant budget information to assist Oversight Committee members when discussing health care policy initiatives
- ✓ Presentation starts at state macro level and moves to micro level to discuss budget terms and funding of the MO HealthNet program

Presentation Highlights

- State Revenues and Appropriations
- FY 10 Budget—All funds and GR
- FY 10 MO HealthNet Budget by Agency
- MO HealthNet Budget New Decision Items
- Stimulus Proposals

State Revenues

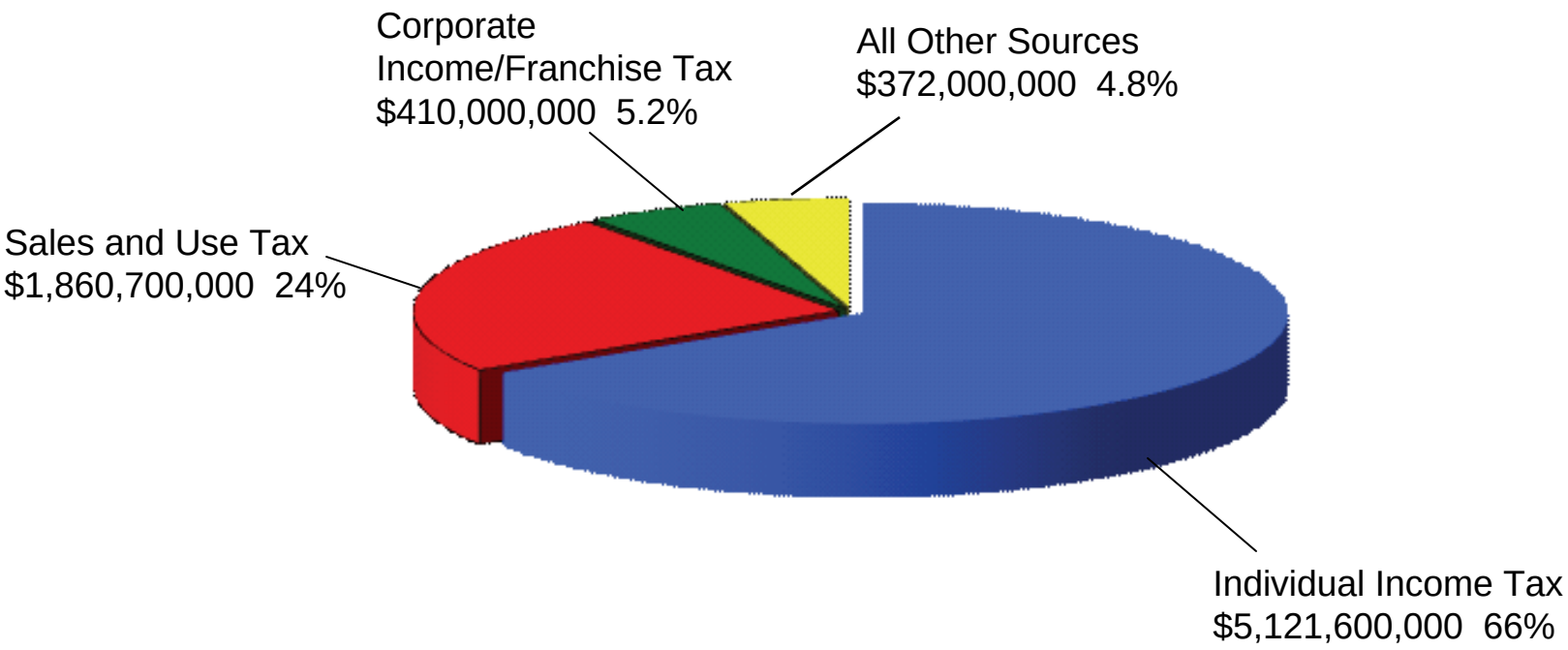
State Revenues

- Recession has significantly impacted General Revenue collections
  - Year-to-date net general revenue collections declined .6%
  - Sales and use tax collections decreased 4.6%
  - Individual income tax collections increased 2.2%
  - Corporate income tax collections decreased 9.9%
  - All other collections decreased 1.7%
  - Refunds increased .8%
- Lowest growth rate in the last 15 years
  - Not unexpected

State Revenues

- FY 08 net collections increased from $7.7 billion to $8.0 billion
  - Increased $287.5 million
  - 3.7% increase
- Revised CRE for FY 2009 is $7.69 billion,
  - 4% **decline** from the FY 2008 actual net collections.
  - Reduction of $316.5 million from prior year collections
- FY 2010 CRE is $7.764 billion
  - 1% increase over revised CRE
  - Increase of $76.9 million

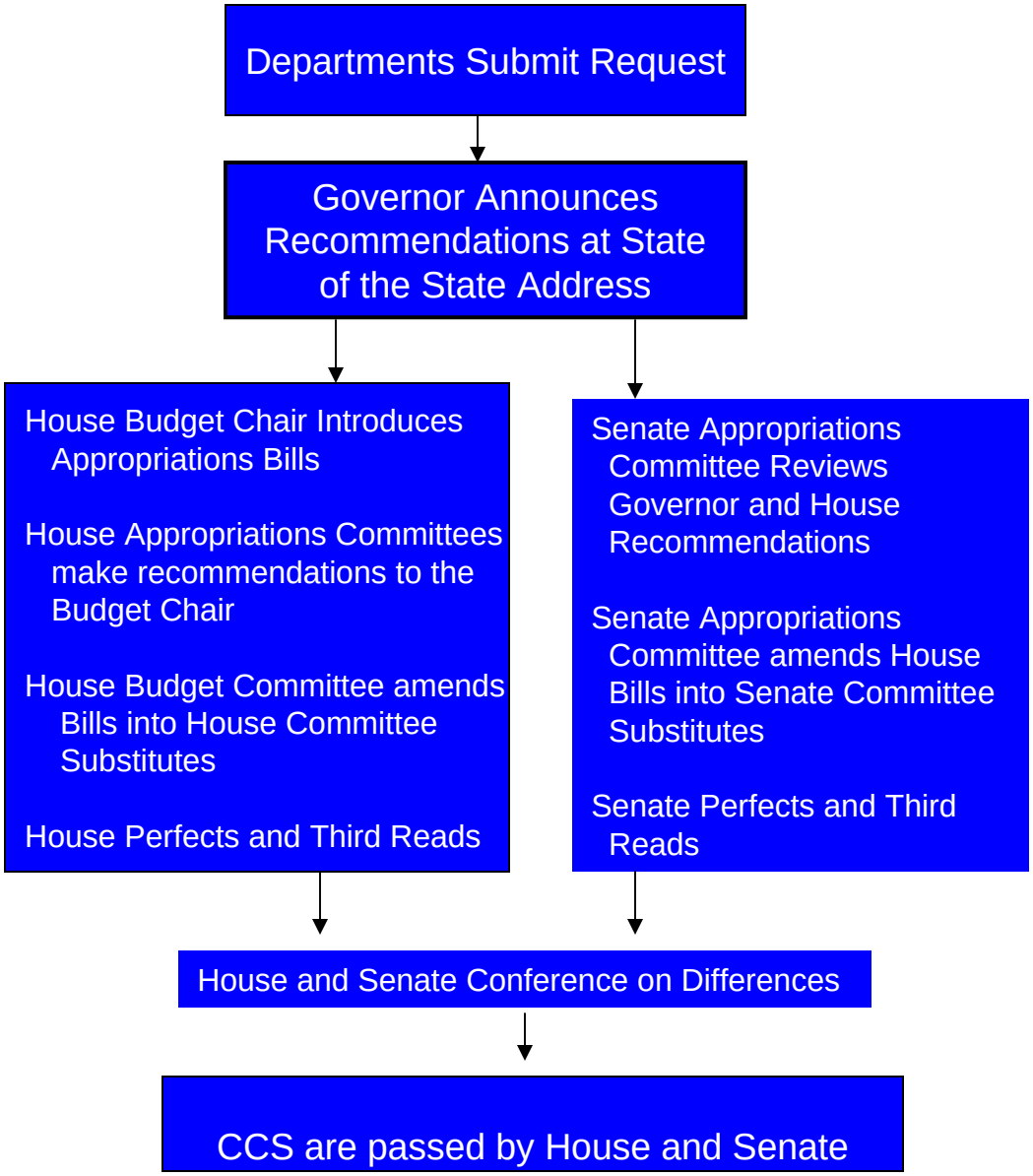
FY 2010 Consensus Revenue Estimate
Net General Revenue $7,764,300,000



General Revenue Growth Rates

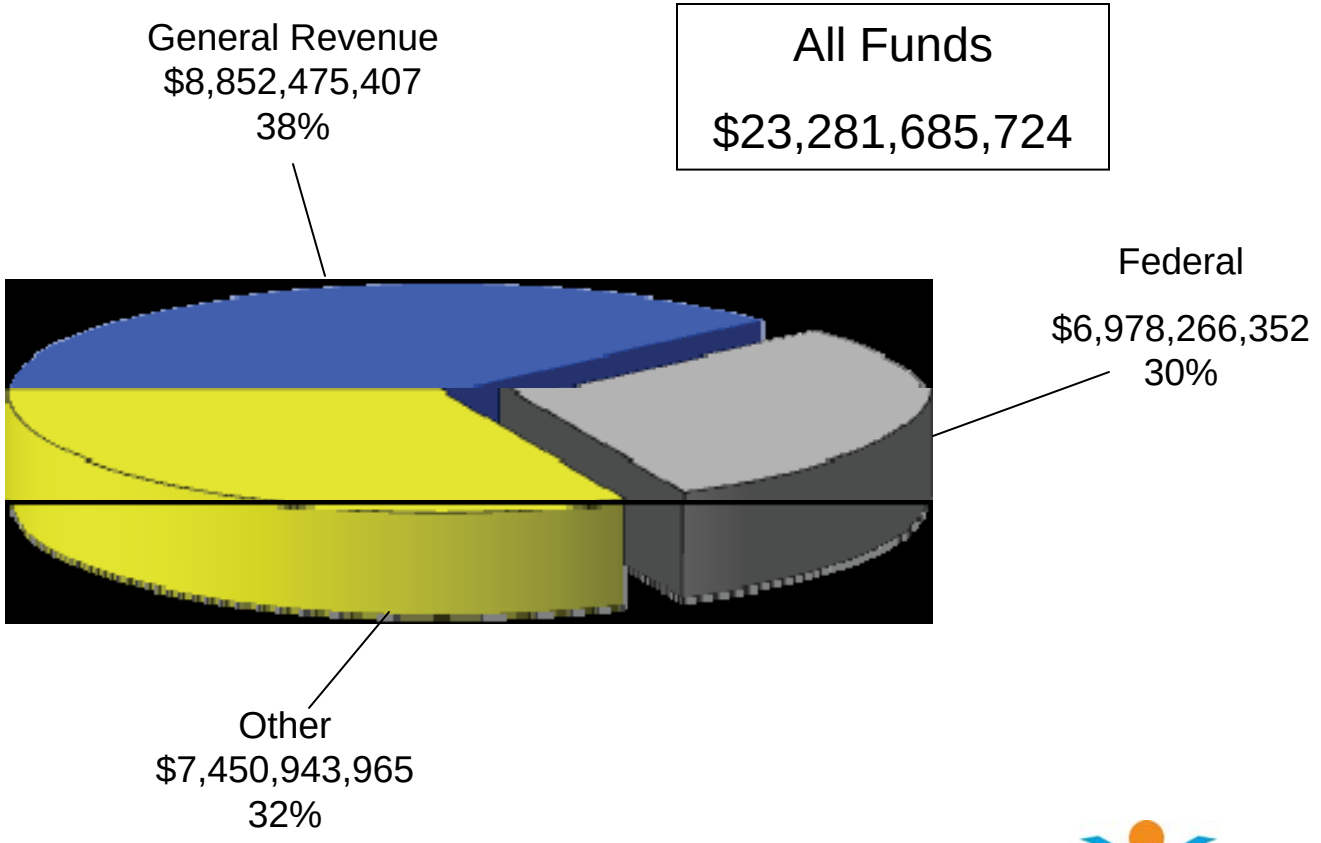
Fiscal Year	% Growth
FY 2005	5.8%
FY 2006	9.2%
FY 2007	5.2%
FY 2008	3.1%
FY 2009*	-4.0%
FY 2010*	1.0%

State Appropriations


Departments Submit Request
Governor Announces Recommendations at State of the State Address
House Budget Chair Introduces Appropriations Bills
House Appropriations Committees make recommendations to the Budget Chair
House Budget Committee amends Bills into House Committee Substitutes
House Perfects and Third Reads
Senate Appropriations Committee Reviews Governor and House Recommendations
Senate Appropriations Committee amends House Bills into Senate Committee Substitutes
Senate Perfects and Third Reads
House and Senate Conference on Differences
CCS are passed by House and Senate

FY 2010 Total Operating Budget

Sources of Funds – Governor's Recommendation



Examples of Items funded with General Revenue:

- MO HealthNet ($1.6 billion)
- Non-Medicaid DSS ($354 million)
- Elementary and Secondary Education (primarily Foundation Formula-$2.4 billion)
- Higher Education ($921.6 million)
- Corrections ($604.8 million)
- Mental Health ($591.8 million)
- Employee Benefits ($576.5 million)
- Judiciary ($162.7 million)

- Education and MO HealthNet absorb the majority of the state's discretionary revenues
- This doesn't mean the budget isn't or can't be balanced---just that difficult priority decisions are required

TOTAL MEDICAID ALL AGENCIES
Governor's Recommendation

	FY 2010 Core and New Decision Items-Governor			
	GR	FED	OTHER	TOTAL
Elementary and Secondary Education	0	500,000	2,945,254	3,445,254
Mental Health	198,572,851	408,754,668	18,940,832	626,268,351
Health and Senior Services	182,476,744	322,159,392	450,000	505,086,136
Social Services	1,260,153,861	3,366,899,185	1,783,466,956	6,410,520,002
Total	1,641,203,456	4,098,313,245	1,805,803,042	7,545,319,743

MoHealthNet

TOTAL MEDICAID ALL AGENCIES
House Recommendation

	FY 2010 Core and New Decision Items-House			
	GR	FED	OTHER	TOTAL
Elementary and Secondary Education	0	500,000	2,945,254	3,445,254
Mental Health	195,312,303	412,325,380	18,940,832	626,578,515
Health and Senior Services	181,968,142	321,652,948	450,000	504,071,090
Social Services	1,117,226,274	3,055,091,773	1,752,203,931	5,924,521,978
Total	1,494,506,719	3,789,570,101	1,774,540,017	7,058,616,837

House Less Than Amended Governor (486,702,906)

MoHealthNet

New Decision Items – Governor's Recommendation

	FY 2010 New Decision Items-Governor			
	GR	FED	OTHER	TOTAL
Elementary and Secondary Education	0	0	0	0
Mental Health	20,784,846	40,869,463	125,000	61,779,309
Health and Senior Services	18,046,659	37,424,296	0	55,470,955
Social Services	157,072,524	498,519,797	229,346,510	884,938,831
Total	195,904,029	576,813,556	229,471,510	1,002,189,095

MoHealthNet

New Decision Items – House

	FY 2010 New Decision Items-House			
	GR	FED	OTHER	TOTAL
Elementary and Secondary Education	0	0	0	0
Mental Health	16,827,131	44,440,175	125,000	61,392,306
Health and Senior Services	17,938,080	37,229,750	0	55,167,830
Social Services	79,033,331	213,871,634	157,319,398	450,224,363
Total	113,798,542	295,541,559	157,444,398	566,784,499

House Under Governor GR (82,105,487)

House Under Governor Total (435,404,596)

MO HealthNet New Decision Items In Conference
All Funds

	House Recommendation	Senate Recommendation
Hospital Cost to Continue	$20,938,023	$35,698,084
Managed Care GR Tax Replacement	$0	$22,331,250
Health Care Technology Fund Replacement	$0	$2,387,500
Pharmacy PMPM Increase	$0	$71,558,753
Pharmacy Clawback	$10,000,000	$13,997,035
Enhanced In-Patient Precertification	$0	$2,500,000
Ambulance Increase (New Tax)	$0	$25,554,311
Care Coordination	$8,375,209	$0
Comprehensive Day Rehab Services	$0	$685,937
CPE Safety Net Reconciliation	$0	$179,200,000
Dental Rate Increase	$13,958,682	$0
SB 306 TANF to 50%	$0	$146,889,428
Smoking Cessation for Pregnant Women	$0	$2,004,480
	$53,271,914	$502,806,778

MO HealthNet New Decision Items Funded

	General Revenue	Total
PTD/QMB Caseload Growth	$25,170,304	$70,268,857
Managed Care Inflation	$25,171,809	$71,804,403
Medicare Premium Increase	$1,436,403	$4,044,774
Hospice Rate Increase	$142,023	$396,646
NEMT Rate Increase	$950,997	$1,703,935
PACE Rebase	$356,516	$638,784
FMAP Adjustment	$0	$48,721,448
Program Integrity Initiatives	$158,019	$316,038
Pharmacy Reimbursement Allowance	$0	$30,063,600
Federal Reimbursement Allowance	$0	$100,400,000
Clinical Services Enhanced Match	$0	$1,750,000
Hospice Nursing Facility Rate Increase	$0	$3,947,635
Nursing Facility Rate Increase	$0	$25,501,830
Nursing Facility Increase to Tax	$0	$21,251,525
	$53,386,071	$380,809,475

Coverage Funding Sources

- General Revenue
- Federal Reimbursement Allowance (FRA)
  - Redirected DSH
- Federal Matching Funds (FFP)

Relevant Budget Terms

- Federal Reimbursement Allowance (FRA)
  - Provider tax assessed on hospitals
- Disproportionate Share Hospital Payments (DSH)
  - Reimbursement to hospitals for the cost of treating the uninsured
- Federal Matching Funds
  - Amount available from federal government
  - Federal Financial Participation (FFP) Rate or Federal Medical Assistance Percentage (FMAP)
    - Current rate is 63.19% base FMAP
    - ARRA provides:
      - 6.2% across the board
      - Unemployment adjustment

MoHealthNet

Coverage Proposals - Children

- Children
  - Add coverage for 16,000 children
  - Revised SCHIP premiums
    - $0 for families up to 185% FPL
    - $40 for families from 185% to 225% FPL
    - No change above 225%
  - Recommended by Governor; not recommended by House or Senate

Coverage Proposals - Adults

- Adults
  - Adds coverage for 34,800 Custodial Parents
  - State match funded entirely from FRA ($52.8 million)
  - Hospitals agreed to redirect DSH payments to fund coverage
  - Recommended by Governor and Senate

Hospital Tax (FRA)

- Tax assessed on operating revenue of all hospitals in the state
- Current tax rate is 5.25%; Maximum tax rate is 5.5% for FY 09 thru FY 2011
- FY 2009 Estimated assessments: $821.9 million
- FRA proceeds support:
  - Hospital costs to care for the uninsured
  - Expanded coverage for children (SCHIP)
  - Enhanced Medicaid rates for hospitals
  - Managed care capitated payments

Stimulus Related

- 2 funds created in SB 313
  - Federal Budget Stabilization Fund
  - Federal Stimulus Fund
- FMAP Available beginning October 1, 2008 thru December 31, 2010

House Recommends:

- Limits to DESE and Higher Education in Operating Bills
- Most Appropriations in HBs 18-21
- Like to use for one-time purposes

Senate Recommends:

- Recommended throughout Operating Bills
- Uses for on-going and one-time purposes

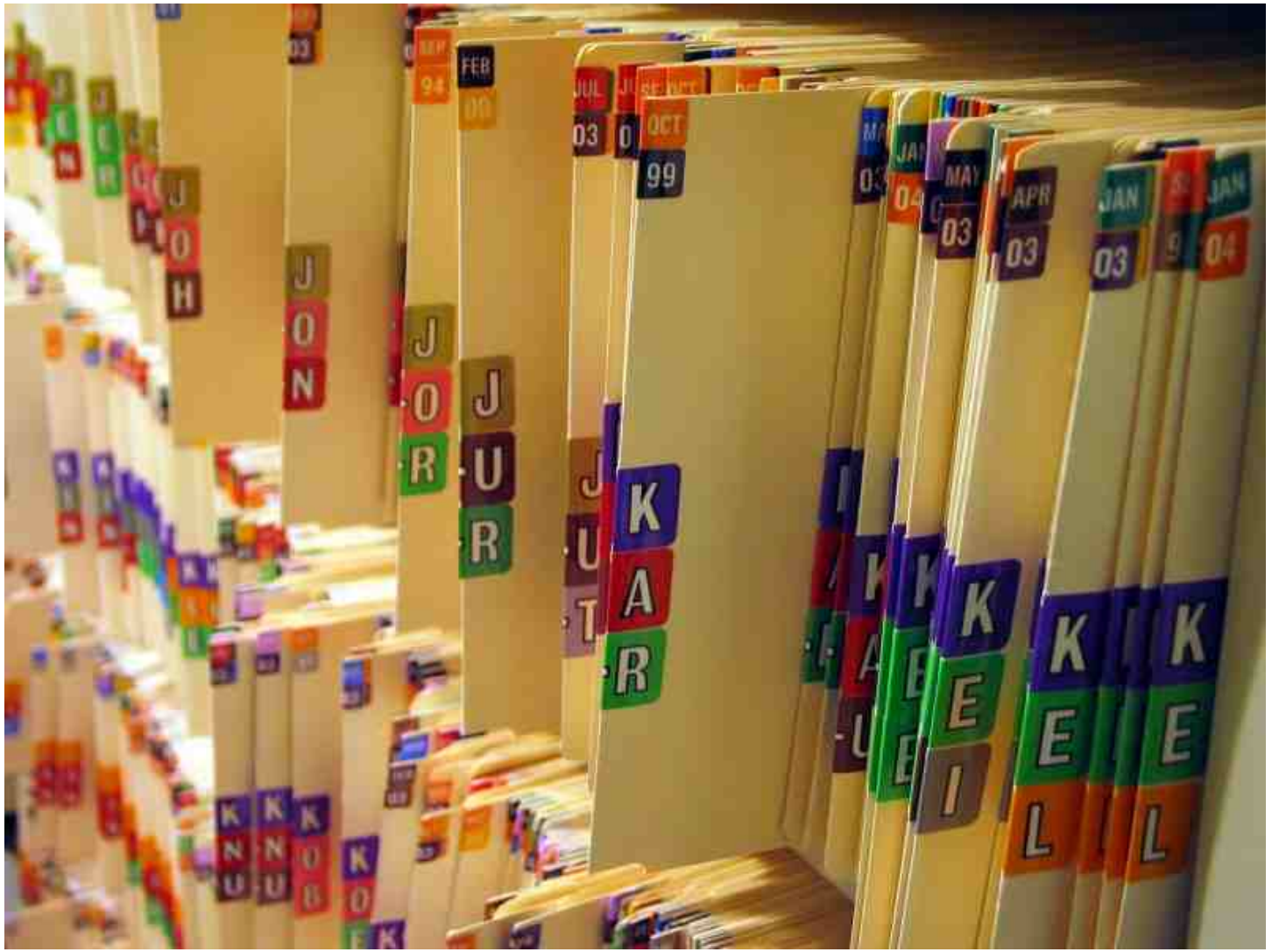
Personal Health Records

MO HealthNet

Oversight Committee

April 21, 2009

What Happens if Dr. McCaslin Can't or Won't Share Patient Information?



2001 Institute of Medicine Report:

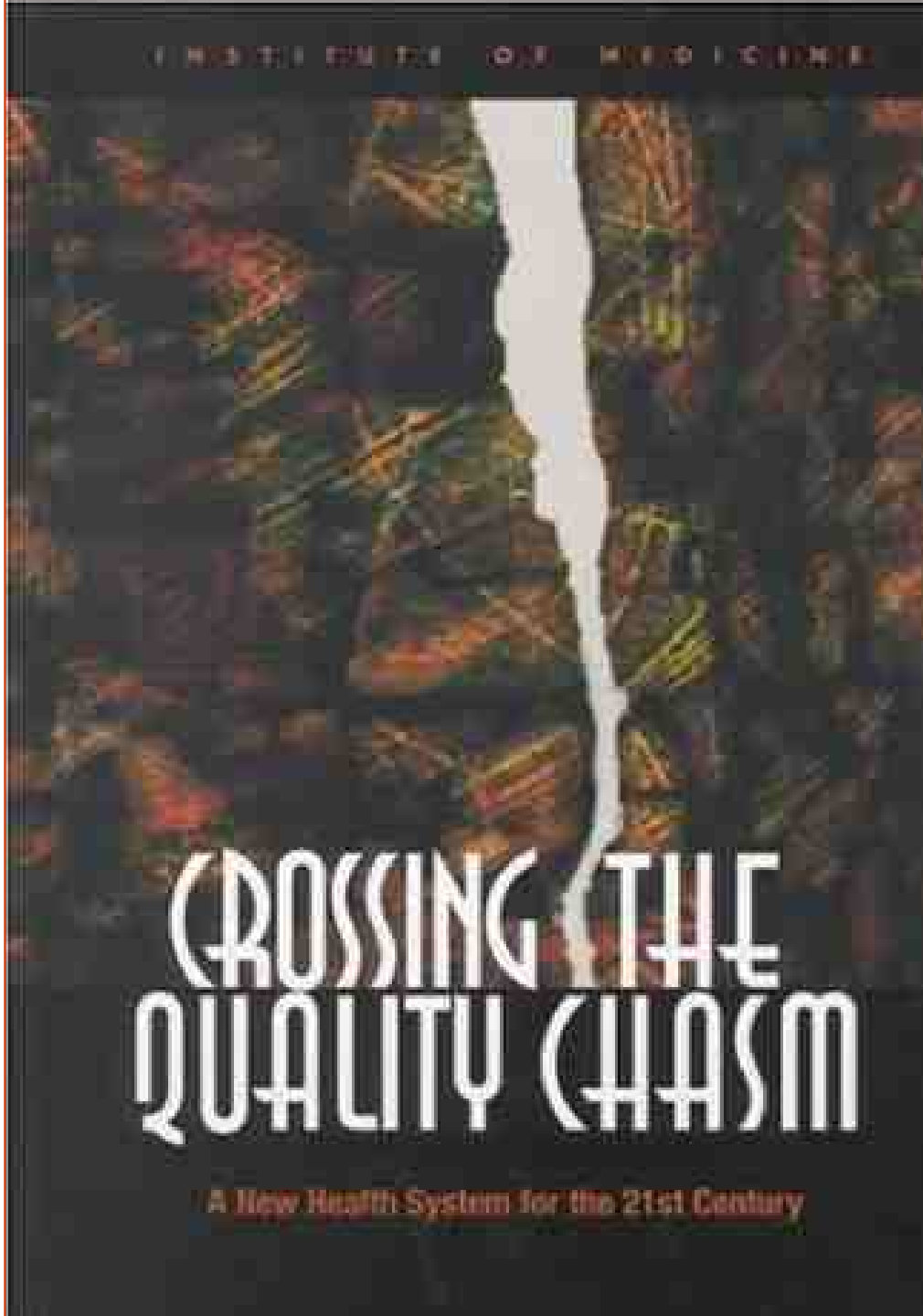
Too many errors

Too many deaths

Needless inefficiency

Poor coordination

Delivering vastly inadequate value for the enormous dollars expended



A Bridge to Where?

Personal Health Information: Where Are We Headed?

- **Move beyond the “chart on the shelf” standard**
- **Give patients better access to their own health care data**
- **Enable patients to have more control over their own information**

Personal Health Records (PHR's)

per the National Coordinator for HIT

"An Individual's electronic record of health-related information

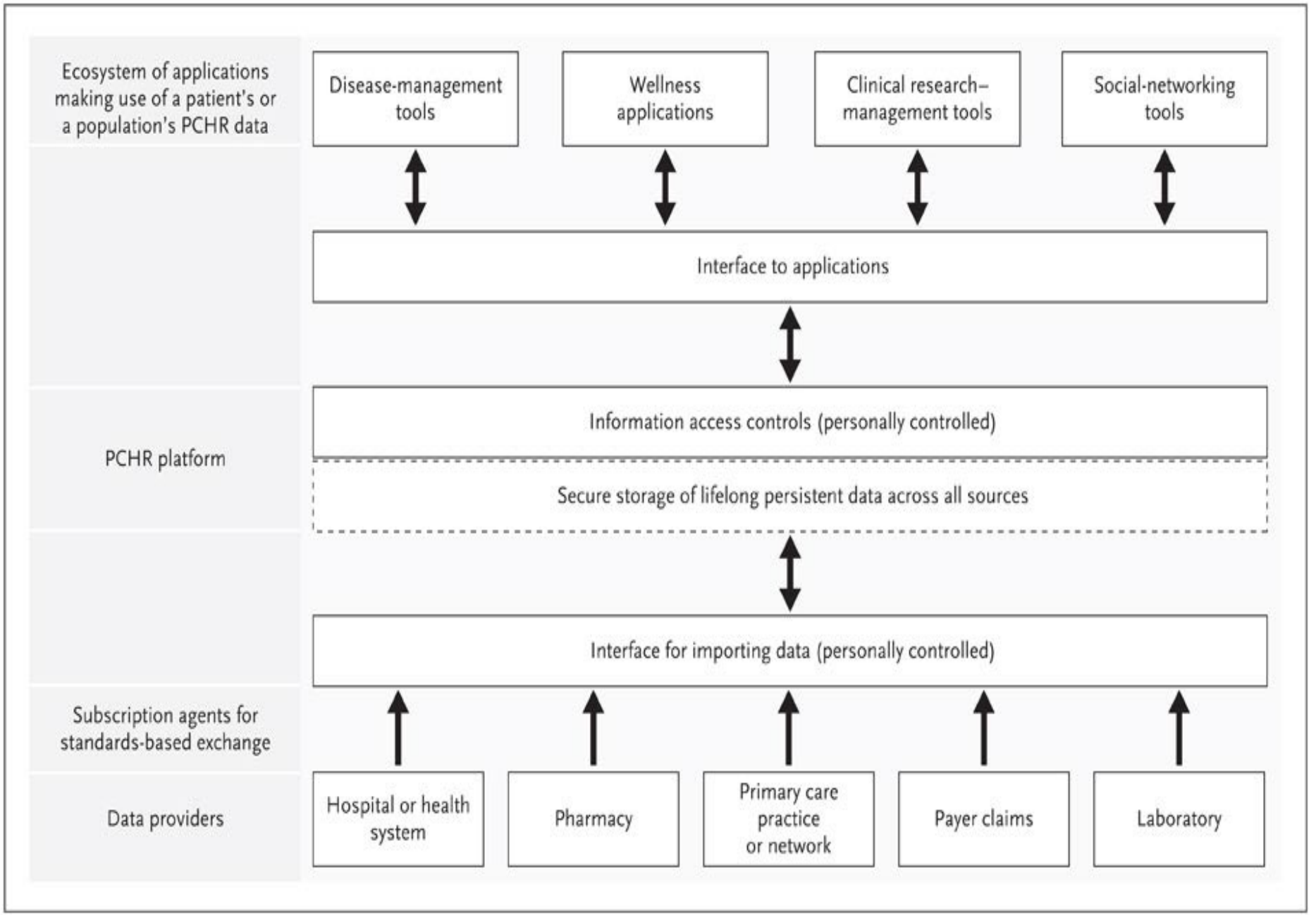
That can be drawn from multiple sources while being

Managed, Shared, and Controlled

By the Individual"

Personal Health Record

- Individual health information view
- Patients may enter some personal data manually
- Payer portal for claims data
- Physician portal for viewing PHR



Mandl K and Kohane I. N Engl J Med 2008;358:1732-1737

Patients Deserve:

- Protection and Privacy of their Data

- They Own the Data
- They Approve Use of the Data

- They Can Understand the Data
- They Know the Data is Secure

Questions to Consider

- **Will MO HealthNet patients value having access to their data?**
- **How do we engage them?**
- **What “wins” do we aim for first?**
- **Above all – Do No Harm**

Jennifer Kemp-Cornelius, R.Ph., Pharm. D., MO HealthNet Account Manager. Dr. Cornelius has over twenty years of community pharmacy experience and over six years of State government experience. Dr. Cornelius is currently responsible for account management, service delivery, and operations for the ACS Heritage contract with MO HealthNet. Responsibilities include working collaboratively with ACS's IT department to drive major installations and system updates, managing a retrospective DUR program, managing the process for developing, testing and placing into production new prospective clinical and fiscal editing criteria, and overseeing deployment of an electronic health record for MO HealthNet providers. Dr. Cornelius received both her Bachelor of Science in Pharmacy and Doctor of Pharmacy degrees from the St. Louis College of Pharmacy. Prior to working for ACS Heritage, Dr. Cornelius practiced both as a staff pharmacist and pharmacy manager in a community pharmacy setting and is a licensed pharmacist in the State of Missouri.

Kristin D. Wilson, PhD, MHA joined the Department of Health Management and Policy as faculty member in 2008. Dr. Wilson received both her MHA and her PhD degrees through the School of Public Health at Saint Louis University. Her PhD is in Public Health Studies with a concentration in Health Management and Policy.

Dr. Wilson has many years of management and leadership experience in coalitions, health associations, and other health care organizations. She is the founding executive director of St. Louis's first asthma coalition, the St. Louis Regional Asthma Consortium. She is currently teaching the Health Policy Cornerstone course at Saint Louis University. In addition to teaching, Dr. Wilson is the project director for a CDC-funded demonstration project, "Controlling Asthma in St. Louis" and is the new editor of the *Commitment*, a publication of the Department of Health Management and Policy. She also serves on the board for Midtown Catholic Charities Community Services in St. Louis.

Her research interests are focused around dissemination research and community benefit, specifically in the adoption, implementation, and institutionalization of evidence-based strategies and policies within organizations using a continuous quality improvement approach. Dr. Wilson continues to work on issues around community partnerships and the dissemination of evidence-based approaches for community benefit.

An evaluation of Health and Wellness Outcomes of MO HealthNet Participants and MO HealthNet Provider network demographics

(as required by Senate Bill 577, 2007)

Preliminary Report to the Missouri Department of Social Services, MO HealthNet Division

January 30, 2009

Report Team

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Table of Contents

Executive Summary

The MO HealthNet program was created in 2007 when the Missouri General Assembly passed Senate Bill 577. Included in this legislation is a requirement for evaluation of the program. This preliminary report is an evaluation of MO HealthNet that draws on claims data reflecting disease specific outcomes and provider demographics for the MO Health Net fee-for-service (FFS) population. This report also includes survey data that examine participant and provider satisfaction with the MO HealthNet program.

Administrative claims data were used for the analyses reported. Claims data provide important and useful, but incomplete information. They provide a rich and easily accessible source of information that reflects claims data on health care utilization and medical expenditure. The use of claims data, however, presents multiple challenges. Pharmacy claims data, for example, reveal only what prescriptions were actually filled by the patient, not those that were given to them, nor whether other sources for medication were utilized. We know that, for a variety of reasons, large numbers of patients do not fill prescriptions given to them by their health care providers. Variables such as preference, cost, inconvenience, lack of trust, and fear often influence patients' decision not to get prescriptions filled. Patients may also obtain medications by using provider-supplied samples or from one of many commercial pharmacies, like Wal-Mart, that offer low-cost prescriptions for a variety of common medications. The MO HealthNet pharmacy claims database will likely never document such transactions.

The absence of managed care data also skews the information provided in this study. MO HealthNet managed care participants are children and their parents, and most of them live in Kansas City, St. Louis, and the counties contiguous to the I-70 corridor. MO HealthNet managed care data would elucidate the full picture of regional variation in chronic disease prevalence and management in this population of Missourians and would aid further study of the program.

Keeping these challenges in mind and recognizing the limitations of using claims data, we found several meaningful trends in this study.

The Southeast region of the State stood out among all regions for the highest rates of achievement of recommended outcomes for congested heart failure (CHF) and coronary artery disease (CAD). In 2007, the Southeast region had higher self-reported prevalence rates of coronary artery disease (7.2% vs. MO average of 4.2%), heart attack (6.7% vs. MO average of 4.5%), and hypertension (37.1% vs. MO average of 28.4%).[1] It is promising to see that MO HealthNet may be having a positive effect on health care

[1] 2007 Missouri Behavioral Risk Factor Surveillance System Data Report. Jefferson City, MO: Missouri Department of Health and Senior Services. Office of Epidemiology. June 2008.

quality and access to care for vulnerable populations in this region of the state, as areas with higher prevalence rates appear to be receiving higher levels of the recommended treatments among the FFS MO HealthNet population.

Conversely, the highest self-reported prevalence of asthma in 2007 was reported in the Southwest (15.1%) and Northwest (14.9%); the statewide prevalence for asthma was 12.7%.[2] While treatment of well over two-thirds of MO HealthNet fee-for-service participants in the Kansas City and St. Louis regions met standards of care, barely one half of the individuals with asthma in the Southwest region received inhaled corticosteroids. This suggests that increased efforts in the Southwest region, such as targeting asthma management through provider training and health literacy programs, may be warranted in an effort to reduce the disparity in asthma prevalence in this region.

The metropolitan areas of St. Louis and Kansas City had the highest rates of achievement of outcome goals for asthma and diabetes. This may be due to multiple disease management programs that are operating throughout these urban regions.

Importantly, blacks in all areas of the state had equal or better outcomes than whites in clinical outcome measures for asthma, congestive heart failure, and diabetes. This finding is not consistent with numerous previous reports of poorer outcomes among blacks and other ethnic and racial minorities in Missouri and the nation. Whites generally had better outcomes in coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD) in this study.

Wide variations were found in recommended prescription use among participants with chronic diseases. These data may reflect prescribing patterns that are not in accordance with current evidence-based recommendations. They also may reflect variable rates of patient adherence with filling prescriptions.

Gender variation was seen throughout the outcomes study. Women and girls had higher rates of filling prescriptions recommended for asthma, congestive heart failure, and COPD. Women with diabetes received more preventive screening services than men across all four measures; however, statins were underutilized in women with coronary artery disease (CAD) compared to men. The gender variation in treatment with statins for CAD is reflective of similar findings in other studies that have shown under-diagnosis and treatment of coronary artery disease in women.

[2] 2007 Missouri Behavioral Risk Factor Surveillance System Data Report.

The low levels of urinary microalbumin screening in known diabetic patients in general, and in older diabetic patients in particular, is of major concern. The federal Medicare program has also identified this gap and has dedicated funding through their Quality Improvement Organizations (QIOs) to try and address it. In addition, the Missouri Primary Care Association (MPCA) together with the MO DHSS is beginning a similar scope of work.

We also found low levels of dilated retinal examinations (DRE) reported for patients with diabetes in general and older patients in particular. Telehealth has been used in other states to provide these exams to patients in remote underserved areas and is worth considering in Missouri.

The compilation of provider network demographics, and a comparison between providers who are enrolled with MO HealthNet and those who are not, proved to be significantly hampered by the lack of meaningful data at a state-wide level for physicians practicing in Missouri. Information about MO HealthNet enrolled providers is generally reliable for providers who see participants and bill MO HealthNet on a regular basis. However, we believe that the number of MO HealthNet providers who regularly care for MO HealthNet participants is small compared to the number of providers in the state. More detailed and up-to-date information could be gathered as part of the licensing and renewal process by the Board of Healing Arts, resulting in a more complete data set to use for comparison purposes.

The patient satisfaction survey was limited in this preliminary study for a variety of reasons, such as large number of inaccurate phone numbers of record. However, 230 providers were successfully surveyed and reported general satisfaction with the MO HealthNet program and with the quality of communication provided by the program. Providers were less satisfied with the ability to reach a MO HealthNet representative by phone and with current reimbursement rates for services provided.

In summary, these preliminary analyses indicate that the MO HealthNet program has made meaningful progress toward eliminating historical health disparities in all regions of Missouri. Furthermore, it appears that there have been notable improvements in health outcomes in the Southeast region of the State and for blacks with chronic disease throughout the state. Enhancing knowledge and awareness with data such as these will foster ongoing improvement in access to and quality of healthcare in Missouri and will increase participant and provider satisfaction with the MO HealthNet program.

Background

In 2007, the Missouri General Assembly passed Senate Bill 577, which made numerous changes to Missouri's Medicaid program, including changing the name of the program to MO HealthNet. Among the statutory changes was an emphasis on outcomes and program evaluation. One example of this emphasis on outcomes can be found in section 208.950.5, RSMo (2007), which requires an independent survey to assess health and wellness outcomes of MO HealthNet participants. Specifically, this provision requires the Department of Social Services to

> …commission an independent survey to assess health and wellness outcomes of MO HealthNet participants by examining key health care delivery system indicators, including but not limited to disease-specific outcome measures, provider network demographic statistics including but not limited to the number of providers per unit population broken down by specialty, subspecialty and multi-disciplinary providers by geographic areas of the state in comparison side-by-side with like indicators of providers available to the state-wide population, and participant and provider program satisfaction surveys.

The Missouri Department of Social Services, MO HealthNet Division, commissioned the University of Missouri to conduct the survey, pursuant to an existing contract for management and analyses of MO HealthNet data.

Survey Design

In collaboration with the MO HealthNet Division, the University of Missouri's Center for Health Policy (CHP) and the Office of Social and Economic Data Analysis (OSEDA) developed a three-part design for the survey. First, MO HealthNet claims data were queried to evaluate disease specific outcome measures for five chronic conditions (Asthma, COPD, Congestive Heart Failure, Coronary Artery Disease, and Diabetes) affecting MO HealthNet participants. Second, MO HealthNet's enrolled provider file was queried to create a snapshot of the program's provider demographics. Finally, a sample of participants and providers was contacted and asked to complete a survey assessing satisfaction with the MO HealthNet program[3].

Under the terms of an agreement between the University of Missouri and the Department of Social Services, MO HealthNet Division, the University receives regular bi-weekly file transfers of claims data from the MO HealthNet Division's sole fiscal intermediary, Infocrossing Healthcare Services Inc., via secure file transfer protocol (FTP). The data contained in

[3] The survey instruments can be found in Appendix G

Missouri Department of
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February 20, 2009

The Honorable Jeremiah W. (Jay) Nixon
Governor of the State of Missouri
State Capitol Building, Room 216
Jefferson City, Missouri 65101

Dear Governor Nixon:

Section 208.950.5 of the Revised Statutes of Missouri requires the Department of Social Services to commission *an independent survey to assess health and wellness outcomes of MO HealthNet participants by examining key health care delivery system indicators, including but not limited to disease-specific outcome measures, provider network demographic statistics including but not limited to the number of providers per unit population broken down by specialty, subspecialty, and multidisciplinary providers by geographic areas of the state in comparison side-by-side with like indicators of providers available to the state-wide population, and participant and provider program satisfaction surveys.*

The University of Missouri was selected to complete this evaluation. Findings are recapped below under adherence to recommended health and wellness best practices, provider participation and provider and participant satisfaction. This is a preliminary report with a final report due later this fiscal year. As this is the first report, the Department of Social Services plans to use this collected data as baselines with the intent that reporting will become more robust over time.

Adherence to Recommended Health and Wellness Best Practices

The university reports MO HealthNet made progress toward eliminating historical health disparities in all regions of Missouri. They cite notable improvements in health treatment outcomes that have been made in the southeast region of the state and for black participants with chronic disease throughout the state.

Their evaluation relies on fee for service claims to determine if participants with asthma, chronic obstructive pulmonary disease, diabetes, congestive heart failure and coronary artery disease (diseases which occur at a higher rate in the MO HealthNet fee for service population) are receiving recommended standards of care. They use this as a measure of health and wellness in the MO HealthNet population.

The university puts forth the following points:

- Participants in the southeast region had a higher self-reported prevalence of coronary artery disease, heart attack and hypertension than Missouri as a whole. The university found participants in this region are more likely to adhere to recommended best practice treatments for congested heart failure and coronary artery disease than MO HealthNet participants in other regions.

- Participants in the southwest and northwest self reported the highest prevalence of asthma, yet barely half of individuals with asthma received recommended inhaled corticosteroids.

- The highest level of asthma and diabetes treatment compliance occurred in St. Louis and Kansas City.

- Contrary to numerous reports of poorer treatment adherence among minorities in Missouri and the nation, black participants had equal or better treatment adherence than whites for asthma, congestive heart failure and diabetes in all areas of the state.

- Female participants were more likely to fill prescriptions recommended for asthma, congestive heart failure and chronic obstructive pulmonary disease.

- Female diabetics received more preventive screening services than males; however, statins were underutilized in women with coronary artery disease. This mirrors other studies showing under-diagnosis and treatment of coronary artery disease in women.

- Known diabetic patients, especially older patients, had low levels of urinary microalbumin screenings and dilated retinal examinations.

Provider Participation

- 8,213 primary care providers (PCPs) were enrolled in MO HealthNet in state fiscal year 2008. 6,946 were active – that is they filed at least one claim in 2008.

- Statewide, there were 75.6 fee for service participants per active PCP. Ratios ranged from a low of 21.5 in Boone County to a high of 2,461 in Oregon County.

Provider Satisfaction

- So far, 230 physician providers out of 1,080 completed the survey process. 60% said MO HealthNet participants make up 25% of their patients and 66% indicated they would be open to caring for additional participants.

    - Providers reported general satisfaction with the MO HealthNet program and quality of communication.

    - Providers were less satisfied with their ability to reach a program representative by phone and with current reimbursement rates.

Participant Satisfaction

- Surveyors were presented with barriers (which they are currently working through) when they attempted the participant satisfaction survey. Surveyed participants generally reported they are satisfied with the care they receive from their MO HealthNet providers. Preliminary results from a small response rate from a 1,080 sample are:
    - 79.2% of participants said they have someone they think of as their personal physician or nurse;
    - 77.4% of participants said they did not have a problem getting a doctor or nurse they were happy with;
    - 83% of participants said they were treated with courtesy and respect by the staff of their health care providers; and,
    - 77.4% of participants said their health care provider always explained things in a way they could understand.

If you would like to discuss, please let me know.

Sincerely,

Ronald J. Levy
Director

RJL:cd
Enclosure

MO HealthNet: Participant Health and Wellness Outcomes, Provider Network Demographics, and Participant and Provider Satisfaction Survey

University of Missouri – Columbia
Center for Health Policy
Office of Social and Economic Data Analysis
St. Louis University
School of Public Health
Center for Outcomes Research
April 21, 2009

Background

- SB 577 (2007) required DSS to commission an independent study
  - Disease specific outcomes measures
  - Provider network demographics
  - Participant and provider satisfaction survey

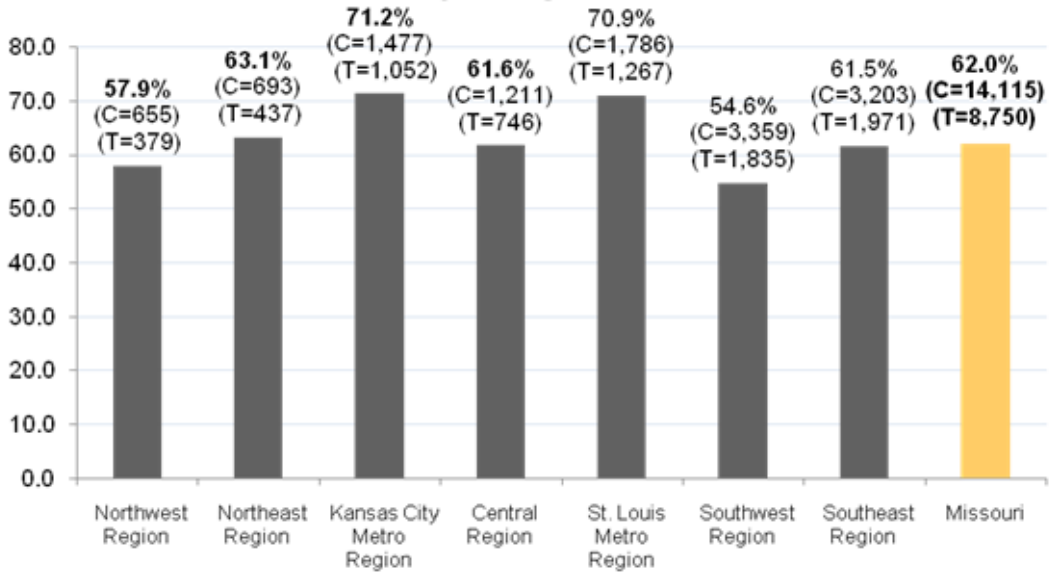
Report Format

Asthma

SFY08 Outcome Indicator: Inhaled Corticosteroids

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment

By Region



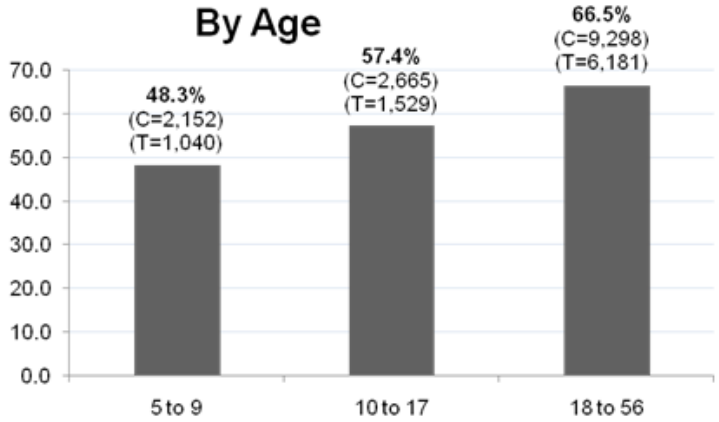
C=Number with Condition T=Number with Treatment

Report Format

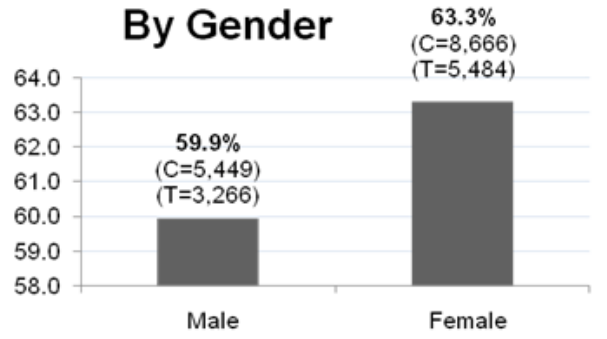
Asthma

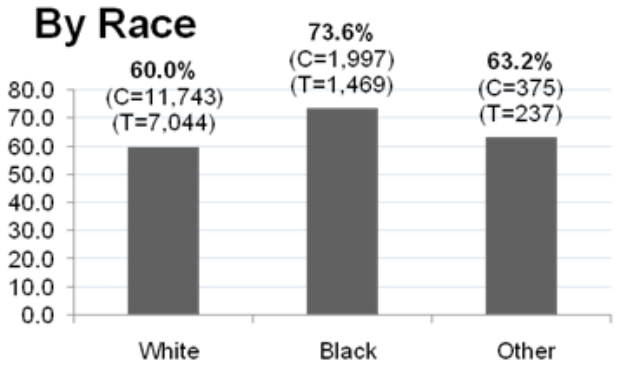
SFY08 Outcome Indicator:
Inhaled Corticosteroids

Fee-for-service MOHealthNet Participants – Percent Receiving Specified Treatment



C=Number with Condition T=Number with Treatment





Center for Health Policy
University of Missouri

University of Missouri Extension
OSEDA
Office of Social and Economic Data Analysis

Saint Louis University
School of Public Health and
Center for Outcomes Research

HEDIS Administrative Method

- HEDIS Outcomes Measures and Methods
- Methodology (clinical, administrative, hybrid)
- Outcomes reported in this report
  - Administrative (claims data only – no clinical data)
  - Unaudited (recommend moving to audited cycle)
  - Limited to fee-for-service
  - Not comparable to HEDIS managed care outcomes
  - Despite limitation meaningful relative trends

Outcomes Indicators

Percent Receiving Treatment and Number with Condition

• Asthma		
– Inhaled Corticosteroids	62.0%	14,115
• COPD		
– Inhaled Bronchodilators	51.5%	43,642
• Congestive Heart Failure		
– ACE or ARB	33.9%	24,189
– Beta Blockers	34.1%	

Outcomes Indicators

Percent Receiving Treatment and Number with Condition

• Coronary Artery Disease		
– Statins	39.7%	29,513
• Diabetes		
– HbA1c	23.0%	28,306
– Lipid Profile	26.3%	
– Urinary Micro albumin	13.3%	
– Dilated Retinal Exam	17.7%	

Highlights of Indicators

- The Southeast region stood out for highest rates of achievement of recommended outcomes for congestive heart failure and coronary artery disease.
- The metropolitan areas of St. Louis and Kansas City had the highest rates of achievement of recommended outcomes for asthma and diabetes.

Highlights of Indicators

- Blacks in all areas of the state had equal or better outcomes rates than whites for asthma, congestive heart failure, and diabetes. This finding is not consistent with previous reports of disparities.
- Whites generally had better outcome rates in coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD).

Highlights of Indicators

- Gender variation was seen throughout the outcome study. Women and girls had higher rates of recommended prescriptions for asthma, congestive heart failure, and COPD.
- Women with diabetes received more preventive screening services than men across all four measures; however, statins were underutilized in women with CAD.

Highlights of Indicators

- The study found relatively low levels of urinary microalbumin screening among diabetic patients in general, and in older diabetic patients in particular.
- The Medicare program has found this trend as well. It is such a concern that Medicare has dedicated funding through the Quality Improvement Organizations to try to address it.

MO HealthNet Primary Care Providers and Fee-for-Service Participants, SFY08

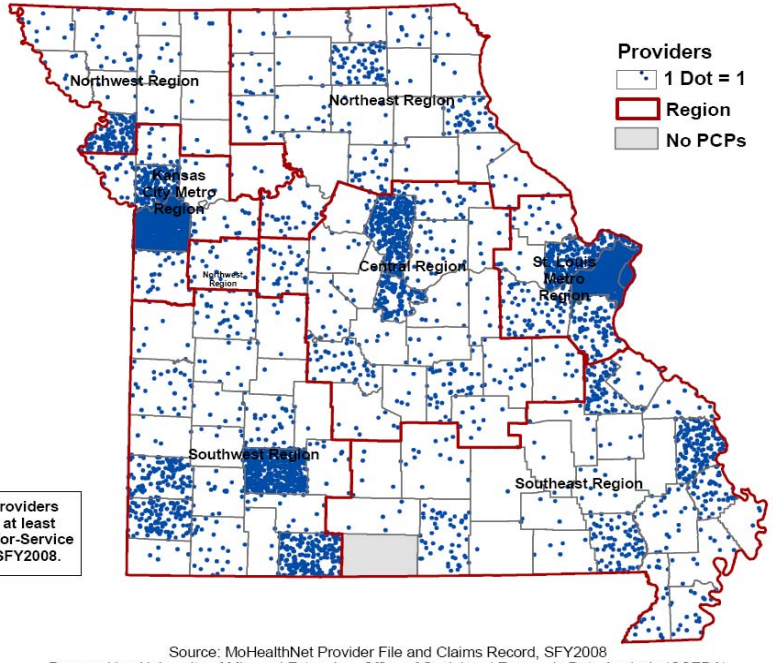
Total Number of Primary Care Providers Registered with MO HealthNet	Number of Active Primary Care Providers (one or more paid Fee-for-Service claim)	Average Monthly Number of MO HealthNet Fee-for-Service Participants	Ratio of MO HealthNet Monthly Average Fee-for-Service Participants to Active Primary Care Providers
8,213	*6,946*	*525,155*	*75.6*

Active Mo HealthNet Primary Care Providers by Specialty, SFY08

Specialty Type and Code	Number of Active PCPs	Percent by Specialty
Internal Medicine [41]	2,432	35.0%
Gen/Fam Practice [01]	1,704	24.5%
Pediatrics [37]	990	14.3%
Advance Practice RN [28]	805	11.6%
OB/Gyn [16]	502	7.2%
Multi-Speciality PCPs	513	7.4%
Total	**6,946**	**100.0%**

"Active" provider: one or more paid Fee-for-Service Mo HealthNet Claim

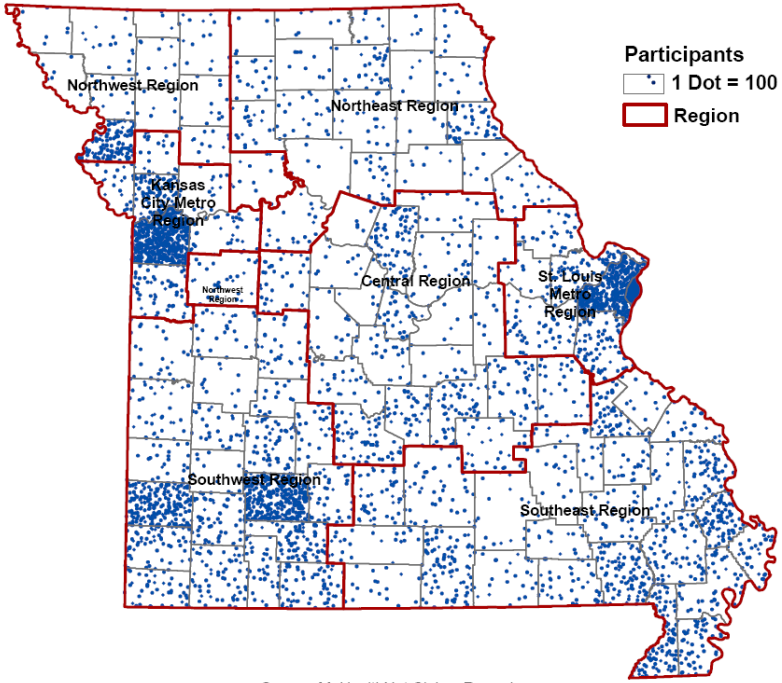
Number of Active Primary Care Providers (PCPs) Enrolled in MoHealthNet, SFY08



Note: Active Providers are those with at least one paid Fee-for-Service Claim during SFY2008.

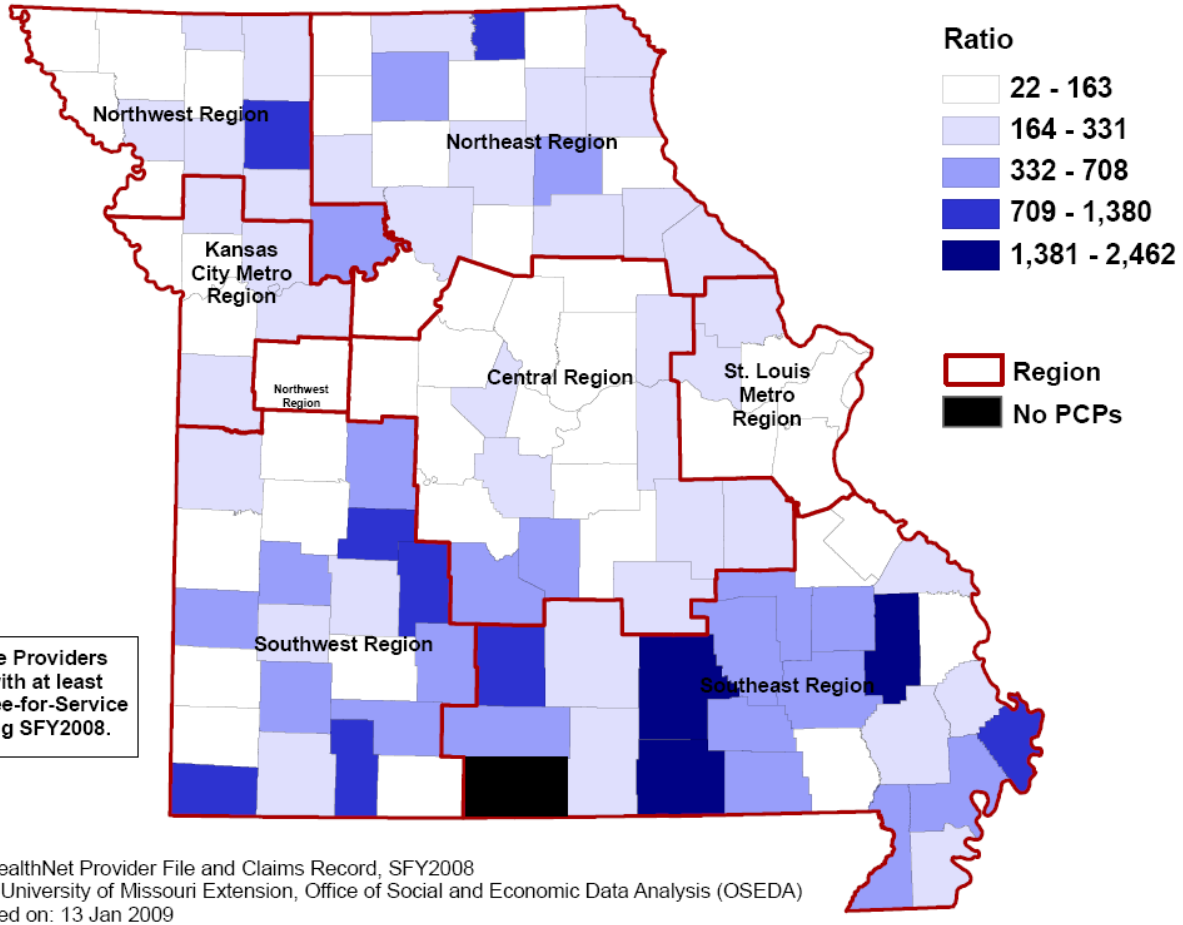
Source: MoHealthNet Provider File and Claims Record, SFY2008
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)
Map Generated on: 12 Jan 2009

Average Monthly Number of Fee-for-Service Eligible MoHealthNet Participants by County and Region, SFY08



Source: MoHealthNet Claims Records
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)
Map Generated on: 12 Jan 2009

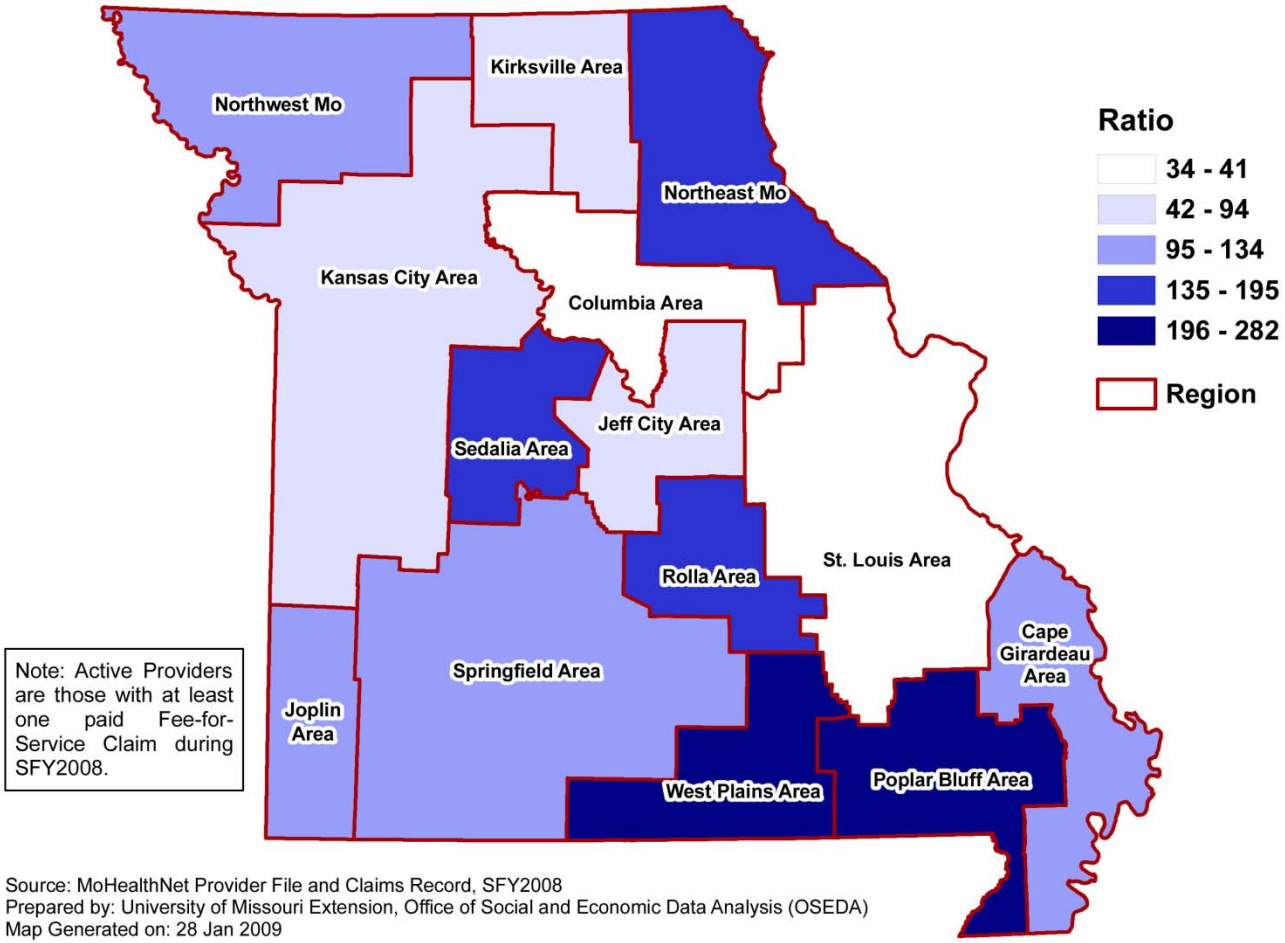
Ratio of Average Monthly Number of Fee-for-Service Eligible Participants to Number of Active Primary Care Providers (PCPs) for MoHealthNet by County by Region, SFY08



Note: Active Providers are those with at least one paid Fee-for-Service Claim during SFY2008.

Source: MoHealthNet Provider File and Claims Record, SFY2008
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)
Map Generated on: 13 Jan 2009

Ratio of Average Monthly Number of Fee-for-Service Eligible Participants to Number of Active Primary Care Providers (PCPs) By Rand McNally Trade Areas, SFY08



Note: Active Providers are those with at least one paid Fee-for-Service Claim during SFY2008.

Source: MoHealthNet Provider File and Claims Record, SFY2008
Prepared by: University of Missouri Extension, Office of Social and Economic Data Analysis (OSEDA)
Map Generated on: 28 Jan 2009

Participant and Provider Satisfaction

MO HealthNet Baseline Results for Quality Improvement

Kristin D. Wilson, PhD, MHA
Tom Burroughs, PhD
Lisa Buettner Mohr, MPH
Saint Louis University School of Public Health
Center for Outcomes Research (SLUCOR)
April 21, 2009

Center for Health Policy
University of Missouri
University of Missouri Extension
OSEDA
Office of Social and Economic Data Analysis
Saint Louis University
School of Public Health and
Center for Outcomes Research

Collaborative Approach

- University of Missouri Columbia and Saint Louis University School of Public Health and Center for Outcomes Research
- Discussed and agreed upon a scientifically sound approach to measure participant and provider satisfaction in the MO HealthNet program
- The purpose was to:
  - 1) fulfill a legislative requirement, and
  - 2) generate meaningful baseline information to begin evaluating and improving the MO HealthNet program

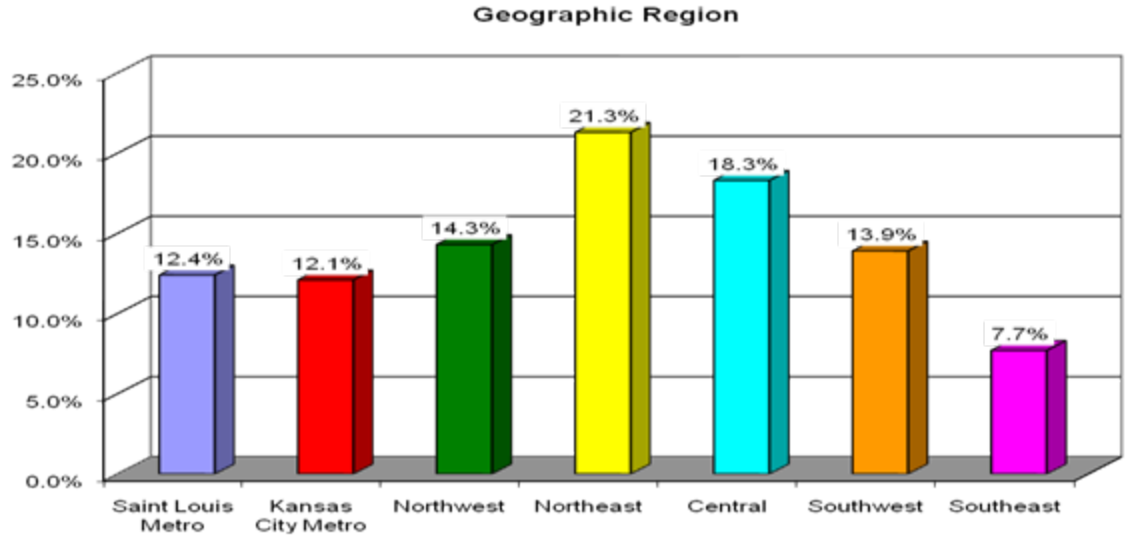
Patient and Provider Satisfaction

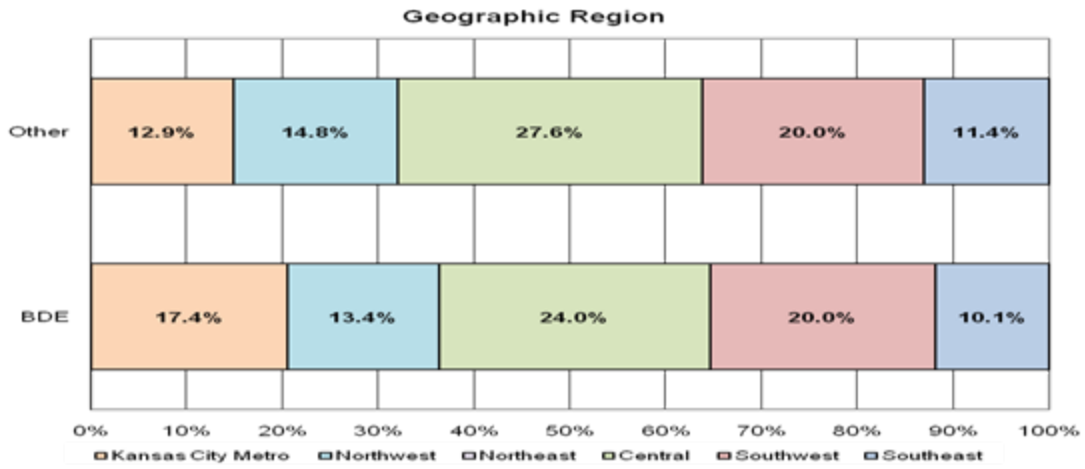
- Why measure? Why do we care?
  - Assess and improve quality
    - Satisfaction (perception) data provides additional information that clinical measures alone cannot provide
  - Demonstrate accountability
    - Expectations and experience
  - Improve quality and accountability can lead to improved efficiency and effectiveness
  - To be meaningful, measure on an ongoing basis, not a one-time snapshot of where we stand

Standards for Interpreting Satisfaction Data

- Framed from a quality improvement perspective:
  - Strive for “Excellent” responses (about 65%)
  - No more than 5% of responses should be in the bottom two responses (fair/poor)
  - Should over time see the satisfaction responses move from being evenly distributed (bell-shaped), towards most of the responses being positively influenced/skewed
  - In providers, want to cultivate a sense of “loyalty”

Examples of the Presentation of the Data





Highlights of the Report

- For participants and providers:
  - Aggregate results
  - Stratification by geographic region
  - Stratification by program (blind/elderly/disabled and other)

Highlights of the Report

- Participant Strengths
  - Most of the participants identify one person as their personal health care provider (Q3).
  - Most of the participants said it was not a problem getting a personal health care provider (Q4).
  - Delays in healthcare due to MO HealthNet paperwork were not a problem (Q19).
- Participant Opportunities for Improvement
  - For those needing health care appointments, getting appointments as soon as participants wanted seemed to be somewhat of an issue (Q11, Q14).
  - If participants looked for information, the responses suggest that finding or understanding the information was a problem (Q27).
  - If participants called looking for help, it appears they had problems getting the help they needed (Q 29).

Highlights of the Report

- Provider Opportunities for Improvement
  - Overall satisfaction with provider relations is low (Q1). Specifically, ease and timeliness of obtaining referrals and pre-certifications is a great source of dissatisfaction (Q9, Q10).
  - Coverage and Authorization Process is low (Q11,Q12).
  - Satisfaction with claims and reimbursement is low. Specifically, satisfaction with reimbursement levels is extremely low (Q16-20).
  - Prescription authorization and coverage satisfaction is low (Q13-15).

- Provider Strengths
  - If available, over 80% of the physicians reported that they would use web-based tools and this did not vary much by region (Q22b).
  - Providers said their practice is willing to enroll more MO HealthNet patients (Q29).

Future Opportunities for Using Satisfaction Results

- True baseline information – doesn't happen very often.
- Opportunity to monitor improvement and changes made to the structure and delivery of MO HealthNet and *more directly* attribute changes made to improvement achieved.
- Use of satisfaction data in combination with clinical outcomes to improve MO HealthNet can result in improved efficiency and effectiveness.