



**MO HEALTHNET OVERSIGHT COMMITTEE
NOVEMBER 9, 2010**

This packet contains the following handouts and presentations:

1. Committee Members
2. 2011 Tentative Meeting Schedule
3. MO HealthNet Participation by Eligibility Category handout
4. MO HealthNet eligibility presentation: Emily Rowe, Family Support Division
5. Budget Overview presentation: Marga Hoelscher, MO HealthNet Division
6. MO HealthNet Expenditures by Large Eligibility Groups handout
7. MO HealthNet Overview: Dr. Ian McCaslin, MO HealthNet Division
8. MO HealthNet Puzzled by the Terminology handout
9. MO HealthNet Common Acronyms
10. Managed Care Overview: Susan Eggen, MO HealthNet Division
11. **Managed Care Quality Measures: Dr. Liz Peterson, Children's Mercy/Family Health Partners; Chair, QA&I Committee**

COMMITTEE MEMBERS

Carmen D. Parker Bradshaw, Springfield, serves as the executive director for The Health Commission, a Missouri nonprofit and 501c3 public charity whose vision is quality healthcare that is accessible and available for all people and sustainable for our communities. Prior to this, Ms. Parker-Bradshaw served as the Health Policy Administrator for the Springfield-Greene County Health Department and a health policy fellow for the U.S. Department of Health and Human Services, Office of Global Health Affairs in Washington, D.C. Ms. Parker-Bradshaw has bachelor degrees in government and biology and a masters degree in public administration with a concentration in health policy. Ms. Parker-Bradshaw is an active member of several community boards and organizations.

Joan Bray has served in the Missouri Senate since January 2003 after having served ten years in the Missouri House of Representatives. Senator Bray represents the 24th District, which includes all or parts of 18 municipalities and unincorporated areas in St. Louis County. Joan serves on the Appropriations Committee; Ways and Means; Transportation; Committee on Rules, Joint Rules, Resolutions and Ethics; Commerce, Energy and the Environment; Joint Committee on Transportation Oversight; Joint Committee on Administrative Rules; and the Joint Committee on Tax Policy. Also, she is a delegate to the Streamlined Sales Tax Implementing States of the National Conference of State Legislatures. Joan has a B.A. in English from Southwestern University in Texas, a Master of Education in Counseling and Human Relations and a Certificate of Advanced Graduate Studies from the University of Massachusetts at Amherst. She lives in University City with her husband, Carl Hoagland. They have two grown sons, Noel and Kolby.

Margaret Donnelly was appointed director of the Department of Health and Senior Services by Governor Jay Nixon on January 12, 2009. As director of DHSS, she serves as the state's top public health official, overseeing 1,900 employees and a budget of almost 900 million. Her responsibilities range from planning Missouri's response to disasters to inspecting hospitals and child care centers to supervising programs that allow seniors and people with disabilities to live independently. Ms. Donnelly, who holds both a master's degree in social work and a law degree, spent six years (2003-2009) in the Missouri House of Representatives representing part of St. Louis County. She focused much of her work on the state budget and issues relating to families, seniors and health care. The St. Louis Regional Chamber and Growth Association selected her to receive its Statesman Award in 2005 and the St. Louis Business Journal gave her its Legislative Award in 2007. She was named Child Advocate of the Year in 2004 by the St. Louis Council on Child Abuse and Neglect and in 2006 by the Missouri Alliance for Children, Youth and Families. Ms. Donnelly was lauded as legislator of the year by the Missouri Association for Social Welfare in 2005 and received the 2005 Legislative Leadership Award from Paraguard Disability Rights. In addition to her service in the House of Representatives, Ms. Donnelly was an attorney in private practice for 20 years. She previously worked as a social worker at schools in Missouri and Wisconsin and with the Missouri Department of Social Services. A 1988 graduate of St. Louis University's law school, Ms. Donnelly earned her bachelor's and master's degrees in social work from the same university in 1975 and 1977, respectively. She also has served as a guest lecturer at Washington University, St. Louis University, the University of Missouri-St. Louis, Fontbonne University and Maryville University.

Gerard Grimaldi, Kansas City, is Vice President of Health Policy & Government Relations for Truman Medical Centers. In this capacity, Grimaldi is responsible for government relations activities and strategies at the federal, state, and local level; federal grants; managed care; and the Hospital Hill Medical Pavilion. Grimaldi is an active leader in a number of local, state, and national hospital and health care organizations. He is a past chair of the Government Relations Committee of the National Association of Public Hospitals. In addition, Grimaldi serves on the Board of Directors of the Downtown Council and the Labor-Management Council. In 2005, Grimaldi was a key strategist in the campaign for a Kansas City, Missouri health levy for indigent health care. Previously, Grimaldi was Kaiser Permanente's Vice President, Strategy and Human Resources in the Kansas City market. Early in his career, Grimaldi was a U.S. Senate and U.S. House of Representatives staffer; in that role he played a key role in numerous economic development, health care, and other projects in Western Missouri. Grimaldi's many past community activities include chairing the Jackson County Community Mental Health Levy Board of Trustees. A Kansas City native, Grimaldi graduated with honors from the University of Missouri – Columbia School of Journalism. Grimaldi and his wife, Julie, are the proud parents of four children.

Kecia Leary, DDS, Nixa, is a certified pediatric dentist who serves as associate dental director for Jordan Valley Community Health Center in Springfield. She received a BA from Truman State University and a Doctor of Dental Surgery (DDS), MS in Dental Public Health, and Certificate in Pediatric Dentistry from the University of Iowa College of Dentistry. Dr. Leary is a Diplomat of the American Board of Pediatric Dentistry, a member of the American Dental Association, American Academy of Pediatric Dentistry, and American Association of Public Health Dentistry. She has been employed by Jordan Valley Community Health Center in Springfield, MO since 2007 and the Associate Dental Director since 2008. Dr. Leary currently serves as a resource on pediatric dental issues to the Missouri Primary Care Association, a board member to the Greater Springfield Dental Society, as well as a member of the work group for addressing dental care for persons with special health care needs in the state of Missouri. Research activities include school nurses and their ability to access dental care for students, utilization of an ambulatory surgery center for oral rehabilitation, and dentists providing care for persons with special health care needs. Dr. Leary has been involved on a local level in training primary care providers to provide oral screenings and fluoride varnish in the medical setting. In her free time she enjoys traveling with her family.

Ronald Levy was appointed Director of the Missouri Department of Social Services by Governor Jay Nixon in January 2009. He also serves as the health policy advisor for the Governor and in September, 2009, was appointed the HIT Coordinator for Missouri to lead the development of a statewide health information exchange. Levy also chairs the State's Health Care Cabinet, responsible for implementing the Affordable Care Act. Before joining state government, Levy worked in the health care field for 35 years. Since starting out as a rural hospital administrator in Wisconsin, Levy has served in a variety of executive roles, most recently as president and chief executive officer for SSM St. Louis, a member of the 10th largest Catholic health system in the country and the first health care recipient of the Malcolm Baldrige National Quality Award. Levy has held leadership positions on the local, state and national level, including the National Health Policy Forum, the Missouri Foundation for Health and the St. Louis Regional Health

Commission. He has also served as adjunct faculty member and guest lecturer at St. Louis University and Washington University. Levy received his bachelor of arts degree and a master's degree in health services administration, both from the University of Wisconsin-Madison.

Timothy D. McBride, Ph.D., is currently a Professor and Associate Dean of Public Health in the Brown School at Washington University in St. Louis. Prior to joining the Brown School in August 2008, he spent five years in the Department of Health Management and Policy and served as Division Head of Health Policy at the School of Public Health, Saint Louis University. Dr. McBride spent 12 years at the University of Missouri-St. Louis as an Associate Professor in the Departments of Economics and Public Policy and spent four years at the Urban Institute in Washington, D.C. from 1987-1991. Dr. McBride, who received his Ph.D. in economics from the University of Wisconsin, focuses his research in the areas of health economics, health policy, and aging. In particular, most of his research has focused on Medicare policy, the uninsured and insurance markets, rural health, and long-term care. McBride is co-author of a book, several book chapters, and almost a few dozen articles in these subject areas. McBride is currently serving as a member on the nationally-recognized Rural Policy Research Institute (RUPRI) Rural Health Panel, which provides advice and briefings on rural health issues to the U.S. Congress and other policymakers. This Panel received a Special Recognition Award from the National Rural Health Association for service to the rural health community in 2000. Dr. McBride is a member of several national committees and Boards, including the Methods Council for Academy Health, the State Health Policy Advisory Committee for Academy Health, the Editorial Board for the Health Administration Press, the MO HealthNet committee for Missouri (overseeing Medicaid), and several other professional committees.

Bridget McCandless, MD, MBA, Independence, Missouri, is a part-time staff physician at Truman Medical Center-Lakewood, and is the medical director for the Jackson County Free Health Clinic. She is also a member of the board of directors for the Missouri Free Health Clinic Association. She obtained her medical degree from the University of Missouri-Columbia School of Medicine, and an MBA from Rockhurst University.

Rebecca McClanahan was elected to the House of Representatives in November 2006. She represents District 2, which includes parts of Adair, Putnam and Sullivan Counties. She serves on the House committees of Health Appropriations, Higher Education and Agriculture Policy. She is the third nurse to serve in the Missouri General Assembly. In addition to her legislative duties, Representative McClanahan is a Mental Health Nursing Consultant. She has spent over 30 years as a Nurse Educator at Truman State University in Kirksville where she was nominated for the Allen Fellowship for Excellence in Teaching and for the William Lee O'Donnell Advising Award. Representative McClanahan is the Immediate Past Vice-President of the Missouri Nurses Association. She is a charter member of the Rho Omega Chapter of Sigma Theta Tau International Honor Society of Nursing and received the chapter's first award for Leadership Excellence. A 1969 graduate of Mt. Zion Bible School in Ava, Missouri, Representative McClanahan received her bachelor of science degree in nursing from Truman State University in 1975. She received her masters degree in nursing from the University of Missouri-Columbia in 1982 and has achieved Doctoral Candidacy at the University of Kansas. Her presentations and publications include analysis of models of health care reform and research regarding substance

abuse among nurses. Representative McClanahan currently resides in Kirksville with her husband, Marvin. They have two children: Andrew and his wife Astrid, and Bryan.

James J. McMillen, MD, St. Joseph, Missouri, is the medical director for Heartland Regional Medical Center's Hands of Hope Hospice, Home Health and Palliative Care; the center's Health Information Systems; and the center's Community Health Plan. In 2008, he was honored with the Dr. Robert R. Stuber Physician Recognition award and Ingram's Top Doctor Selection.

Laura M. Neal, Columbia, Missouri, is coordinator for Quality of Life Services at Ellis Fischel Cancer Center. Ms. Neal holds a bachelor's degree in social work from the University of Missouri-Columbia and master's in social work and public health from the University of Michigan-Ann Arbor.

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)

Joseph E. Pierle, Jefferson City, Missouri, was appointed Chief Executive Officer of the Missouri Primary Care Association in April 1999. The Association serves as a voice for the medically underserved and represents Missouri's community health centers, or FQHCs. Prior to this appointment, he worked for United States Senator Christopher S. Bond in Washington D.C., serving as an advisor on issues concerning health, children, the elderly, and veterans. Mr. Pierle has shared his experience as a member of the National Advisory Committee on the National Health Service Corps, MOHITECH Advisory Board, and as a board member of the National Association of Community Health Centers. He is currently the board chair of the Central Missouri Chapter of the March of Dimes, MO HealthNet QI Council, Governor's Advisory Council on Physical Fitness and Health, Community Advisory Board to the UMKC School of Dentistry, and Community Advisory Council to the Missouri Foundation for Health. Mr. Pierle received a bachelor's degree from the University of Kansas and a masters in public administration from George Mason University in Fairfax, Virginia. He also received a certificate from the UCLA Anderson School of Management for completing a health care executive program. He has been honored by the March of Dimes for his work promoting healthier babies, the National Association of Children's Hospitals for child advocacy efforts, and by the National Association of Community Health Centers for Exceptional Service on behalf of community health.

Dr. Rob Schaaf, a family physician from St. Joseph, was elected to the Missouri House in 2002, and was the House handler of the MO HealthNet legislation this year. He was named to the MO HealthNet Oversight Committee by the Speaker of the House. Dr. Schaaf is the Chairman of the Special Committee on Healthcare Facilities and serves on the following House committees: Budget, Appropriations for Health, Mental Health and Social Services, and Health Care Policy. He also serves on the Board of the Missouri Consolidated Health Care Plan, the Healthcare Stabilization Fund Feasibility Board, and is a member of the Infection Control Advisory Committee created by the Infection Control Act of 2004, which he authored. He is a Councilor of the Missouri State Medical Association and a board member of the Missouri State Medical Foundation. He is also Board Chair of the Missouri Doctors Mutual Insurance Company, which he helped found in 2004. He and his wife Debbie have two children, Robert and Renee.

Charlie Shields was elected to the Senate in 2003 after serving in the House of Representatives for 12 years. Senator Shields represents the 34rd District which include Platte and Buchanan Counties. As Senate Majority Floor Leader, Senator Shields serves as the Chair of the Rules, Joint Rules, Resolutions and Ethics Committee, Vice-Chair of Gubernatorial Appointments, is a member of the Administration and Education Committees, the Joint Committee on Education and serves on the Education Commission of the State. He holds a bachelors degree in marketing and a masters degree in business administration, both from the University of Missouri-Columbia. Along with his service in the House and Senate, Shields is employed as a Project Coordinator for Heartland Health System in St. Joseph. He and his wife reside in rural Buchanan County, and are the parents of two sons, Brandt and Bryce.

Ingrid D. Taylor, MD, Clayton, is a board-certified family physician with Capital Region Medical Center's Edgewood Family Practice in Jefferson City. In addition to her practice, Dr. Taylor is President and CEO of Allies in Healthcare, LLC and Allies in Healthcare Publishing, LLC. The mission of Allies in Healthcare is to provide supportive health information through multimedia venues to both patients and health providers. Dr. Taylor has been on staff at the Institute for Research and Education in Family Medicine and practiced family medicine at the John C. Murphy Health Center, Evangelical Children's Home, and the Community in Partnership Services Health Center – all of which serve the underserved and underinsured. Dr. Taylor received her undergraduate degree in chemistry from Xavier University of Louisiana in New Orleans and was a Kruker Scholar at the University of Cincinnati College of Medicine. She completed her internship in surgery/urology at the University of Cincinnati Hospital and finished her residency in family medicine at Kansas University Medical Center. Dr. Taylor is a member of the American Academy of Family Physicians; the St. Louis Metropolitan, Missouri state, and national medical associations; and the Mound City Medical Forum. She has served on the Board of Directors of Health Literacy Missouri; Board of Trustees of the National Medical Association (NMA); and received the NMA's 2007 Woman in Medicine Award.

Corinne Walentik, MD, MPH, University City, is currently a professor of pediatrics for Saint Louis University's Division of Neonatal-Perinatal Medicine. From 1985 to 1996, she served as the chairman of the Department of Neonatology for St. Louis Regional Medical Center and. She obtained her medical and undergraduate degrees from Saint Louis University.



**MO HEALTHNET OVERSIGHT COMMITTEE
2011 TENTATIVE MEETING SCHEDULE**

February 8, 2011, 12:00 to 4:00 p.m.

May 24, 2011, 12:00 to 4:00 p.m.

August 9, 2011, 12:00 to 4:00 p.m.

November 15, 2011, 12:00 to 4:00 pm

All meetings to be held in the Jefferson Building,
205 Jefferson Street, 10th Floor, Conference Room B
Jefferson City, MO

CALL 573-751-6922 FOR ADDITIONAL INFORMATION



	Participants as of March 2008	Participants as of September 2010 (Preliminary)	Change Since March 2008	Percentage of September 2010 Participants (Preliminary)	Current Income Eligibility Maximums <small>(Shown as a Percentage of Federal Poverty Level)</small>	Budgeted Participants by June 2011
Children	484,750	542,219	+57,469	60.3%	300%	566,000
Persons with Disabilities	147,208	165,937	+18,729	18.5%	85%	176,000
Custodial Parents	74,561	83,535	+8,974	9.3%	TANF level (approximately 19%)	82,000
Seniors	76,808	78,186	+1,378	8.7%	85%	83,000
Pregnant Women	<u>28,301</u>	<u>28,708</u>	<u>+407</u>	3.2%	185%	<u>29,000</u>
Total	811,628	898,585	+86,957			936,000
Women's Health Services	19,831	53,855	+34,024		185%	70,000

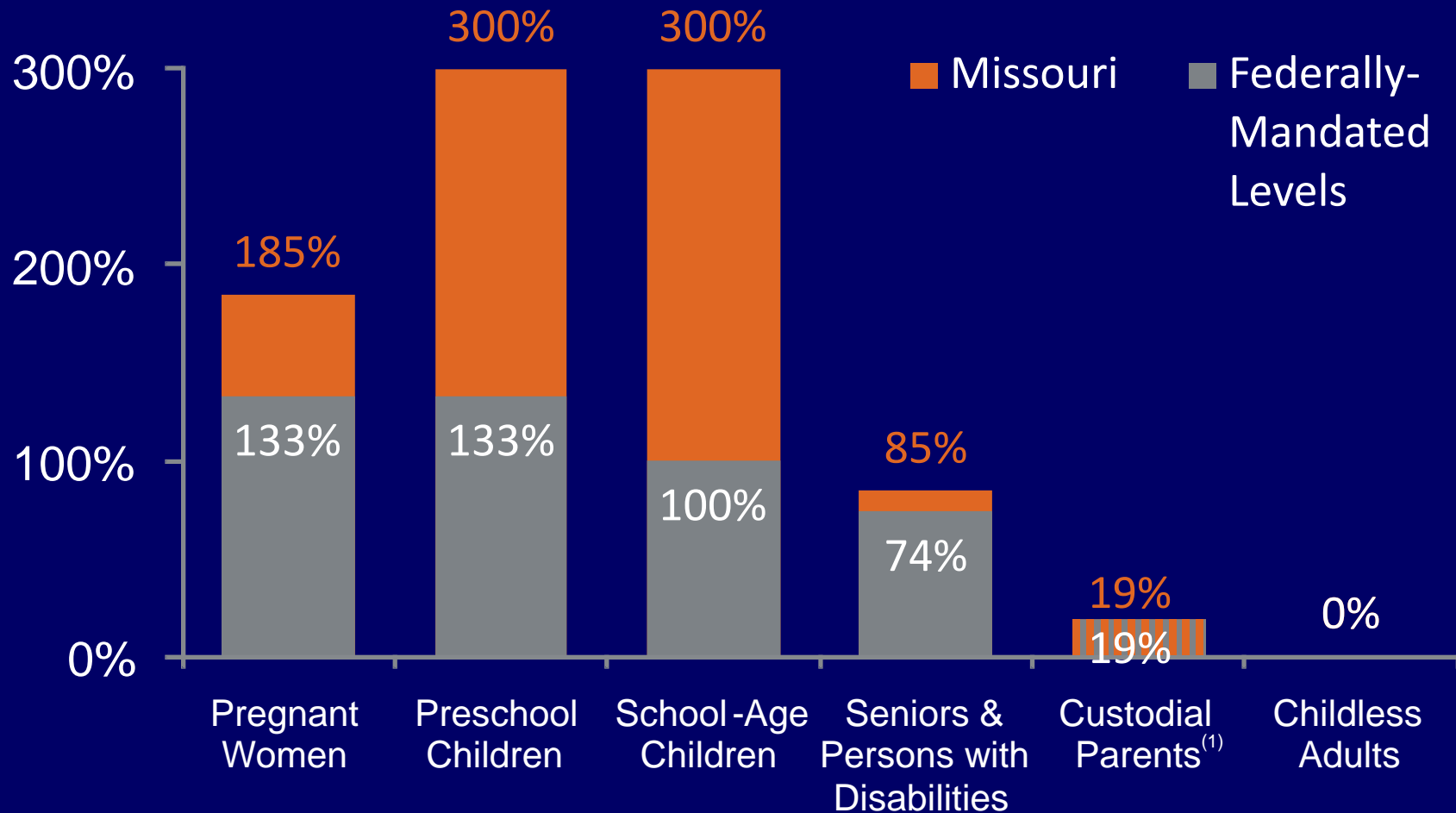
MO HealthNet Eligibility

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Background

Missouri has a number of Medicaid programs that provide healthcare coverage to low income individuals and families. In Missouri Medicaid is referred to as MO HealthNet.

MO HealthNet Coverage Compares Favorably with Federally-Mandated Eligibility Levels (% FPL)



(1) TANF level is required. In Missouri, TANF is 19% FPL.

Program	Poverty Level
MO HealthNet for Aged, Blind, and Disabled includes Spenddown, Non-Spenddown, and Vendor	85% FPL for Aged and Disabled 100% FPL for Blind
Home and Community Based Services	\$1178 per month (approximately 130% FPL)
MO HealthNet for Children with Developmental Disabilities	\$1178 per month (approximately 130% FPL)
Supplemental Nursing Care	N/A Income compared to Facility Base Rate
Blind Pension	N/A
Supplemental Aid to the Blind	Consolidated Need Standard \$728 per month (approximately 80% FPL)
Breast Cancer Cervical Cancer Treatment Program	N/A
Qualified Medicare Beneficiary Program	100% FPL
Specified Low Income Medicare Beneficiary Program	120% FPL
QI-I Qualifying Individual	135% FPL
Qualified Disabled and Working Individuals	200% FPL
Ticket to Work Health Assurance Program	300% FPL Gross 85% FPL Net
MO HealthNet for Kids Non CHIP	185% FPL for children under age 1 133% FPL for ages 1-5 100% FPL for ages 6-18
MO HealthNet for Kids CHIP	300% FPL
MO HealthNet for Families	Approximately 19% FPL
MO HealthNet for Pregnant Women	185% FPL
Uninsured Women's Health Services	185% FPL
Extended Women's Health Services	N/A
Transitional MO HealthNet	N/A
Refugee Medical Assistance	Approximately 19% FPL
MO HealthNet for Disabled Children	85% FPL

UNIT SIZE	ANNUAL INCOME RATES					
	% OF 2010 FEDERAL POVERTY GUIDELINE					
	85%	100%	150%	185%	225%	300%
1	\$9,206	\$10,830	\$16,245	\$20,036	\$24,368	\$32,490
2	\$12,385	\$14,570	\$21,855	\$26,955	\$32,783	\$43,710
3	\$15,564	\$18,310	\$27,465	\$33,874	\$41,198	\$54,930
4	\$18,743	\$22,050	\$33,075	\$40,793	\$49,613	\$66,150
5	\$21,922	\$25,790	\$38,685	\$47,712	\$58,028	\$77,370

MO HEALTHNET CRITERIA AND INCOME LIMITS FAMILY OF FOUR
MO HEALTHNET FOR FAMILIES

Eligibility

- Children under age 19 and their parent(s), or other caretaker, with whom they live:
- Who apply for a social security number
- Who live in Missouri and intend to remain
- Who are United States citizens or eligible legal immigrants
- Parent(s) must cooperate with Child Support Enforcement in the pursuit of medical support
- Whose countable family income for household size does not exceed the July 16, 1996 AFDC income standards

Income

- Income not to exceed per family of four \$342.00

MO HEALTHNET FOR KIDS (NON CHIP)

Eligibility

- Children under 19 years of age
- Who apply for a social security number
- Who live in Missouri and intend to remain
- Who is a United States citizen or an eligible qualified non-citizen
- Parent(s) must cooperate with Child Support Enforcement in the pursuit of medical support

Income (Net monthly income not to exceed)

- Child under age 1 \$3400.00
- Child ages 1 through 5 \$2444.00
- Child ages 6 through 18 \$1838.00
- Uninsured children whose income is over the above limits, and whose monthly gross family income is under \$2757.00 (150% FPL) are also eligible

MO HEALTHNET FOR KIDS (CHIP)

Eligibility

- Family gross income over 150% FPL (\$2757.00) up to 300% FPL (\$5513.00)
- Child uninsured for 6 months
- Have family assets with a net worth of less than \$250,000
- Children in families with gross income over 150% FPL cannot have access to affordable health insurance (from \$69 to \$172 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change July of each year. The premium is based on family size and income to insure that no family pays more than 5% of their income for coverage)

Income

- 150% FPL \$2757.00
- 300% FPL \$5513.00

MO HEALTHNET FOR PREGNANT WOMEN

Eligibility

- Woman who is pregnant and provides pregnancy verification
- Who applies for a social security number for herself
- Who lives in Missouri and intends to remain
- Who is a United States citizen or eligible qualified non-citizen
- Whose net family income for household size does not exceed 185% of the FPL. For purposes of this program, the pregnant woman is counted as two people (mother and unborn child).

Income

- Household of four including unborn child \$3400.00

MO HEALTHNET FOR AGED, BLIND AND DISABLED

Eligibility

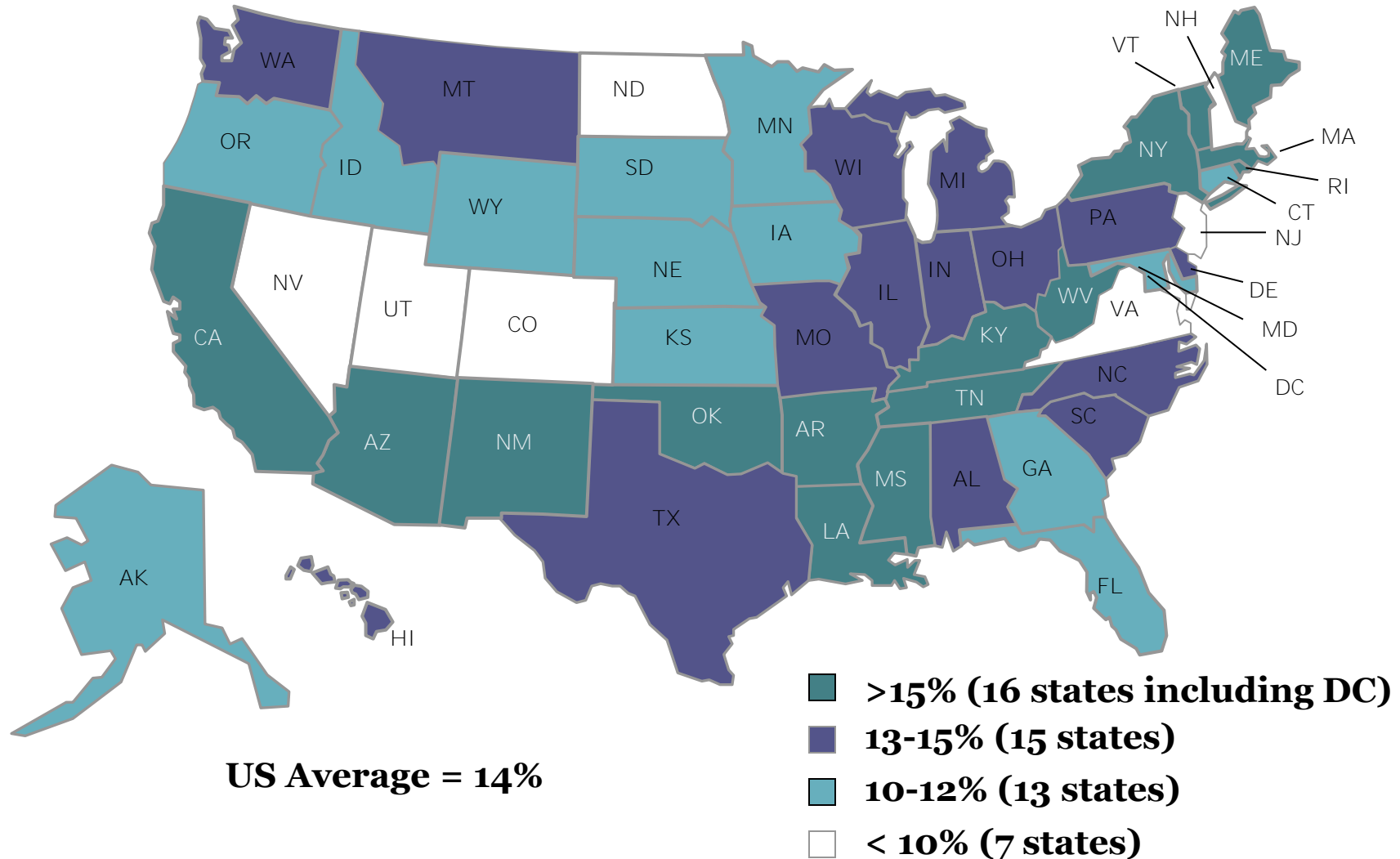
- Permanently and totally disabled or 65 years of age or older, or is 18 years of age or older and determined to be blind
- Lives in Missouri and intends to remain
- United States citizen or eligible qualified non-citizen
- If aged or disabled owns cash and securities or other non-exempt resources valued:
- Individual less than \$1000 Elderly/Disabled; Blind \$2000
- Couple \$2000 or less Elderly/Disabled; \$4,000 Blind

Income

- Individual \$768 Elderly/Disabled; \$903 Blind
- Couple \$1033 Elderly/Disabled; \$1,215 Blind

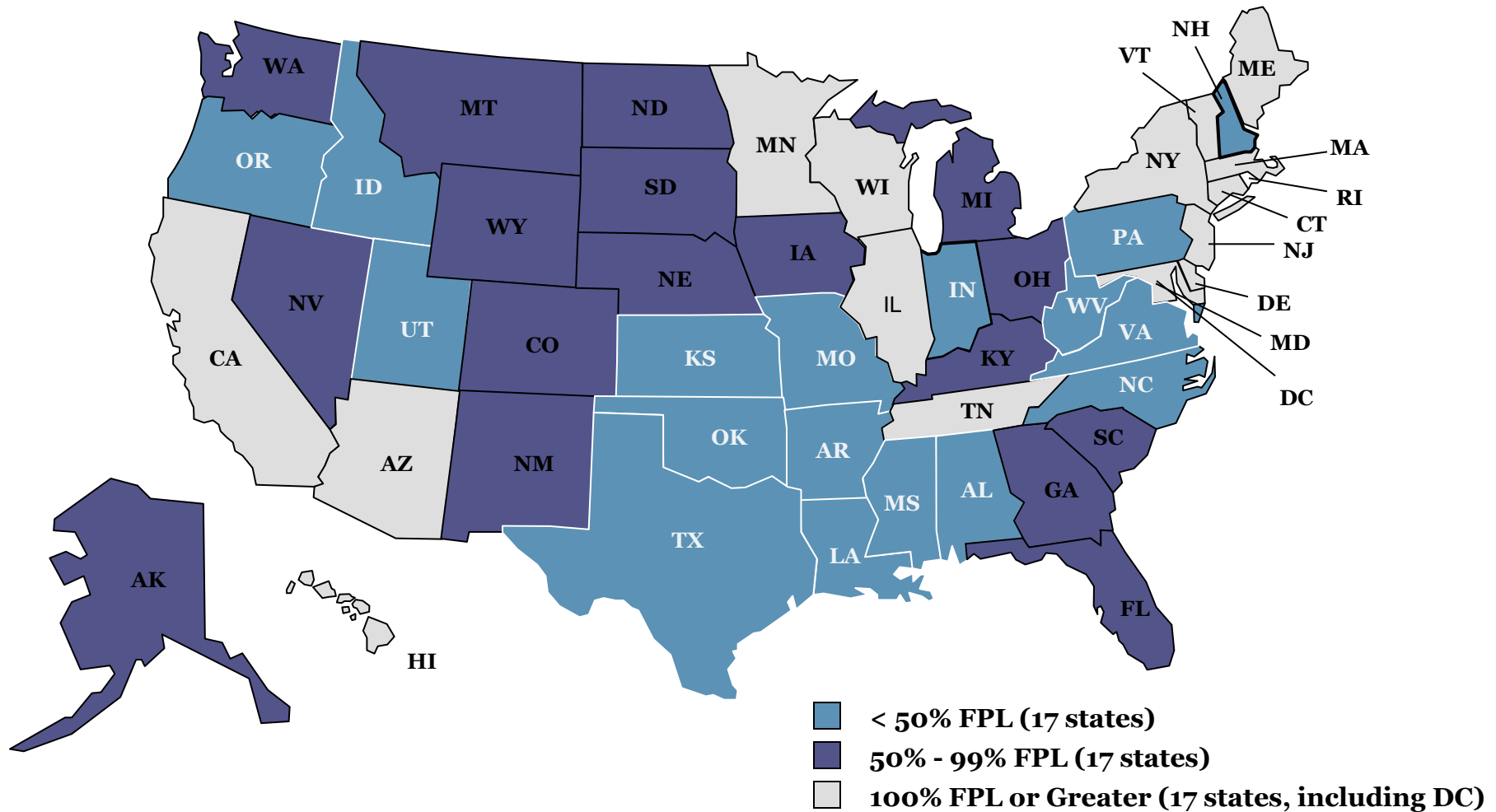
If income exceeds the limits above the individual is eligible on a spenddown basis. The amount of an individual's spenddown is determined by comparing their income to the maximum standard after allowable deductions. A \$20 personal exemption is allowed, SSI payments, and hospital and medical insurance premiums. The spenddown is the amount that the participant is responsible to meet before MO HealthNet will pay the expense. It is similar to an insurance deductible. A spenddown can be met with incurred bills, by paying the amount in to MO HealthNet Division, or by having the amount automatically withdrawn from a checking account.

Percent of Nonelderly Residents Covered by Medicaid, by State, 2007-2008



SOURCE: Urban Institute and KCMU analysis of the March 2006 and 2007 Current Population Survey. Two-year pooled estimates for states and the US (2007-2008).

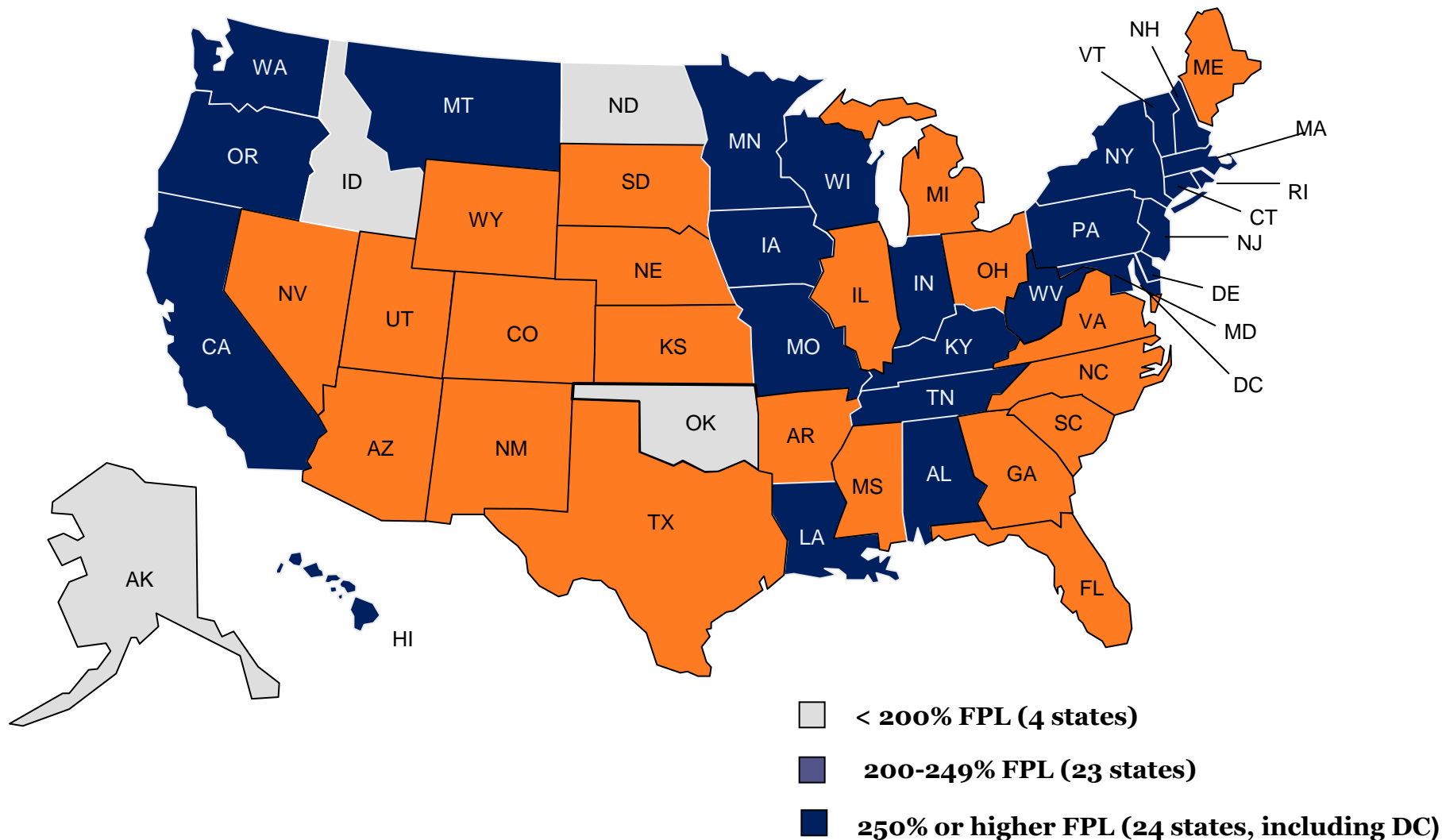
Medicaid Eligibility for Working Parents by Income, December 2009



Note: The federal poverty line (FPL) for a family of three in 2009 was \$18,310 per year.

SOURCE: Based on a national survey conducted by Kaiser Commission on Medicaid and the Uninsured with the Center on Budget and Policy Priorities, 2009.

Children's Eligibility for Medicaid/CHIP by Income, December 2009



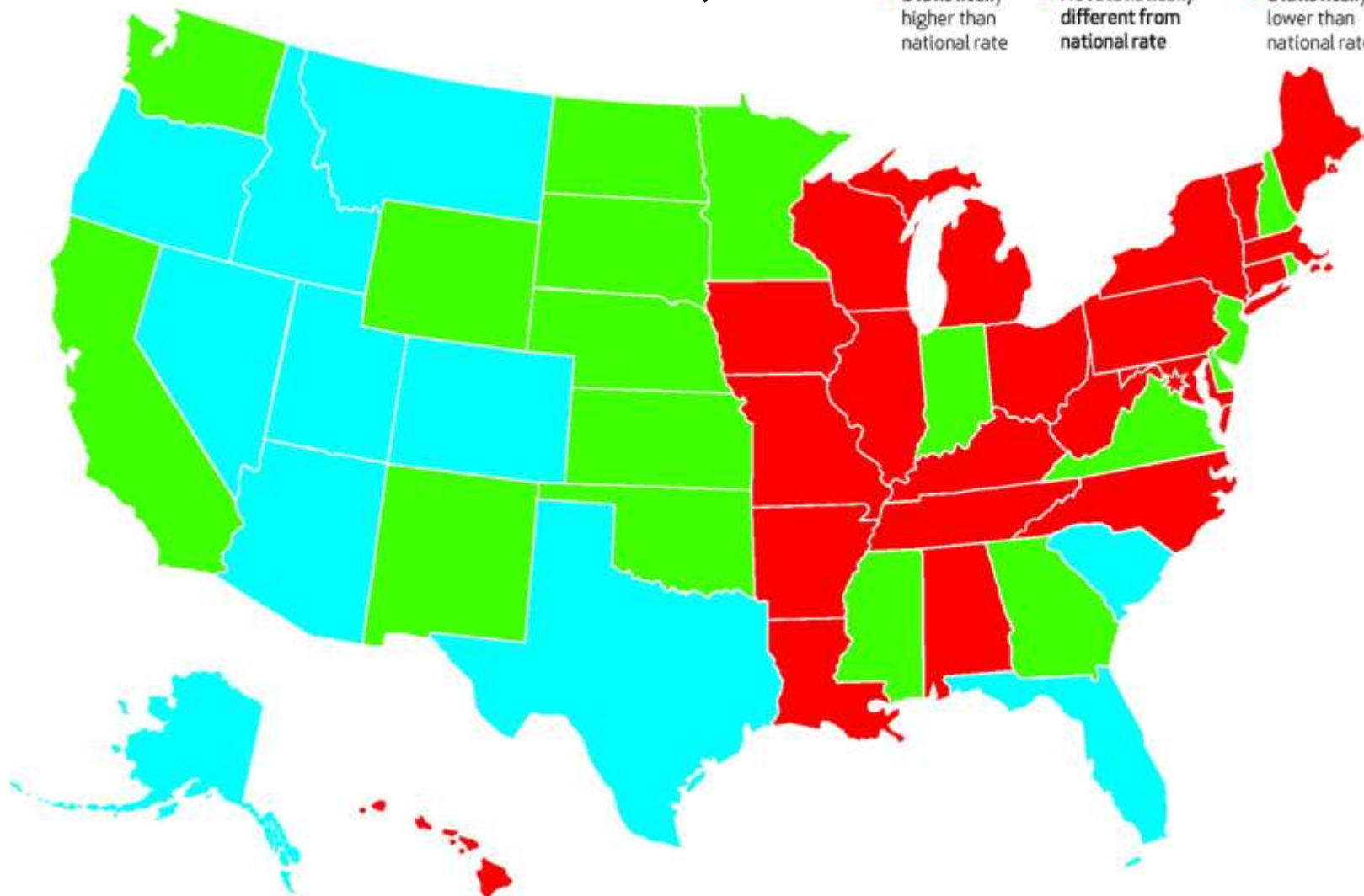
*The federal poverty line (FPL) for a family of three in 2009 is \$18,310 per year.

**IL uses state funds to cover children above 200% FPL. MA uses state funds to 400% FPL.

SOURCE: Based on a national survey conducted by KCMU with the Center on Budget and Policy Priorities, 2009.

Children's Participation In Medicaid And CHIP, By State, 2008

• Statistically higher than national rate
• Not statistically different from national rate
• Statistically lower than national rate



Genevieve M. Kenney, Victoria Lynch, Allison Cook, and Samantha Phong,
Who And Where Are The Children Yet To Enroll In Medicaid And The Children's Health Insurance Program?,
Health Affairs, Vol 29, Issue 10, 1920-1929

HealthAffairs

How Participants Apply for Services In Missouri

- Participants can apply for benefits in person, by mail, or online at:
<http://www.dss.mo.gov/mhk/accept.htm>.
- MO HealthNet programs are not the only benefits available to low income individuals and families through the Family Support Division. Other Income Maintenance programs include Food Stamps, Temporary Assistance, and Child Care.

Questions

Contact:

Emily Rowe

Unit Manager

Family Support Division

(573) 526-0607

Emily.S.Rowe@dss.mo.gov



Budget Overview for MoHealthNet Oversight Committee

Presented by Marga Hoelscher, CPA

Chief Financial Officer

November 9, 2010

Presentation Highlights

- State Revenues and Appropriations
- FY 11 Budget—All funds and GR
- FY 11 MO HealthNet Budget by Agency
- Mo HealthNet Budget FY 12
- Expenditures by Large Eligibility Group





State Revenues

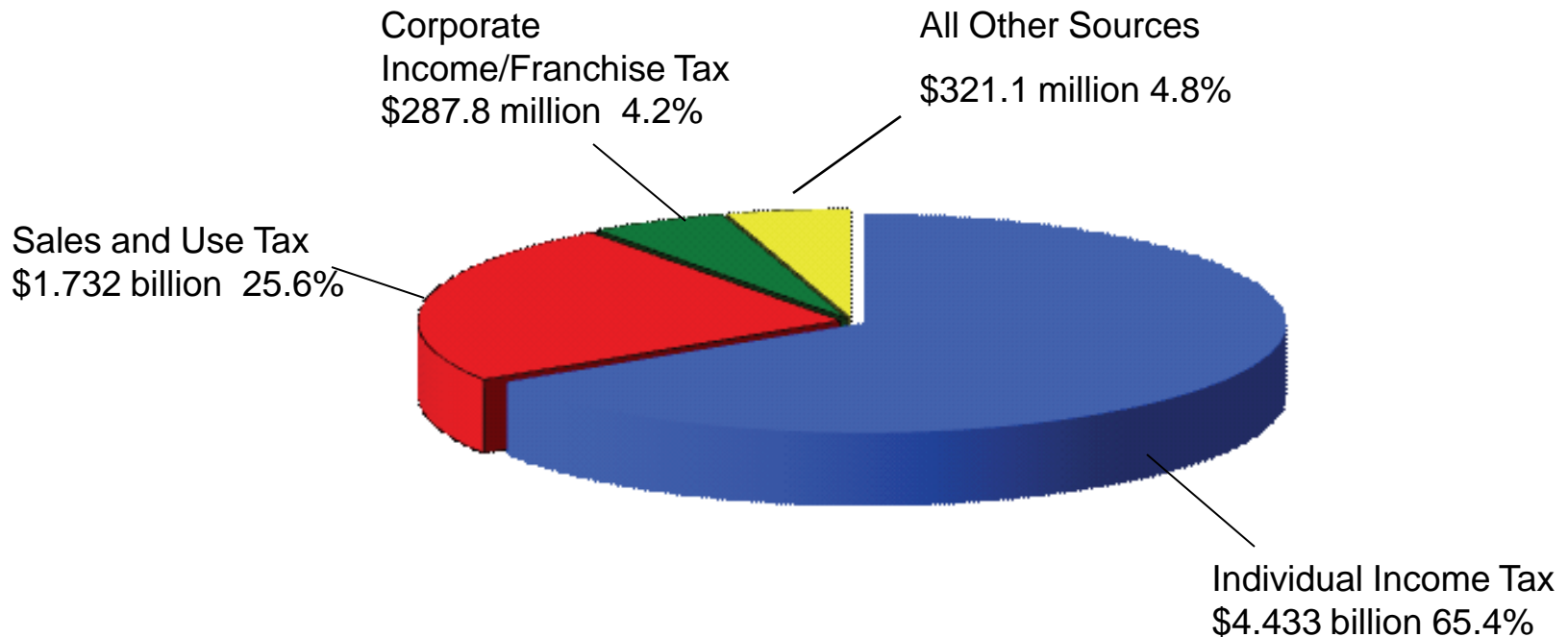
FY 2010 General Revenue

- FY 2010 Original CRE was \$7.764 billion
- FY 2010 Revised CRE was \$6.971 billion
 - 6.4% **decline** from the FY 2009 actual net collections.
 - Reduction of \$480 million from prior year collections
- Actual as of June 30, 2010 was \$6.774 billion
 - 9.1% **decline** from the FY 2009 actual net collections.
 - Reduction of \$676.5 million from prior year collections



FY 2010 Actual

Net General Revenue \$6,774.3 Million



FY 2011 General Revenue

- As of October 31, 2010:
 - 3.6% YTD **increase** from the FY 2010 actual net collections.
 - October, 2010 increased 7.6% from October, 2009
- FY 11 gross collections year-to-date
 - Sales and use tax collections **decrease** of **.9%**
 - Individual income tax collections **increase** of **2.9%**
 - Corporate income tax collections **increase** of **15.3%**



General Revenue Growth Rates

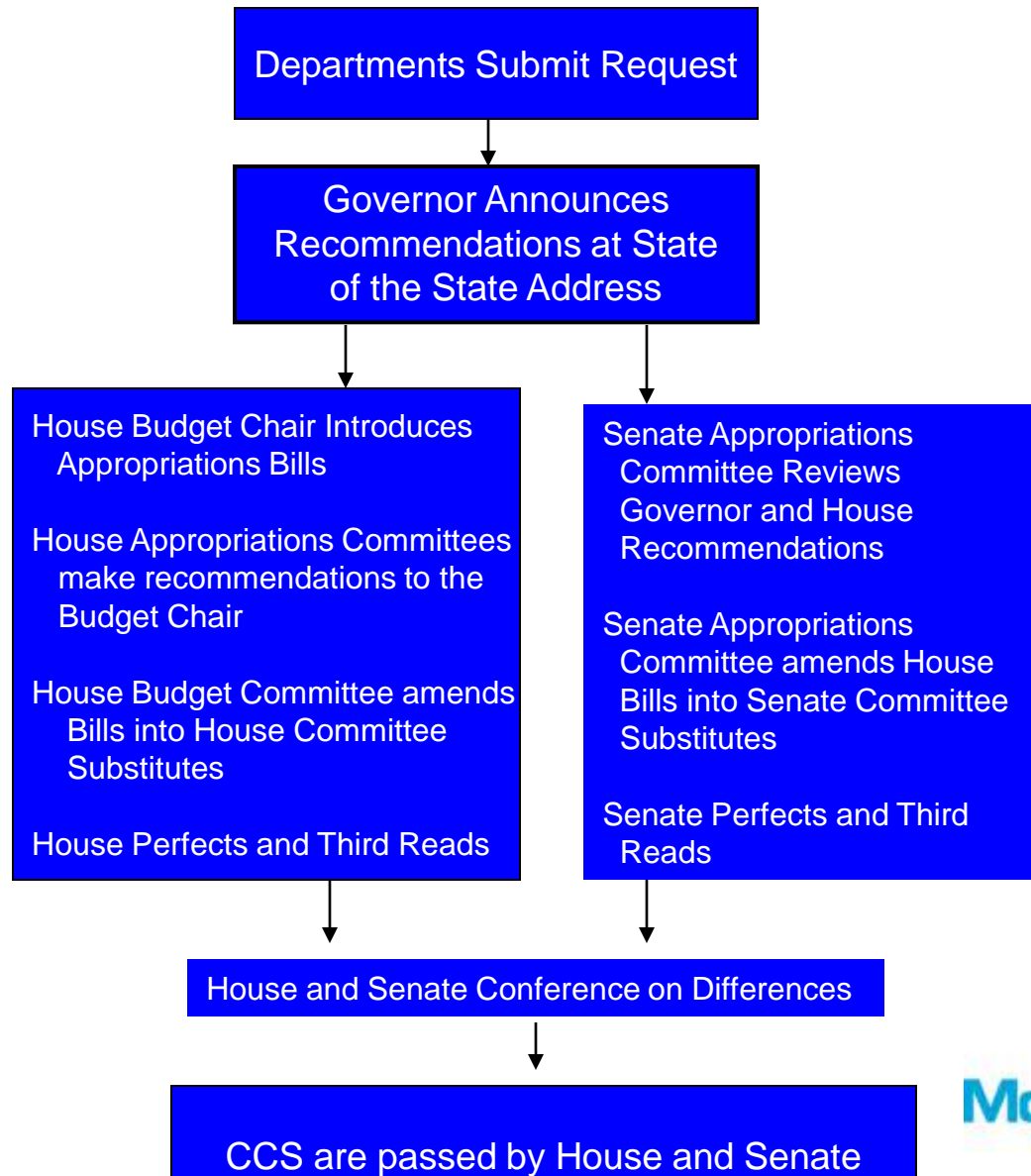
<u>Fiscal Year</u>	<u>% Growth</u>
FY 2005	5.8%
FY 2006	9.2%
FY 2007	5.2%
FY 2008	3.7%
FY 2009	-6.9%
FY 2010	-9.1%
FY 2011*	3.6%

** Original Estimate*



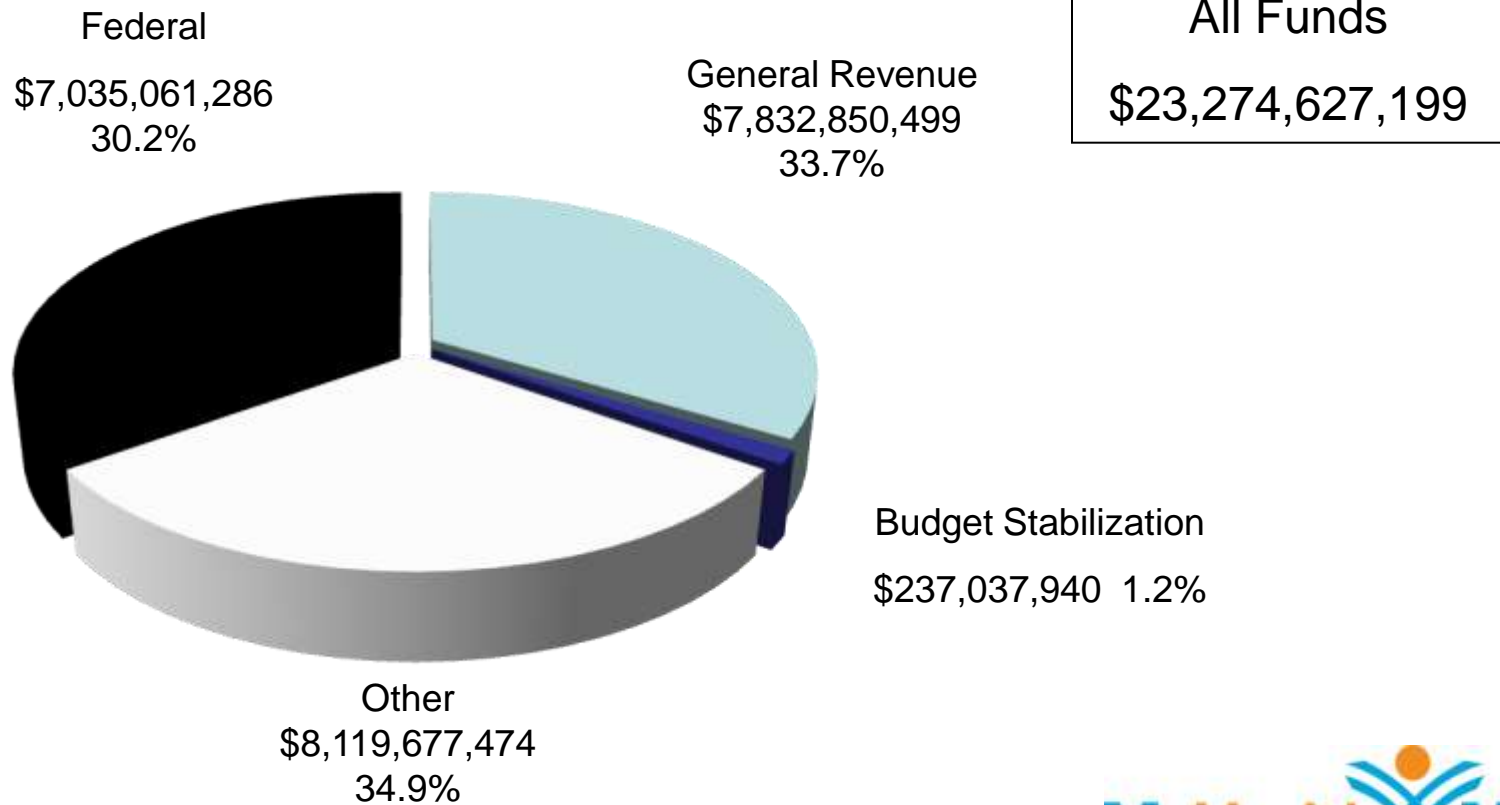
State Appropriations





FY 2011 Total Operating Budget

Sources of Funds



Examples of Items funded with General Revenue:

- MO HealthNet (\$1.5 billion)
- Non-Medicaid DSS (\$351.6 million)
- Elementary and Secondary Education (primarily Foundation Formula-\$2.72 billion)
- Higher Education (\$911.6 million)
- Corrections (\$593.4 million)
- Mental Health (\$575.4 million)
- Employee Benefits (\$532.8 million)
- Judiciary (\$169.1 million)



- Education and Mo HealthNet absorb the majority of the state's discretionary revenues



TOTAL MEDICAID ALL AGENCIES

FY 2011 TAFP

FY 2011 Core and New Decision Items-TAFP				
	GR	FED*	OTHER*	TOTAL
Elementary and Secondary Education	\$0	\$500,000	\$2,945,254	\$3,445,254
Mental Health	\$234,365,191	\$436,064,609	\$19,166,523	\$689,596,323
Health and Senior Services	\$195,006,057	\$337,398,032	\$450,001	\$532,854,090
Social Services	\$1,106,690,950	\$3,350,754,913	\$2,098,483,133	\$6,555,928,996
Total	\$1,536,062,198	\$4,124,717,554	\$2,121,044,911	\$7,781,824,663



Mo HealthNet FY 12 New Decision Items

	General Revenue	Total
Caseload Growth		
PTD - 6.81%		
QMB - 11.71%		
CHIP - 10.17%		
Other Kids - 5.13%	\$73,052,172	\$203,972,159
Medicare Premium Increase	\$16,292,130	\$45,519,483
Hospice Rate Increase	\$144,737	\$394,595
Clawback Increase	\$89,394,824	\$89,394,824
Pharmacy PMPM	\$21,281,243	\$57,559,884
Cost to Continue Medicaid Program	\$45,485,849	\$145,087,167
Total New Decision Items	\$245,650,955	\$541,928,112

FY 2011 Supplemental

\$31,262,957

\$96,231,998



MO HEALTHNET EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2010

Expenditures (In Millions)	Elderly	Persons with Disabilities	Children (Traditional Title XIX and State Only)	Children's Health Insurance Program (CHIP)	Custodial Parents (Adults)	Pregnant Women	Total	Women's Health Services
Fed/state match rate	Title XIX 64 / 36	Title XIX 64 / 36	Title XIX 64 / 36	Title XXI 75 / 25	Title XIX 64 / 36	Title XIX 64 / 36		1115 Waiver
Nursing Facilities	\$685.0	\$239.6	\$0.1	\$0.0	\$0.1	\$0.0	\$924.8	\$0.0
Hospitals	\$63.6	\$721.6	\$236.4	\$17.7	\$79.9	\$66.9	\$1,186.1	\$0.2
Dental	\$1.4	\$3.0	\$8.1	\$1.6	\$0.3	\$1.0	\$15.4	\$0.0
Pharmacy	\$28.0	\$534.1	\$193.4	\$34.7	\$71.1	\$12.5	\$873.8	\$1.0
Physician Related	\$52.7	\$264.1	\$85.0	\$11.5	\$36.5	\$42.3	\$492.1	\$5.5
In-Home	\$223.3	\$283.3	\$0.4	\$0.0	\$1.6	\$0.1	\$508.8	\$0.0
Rehab & Specialty	\$88.3	\$106.5	\$11.1	\$1.5	\$3.1	\$0.9	\$211.3	\$0.0
Buy-In	\$78.1	\$88.0	\$0.0	\$0.0	\$0.2	\$0.0	\$166.4	\$0.0
Mental Health	\$28.8	\$472.6	\$41.2	\$2.2	\$5.3	\$1.4	\$551.5	\$0.0
State Institutions	\$13.1	\$217.1	\$82.7	\$4.3	\$4.1	\$0.7	\$322.0	\$0.0
EPSDT	\$0.0	\$39.3	\$92.8	\$9.0	\$0.4	\$1.5	\$143.1	\$0.0
Managed Care	\$0.0	\$0.0	\$734.3	\$72.7	\$198.3	\$56.2	\$1,061.5	\$0.0
Total (in millions)	\$1,262.4	\$2,969.2	\$1,485.5	\$155.0	\$400.8	\$183.6	\$6,456.5	\$6.7

	Elderly	Persons with Disabilities	Children (Traditional Title XIX and State Only)	Children's Health Insurance Program (CHIP)	Custodial Parents (Adults)	Pregnant Women	Total	Women's Health Services
Number of Enrollees	77,483	160,558	462,829	67,297	81,299	28,894	878,360	38,181
Annual Cost Per Person	\$16,293	\$18,493	\$3,210	\$2,303	\$4,930	\$6,353	\$7,351	\$175
Monthly Cost Per Person	\$1,358	\$1,541	\$268	\$192	\$411	\$529	\$613	\$15
Monthly State Cost Per Person	\$489	\$555	#	\$48	\$148	\$191	#	##

MO HEALTHNET EXPENDITURES BY LARGE ELIGIBILITY GROUPS

FISCAL YEAR 2010

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Monthly State Cost Per Person	\$489	\$555	#	\$48	\$148	\$191	#	##

(Source: Annual Table 23 for SFY-10)

Elderly includes Old Age Assistance and Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB).

Persons with Disabilities include Permanently & Totally Disabled, Aid to the Blind, Blind Pension, and Ticket to Work Health Assurance Program (TWHAP).

Children Traditional Title XIX and State Only includes MO HealthNet for Children, MO HealthNet for Families - Child, Foster Care, Child Welfare Services, DYS - General Revenue, Title XIX - Homeless, Dependent, Neglected (HDN), Children in a Vendor Institution, Missouri Children with Develop Disabilities (MOCDD), Presumptive Eligibility for Children and Voluntary Placement.

Children's Health Insurance Program (CHIP) includes No Cost and Premium enrollees.

Custodial Parents (Adults) include MO HealthNet for Families - Adult, Refugees, Women with Breast or Cervical Cancer and Independent Foster Care.

Pregnant Women includes MO HealthNet for Pregnant Women (Poverty and MAF Income) and Presumptive Eligibility for Pregnant Women.

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

Most services receive 90/10 match; all other services receive 64/36 match.

MO HealthNet 2010 And Looking Ahead

MO HealthNet Oversight Committee

November 9, 2010

Ian McCaslin, M.D., M.P.H.

Director, MO HealthNet

Missouri Dept. of Social Services





The First Medicare Patient

DHEW - SOCIAL SECURITY ADMINISTRATION

488-40-6969-A

APPLICATION FOR ENROLLMENT
in the
Supplementary Medical Insurance Program
Under the Social Security Act

PLEASE READ THE ENCLOSED LEAFLET

Harry S Truman
Independence, Missouri

Do not write in the space above

TO GET MEDICAL INSURANCE



CHECK



YES

The Federal Government will pay half the cost of this insurance. Your share of the cost (\$3) will be deducted from your monthly social security benefits.

IF YOU DO NOT WANT
THIS MEDICAL INSURANCE



CHECK



NO

SIGN
HERE

Signature by mark (X) must be witnessed below.

SIGNATURE
OF WITNESS

ADDRESS
OF WITNESS









September 30, 2009

Millions in waste clogging Medicaid

Hearing is today on fraud, abuse claims

How is Medicaid Viewed by Doctors?

- **Many Challenges from the Provider View**
 - Medicaid Pays Poorly
 - Administrative Burdens
 - These Patients Are Hard to Take Care Of
- **Many Problems from the Taxpayer View**
 - “It’s Not Health Care, It’s Welfare”
 - Out of Control Waste, Fraud, and Abuse

The Patient or Parent's View?

Baseline of Low Health Literacy

Many Daily Challenges

Transportation is a Challenge

**Widely Varying Access to Services Depending
Upon Where You Live**

Widely Varying Quality of Service Delivery

For the Most Part - Very Thankful for Medicaid



“Stop! Wait! Government’s no longer the problem—it’s the solution.”

MO HealthNet: The Need for Change

- **Historical View**
 - Claims Payer
 - Lots of Paper
 - Little Informed Clinical Input
 - Not Data-driven
- **Health Systems View**
 - Evidence-based Best Practices
 - Embrace Technology
 - Patient-centered Medical Home

The Role Of Public Insurance

Medicaid
CHIP



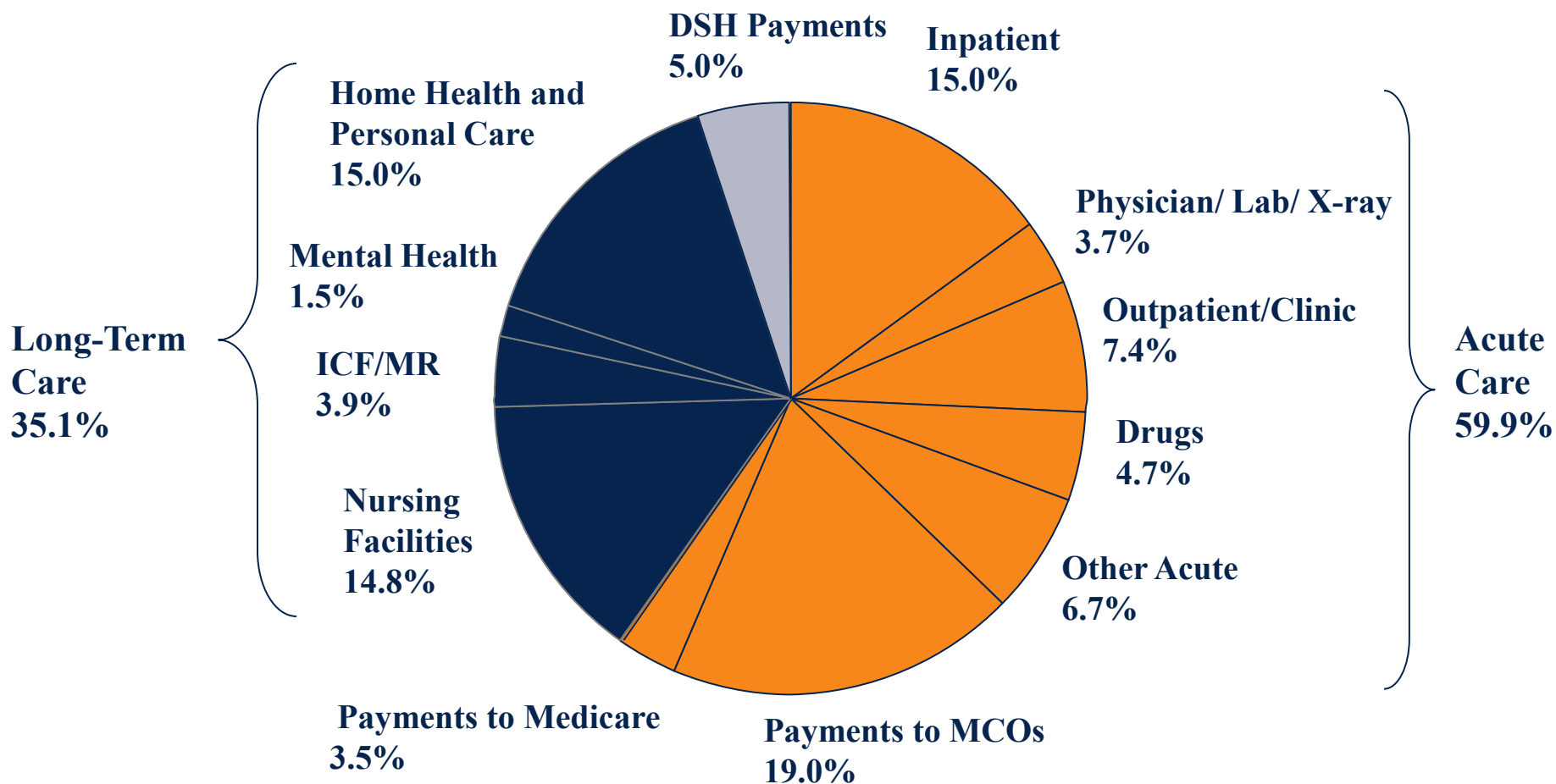
Medicaid Is Not One Program, But Several, Each with a Key Role

1. Health insurance for low-income families, persons with disabilities and the elderly
2. Assistance to low-income Medicare beneficiaries
3. Long-term care, including home and community services
4. Support for safety net providers who serve the uninsured
5. Financial support for other state programs such as mental health

Medicaid Holds It Together: Local Health Care Safety Nets

- *Mental health, public health and schools*
 - Over half of publicly financed mental health care
- *Community Health Centers*
 - Medicaid averages 40% of Health Center revenues
- *Hospitals that serve the uninsured*
 - \$16 billion in Medicaid “DSH” payments
- *Medicare*
 - Medicaid-paid premiums, copays, deductibles, long-term care and other benefits for over 7 million low-income “duals” account for about 40% of Medicaid spending
- Altogether, Medicaid is 1/6 of all U.S. health spending and 2.5% of U.S. GDP

Medicaid Expenditures by Service, 2007



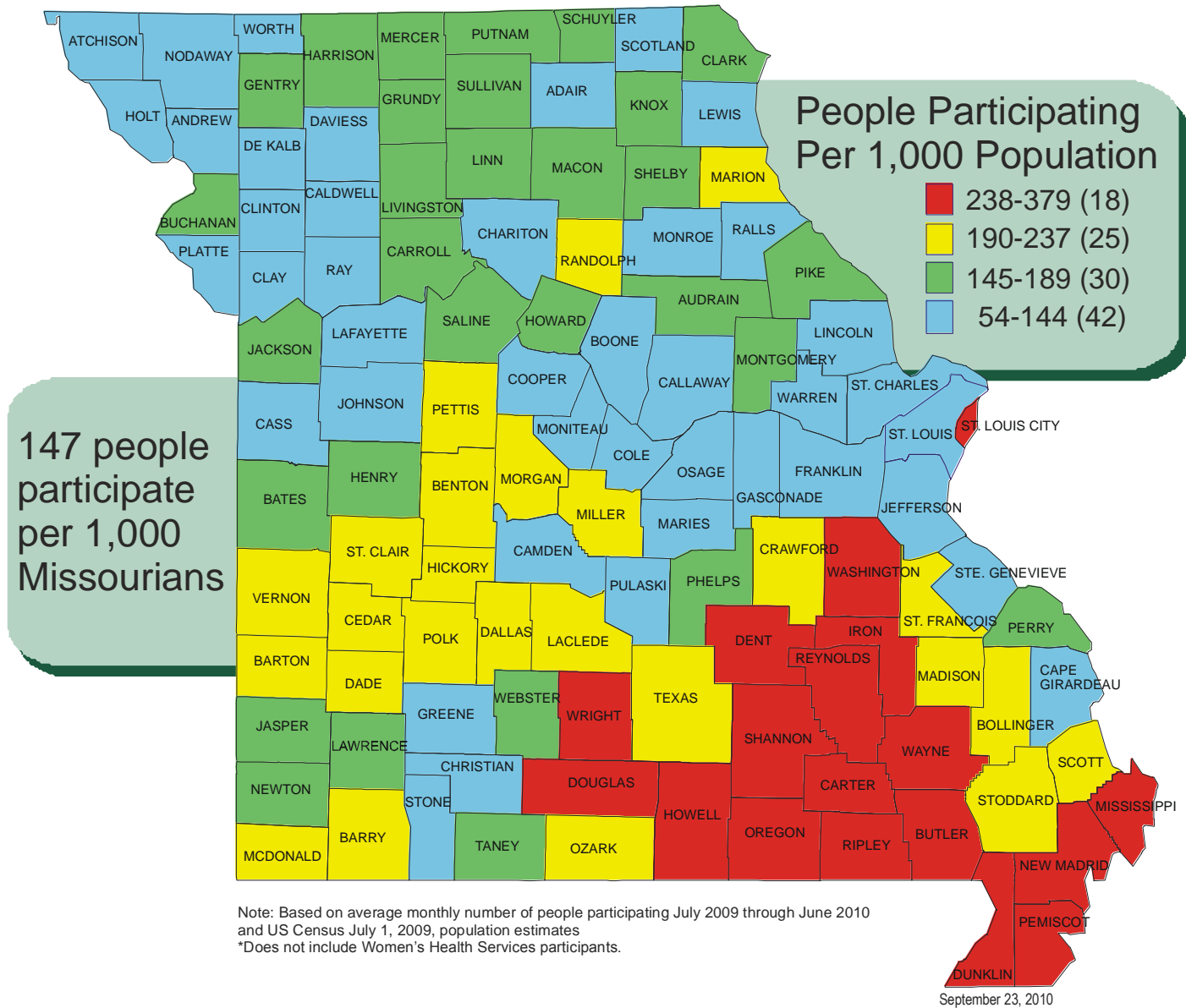
Total = \$319.7 billion

NOTE: Total may not add to 100% due to rounding. Excludes administrative spending, adjustments and payments to the territories.

SOURCE: Urban Institute estimates based on data from CMS (Form 64), prepared for the Kaiser Commission on Medicaid and the Uninsured.

SFY-2010 MO HealthNet Participation Per 1,000 Population

(878,361* Enrollees)

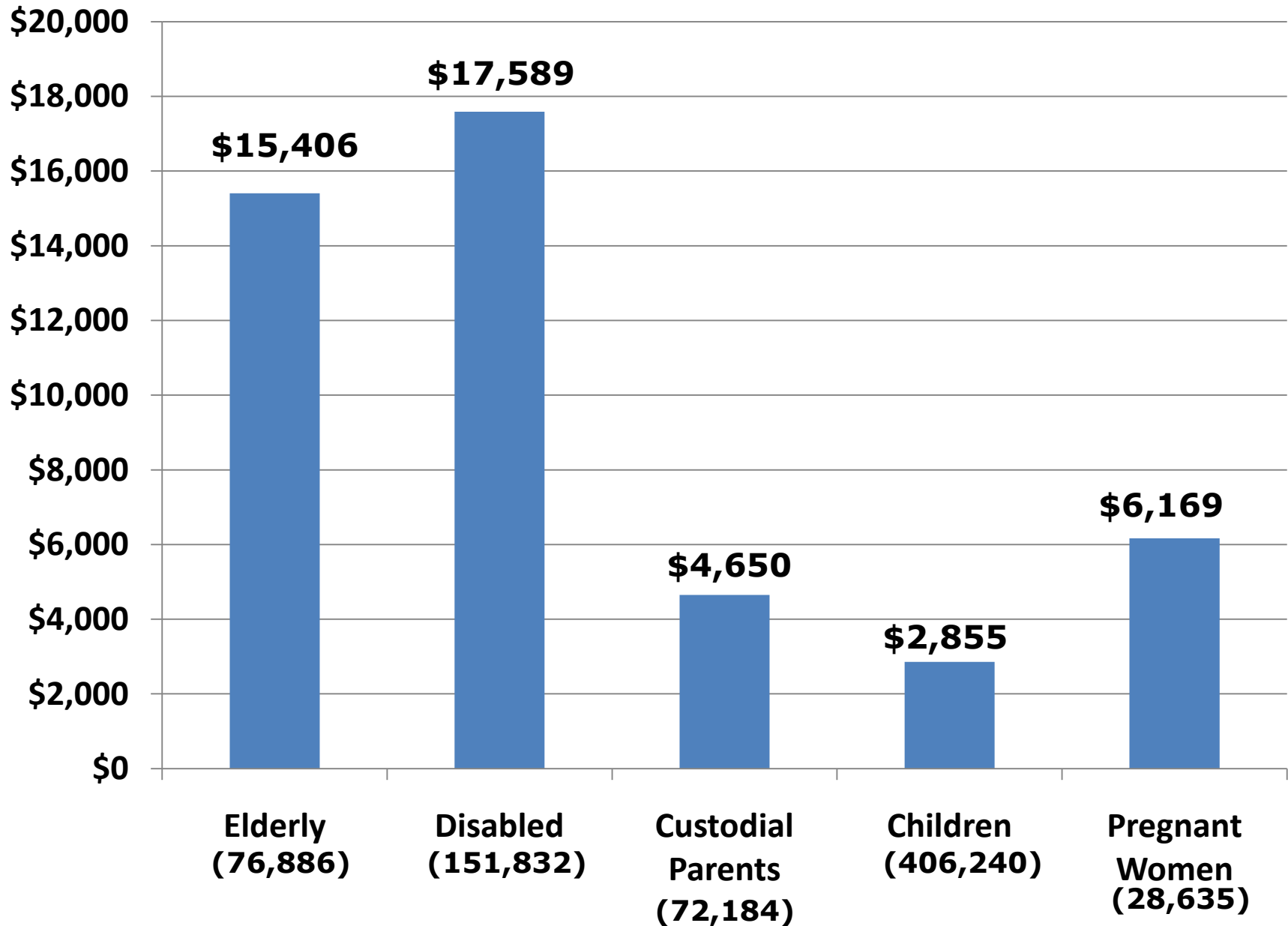


Missouri Medicaid: 898,585 Enrolled

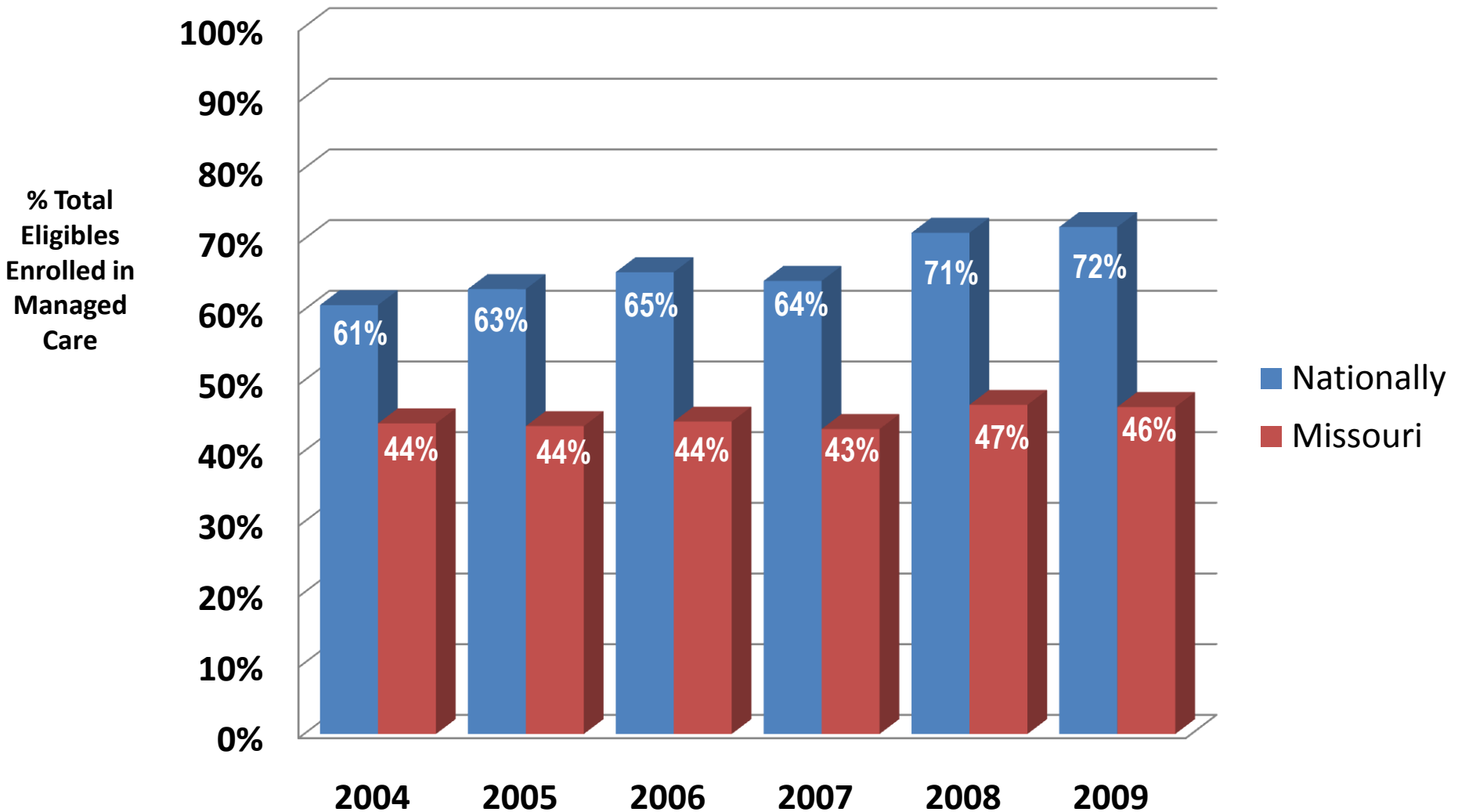
- **542,219 children**
 - More covered Missouri births than any other payer
- **28,708 pregnant women**
- **83,535 adults in families**
 - Very low-income
- **165,937 persons with disabilities**
 - Most are permanently and totally disabled
- **78,186 low income elderly**

As of 08.31.10

Medicaid FFS Eligibles Per Member Per Year Cost, SFY09



Medicaid Managed Care Trends



Source: CMS as of 06/09;
DSS Monthly Management Reports,
Table 23

MO HealthNet Missouri's Medicaid Program

MO HealthNet provides health care access to low income individuals that are elderly, disabled, members of families with dependent children, low-income children, uninsured children, pregnant women, refugees, or children in state custody. Adults in ME (Medical Eligibility) categories that pertain to persons who are blind or pregnant women receive a full comprehensive benefit package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision. Adults other than blind individuals and pregnant women receive a limited benefit package of services depending on their ME category. Services are received through a fee-for-service (FFS) or managed care delivery system. Providers can determine whether members are covered by Managed Care or FFS by calling the Interactive Voice System (IVR) at 573-751-2896 and using option "1" or through the internet at <https://emomed.com>.

The **MO HealthNet Fee-For-Service** program serves participants not enrolled in MO HealthNet Managed Care, and provides some services not included in MO HealthNet Managed Care. All of Missouri's MO HealthNet providers are automatically enrolled as approved providers eligible to treat MO HealthNet FFS participants. Participants may freely choose which approved provider they go to for care under the FFS delivery system.

MO HealthNet Managed Care serves MO HealthNet Managed Care members in 54 counties of Missouri (see the chart below). MO HealthNet Managed Care members may be seen by any MO HealthNet FFS provider until the member's enrollment is effective in a MO HealthNet Managed Care health plan. MO HealthNet Managed Care members must select a MO HealthNet Managed Care health plan and a primary care provider (PCP) within the Managed Care health plan. Managed Care providers may refer the member to other providers based on care needed.

The ME codes for adults included in the MO HealthNet program are as follows:

Full Comprehensive Package

ME Code	Description
02	Blind Pension
03	Aid to the Blind
12	MO HealthNet - Aid to the Blind
15	Supplemental Nursing Care - Aid to the Blind
18	MO HealthNet for Pregnant Women
43	Pregnant Woman - 60 Day Assistance (MHF criteria)
44	Pregnant Woman - 60 Day Assistance - Poverty
45	Pregnant Woman - Poverty
61	MO HealthNet for Pregnant Women - Health Initiative Fund (HIF)

Limited Benefit Package

ME Code	Description
01	Old Age Assistance
04	Permanently and Totally Disabled
05	MO HealthNet for Families – Adult
10	Refugees other than Cuban, Haitian, Russian Jew, or Ethiopian
11	MO HealthNet Old Age Assistance

Limited Benefit Package Continued

ME Code	Description
13	MO HealthNet - Permanently and Totally Disabled
14	Supplemental Nursing Care – Old Age Assistance
16	Supplemental Nursing Care – Permanently and Totally Disabled
19	Cuban Refugee
21	Haitian Refugee
24	Russian Jew
26	Ethiopian Refugee
55	Qualified Medicare Beneficiary (QMB)
58	Presumptive Eligibility (Subsidized)
59	Presumptive Eligibility (Non-Subsidized)
80	Extended Women's Health Services
81	Temporary Assignment Category
82	Missouri Rx (MoRx) – (Medicare Part D wrap –around benefits)
83	Breast or Cervical Cancer Control Project (BCCCP) - Presumptive
84	Breast or Cervical Cancer Control Project (BCCCP) - Regular
85	Ticket to Work Health Assurance –Premium
86	Ticket to Work Health Assurance – Non-Premium
89	Uninsured Women's Health Services

MO HealthNet for Kids

MO HealthNet for Kids refers to the statewide program for low-income children, uninsured children through CHIP, and children in the custody of the state. Children receive a full comprehensive package including primary, acute and preventive care, hospital care, dental, prescriptions, and vision and receive their care through *either* the Fee-for-Service (FFS) or the Managed Care delivery system, depending on where the individual lives in Missouri (see chart below).

The ME codes included in the MO HealthNet for Kids program are listed below.

Full Comprehensive Package

ME Code	Description
06	MO HealthNet for Families - Child
07	Foster Care- Title IV-E
08	Child Welfare Services-Foster Care
23	MO HealthNet for Kids in Vendor Institution
28	Department of Mental Health – Foster Care
29	Division of Youth Services-Foster Care
30	Juvenile Courts - Foster Care
33	MO Children with Developmental Disabilities (DMH Match)
34	MO Children with Developmental Disabilities (DSS Match)
36	Adoption Subsidy - Federal Financial Participation
37	Title XIX - Homeless, Dependent, Neglected
38	Independent Foster Care Children ages 18-21
40	MO HealthNet for Kids – Poverty
41	MO HealthNet for Kids in Vendor Institution – Poverty
49	Department of Mental Health-Poverty
50	Division of Youth Services-Poverty
52	Division of Youth Services-General Revenue
56	Adoption Subsidy – Title IV-E

NUMBER OF COUNTIES	
Central Region	28
Eastern Region	13
Western Region	13

NUMBER OF HEALTH PLANS	
Central Region	3
Eastern Region	4
Western Region	5



Full Comprehensive Package Continued

ME Code	Description
57	Child Welfare Services - Foster Care - Adoption Subsidy
60	Newborn
62	MO HealthNet for Kids- Health Initiative Fund (HIF)
64	Group Home - Health Initiative Fund (State Placement)
65	Group Home – Health Initiative Fund (Parent/Guardian Placement)
66	Foster Care HDN– HIF
67	Dept of Mental Health Foster Care –HIF
68	Division of Youth Services Foster Care - HIF
69	Juvenile Courts – HIF
70	Juvenile Courts – Poverty
71	MO HealthNet for Kids – 134-150% Poverty, Age 1-5
72	MO HealthNet for Kids - 101-150% Poverty, Age 6-18
87	Presumptive Eligibility Children
88	Voluntary Placement Agreement (FFS Only)

PREMIUM GROUP

Health insurance for uninsured children funded through the Children's Health Insurance Program (CHIP) includes children who must be under age 19, have a family income above 150% and below 300% poverty, have been uninsured for 6 months or more, and have no access to affordable health insurance from \$69 to \$172 per month, based on family size and income.

These children receive the full comprehensive package *except they are not eligible for non-emergency medical transportation*

Premiums per family per month start at \$13 and increase depending on family size and income. (See Premium Chart) These amounts may change in July of each year. Individuals will receive a monthly invoice. Individuals who have questions about premiums should call the Premium Collections Unit at 1-877-888-2811.

ME Code	Description
73	Children ages 1 thru 18; family income 151-185%
74	Children ages 0 thru 18; family income 186 -225%
75	Children ages 0 thru 18; family income 226 -300%

MO HEALTHNET CHIP PREMIUM CHART		
Family Size	% FPL	Premium Amount
1	>150	\$13
1	>185	\$42
1	>225	\$102
2	>150	\$17
2	>185	\$56
2	>225	\$137
3	>150	\$21
3	>185	\$70
3	>225	\$172
4	>150	\$26
4	>185	\$85
4	>225	\$207
5	>150	\$30
5	>185	\$99
5	>225	\$242
6	>150	\$34
6	>185	\$113
6	>225	\$277
Premium information for family sizes of 7+ is available upon request.		

MO HealthNet For Kids By Age and Income

% of Federal Poverty Level (FPL)	Premium Group (\$102 - \$277)		
225+ -300	Premium Group (\$102 - \$277)		
185+ -225	Premium Group (\$42 - \$113)		
150+ -185	Premium Group (\$13 - \$34)		
134+ -150	Non Premium Group		
100+ -133	Non Premium Group		
0-100	Non Premium Group		
	0 Years Old	1 thru 5 Years Old	6 thru 18 Years Old

Premium information for family sizes of 7+ is available upon request.

HELP LINE PHONE NUMBERS

All of these programs are administered by the Department of Social Services, MO HealthNet Division. If you have questions regarding any of these programs, you may contact one of the following:

- Providers wishing to enroll as MO HealthNet providers can obtain an application at <http://dss.mo.gov/mhd> or email **Provider Enrollment** at providerenrollment@dss.mo.gov.
- Providers with MO HealthNet inquiries should:
 - Contact **Provider Relations** at 573-751-2896 to determine Participant Eligibility, Check Amount Information, Claim Information, or speak with a phone specialist, or
 - Consult on-line help via <http://emomed.com/> or
 - Check the provider manuals at <http://dss.mo.gov/mhd/providers/index.htm>
- Individuals with inquiries or questions about co-payments should call **Participant Services** at 573-751-6527 or 1-800-392-2161.

- Individuals wishing to enroll in or change MO HealthNet Managed Care health plans should call the **MO HealthNet Managed Care Enrollment Help Line** at 1-800-348-6627
- Individuals who have questions about premiums should call the **Premium Collections Unit** at 1-877-888-2811
- Individuals with general eligibility questions or wishing to apply for MO HealthNet should contact the Family Support Division office located in their county of residence, which can be found at <http://dss.mo.gov/fsd/office>.
- Individuals wishing to apply for MO HealthNet for Kids should call the **MO HealthNet Service Center Line** at 1-888-275-5908 or visit <http://dss.mo.gov/mhk/appl.htm>
- Individuals wanting information about the **Health Insurance Premium Payment (HIPP) Program** should call 573-751-2005. MHD will pay the insurance premium if a participant qualifies.
- Providers, MO HealthNet Fee-For-Service and MO HealthNet participants with questions about Non-Emergency Medical Transportation (NEMT) may call the **NEMT Reservation Line** at 1-866-269-5927.
- Individuals enrolled in an MO HealthNet Health Plan must contact the health plan for information regarding NEMT.
- CyberAccess is the web tool for precertification of DME, Optical, Radiology, Inpatient Hospital and pharmacy benefits. Providers needing assistance with logging in, or if you do not yet have a login, please contact the CyberAccess helpdesk at 1-888-581-9797 or cyberaccesshelpdesk@acs-inc.com.
- Providers needing assistance with pharmacy claims and program edits may call 1-800-392-8030. This line cannot assist participants. Check <http://dss.mo.gov/mhd/cs/pharmacy/pages/frequpdat.htm> and <http://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm> for frequently updated Pharmacy Program information.
- Individuals wishing to obtain information regarding the MO HealthNet program may send an email to: Ask.MHD@dss.mo.gov

COMMON ACRONYMS



ABD	Aged, Blind, and Disabled
ACM	Administrative Case Management
ADHC	Adult Day Health Care
ADL	Activities of Daily Living
AFDC or ADC	Aid to Families of Dependent Children [Now known as Temporary Assistance for Needy Families (TANF)]
ASO	Administrative Service Organization
AVR	Automated Voice Response
BAFO	Best and Final Offer
BCCT	Breast and Cervical Cancer Treatment
BNDD	Bureau of Narcotics and Dangerous Drugs
CAHPS	Consumer Assessment of Health Plan Survey
CCIP	Chronic Care Improvement Program
CD	Children's Division
CDC	Centers for Disease Control
CFR	Code of Federal Regulations
CIL	Center for Independent Living
CLIA	Clinical Laboratory Improvement Amendments
CMHC	Community Mental Health Center
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare and Medicaid Services
COA	Category of Aid
COB	Coordination of Benefits

CON	Certificate of Need
COS	Category of Service
CPR	Comprehensive Psychiatric Rehabilitation
CPS	Division of Comprehensive Psychiatric Services
CPT-4	Current Procedural Terminology – 4 th edition
CSR	Code of State Regulations
CSTAR	Comprehensive Substance Treatment and Rehabilitation
CY	Calendar Year
CYBER	CyberAccess® Web-based tool providing health care providers with access to patient data
DCN	Departmental Control Number
DERP	Drug Effectiveness Review Project
DESE	Department of Elementary and Secondary Education
DFAS	Division of Finance and Administrative Services
DHHS	Department of Health and Human Services
DHSS	Department of Health and Senior Services
DIFP	Department of Insurance, Financial Institutions, and Professional Registration
DIRECT CARE PRO	Web based tool that teams providers to complete available interventions for patient care
DME	Durable Medical Equipment
DMH	Department of Mental Health
DMS	Division of Medical Services (renamed MO HealthNet Division 2007)
DOS	Date of Service
DOSE OPT	Dose Optimization
DRA	Deficit Reduction Act

DRU	Drug Rebate Unit
DSH	Disproportionate Share
DSM	Disease State Management Diagnostic and Statistical Manual of Mental Disorders (e.g. DSM-IV-TR) 4 th Edition Text Revision
DSS	Department of Social Services
DUR	Drug Utilization/Use Review
ED	Emergency Department
EHI	Electronic Health Information
EHR	Electronic Health Record
eMOMED	MO HealthNet Web portal
EMR	Electronic Medical Record
EOB	Explanation of Benefits
EOMB	Explanation of Medicare Benefits
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
FA	Fiscal Agent
FACES	Family and Children's Electronic Services
FAMIS	Family Assistance Management Information Systems
FF	Federal Funds
FFP	Federal Financial Participation
FFS	Fee for Service
FFY	Federal Fiscal Year
FMAP	Federal Medical Assistance Percentage

FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FRA	Federal Reimbursement Allowance
FSD	Family Support Division
GR	General Revenue
HBM	Health Benefits Manager
HCBS	Home and Community Based Services
HCPCS	Healthcare Common Procedure Coding System
HCY	Healthy Children and Youth Program (EPSDT)
HEDIS	Health Plan Employer Data & Information Set
HIE	Health Information Exchange
HIO	Health Information Organization
HIT	Health Information Technology
HITECH	Health Information for Economic and Clinical Health
HIPAA	Health Insurance Portability and Accountability Act
HIPP	Health Insurance Premium Payments
HMO	Health Maintenance Organization
ICF	Intermediate Care Facility
IFB	Invitation for Bid
IFOX	Infocrossing Healthcare Services (MHD fiscal agent)
IRU	Institutional Reimbursement Unit
ITSD	Information Technology Services Division
IVR	Interactive Voice Recognition
JCAHO	Joint Commission of Accreditation on Hospitals of Healthcare Organizations

LOC	Level of Care
LPHA	Local Public Health Agency
LTC	Long Term Care
MA	Medical Assistance
MC+	Medical Assistance Program for Low Income Families, Pregnant Women, and Children (changed to MO HealthNet)
MCM	Medical Case Management
MCO	Managed Care Organization
ME Code	Medical Eligibility Code
MFCU	Medicaid Fraud Control Unit
MHD	MO HealthNet Division
MHF	MO HealthNet for Families (formerly Medical Assistance for Families)
MHK	MO HealthNet for Kids
MMIS	Medicaid Management Information Systems
MoRx	Missouri Rx Plan
MPW	MO HealthNet for Pregnant Women
MR/DD	Mentally Retarded/Developmentally Disabled
NCQA	National Committee Quality Assurance
NDC	National Drug Code
NEMT	Non-Emergency Medical Transportation
NHIN	Nationwide Health Information Network
OA	Office of Administration
OIG	Office of Inspector General (DHHS)
PA	Prior Authorization
PACE	Program for All Inclusive Care for the Elderly

PARM	System Parameters
PASARR	Preadmission Screening and Annual Resident Review
PBM	Pharmaceutical Benefits Manager
PC	Personal Care
PCCM	Primary Care Case Management
PCP	Primary Care Physician Primary Care Provider
PDL	Preferred Drug List
PDP	Prescription Drug Plan
PHI	Protected Health Information
PI	Program Integrity
PIP	Performance Improvement Project Physician Incentive Plan
PMPM	Per Member Per Month
PPO	Preferred Provider Organization
PR	Program Relations Provider Relations
PTD	Permanently and Totally Disabled
QA&I	Quality Assessment and Improvement
QMB	Qualified Medicare Beneficiary
RA	Remittance Advice
RCF	Residential Care Facility
RFP	Request for Proposal
RHC	Rural Health Clinic
Rx	Prescription
SAO	State Auditor's Office

SCHIP	State Children's Health Insurance Program
SDAC	School District Administrative Claiming
SFY	State Fiscal Year
SLMB	Specified Low-Income Medicare Beneficiary
SMART PA	Web based decision rules engine (Pharmacy)
SMART MED PA	Web based decision rules engine (Medical/DME Pre-certifications)
SPA	State Plan Amendment
SURS	Surveillance and Utilization Review Subsystem
TANF	Temporary Assistance for Needy Families
TCM	Targeted Case Management
TEFRA	Tax Equity and Fiscal Responsibility Act
TEMP	Temporary MO HealthNet During Pregnancy (Presumptive Eligibility)
TOS	Type of Service
TPL	Third Party Liability
TWHA	Ticket to Work Health Assurance Program
U/C	Usual and Customary
UM	Utilization Management
VFC	Vaccines for Children
WIU	Welfare Investigation Unit

Title XIX:

Sec. 1901. [42 U.S.C. 1396] For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

Section 1915(b) of the Social Security Act lists when the Secretary of Health and Human Services may waive requirements of Section 1902 of the Social Security Act -- such as statewide effectiveness (1902(a)(1)) -- to allow a state to undertake listed options.

Section 1915(c) of the Social Security Act allows the Secretary of Health and Human Services to issue a waiver so that a state plan may include Home and Community Based Services as "medical assistance."

"Amount payable under the Social Security Act" means payments by the Federal Department of Health and Human Services to beneficiaries, providers, intermediaries, physicians, suppliers, carriers, states, or other contractors or grantees under a Social Security Act program, including:

Title XXI

Sec. 2101. [42 U.S.C. 1397aa] (a) Purpose.—The purpose of this title is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children.



MO HealthNet Managed Care

November 9, 2010

Legal Authority

- State Statute: [RSMo. 208.166](#) This section provides authority to purchase medical services from health plans;
- Federal Law:
 - [1903\(m\)](#) This section specifies the conditions under which CMS may make payment to States for Medicaid managed care services.
 - [1915\(b\)](#) States are permitted to waive statewideness, comparability of services, and freedom of choice.
 - [1932](#) Among other things, this section permits States to require most groups to enroll in managed care arrangements; requires specified information to enrollees; added increased consumer protections; requires quality assessment and improvement strategies; and provides for external, independent review.
- Federal Regulations: [42 CFR 438](#) This rule implements the provisions of the BBA of 1997

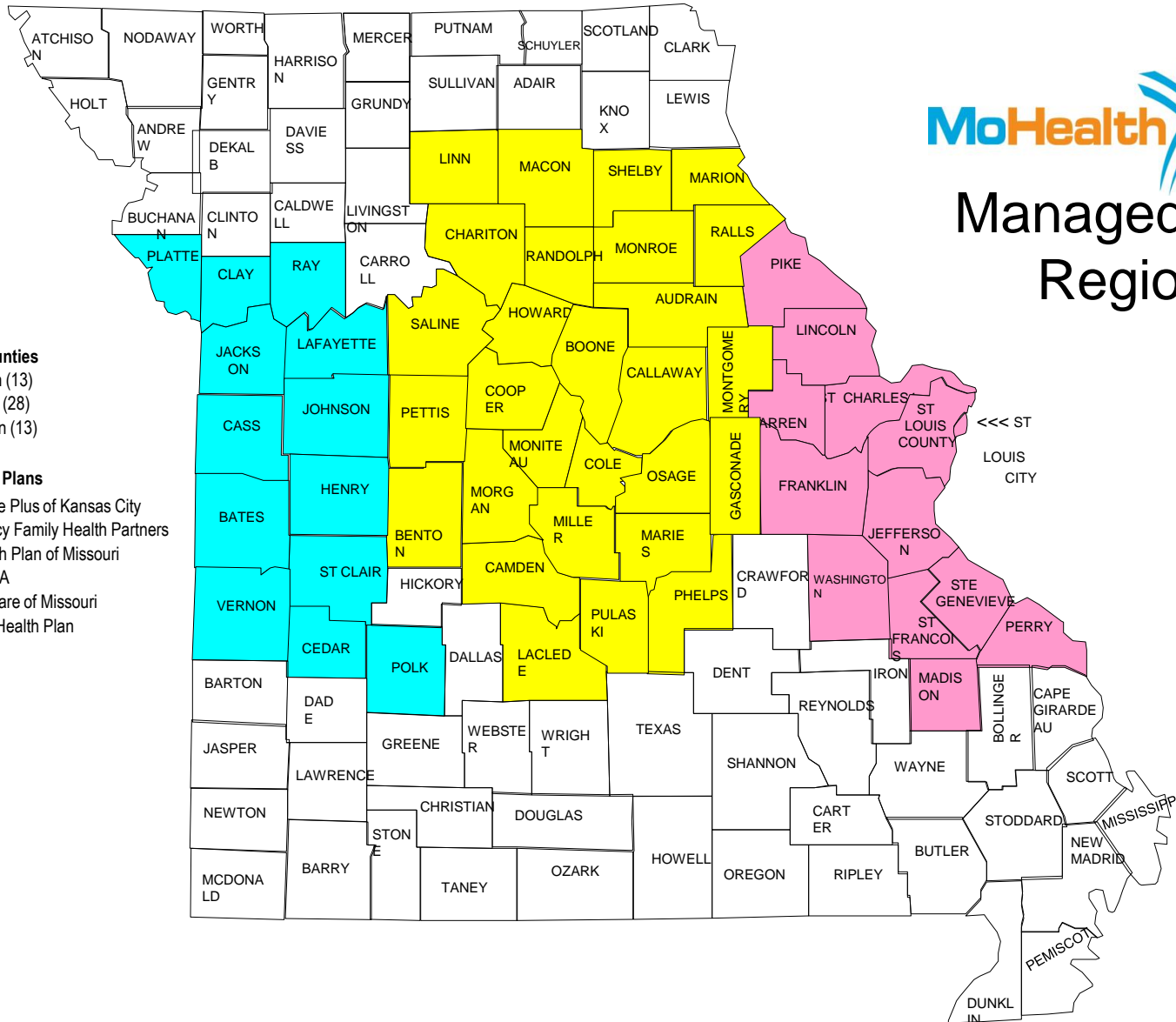
Participants in Managed Care



- There are 3 primary population groupings:
 - Parents/Caretakers, Children, Pregnant Women;
 - Foster Care Children; and
 - Children in CHIP.
- 425,312 - Total Enrollment as of 09/24/2010



Managed Care Regions



Number of Counties

- Eastern Region (13)
- Central Region (28)
- Western Region (13)

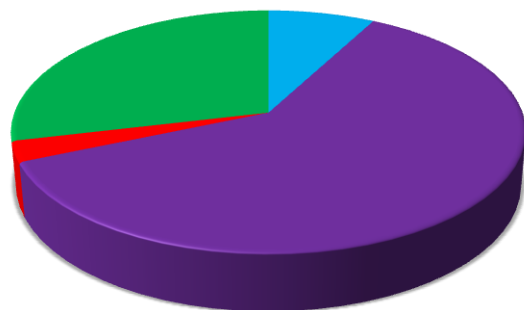
Current Health Plans

- Blue-Advantage Plus of Kansas City
- Children's Mercy Family Health Partners
- Harmony Health Plan of Missouri
- HealthCare USA
- Molina Healthcare of Missouri
- Missouri Care Health Plan

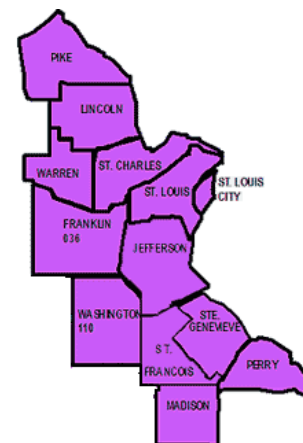
East Region

207,978 enrollees as of 09/24/2010

- *Harmony Health Plan of Missouri*
 - 16,230 enrollees
- *HealthCare USA*
 - 126,406 enrollees
- *Missouri Care*
 - 5,660 enrollees
- *Molina Healthcare of Missouri*
 - 59,682 enrollees



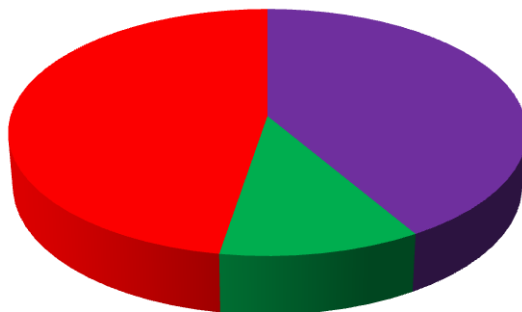
- Harmony Health Plan of Missouri
- HealthCare USA
- Missouri Care
- Molina HealthCare of Missouri



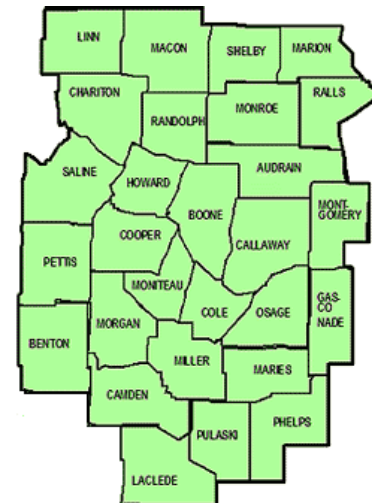
Central Region

81,447 enrollees as of 09/24/2010

- *HealthCare USA*
 - 33,790 enrollees
- *Missouri Care*
 - 38,601 enrollees
- *Molina Healthcare of Missouri*
 - 9,056 enrollees



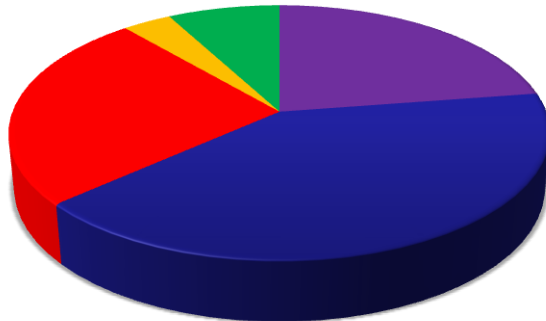
- HealthCare USA
- Molina HealthCare of Missouri
- Missouri Care



West Region

135,887 enrollees as of 09/24/2010

- *Blue-Advantage Plus of Kansas City (Does not serve Bates, Cedar, Polk, and Vernon counties)*
 - 30,719 enrollees
- *Children's Mercy Family Health Partners*
 - 55,450 enrollees
- *HealthCare USA*
 - 34,369 enrollees
- *Missouri Care*
 - 4,669 enrollees
- *Molina Healthcare of Missouri*
 - 10,680 enrollees

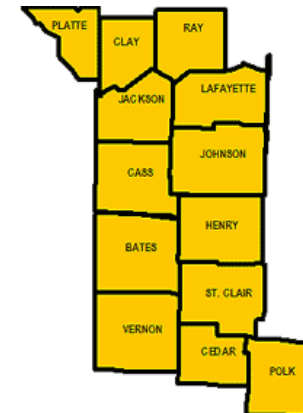


- Blue Advantage Plus of Kansas City
- Children's Mercy Family Health Partners
- HealthCare USA
- Missouri Care
- Molina HealthCare of Missouri



Blue-Advantage Plus
of Kansas City, Inc.

An Independent Licensee of the
Blue Cross and Blue Shield Association



Benefits Summary

- Primary and Specialty Physician Care
- Maternity
- Inpatient and Outpatient Hospital
- Mental Health
- Home Health
- Laboratory and Diagnostic
- Durable medical equipment (DME)
- And other services listed in contracts.

Service Accessibility Standards

- Appointment Standards

- Waiting times for appointments may not exceed one hour.
- Urgent care appointments must be available within twenty-four (24) hours.
- Routine care appointments with symptoms available within 1 week or 5 business days, whichever is earlier.
- Routine care appointments without symptoms available within thirty (30) calendar days.
- Aftercare appointments for behavioral health and substance abuse services available within 7 calendar days of hospital discharge.

Service Accessibility Standards

- Maternity Care

- First trimester appointments available within seven (7) calendar days of first request.
- Second trimester appointments available within seven (7) calendar days of first request.
- Third trimester appointments available within seven (7) calendar days of first request.
- Appointments for high risk pregnancies must be available within three (3) calendar days of identification of high risk, or immediately if an emergency exists.

Service Accessibility Standards

- Prior Authorization Standards
 - Health plans may not require prior authorization for emergency medical/behavioral health services.
 - Procedures for prior authorization must be in writing and provided to providers and members.
 - Members must not be without necessary medical supplies, oxygen, nutrition, etc. and must ensure an interim supply is available during the prior authorization process.
 - Treatment regimens may not be interrupted or delayed during the process.

Service Accessibility Standards

- Travel Distance Standards
 - Health plans must comply with Department of Insurance, Financial Institutions, and Professional Registration (DIFP) travel distance standards set forth in 20 CSR 400-7.095.
 - For those providers not addressed under 20 CSR 400-7.095, the health plan must ensure that members have access to those providers within 30 miles, unless the health plan demonstrates there is no licensed provider in that area, in which case the health plan must ensure access within 60 miles.

Annual Access Plan

- Health Plans are required to submit an Annual Access Plan to the Department of Insurance, Financial Institutions, and Professional Registration (DIFP) by March 1st
- Access Plan must include:
 - Participating Provider Information (name, address, professional license number, specialty, etc.)
 - Closed Practice Providers
 - Number of Enrollees by zip code
- Enrollee Access Rate Across Entire Network (all counties, all providers) must be 90% or better

Annual Access Plan

- The average enrollee access rate in each county in the health plan's approved service area must be 90% or better.
- Health plans are required to submit an action plan to DIFP for increasing the enrollee access rate in those counties where the standard is not met.
- When changes to the network or number of enrollees may impact travel distance, submission of updates to the annual access plan are required to DIFP within 30 days.

MO HealthNet Managed Care

**Presentation to MO HealthNet Oversight Committee
November 9, 2010**

Elizabeth S. Peterson, M.D.
Senior Medical Director, Children's Mercy Family Health Partners
Chair, MO HealthNet Division Quality Assurance and Improvement
Committee

Managed Care Methods for Quality and Cost Management

- Case Management
- Health Improvement
- Disease Management
- Member Risk Profiling
- Provider Profiles
- Utilization Review

Case Management

- Coordination of healthcare resources for high utilizing members
- Collaboration with treating providers
- Facilitating access to care and preventive care services
- Supporting patient empowerment and education

Case Management

- Increases adherence to treatment plans and access to PCP/specialty services
- Improves outcomes for members with chronic illness and high risk OB
- Decreases utilization of hospital days and Emergency Room services

Health Improvement

- Broad population-based efforts to educate on services and screenings and promote healthy lifestyles
- Utilize Newsletters, Reminder Cards, Community Events and Health Coaching
- Improve utilization of office based services and health screenings for prevention and early detection
- Lower hospitalization and Emergency Room visits

Disease Management

- Early identification of at-risk populations
- Member and Provider education and tools to support self management
- Health Coaching to assist members with lifestyle/behavioral changes
- Specific clinical metrics to measure outcomes of interventions

Disease Management

- Improved clinical outcomes for a specific disease process (i.e. use of asthma medications; compliance with recommended lab screenings)
- Improved compliance with recommended treatment protocols
- Decreased hospital days and Emergency Room services

Disease Management Programs

- MHD requires the MCOs to report quarterly on specific DM programs
- Major Depression
- Asthma
- One of the following:
 - Obesity
 - Diabetes
 - Hypertension
 - ADHD

Member Risk Profiling

- Risk Profiling to identify optimal candidates for case management and disease management programs
 - Use Claims and Pharmacy data
 - Referrals from staff and providers
- Early identification of high risk members for education, outreach and care coordination
- Results in improved member outcomes and decreased utilization of healthcare resources

Provider Profiles

- Providers are profiled on access, quality and outcomes (both clinical and financial) for the members in their care
- Reduced upcoding
- Identify possible over and under utilization
- Encourage preventive services and chronic care standards
- Monitor for fraud and abuse

Prior Authorization and Hospital Reviews

- Review high cost items and/or procedures
- Monitor for procedures or items are prone to over-use or have limited indications
 - Therapies
 - Equipment
 - High tech radiology
- Identify members for case management or other programs
- Review for appropriateness of service
- Monitor for quality of care or “trigger” events
- Monitor length of stay and do proactive discharge planning

Performance Improvement Projects (PIPs)

- Health plans must do one clinical and one non-clinical improvement project annually
- All plans must work together on one project selected by MHD
 - Adolescent Well Care - just completed
 - Improved rates over 8% over 4 years
 - Two plans at or above National Medicaid Rate
 - Current all plan PIP is Improving Dental Utilization
 - Work group meets telephonically
 - Each plan can do its own project
 - Reports to QA&I quarterly

Health Plan Member Incentives

- Increasing Access to Care for Adult Members
- Increasing Diabetic Screening
- Increasing Mammography Screening Rates
- Asthma Around the World Pilot Projects
- Diabetes Empowerment Program

Health Plan Member Incentives

- High Risk OB Baby Showers
- Timely Post Partum Visits
- Using Financial Incentives to Increase Follow-Up After Hospitalization for Mental Illness
- Compliance with Prenatal and Postnatal Visits
- Using Financial Incentives to Increase EPSDT Screening Participation

Health Plan Best Practices

- As identified by EQRO in 2009 report
- Immunization Initiatives by Blue-Advantage Plus – focus on member outreach and education
- Wellness and Prevention by Children's Mercy Family Health Partners – focus on member education on screenings and disease management

Health Plan Best Practices

- Pay for Quality Program by Harmony Health Plan – reward providers who show results in member education and preventive services
- Cultural Competency Program by HealthCare USA – members receive culturally sensitive care by providers and the health plan

Health Plan Best Practices

- I Can Healthy Child Project by Missouri Care – partnered with local center to get enrollment into Head Start and obtain preventive services, and improve parent health literacy
- Case Management for Pregnant Women (BABY CARE) by Molina Health Care – focus on educating and managing members to improve pregnancy outcomes

Quality Initiatives

- Follow up after Hospitalization for Mental Health Disorders
- Improving Adolescent Well Care (recent all plan PIP)
- Improving Dental Utilization Rates
- Patient Centered Medical Home
- First Call Resolution (customer service)

Quality Initiatives

- Asthma Care Improvement
- Childhood Obesity Intervention
- Cultural Diversity Programs
- Improving Well Man Care
- Mental Health Collaboration to Improve After Hospitalization Compliance

Quality Initiatives

- Improving Readmission Rates
- Improve WIC Participation and Increase Well Care Visit Rates
- New Member and EPSDT Reminders
- Lead Programs
- Lowering ER Utilization

Quality Initiatives

- When Member Contacts Health Plan, System Alert on Incomplete HEDIS measures
- Improving Diabetic Care
- Increasing Well Woman Screenings
- Achieving NCQA Accreditation

NCQA

- Achieve Accreditation on processes and results
- Scored on HEDIS results and CAHPS Survey results (45.86 of 100 points)
- 5 major standards, each with multiple elements
 - Specific points assigned to each
 - Explicit examples of compliance with element

NCQA Standards

- Quality Management and Improvement
 - Network, satisfaction, CM, DM, CPGs, coordination of care
- Utilization Management
 - How decisions made, communicated, availability of ER care, protect member rights

NCQA Standards

- Credentialing and Recredentialing
- Members' Rights and Responsibilities
 - Privacy, complaint and appeals processes
- Member Connections
 - Claims handling, consumer tools

NCQA and MO MCO's

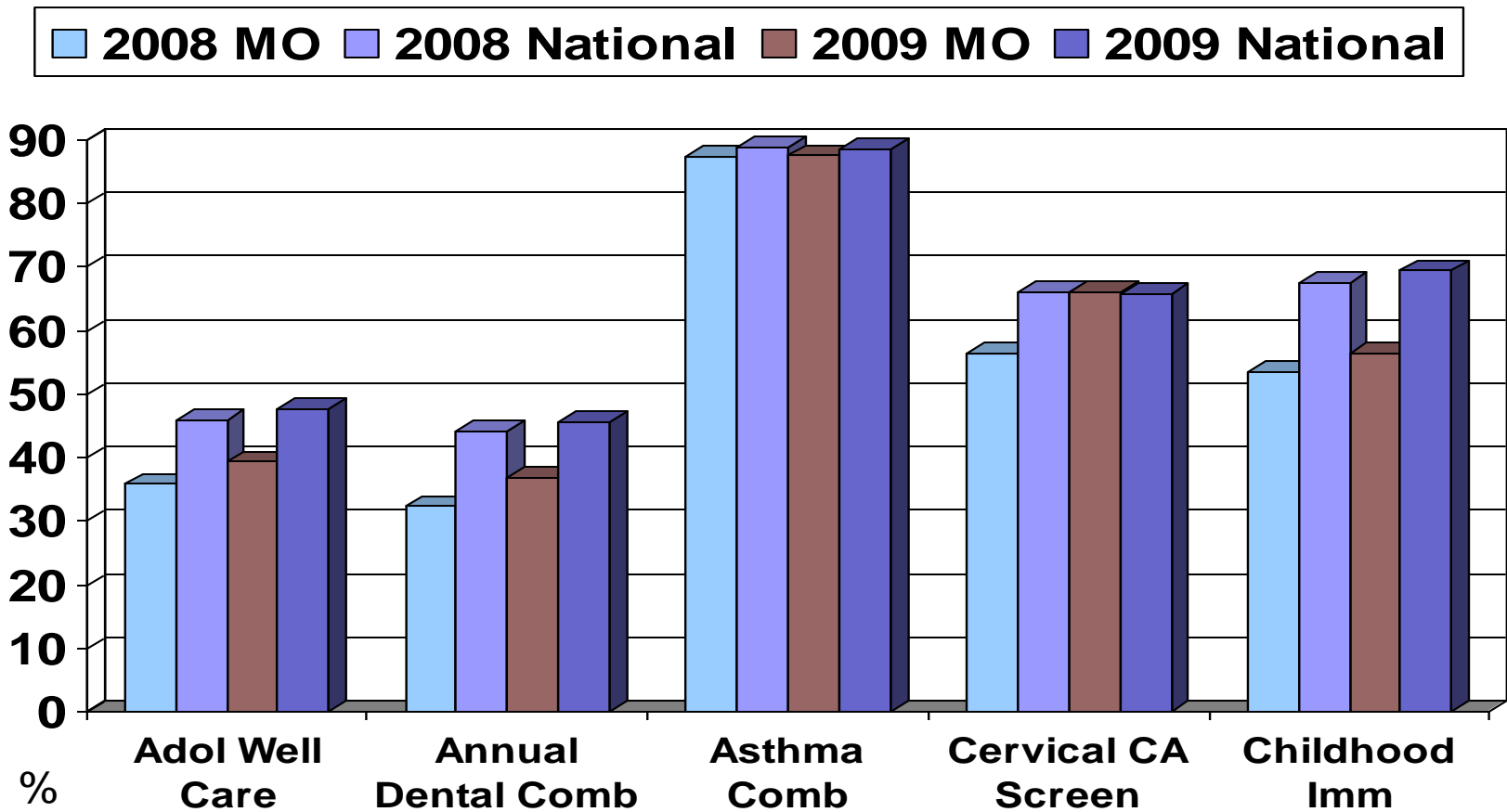
- Site visits for all plans are scheduled in June, July, and August 2011
- All health plans are required to achieve accreditation by October 2011
- Accreditation status must be “Accredited” or better
 - Five categories: Excellent, Commendable, Accredited, Provisional, and Denied
 - Status is posted on NCQA website

HEDIS Measurements

- Healthcare Effectiveness Data and Information Set, developed and overseen by NCQA
- Specific and rigorous data collection methods
- RFP required measures
 - Well Care and Immunizations
 - Dental Care
 - Asthma Care
 - Screenings
 - Prenatal Care
 - After Hospitalization for Mental Health follow-up

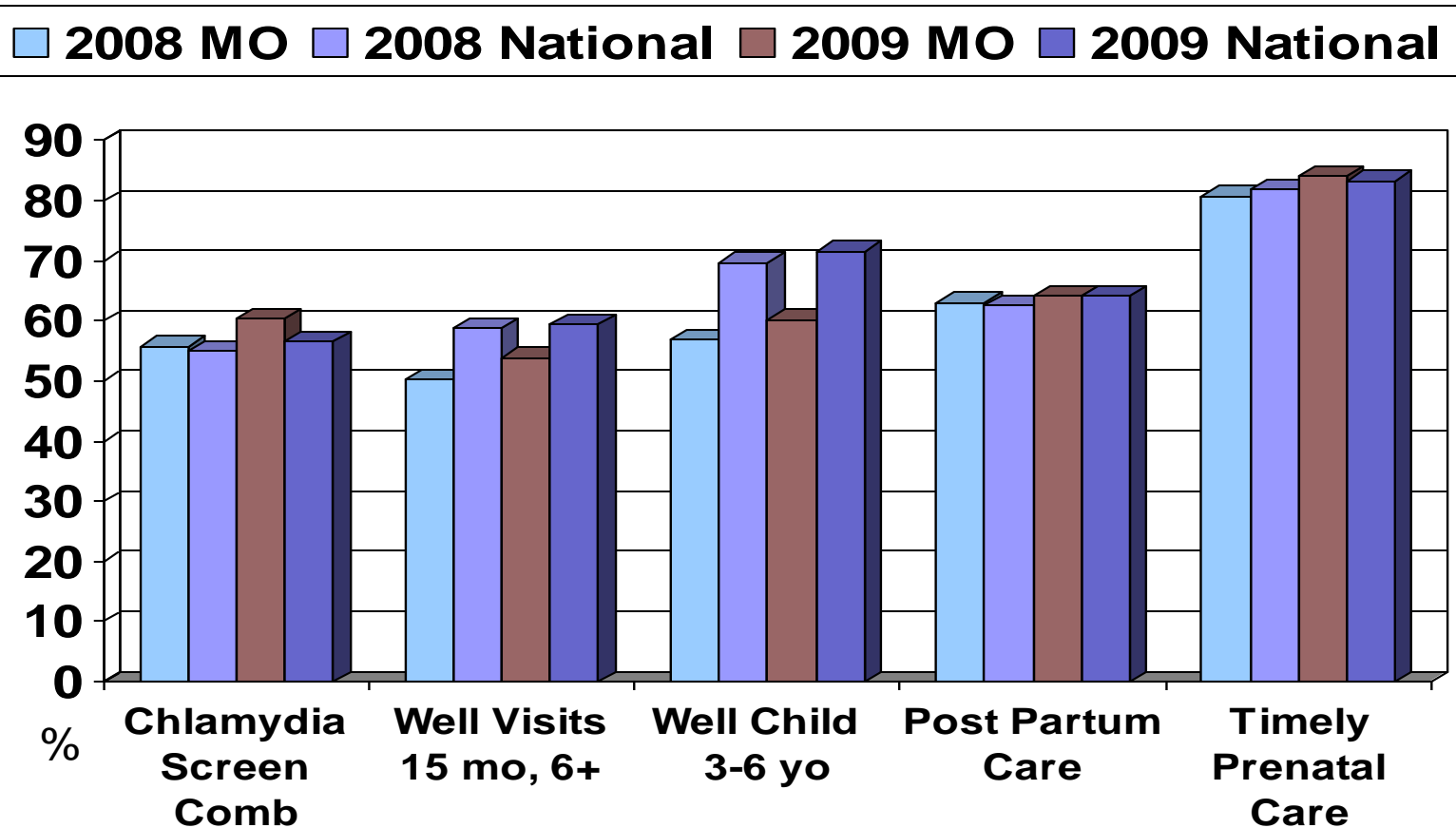
HEDIS MO MCO and NCQA National

Source, MHD October 2010



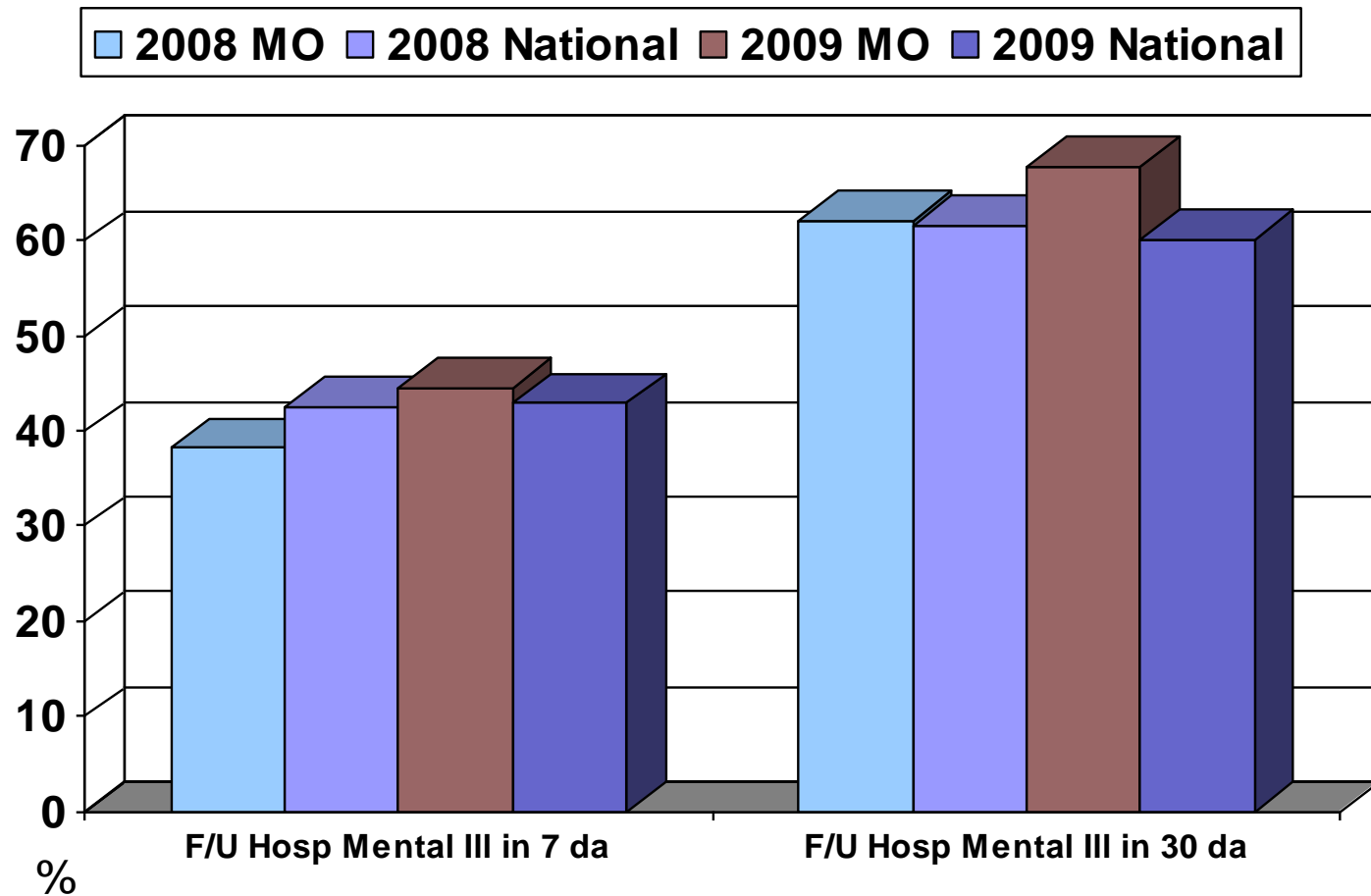
HEDIS MO MCO and NCQA National

Source, MHD October 2010



HEDIS MO MCO and NCQA National

Source, MHD October 2010



NCQA HEDIS Measures

- These are in addition to the MHD required HEDIS Measures
- Breast Cancer Screening
- Comprehensive Diabetic Care
 - Eye exam
 - HgbA1C testing and >9%
 - Cholesterol
 - Nephropathy management
- Controlling High Blood Pressure

NCQA HEDIS Measures

- Antidepressant Medication Management
- Care for Children on ADHD Medication
- Appropriate Testing for Children with Pharyngitis
- Appropriate Antibiotic Use
 - Children with URIs
 - Adults with Acute Bronchitis
- Radiology for Acute Low Back Pain

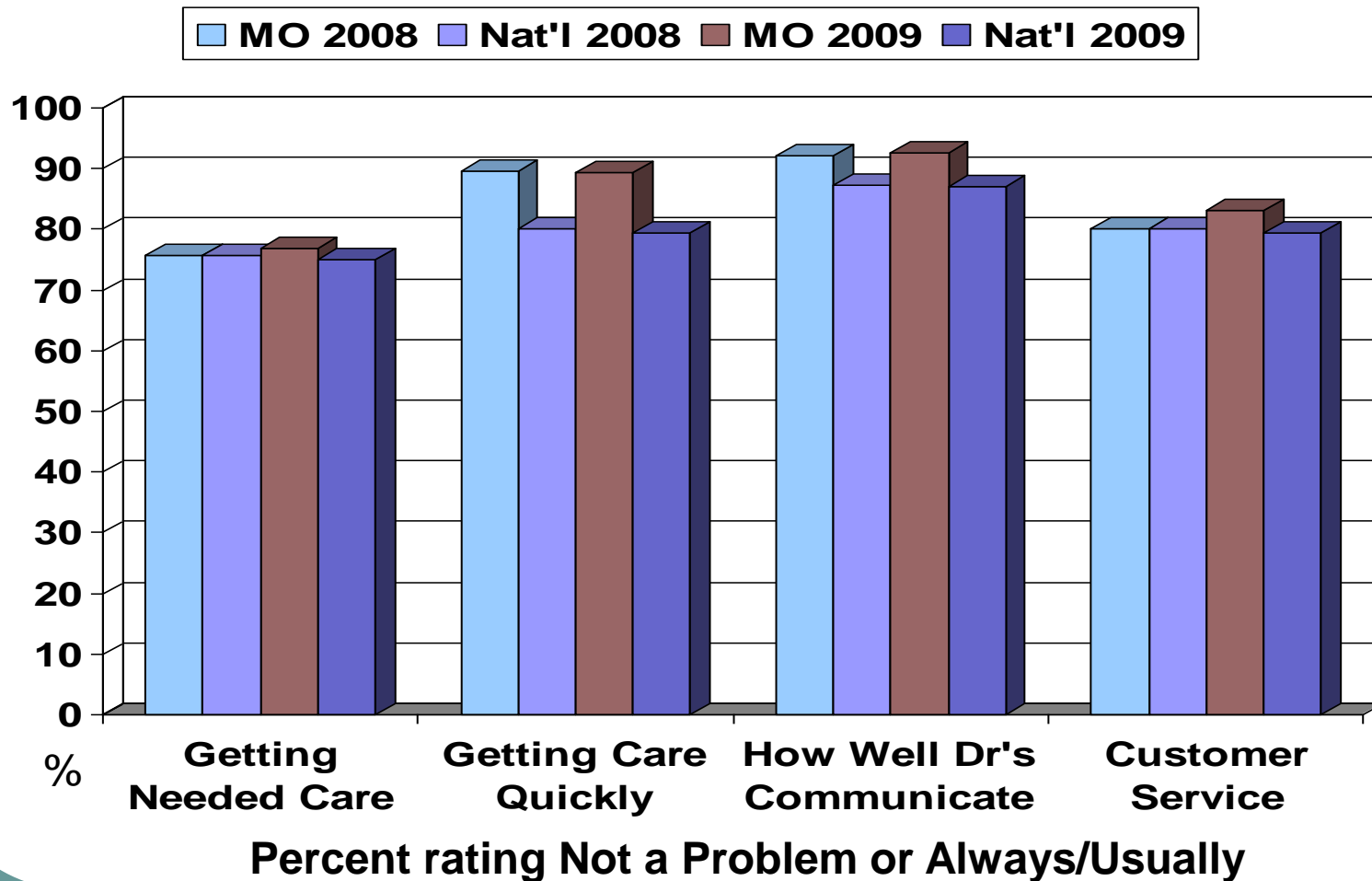
Member Satisfaction

- Member Satisfaction Surveys are done annually
- During the past four years, member satisfaction has reached as high as 91%
- Scores were similar to those enrolled in Medicare Plans or Commercial Insurance Plans

CAHPS MO and NCQA

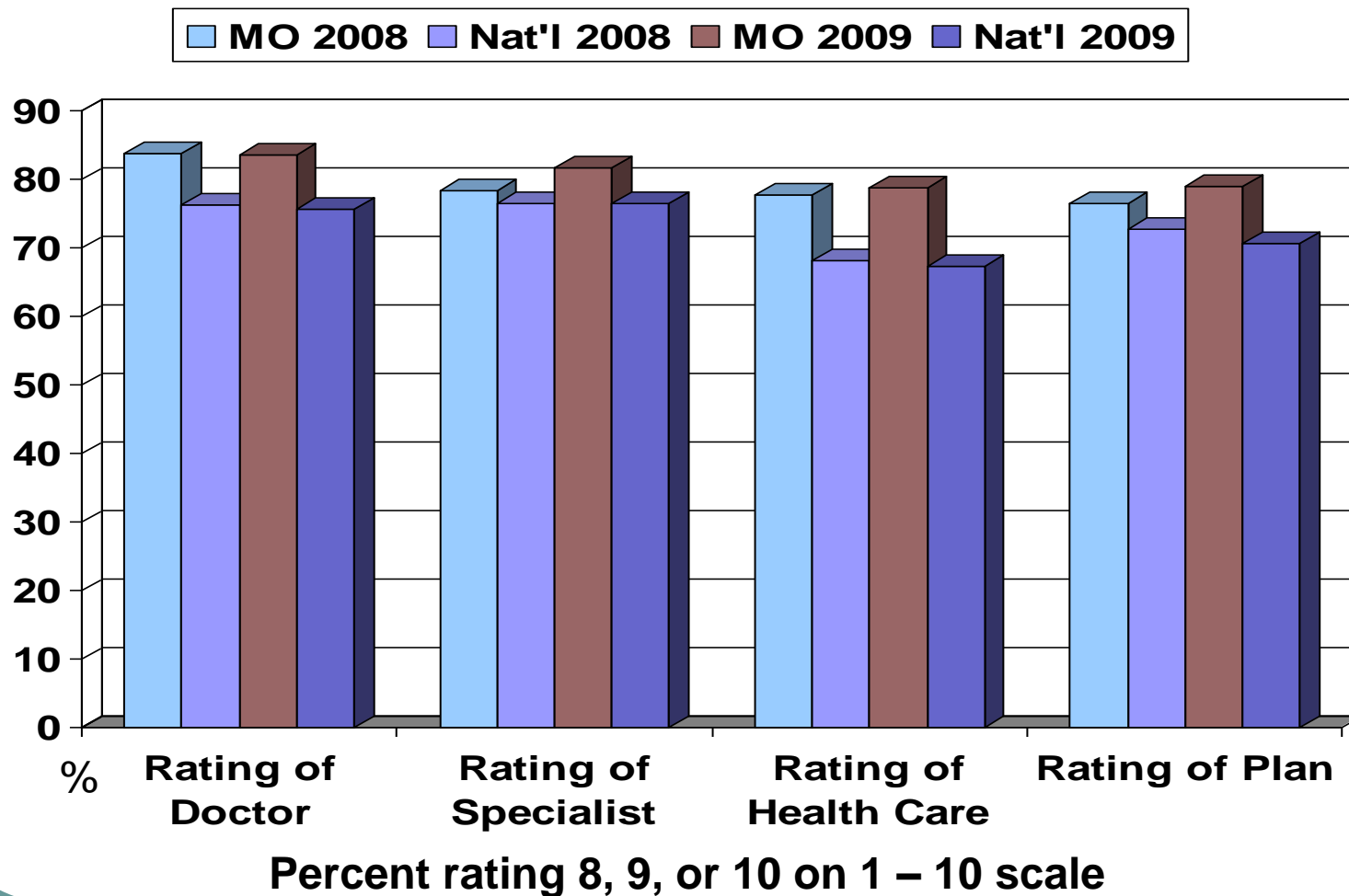
Healthcare Providers and Systems

Consumer Assessment of
Source, MHD October 2010



CAHPS MO and NCQA

Source, MHD October 2010



Quality Assurance & Improvement Committee

- Purpose - Impact service utilization by monitoring and QI activities
- Organization
 - All MCO Plans
 - State Agencies including: MHD, DMH, DHSS, and Social Service
 - EQRO
 - Legal Aid and other advocates
 - Open meeting

QA&I

- Structure
 - Meet quarterly
 - Review contract requirements
 - PIP updates
 - Task force reports
 - Focused topics and limited duration
 - Maternal/child, Dental, Behavioral Health, NCQA
 - Data review
 - Pharmacy updates and reports

Behavioral Health Task Force

- Chaired by Dr. Joe Parks, Director, Dept of Mental Health
- Meet quarterly with MCOs and their Behavioral Health subcontractors
- Review access and quality measures
 - Developing new metrics on utilization, case management, satisfaction, and networks
- Did outreach into each region in 2009 to investigate concerns about access to pediatric behavioral health services

Missouri's Medicaid Managed Care Improves Access to Care

- **Service Standards**

- Provider network, distance to get to a doctor
- Days to get an appointment
- 24 hour telephone availability
- All members have a Medical Home

- **Performance Standards**

- Well-child visits
- Care Management of Difficult Pregnancy and Chronic Disease
- Health Care Effectiveness Measures (HEDIS)

Missouri's Medicaid Managed Care Health Plans Are Accountable

- Missouri Medicaid Managed Care Health Plans are subject to significant statutory, regulatory and contractual requirements by various entities including:
 - Centers for Medicare and Medicaid (CMS)
 - Office of the Inspector General (OIG)
 - Missouri Department of Health and Senior Services (DHSS)
 - Missouri Department of Insurance, Financial Institutions, and Professional Registration (DIFP)
 - MO HealthNet Division (MHD)
- Our Contract with MHD includes over 500 “must” or “shall” statements directing our contractual performance

Missouri's Medicaid Managed Care Health Plans Are Accountable

- Plans are required to comply with Missouri's prompt pay statutes (Section 376.383 – 384) as monitored by MHD and DIFP
- Plans are subject to the member service performance standards established in our contract, with oversight provided by MHD
- Plans must utilize a third party vendor to conduct an annual Member Satisfaction Survey, the results of which are reported to DHSS & MHD

Missouri's Medicaid Managed Care Health Plans Are Accountable

- Plans are subject to DIFP solvency standards, tri-annual financial examinations, periodic market conduct exams
- Must submit reports including but not limited to quarterly financial statements and annual audited financial statements
- Must submit reports to MHD to substantiate medical expenses
 - These reports include but are not limited to a semi-annual aggregate medical cost report and monthly encounter reports to substantiate all individual medical claims paid to MHD

Missouri's Medicaid Managed Care Health Plans Are Accountable

- Monthly reports to MHD and/or DHSS on blood lead level screening and intervention results, and children's special health care needs case management activities
- Detailed quarterly reports to MHD regarding member complaints, grievances, and appeals
- Annual external audit by a state-contracted EQRO, including audited quality performance indicators following HEDIS specifications
- Must have an active Fraud and Abuse Program and report any suspected activity to MHD on a quarterly basis

Managed Care Performance

- Quality

- ✓ Establish medical home
- ✓ Continuum of care
- ✓ Preventive education
- ✓ Care coordination
- ✓ Case management
- ✓ Provider credentialing
- ✓ Utilization management
- ✓ HEDIS benchmarks
- ✓ Member satisfaction surveys
- ✓ Member education

- Access

- ✓ Provider network requirements
- ✓ Member access requirements
- ✓ Appointment standards

- Accountability

- ✓ Report to regulatory agencies
- ✓ Accountable to DOI

- Cost Savings/Avoidance

- ✓ Financial predictability
- ✓ State cost avoidance
- ✓ Efficiency

Managed Care

The **right** care

At the **right** time

For the **right** cost