

MO HEALTHNET OVERSIGHT COMMITTEE MEETING
April 29, 2008

205 JEFFERSON STREET
JEFFERSON CITY, MO 65101

Members in Attendance

Stephen Bradford
Gwendolyn Crimm, Co-Chair
Fredrick DeFeo, MD
Craig Fraizer
Shawn Griffin, MD
Steven Lipstein, Co-Chair
Debra McCaul, MD
Heidi Miller, MD
Laura Neal
Joseph Pierle
William Thousand, DDS
The Honorable Joan Bray
The Honorable Rob Schaaf
The Honorable Charlie Shields
Jane Drummond, DHSS
Joe Parks, MD, DMH
Deborah E. Scott, DSS

Members Absent

The Honorable Mike Talboy

Also in Attendance

Megan Schulz, Paraquad
Illegible Signature, Not Provided
Anne Conn, Self Employed
Karen Enlow, Office of Administration
Laura Baker, Lobbyist
Mike Purcell, Intern
Jim Moody, Moody and Associates
Ruth Ehresman, Missouri Budget Project
Carol Curtis, Astra Zeneca
Eric Feltner, Lieutenant Governor
Elizabeth Peters, MD, CMFHP
Bob Finuf, CMFHP
Ginger Steinmentz, Steinmentz Consulting
Sarah Madden, Attorney General's Office
Linda Bahrke, Heartland Health
Doug Brandt, Heartland Health
Adam Richardson, Molina Health Care
Jim Miluski, Office of Administration
K. Sherwood, Private Practice
MO HealthNet Oversight Committee
April 29, 2008
Page 1

MHD Staff in Attendance

Ian McCaslin, MD, MPH
George L. Oestreich, PharmD
Judith Muck
Amy Woods
Karen Lewis
Beth McQuaide
Mike Wilson, D.O.
Lisa Clements, PhD

DSS Staff In Attendance

Brian Kinkade
Janel Luck
Jim Uffmann

J.D. Forsyth, Self Employed
John Wood, Self Employed
Brent Gilstrap, Self Employed
J. Weller, DRA
Gloria Antorias, Visitor
Carolyn Chambers, RAIL
Illegible Signature, Heartland Health
Pam Victor, HealthCare USA
Brenda Campbell, DHSS
Jim Burns CMS
Ma'ata Touslee, RN, CMFHP
Greg Howley, CMFHP
Dwight Fine, Missouri Hospital Assoc.
Donna Checkett, Schaller Anderson
Jane Stollmeyer, Schaller Anderson
Steve Renne, Missouri Hospital Assoc.
Jerry Linder, Mercy Care Plus/Molina
Carolyn Nichols, Private Practice
Bethany Noble, ACS Healthcare

Welcome/Introductions/Minutes

Co-Chairs Steve Lipstein and Gwendolyn Crimm called the meeting to order at approximately 12:00 p.m. Mr. Lipstein welcomed the Committee and reviewed housekeeping items, including a reminder for all attendees to sign in at the front desk. Ian McCaslin, M.D., Director MO HealthNet Division (MHD) introduced Jim Uffmann, Department of Social Services, Associate Director and Jim Miluski, Office of Administration-Budget and Planning. Draft minutes for the February 5, 2008 meeting were provided in the members' meeting packets. The draft had also been e-mailed to the members for review prior to the meeting. The Committee approved the minutes as submitted by consensus.

MO HealthNet-Progress Status Report Participant Eligibility-Enrollment

Expenditures by Large Eligibility Groups - All attendees were provided a handout detailing Medicaid fee-for-service fiscal year 2007 expenditures by large eligibility groups. Mr. Uffmann reviewed the document pointing out that 65% of expenditures were in the elderly and disabled populations despite the fact that these groups represented about 26% of those enrolled in MO HealthNet. Children represented approximately 60% of the enrollees with 20% of expenditures going to this eligibility group. Mr. Uffmann noted that approximately 20% of the total expenditures went to hospitals. Members asked how this percentage might compare to managed care hospitalization expenditures. Mr. Uffmann responded that fee-for-service expenditures were about 10 to 15 percent less than managed care numbers for hospitalization expenditures. Other eligibility groups including Medical Assistance for Families-Adult, Pregnant Women, MO HealthNet for Kids (Missouri's CHIP program) and Women's Health were summarized. Mr. Uffmann clarified the definition of "enrollee" and federal poverty level following questions from the Committee. Eligibility for temporary assistance for pregnant women was discussed. Mr. Lipstein asked where Administrative Services Organization (ASO) enrollees would fall in the expenditure chart. Mr. Uffmann explained this would be a new line item, with defined expenditure, for fiscal year 2008. Discussion ensued surrounding what data would be tracked for the ASO. A per member per month (PMPM) expense and services expenditure trend will be tracked. Members were asked to provide input regarding suggestions for information to be tracked for ASO expenditures. A request for Chronic Care Improvement Plan (CCIP) expenditures to date was answered by George L. Oestreich, PharmD, Deputy Division Director-Clinical Services. Dr. Oestreich offered to provide a presentation of the CCIP program metrics and outcomes at the next meeting.

Uninsured in Missouri - Mr. Uffmann reviewed a second handout, "MO HealthNet and Uninsured Dashboard". The handout summarized health insurance coverage in Missouri based on 2006 Census Bureau data and detailed by age group and type of coverage (Medicare, MO HealthNet, Military and Private Insurance) as well as uninsured estimates. Mr. Uffmann explained that the current population survey historically under-reported Medicaid enrollees and indicated the handout had been adjusted to reflect this under-

MO HealthNet Oversight Committee

April 29, 2008

Page 2

reporting. Mr. Uffmann explained the difficulty in determining what proportion of the uninsured are in fact eligible for MO HealthNet, as factors other than income are taken into consideration when determining MO HealthNet eligibility. A potential participant must work with the Family Support Division to determine if eligibility criteria are met. Discussion ensued surrounding how to better identify the eligible but uninsured population. Members discussed the feasibility of enhanced disease-specific coverage. Dr. McCaslin summarized some of the existing disease-specific eligibility categories in Missouri, including the AIDS Waiver and breast/cervical cancer program, as well as examples from other states. Members expressed concern for the unmet health care needs of uninsured individuals who do not utilize healthcare services, as there would be no way to capture data for those individuals. The Committee also asked if the Census Bureau compiles data on the proportion of the adult uninsured who in fact do have access to, and can afford to pay for, health insurance, but who choose to remain in a self pay category. MHD will research this question for the group.

Participant Satisfaction – Judith Muck, Deputy Division Director-Program Operations, presented a PowerPoint presentation describing how the Division measures participant satisfaction. Ms. Muck discussed the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey instrument used by the Managed Health Care Plans to assess consumer satisfaction. Ms. Muck explained the Division requires an annual assessment. The CAHPS survey is used to meet the goal of standardizing patient questions that can be used to compare results and to generate understandable information for consumers and healthcare providers. The Department of Health and Senior Services (DHSS) publishes a consumer guide with the results of these surveys. Results from 2006 are available on the DHSS Web page at <http://www.dhss.mo.gov/ManagedCare/>. Ms. Muck shared screen shots of this Web page, indicating an overall rating of MO HealthNet Managed Care services at 80% satisfaction. Comparisons to Medicare Advantage managed care plans and representative Commercial managed care plan performance were shared. Ms. Muck informed the group the first CCIP consumer satisfaction survey was conducted in February 2008, covering about 15 months of program activity. A copy of the survey instrument was shared with the Committee. Results are being tabulated and will be shared with the Committee at the next scheduled meeting. Members questioned why the CAHPS instrument had not been used for side to side comparisons to managed care. Ms. Muck indicated the cost, which is reported by the Health Plans to range from \$15,000 to \$25,000, was a factor. Discussion ensued surrounding how MHD uses survey results to determine whether any individual plans were significantly underachieving. It was expressed that a significant variability in provider satisfaction with individual plans exists, and the opinion was expressed that a provider satisfaction survey would be of benefit. Ms. Muck indicated a provider survey was not required at this time; however some plans might conduct them on their own. It was suggested that a provider survey requirement might be considered as the ASO RFP is developed.

Service Delivery

Healthcare Home/ASO Roll Out- A meeting handout discussing the healthcare home and Northwest Region ASO RFP were provided to all attendees. A conference call of the Committee had been convened on April 28, 2008 at which time this document was discussed in detail. (See April 28, 2008 minutes) Mr. Lipstein asked the Committee if

MO HealthNet Oversight Committee
April 29, 2008

there were additional questions on the topic. Representative Rob Schaaf, M.D., asked for clarification on what an individual provider would be required to do differently in order to serve as a healthcare home. In response, Dr. McCaslin and Dr. Oestreich addressed Dr. Schaaf's question regarding whether guidelines would be included in the RFP that would allow or require the ASO to penalize a provider declining to serve as an individual's healthcare home. Dr. Schaaf was particularly interested in whether there would be an opportunity for the ASO to steer patients, by offering incentives, to a particular provider network and expressed concern that access to care might be decreased, including access to psychotropic medications or that continuity of care could be disrupted. Dr. McCaslin stated that there was no desire to restrict current providers and that there was no way for the ASO to restrict the network; however the ASO would be expected to urge and incentivize participating physicians toward best practices, while providing a plan of coordinated care with resources to help the participant become healthier. These resources could include transportation, 24-hour hotlines, prevention and wellness counseling, and staff to coordinate the patient's plan of care. Dr. Oestreich added MHD would remain responsible for any pre-certifications and the ASO will have no ability to determine benefit packages, nor will the benefit package change for ASO participants. Joe Parks, M.D. reminded Committee members that placement into a healthcare home is voluntary for both the participant and provider; however, the ASO would be able to provide incentives to the provider for participation, including access to electronic tools.

Senator Charlie Shields commented that it would not be in the best interest of the ASO to limit its number of providers. Deborah Scott, DSS Director, commented that the patient would be contacted regarding their current provider continuing as their healthcare home, and Dr. Oestreich described how the CCIP program works to pair patients with their current physician. Dr. Parks commented that his patients have expressed value in the CCIP program. Heidi Miller, M.D. asked that the RFP language clarify the difference between healthcare home and ASO. The ASO should be viewed as a support system for the healthcare home and an advocacy program for the participant. In response to questions regarding possible conflict of interest the Committee was assured by Mr. Miluski that the RFP evaluation process would be conducted in an ethical and non-biased fashion. Dr. Oestreich answered a question from Craig Fraiser that evaluation of regional comparative data will allow MHD to identify patterns where providers and patients are not participating in certain areas. Mr. Lipstein closed the discussion and asked the Committee to bring any concerns back after the RFP has been released. Joe Pierle asked why the ASO program is not mandatory like managed care, to which Dr. McCaslin responded that mandatory participation would require submission of a waiver application to CMS. Following this dialogue a motion (Shawn Griffin, M.D.) and second (Fred DeFeo, M.D.) for MHD to proceed with the ASO RFP for the Northwest region of the state was made. Mr. Lipstein called for a show of hands in support of the motion. The motion carried unanimously.

Town Meeting Updates- A handout describing public meetings Dr. McCaslin had conducted in St. Joseph and Moberly and questions raised at these meetings was provided to all attendees. Abbreviated answers to the questions were also included. This document had also been discussed during the April 28, 2008 conference call (See April 28, 2008 minutes). Additional town hall meetings are scheduled for Springfield and Rolla and several more around the state are being planned. Dr. McCaslin will continue to provide feedback to the Committee from these meetings.

Best Practices

Children's Mercy Family Health Partners/Health Improvement Disease

Management Programs- Bob Finuf, CEO, Children's Mercy Family Health Partners (CMFHP) provided a brief history of CMFHP, a provider-sponsored managed care organization (MCO). CMFHP operates in the Western region of the State, as do three other MCOs, and retains about 40% of the enrollees in the region or about 48 thousand participants. Eighty percent of these are children, with a high proportion of the 20% adult population being pregnant women. Mr. Finuf introduced Ma'ata Touslee, RN, MBA, CCM the Director of Health Services with CMFHP. Ms. Touslee described the company's philosophy for health improvement/prevention programs. A PowerPoint presentation summarized the General Wellness/Prevention Reminder and Lead Poisoning Prevention Programs conducted by CMFHP. Ms. Touslee also provided background on the Care Management Programs the company uses to support the provider-patient relationship by providing tools and education to both. Detailed information on an emergency department (ED) diversion program in place for 2 ½ years designed to aid participants with non-emergent conditions connect with a health care home was outlined. She stated that a reduction in ED utilization for non-emergent conditions has been realized over time and the company has learned much about the population they serve and the barriers to care they may face.

Ms. Touslee discussed disease management and the use of claims data to target member newsletter mailings to their specific needs as well as community education efforts by CMFHP. Disease Management programs included the Healthy Lifestyles Program (HeLP) and Asthma Management Program, which is the most mature of their disease management services. Greg Hanley, Manager of Health Improvement, provided details on the Asthma Management Program including education provided to the providers, shadow time in the provider offices, chart reviews and ensuring that every patient with the diagnosis has an action plan in place. Mr. Hanley stressed the importance of face to face interventions and education with the patient and described home visits, quality of life assessments and individualized goal setting with health coaches. Mr. Hanley provided information on the number of members with asthma, percent of asthma-related emergency department and inpatient hospitalizations and asthma-related costs before and after this award-winning intervention program was initiated. He stated to date 30% of participating primary care providers have completed the training modules offered. These providers treat 64% of the CMFHP members and an increase in diagnosis rate has been observed. Planned enhancements to the asthma program will include a member satisfaction survey and health coach documentation standards and auditing. The goals for the HeLP Program were also summarized. Ms. Touslee summarized plans for future Health Improvement and Disease Management Programs including a program for diabetes and a trial medical home implementation. It was noted that CMFHP does carve out the pharmacy program and Ms. Touslee commented that the company finds the CyberAccessSM tool to be a valuable resource for information. The remainder of the presentation was devoted to questions from the Committee.

Provider Interfaces

Enrollment/Education/Contact-Ms. Muck presented PowerPoint slides to provide provider enrollment statistics, stating that there are approximately 38,500 enrolled providers to date encompassing more than 60 provider types. Ms. Muck discussed provider MO HealthNet Oversight Committee

April 29, 2008

Page 5

enrollment requirements, including the upcoming federal mandate for use of the National Provider Identifier (NPI). Contact information for the Provider Enrollment Unit (PEU) was made available as well as information about how to access a provider enrollment application. Ms. Muck stated that the PEU processes 40 to 50 new applications and completes 80 to 90 updates to existing provider records each day. The provider pages of the MO HealthNet Division's Web page were summarized and Ms. Muck provided information, including telephone numbers, Web trainings and other access points for contacting various MHD Units. MHD will respond to a request for the total number of licensed physicians in the state. Discussion ensued surrounding challenges to provider outreach and how the Oversight Committee might help get the message to others in the state. Dr. DeFeo felt the MO HealthNet News email system could be used to remind subscribers of what MO HealthNet has to offer, including advances in technology.

Technology-Dr. Oestreich introduced the latest electronic tool to the CyberAccessSM family. Direct Care ProSM functions as a module within CyberAccessSM and allows those trained pharmacists that have access to the system a quick view of their patients. The tool works with the current point of sale (POS) standards that pharmacies already have in place. The tool will notify the trained pharmacist of an opportunity for an intervention with the patient. There are currently 35 rules-based interventions available. Each encounter has written instructions for the pharmacist to assist in communicating the intervention to the patient. Direct Care Pro also offers a billing screen in order for the provider to submit a claim for the intervention. Bethany Noble, ACS Healthcare provided a demonstration of the tool. An online training session must be completed before a pharmacist can bill an intervention. The provider is required to have a disease management provider ID and a private counseling area must be available for consultations. A site may have two levels of access to assign employees: full access with ability to perform interventions and view-only access. Ms. Noble stated the on-line training will remain available to the provider for reference as needed. MHD introduced Direct Care Pro to the pharmacy providers only; however, MHD intention is for the tool to be made available to other provider types as well. Dr. Oestreich and Ms. Noble responded to questions from the Committee.

Best Practices

Behavioral Pharmacy Management Program- Joe Parks, M.D. Chief Clinical Officer and Division Director for Comprehensive Psychiatric Services within the Department of Mental Health (DMH) shared a PowerPoint presentation detailing a drug management initiative. DMH and MHD have been participating in this partnership with Comprehensive Neuroscience (CNS) for approximately four years. The Behavioral Pharmacy Management (BPM) program provides both agencies a strategy to ensure better management of psychotropic medications and improve the quality of prescribing without hard edits. Dr. Parks reviewed the goals of BPM. He summarized the partnership values and the advantages to a public-private partnership. The history of CNS was presented and it was noted that Missouri was the beta site for BPM and has been the recipient of several national awards. Over twenty states have now entered into BPM or similar partnerships with CNS. Dr. Parks summarized how claims data is analyzed to identify prescribing practice deviations from best practice standards to generate reports and interventions shared with the prescriber. Program performance data including a reduction in prescribing errors and an independent evaluation completed by Mercer to evaluate the impact of the initiative on MO HealthNet Oversight Committee

April 29, 2008

cost containment was shared. The Mercer report indicated that prior to the CNS intervention MO HealthNet's spending for behavioral pharmacy was growing at a rate of 2.4% per month or an annualized rate of 28.8%. Since April 2003, the start of the program, the behavioral pharmacy spending growth rate has been 1.18% for an annualized rate of 14.16%. Dr. Parks discussed the use of hospital admission changes as a measure of program impact and shared slides graphing these results, noting program impact on total healthcare spending. Missouri has also started a treatment adherence program (TAP) designed to improve behavioral health medication adherence. TAP uses aggregate claims data to identify patients with lapsed refills or a medication possession ratio of less than set parameters. Notifications are then mailed to advise caregivers of the lapse in medication. Dr. Parks ended his presentation by summarizing new initiatives and improvements to existing programs planned for 2008. Questions from the Committee were addressed. Members commented on the value of these programs and Dr. Parks welcomed any suggestions for improvements.

Web Page Demonstration

Karen Lewis, Executive Assistant MHD advised that MO HealthNet Oversight Committee's meeting information, including all meeting materials, is now available on the MHD Web page at URL <http://dss.mo.gov/mhd>.

Committee Responsibilities

Senate Bill 577 Report Requirements- Due to time constraints a power point presentation by Ms. Muck was tabled. Copies of the slides were included in the meeting packet and members were encouraged to call if they had questions regarding the information. Ms. Muck informed the group that MHD was in the process of contracting with a vendor to start the process of completing the Healthcare Technology Report for the Committee's review.

Open Public Comment

Time for comment by the public had been allotted for the meeting. Those wishing to make comments were to contact MHD in advance and were asked to keep their comments to five minutes or under. Five scheduled speakers and one non-scheduled speaker addressed the Committee. Dr. Chuck Hollister, a provider in the Springfield area, commented that the Committee was missing a representative with expertise in the counseling arts. He also called for more transparent meetings and suggested that the MO HealthNet News email system publicize the opportunity for open comment. Dr. Hollister discussed his impression of the differences in fee-for-service and managed care. Ann Coon, LCSW in private practice for 13 years and who serves children in foster care, spoke against the prior authorization process for therapy sessions. Ms. Coon indicated she did not feel the number of sessions authorized allowed time to develop a trusting relationship with the child and that MHD would lose qualified providers because of additional paperwork. She expressed concerns that without these qualified providers court cases would be in jeopardy. Brent Gilstrap, LPC, a Springfield area provider, presented concerns with the expansion of managed care into Polk County, including the ability of managed care plans to restrict their provider panels. John Wood, LPC commented on the "paper work oppression" he sees in his field.

MO HealthNet Oversight Committee

April 29, 2008

Page 7

He called managed care “another level of bureaucracy” and asked that decisions be made to make access to care for children easier. J.D. Forsyth, M.D. expressed his concern that a medical model for health care was being used to address mental health issues. He stated that someone on the frontlines in the field should be available to help set up the model. He requested a place for providers to provide feedback. He expressed concerns that managed care will deteriorate services and create road blocks for children in need. He reiterated the concern of potentially being excluded from managed care provider panels. Meghan Schultz, Paraquad, Inc. provided the members a flyer describing the Disability Coalition on Healthcare Reform (DCHR). Ms. Schultz asked that the Committee look for solutions to healthcare barriers and not overlook disabilities when developing programs and RFP's. DCHR is conducting a survey on healthcare barriers and Ms. Schultz offered to share results when completed as well as offering DCHR as a resource for the group. Suggestions for other surveys were welcomed.

Questions/Adjourn

The next meeting of the Committee is scheduled for August 5, 2008. Members were asked to provide to the Co-Chairs any conflict they might have in advance. A conference call could be scheduled if members are planning summer vacations or have other conflicts that would prohibit them from traveling to Jefferson City. Members agreed that the meeting times of Noon to 4:00 p.m. are working and this time was established for the remainder of the 2008 schedule. The meeting adjourned at 4:00 p.m.