

MO HEALTHNET OVERSIGHT MEETING
February 23, 2023
Via WebEx Conferencing

ATTENDANCE

Committee Members Present:

Nick Pfannenstiel, Chairman
Dr. Bridget McCandless, Co-Chair
Representative Tracy McCreery
Donna Siebeneck on behalf of
 Val Huhn, DMH Director
David Ott
Gerard Grimaldi
Joe Pierle
Robert Knodell, DSS Acting Director
Todd Richardson, MHD Director
Dr. Heidi Miller on behalf of Paula
 Nickelson, Acting DHSS Director
Dr. Sam Alexander

Members Not Present:

Sara Oerther
Representative Jonathan Patterson
Carmen Parker-Bradshaw
Dr. Ingrid Taylor
Mark Sanford
Senator Mary Elizabeth Coleman

DSS/MHD Staff:

Abby Barker, MHD
Erin Garrison, DFAS
Ashley Wilson, MHD
Leslie Bittle, MHD
Katie Belenchia, FSD
Jennifer Tidball, DSS
Kristen Edwards, IBM
Kirk Mathews, MHD
Justin Clutter, MHD
Josh Moore, MHD
Kim Evans, FSD
Leann Hager, MHD
Melissa Hope, MHD
Nate Percy, MHD
Patrick Luebbering, DSS
Ryan Conway, DSS
Taylor Jones, DSS
Tisha McGowan, MHD
Zana Stephenson, MHD
Adam Crumbliss, DSS

Guests:

Emily O'Laughlin
Jim Eschen
Brian Kinkade
Jessica Talbot
Kathryn Brown
Lynn Morsches
Mike Mitchell
Tim McBride
Jeana Pringer
Christine Clark
Lindsey Haslag
Brandon Li
Paul Fung, Conduent
Alisa Gordon
Tina Bradshaw

All meeting presentations are located on the web at: <http://dss.mo.gov/mhd/oversight/meeting.htm>

AGENDA

Welcome/Introduction/Approval of Minutes

- Dr. Nick Pfannenstiel, Chairman, called the meeting to order at approximately 1:00 p.m. The committee approved the minutes from the November 9, 2022 meeting.

Dr. Nick Pfannenstiel presented the option for hybrid meetings moving forward, but allow in person attendance as well. The committee agreed to continue with the hybrid schedule at this time. The request was made that committee members send feedback to Dr. Pfannenstiel or Dr. McCandless to assess feedback on future meeting structures.

MO HealthNet Division (MHD) Director's Update

- Todd Richardson, MHD Director, provided an overview of the current Missouri Medicaid status for enrollment, state Medicaid expenditures, and Medicaid's general revenue expenditures, as well as policy updates and changes.

Welcome was given to Dr. Miller, who is new in her position at Department of Health and Senior Services, and a new member of this committee.

MHD is pleased with the governors recommended budget that allows MHD to continue to operate and meet the obligations to pay for Medicaid services. MHD will continue to update the budget projections through the House and Senate process. At this time, MHD has completed the first phase involving the department public hearings with the Subcommittee on Health, Mental Health, and Social Services. The budget will move to the full House Budget Committee who will review for amendments prior to moving on to the Senate.

MHD continues to work with CMS on final approval of the hospital rebates that was initiated in July as well as the nursing facility payment, and hospital methodology change. MHD is anticipating that approval will be given on both of those initiatives, but ongoing conversations continue with CMS.

Director Richardson provided an update on MHD's efforts focused around maternal and infant health. MHD continues to focus on comprehensive efforts to improve maternal and infant health measures and best practices for the State of Missouri. MHD is working closely with Department of Health and Senior Services and the Department of Mental Health to focus on healthier moms and babies. Missouri wants to be a national leader in maternal and infant health outcomes. The structure focuses on a data driven foundation. The four pillars that will drive our effort include managed care payment and policies, access to care and our current benefits package, innovation and transformation, and provider and participant education.

The Transformation Unit Office at MHD has a high focus on innovations throughout Missouri. For example, some of the focus has been around payment for doula services as well as bundled payments, keeping in mind both the managed care moms as well as the remaining fee for service moms. Lastly, the provider and participant education team has combined the four pillars for our external partners. The overall hope in the efforts described above is an outcome of having healthier moms and babies. This effort was kicked off last fall, meeting twice a month, and involving roughly forty MHD team members.

- **Comment:** Girard Grimaldi: Is the hospital methodology awaiting approval from CMS, and is that a state plan amendment and is the nursing home a waiver?
- **Comment/Response:** Director Richardson advised both are. The hospital rebase is a state plan amendment as is the nursing facility.

Family Support Division (FSD) Update

- Kim Evans, FSD Director, presented the FSD update. Director Evans reported on the unwinding of the annual renewals. FSD was pending 3,536 applications. The backlog has been mastered, having 82% of those applications sitting in the 0-10 days' time line. FSD is able to process them quickly. FSD has been able to work through the backlog of open enrollment and expansion applications. FSD is now focusing and addressing the new applications coming in; they are seeing 500-700 applications a day primarily coming in from the MEDES portal. Most of these applications are members who are applying themselves or from an assistive facility. As of February 17, there have been 310,007 members enrolled into Medicaid Expansion. The total Medicaid population to date is 1.4 million.

Director Evans gave an update on the multiple benefit application process. Currently, FSD is developing the multi benefit application to include SNAP and Medicaid. Individuals will also have the option to apply for each program separately. Simplified language will mirror the online application and the paper application for members.

Secondly, centralized mail went live on January 18. This means there is a vendor sorting the mail as it comes into FSD, scanning the mail and indexing the letters to allow FSD to process applications more quickly.

Thirdly, FSD is working on a new citizen portal with the communication team. This will allow members to see their online information such as online annual renewals, ability to report changes, schedule appointments with FSD staff as well as chat live with an agent. This will be used with all programs, but Medicaid will be the first program utilized in the portal. In April FSD will be encouraging everyone to open an account with the online portal. The online portal is a great feature as it allows members to choose the date/time that works for them. The scheduler will notify the member if the appointment is available, the next available time, or the nearest facility with the specified date/time available.

Lastly, FSD is working to get all resource centers open Monday through Friday 8-5pm, including during lunch hours. The goal is to remain open to the public as much as possible. FSD resource centers will be utilizing the one touch system, where the first individual the member speaks with will be able to assist the member with their needs.

- **Comment:** Dr. Bridget McCandless: When will the multiple benefit application be available? Will the citizen portal be opened by May of 2023?
- **Comment/Response:** Kim Evans: The citizen portal will be available May 2023. Starting April or May of 2024, the multi benefit application will begin the pilot with the SNAP benefit.
- **Comment:** Nick Pfannenstiel: How does the Civilla project correlate with the joint application to make it simpler? What update can you give on the joint application; such as how many pages or how complicated would it be with the separate application process? How does that look for an individual?

- **Comment/Response:** Director Evans: Civilla provided us with a template. So FSD took the template and developed our own paper application in order to make sure the experience was similar in comparison to the online application and paper application. The process for the multi benefit application is still in the early stages. We're working with the development team, working up a demo and getting approval from CMS and FMS, by using both Medicaid and SNAP information. We will give an update as we continue to work on this.
- **Comment:** Nick Pfannenstiel: Does a member have to physically set up the portal prior to being able to use it or is this something that is activated for the member?
- **Comment/Response:** Director Evans: The member or citizen must set this up because they will be using identifying information such as their Social Security number. The navigators, community partners and medical facilities will receive education to assist with setting this up for members. Time frames are being looked at as far as account set up. This will occur the first part of April. Annual Renewals will be in June and as of May 1st, members can log in and see the pre-populated form.
- **Comment:** Nick Pfannenstiel: I think for myself and this committee, we are excited to direct our patients to this portal.

Director Evans gave an update on the mitigation plan and Gateway. As of December 31 of 2022, there are no participants in Gateway and this program was able to sunset as of December 31. FSD was able to work with CMS to get all individuals moved into another Medicaid category.

Director Evans reviewed the PHE Unwind. Missouri will be doing this in a 12 month process. The system will be opened up starting with June and those will be the members that will be able to start their renewal. The reason for this approach, is to create less confusion for the members who already know their renewal date will be in June. It will be easier to do this month by month to relay information to individuals that this is the month the annual renewal should occur. This will be our process moving forward to create less confusion. FSD will be removing codes that kept cases from closing. In order to reduce strain on the system, this will allow the process to be as familiar as possible. The transition plan has been submitted to CMS in a timely fashion.

FSD is working with the Managed Care Organizations (MCOs) and the Communications Team in order to collect the most recent and accurate addresses and contact information for the members we serve. FSD meets weekly with the MCOs in order to discuss and update information as the unwind continues. This will increase the outreach to members to ensure renewal processes are completed in a timely manner. In two weeks from now, applications will automatically be electronically verified. MEDES verification will occur first, and then FAMIS will follow. Until FAMIS is automated, this will continue in a manual fashion. Continuous monitoring will take place later in the summer to track and monitor caseloads for the out of state incarcerated members.

Heather Dolce gave an update on the communications tool kit and how to better prepare Missourians. The federal government signed legislation on December 29. On December 30th, the Communication Team had a website up and going at <https://mydss.mo.gov/renew>. The

focus of the website is encouraging people to update their information with FSD. The website allows members to change the language of the website, and it will automatically translate for them in whatever language the participant selects, in order to be mindful of all of our members. Just knowing that will be formally communicating via mail. Frequently asked questions are also highlighted on the website to increase understanding on the annual renewal process. There are flyers, graphics, and posts written so that the communication team can get information out to our members. The annual renewal tool kit has all of the nuts and bolts embedded in it, to create a streamlined flow of the process. There is also a timeline that is featured to set expectations. For the entire year, annual renewals will continue with participants. As a reminder, prior to making any changes based off of the electronic verification, the member will have 10 days to disagree with the decisions. There is an adverse action period that will take place. The final decision letter will be sent to the member.

- **Comment:** Gerard Grimaldi: How will you be outreaching with Medicaid Providers?
- **Comment/Response:** Director Evans states that WebEx training and video tutorials will be available. Provider blasts have also been sent out along with the hyperlinks located in the tool kit.
- **Comment:** Gerard Grimaldi: Is the Insights Engine the vendor you will be using?
- **Comment/Response:** Director Evans: Insight Engine is a software that compiles the information coming from LexisNexis Acuity which has resources that we will use for non-MAGI and Equifax. It will also compile information from our SNAP cases.
- **Comment:** Dr. Bridget McCandless: You talked about the unwind and the flexibility and aspects you were wanting to keep. What applications or areas do you want to keep?
- **Comment/Response:** Director Evans: The flexibilities of the applications that have been implemented are good for the unwind until March of 2024. The annual renewal side, if a member has attested to zero income, then FSD will accept that as zero income versus having the member verify zero income. The Acuity piece for non-MAGI, is a fifteen day process due to waiting on banks and financial institutions. If FSD doesn't get this information back timely or within 15 days, FSD will complete the annual renewal, and reassess once the information is received from the banks. The administrative hearing process has also moved passed the 90 day time frame to allow flexibility to get the hearing request in. The individual will keep their coverage until the hearing.
- **Comment:** Dr. Bridget McCandless: Did I understand the 12-month continuous eligibility was federally enacted for children?
- **Comment/Response:** Director Evans: Yes, that starts January 1, 2024.
- **Comment:** Nick Pfannenstiel: The 1.4 million and 12 month unwind, if all of those members re-enroll, we will be looking at 115,000 applications a month. With the process in place, we should be able to handle that correct?
- **Comment/Response:** Director Evans: Yes, the projection that FSD uses, looks at households. When we count individuals, we actually do this as a household, so the numbers may appear a little different.

- **Comment:** Nick Pfannenstiel: To reiterate, the portal and training of how to teach providers and members to get onto the portal and do updates is great. Everything seems to be pending on the actual renewal date which is based on the member's original anniversary date. What is being done the month prior and what are we doing with the managed care plans? Would it be feasible for the provider to contact the members MCO to outreach and assist in this process?
- **Comment/Response:** Director Evans: FSD is currently working closely with the managed care plans. The managed care plans are more concerned about the members who we send the prepopulated form to. FSD will be supplying the managed care plans a list of individuals from their plans that are receiving the prepopulated forms and the health plans will begin outreach. Of the individuals who have not returned their annual renewal form, the system is notified and sets up an adverse action at 20 days. A report is generated and sent to the health plans to continue outreach. We will have to talk with the MCOs about providers outreaching with the participants, because there is great value in this. Providers are checking accurate information upon check in, and providing the member with their renewal date to keep them informed in the meantime.

Chief Operations Officer Update

- Jessica Dresner presented on upcoming improvements in provider enrollment. We have discovered the main reason for time lags in enrollment process is a lot of back and forth between MMAC and the provider. Anna Wainscott, the Director of Education and Training has been looking into this. Anna is working on the application form to develop a fillable form to improve the provider experience. This will cut down on back-and-forth.

Jessica gave an update on the PACE program in St. Louis. Currently there are 29 participants enrolled, with the capacity to have 300 at the day center. Their goal for the 300 member count is 5 years. MMAC and MHD have met to decide what compliance and audit efforts will look like. .

Lastly, MHD will meet with CMS to discuss the medically complex children in a health home program. The question for CMS will be clarification and if MHD can fold the participants into an existing primary care health home or if MHD will need to do a whole separate state plan amendment. This will accommodate the children included in the federal government's ACES Kids Act.

- **Comment:** Gerard Grimaldi: Are the complex children currently enrolled in Managed Care?
- **Comment/Response:** Jessica Dresner: that is one of the opt-out categories for the Managed Care Health Plans. There are currently fewer than 1,000 children currently receiving private duty nursing services, and most of them are in the fee for service program, so when we work with CMS on implementing this, we'll want to broaden the criteria. It won't just be children receiving PDN, because we would like to cover more children than one thousand.

Chief Transformation Officer Update

- Update given by Justin Clutter, Project Manager, and Dr. Abby Barker, Transformation Team. Justin gave an update on the dual eligibles (those who are eligible for both Medicaid and Medicare). Data was run, identifying 98,000 Medicaid participants who are eligible for Medicare, but not enrolled. The Transformation Team did an analysis to identify the cost savings and \$740 per month was identified to save per member per month. The Transformation Team partnered with a non-profit, CLAIM. Their role is to assist individuals in enrolling for Medicare. They help with completion of paperwork for individuals as well. It was decided to keep it simple, and to send a letter to these individuals to notify them that they are eligible for Medicare. By sending the letter, CLAIM was overwhelmed, but the Transformation Team learned from that initial mailing, over 2,400 of those members are now enrolled in Medicare, giving the Medicaid Program a cost savings of \$1.8 million dollars per month (\$21.6 million per year). The Transformation Team is working with CLAIM to bring this to a smaller scale, but with frequent mailings, to increase savings for Medicaid.

Dr. Abby Barker gave an update of the ToRCH model which is the Transformation of Rural Community Health. The model asks hospitals to play a leadership role in their community to determine social determinants of health to integrate social care with clinical care and improved outcomes. This is a value based model. To date, there have been 15 rural hospitals that have submitted their letter of intent and the application went out a couple days ago and will be due in May 2023. The Transformation Team will select six communities for the initial pilot cohort. The Transformation Team will present a more detailed model and long term strategies in terms of regulatory approach during the next meeting.

Lastly, Dr. Barker informed the group of an upgrade in software for the Transformation Team, allowing them to provide better, more frequent and timely oversight of the Managed Care and Fee-for-Service providers. They will start leveraging the new resources in order to do a better job on network access going forward.

Chief Information Officer Update:

- Tisha McGowan, MHD Chief Information Officer, gave an overview of the CMS certification completion in January for the BIS-EDW. We anticipate receiving certification by the end of this month.

Tisha gave an update on T-MSIS. We are maintaining compliance. We are currently looking at the changes that CMS is putting into place. CMS reviews are being done for the new data dictionary 3.0.

- **Comment:** Director Todd Richardson: Announced Tisha's retirement and her last attendance at the committee meeting.

Managed Care Update:

- Update given by Jessica Dresner in lieu of Alex Daskalakis. Jessica gave an overview of the MO HealthNet Education and Training Unit, which was recently renamed (from Provider Education). MHD merged managed care educators with the Fee for Service Educators. Anna Wainscott was named Director of the Education and Training Team. We also purchased new software called articulate 360, which is an animation software, which will help us improve and modernize resources and materials we put together for providers. This team meets monthly with Missouri Medicaid Audit and Compliance and WIPRO, to continue to create cohesive resources and improve the provider, participant, and employee experience. Outreach continues to providers and associations to increase our presence at conferences and events. Amanda Fahrendorf did a presentation at the Kansas City University at the College of Dental Medicine, as well as events lined up with the Missouri Primary Care Association for next month. In April, Amanda will be visiting the Missouri Assisted Living Association, the American Association of Health Care Administration in May, and lastly the Missouri Association of Osteopathic Physicians and Surgeons in Branson, MO in June.

Secondly, MHD is working on an all-inclusive MO HealthNet provider enrollment guide to update the current provider enrollment application process. A MMIS guide is also being developed, with the help of the Communication Team, to navigate the Claims system. The Communication Team is working on updating the participant handbook at this time as well. Anna and her team are also working on continuing the member forum and what that might look like in the future. There is also a new Provider Resource calendar to allow for easy access and tips and tricks. You will also find a Hot Tips index, third party liability information, and more. Check out the new website to explore more.

- **Comment:** Nick Pfannenstiel: Can you give me an idea as a provider, when would I contact the Education Resource Team about a Managed Care question versus contacting the Managed Care organization?
- **Comment/Resource:** Jessica Dresner: If a provider has a direct question about a claim being denied, you would call Provider Education at WIPRO. We direct providers to call the Managed Care health plan directly if you are having issues submitting a claim or you do not understand why the claim was denied, and it is a managed care claim. Outreach to the Education Team would be the next level, if you're not satisfied with the explanation, if you have a question about policy, or if you want more education or training.

Budget Update

- Tony Brite, MHD Chief Financial Officer presented on any changes from the Department request in the Governor's Recommended MHD Supplemental requests for State Fiscal year (SFY) 2023 and budget request for SFY 2024. The Department request supplemental was \$319.6M GR, totaling \$1.4 B. The Gov Rec supplemental was \$225.4M GR, for a total of \$1.3B. Of the Gov Rec Supplemental request, about \$171.5M GR related to the public

health emergency for a total of \$631M. The hospice rate increased 2.5%, so there is no longer a need for a supplemental for this item.

Mr. Brite also gave an overview of the new items reflecting the ambulatory surgical center rate increase which sets rates on a Medicare basis. That amount was \$1.6M. The ToRCH model, which was presented on earlier by the Transformation Team, was \$3.75M GR, totaling \$15M. Every year an adjustment is done to the FMAP, for a total of \$69.3M adjustment. The Governor recommended state employee pay plan has a total of \$1.2M. After adjustments and core cuts, MHD's overall department request is actually lower than the \$345.6M Cost to Continue that is listed.

- **Comment:** Gerard Grimaldi: Did you say \$15M for ToRCH?
- **Comment/Response:** Yes, the ToRCH model was requested utilizing GR and FRA funding for the state share. Additionally, a federal match is requested, all combined the funding totals \$15M.

Legislative Update

- Ryan Conway, Legislative Director for DSS, gave an update on the department budget. His goal is to protect the budget in the best way possible in order to serve the population. With respect to the 8.7% pay increase for our state employees, I know that will have a positive effect on how we serve our population and customers. We have a budget that has been marked up in the appropriation committee. The members of the committee offered amendments and it looks like it is in good shape. The next step will be the full Budget Committee.

Secondly, Ryan shared that there are a few policy bills moving, but the biggest thing is the budget.

Public Comment: There were no public comments.

General Update: Leslie will be sending out a request to send in your vote for future hybrid meetings and the attendance structure of the meeting. The meeting adjourned at approximately 1:58 p.m. The next meeting is scheduled for May 25, 2023 at 1:00 pm.