

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

ATTENDANCE

Committee Members Present:	Paula Nickelson, DHSS Acting Director	Doug Crews
Nick Pfannenstiel, Chairman	DSS/MHD Staff:	Emily Wright
Dr. Bridget McCandless, Co-Chair	Abbie Barker, MHD	Heidi Geisbuhler-Sutherland
Senator Holly Rehder	Alex Daskalakis, MHD	Helen Jaco
Senator Jill Schupp	Glenda Kremer, MHD	Jayln Talbot
Representative Tracy McCreery	Justin Clutter, MHD	Jessica Thelmaque
Val Huhn, DMH Director	Josh Moore, MHD	Kathryn Brown
Sara Oerther	Kim Evans, FSD	Lynn Morsches
Gerard Grimaldi	Kirk Mathews, MHD	Megan Fast, Conduent
Joe Pierle	Leann Hager, MHD	Mike Mitchell
Todd Richardson, MHD Director	Melissa Hope, MHD	Natalie Mueller
Members Not Present:	Nate Percy, MHD	Paula Nickelson
Paula Nickelson, Acting DHSS Director	Patrick Luebbering, MHD	Roberto Pedraza
Representative Johnathan Patterson	Ryan Conway, MHD	Russ Oppenborn
Carmen Parker-Bradshaw	Taylor Jones, MHD	Serena Barden
Dr. Ingrid Taylor	Tisha McGowan, MHD	Tina Bradshaw
Dr. Sam. L. Alexander	Zana Stephenson, MHD	Representative Tracy McCreery
Mark Sanford	Guests:	Vicki Revel
Kaylyn Lambert	Alex Curchin	
David Ott	Clara Bates	
Robert Knodell, DSS Acting Director	Donna Siebeneck, DMH	

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 August 10, 2022 meeting with corrections.

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.

The public health emergency (PHE) and Medicaid expansion have led to a significant increase in total Medicaid enrollment. As of today, roughly 1.5 million Missourians are covered

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

under Medicaid. This results in a growth in the total spend. Overall state expenditures are growing significantly faster than general revenue expenditures.

The first initiative we asked for the general assembly support last year, provider rate increases, have all been loaded into the system and MHD is paying those at a new higher rate.

The second program change, hospital rebates and changes in the hospital methodology, is still awaiting CMS approval. Tony Bright and his team have responded to numerous questions from CMS and continue to move through the process to gain approval.

The third program change, our nursing facility payment methodology proposal, is also pending CMD approval. At this point MHD does not have a clear timeline for approval on this process, but we have received feedback from other states that there is a significant backlog for approvals, both for waiver requests and for state plan amendments.

Director Todd Richardson provided an update on MHD's efforts focused around maternal and infant health. MHD has focused on maternal and infant health measures and is collaborating to focus on best practices. MHD envisions this to be a sustainable effort to focus on the improvement of those outcomes for Missouri. We've organized an across the division team to structure this effort with four primary focus areas. The critical piece is how the foundation is built, with the focus 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.

- **Comment:** Senator Jill Schupp expressed concerns around participant education and making sure we're meeting the people we serve in ways that are appropriate for them. Are we ensuring MHD is obtaining participant input when we provide outreach? She is also curious if the "Count the Kicks" program is still being promoted and would like this to be addressed during Kirk Mathews presentation.
- **Comment/Action Item:** Director Richardson advised of the changes made internally to the provider and participant education space. At this point MHD did plan for the current programs in place such as "Count the Kicks" in this agenda, but this is something that will be looked into. MHD will provide follow-up as we continue with these.

National Association of Medicaid Directors Conference in Washington D.C is next week. Tony Brite, Nate Percy and Director Todd Richardson will be attending this meeting virtually, during which we expect CMS to make some major announcements. MHD has also asked for 1:1 time to talk with CMS about the pending approvals previously mentioned above.

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

Family Support Division (FSD) Update

- Kim Evans, FSD Director, presented the FSD update. Open enrollment for the federal Marketplace is currently underway. This started November 1st and will continue through January 15th 2023. Currently FSD has received approximately 2,500 FFM applications since open enrollment began; as of November 4, there were 4,152 pending Medicaid applications; and as of October 28th, 262,612 individuals have been added to the adult expansion group (AEG).

Director Evans gave an update on the mitigation plan that was developed with CMS for the backlog of applications. The backlog has been cleared up and they are managing the workload to prevent any further issues. Documentation has been submitted to CMS to verify that Missouri has met all of the requirements and FSD is awaiting the final sign off. FSD has also requested an extension of flexibility from CMS allowing FSD a temporary status as a determination state through the end of the Public Health Emergency (PHE).

- **Comment:** Please verify what a determination state is.
- **Comment/Response:** Missouri is an assessment state that receives information from the Federal HUB when the application is sent over. As a determination state, Missouri accepts the information that the federal government has sent over, as verified. Then Missouri processes the determination.

Director Evans reported that FSD is using this open enrollment period to determine the success rate of information coming over from the federal hub. The information sent over is not always 100% accurate. FSD then has to use electronic sources to verify this information. FSD is able to use this time to determine how quickly we can process information coming from the federal hub to see the outcomes of a determination state.

- **Comment:** Will this time period allow you to guide your decision on whether or not to remain a determination state?
- **Comment/Response:** Director Evans ensured that this time will allow FSD to gather information and have conversations about that decision.
- **Comment:** Senator Jill Schupp wants to ensure that if FSD is cutting down the length of time for application process, does this also cut down the amount of time that individuals are being left on hold when calling in?
- **Comment/Response:** Director Evans clarified that with the backlog being cleared up, individuals spend less time on the phone. Currently transitioning to a new vendor for processing times. This vendor not only takes questions, but also completes applications. Individuals are also continuing to use the online service as well as checking in on application status by using the phone service available.
Comment: Senator Schupp questioned if data is still being obtained to track wait times and if the phone line is shut off at 5:00pm. Wanted to clarify that

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

education is being provided and also available to those who do not have internet or access to a library.

- **Comment/Response:** Director Evans ensured that FSD works the queue as calls come in. For Medicaid, an interview is not required. SNAP is the only program that requires a phone interview. Live chat is available for participants as well. FSD is working very hard to staff up all of the resource centers, open Monday thru Friday 8:00am to 5:00pm and during lunch hours. There have been some staffing issues in some rural areas, but we are dedicating a project to keep our resource centers open.
- **Comment:** Senator Schupp is hopeful that FSD is keeping in mind those members who work M-F 8:00am-5:00pm. How is FSD ensuring all members are able to access the resources available and continuing to keep their jobs?
- **Comment/Response:** Director Evans advised that FSD is performing customer surveys as well as follow up phone calls to identify how we can better serve our participants and enhance services for them.

Director Evans reviewed the Gateway Program. FSD is in the process of re-assessing 100 individuals that they've not been able to transfer over to another type of service. The goal is to have this completed by December 1, in hopes to allow this program to sunset.

Director Evans reported that since the PHE is still active, we are preparing for the PHE unwind with plans in place including provider education, communication to our participants and preparation for the renewal process for those who are not familiar with it. Phase 1 will be in February. This will include the prepopulated form that will be placed in the member's account to make any updates and they will submit this form back to FSD.

- **Comment:** Nick Pfannestiel asked if FSD or MO HealthNet (MHD) has any idea of how the Medicaid Expansion numbers will trend over the next several months to a year, reflecting the approval of 262,000 applications in the first slide presented.
- **Comment/Response:** Director Evans informed the group that FSD is receiving 500-800 applications a day. Director Todd Richardson expects some enrollment growth until the PHE expires. Once this has expired, we expect the enrollment to decline. Prior to the start of the pandemic, there were 950,000 members in the Medicaid program with an expectation of 250,000-300,000 people added with Medicaid Expansion. The combination of those two numbers is where we believe the enrollment will level out.
- **Comment:** Nick Pfannestiel wanted to know what the average turnaround time was for an application. Previously it was longer than 45 days. What is the turnaround time now?

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

- **Comment/Response:** Director Evans verified that the average turnaround time is less than 30 days now.
- **Comment:** Nick Pfannenstiel wanted to clarify if Missouri will be a determination state for the next 14 months if this application has been approved?
- **Comment/Response:** Director Evans verified that this has been approved. Once the PHE expires, we have 14 months as a determination state.
- **Comment:** Gerard Grimaldi asked if the PHE unwinds, does the state have to get the approval from CMS.
- **Comment/Response:** Director Evans advised that this draft plan was submitted back in May of 2022. CMS has yet to review it. FSD is awaiting approval. The unwind and annual renewals can be found at Medicaid.gov under the mitigation plan on page 5 and page 6.

Chief Transformation Officer Update

- Kirk Mathews, Chief Transformation Officer, provided a high level overview of what the transformation office is currently working on. The transformation office has completed 45 different initiatives. One of those initiatives is the ToRCH (Transformation of Rural Community Health) pilot focusing on improving the revenue stream for rural hospitals to help actively engage in population health in their service areas. They'll do that by building a social determinants of health (SDOH) referral structure, which will benefit overall costs, by reducing avoidable ER visits and admissions. This savings can be shared back into the program, offsetting the investment. We will share a detailed model after this has been presented to the legislature around the 1st quarter of next year. This pilot was shared with the Rural Missouri Hospital Association with a good response. We envision the pilot to launch with four to six sites with varying sizes. This will require engagement of a closed looped SDOH referral platform.

Mr. Mathews provided an update on the hospital reimbursement project. We are still awaiting CMS approval. In regard to the hospital reimbursement methodology, the transformation office has taken the first step toward value based payments. The next step will be to convert to a DRG based system. The work has begun to understand what this will look like, expecting a two to three year process. Once the DRG based system has been implemented, the value based payments effort will then be on its way.

Another initiative that is underway is the Maternal Infant Health Initiative. There are four pillars of effort as Director Richard mentioned. Mr. Mathews will provide more detailed information on this during the next meeting. As far as the efforts provided by the transformation team, the focus is on innovative care models, expanding the use of doulas; looking at innovative payment methodologies as well as the community paramedic model. With regard to follow up provided to Senator Schupp in regard to her question around the "Count the Kick's" program, this is still being utilized within Department of Health and Senior Services (DHSS).

The transformation office is also focusing on managed care network adequacy, where they look to improve the transparency of the networks. Some providers that provide services to Medicaid

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

participants have not submitted a meaningful number of claims, and what the transformation office is working toward is identifying these providers to ensure they are providing care to Medicaid participants. We will be upgrading network software to help us review network adequacy. We would like for this to be a public facing dashboard for our participants to use to help identify and make informed decision on their health care needs.

- **Comment:** Gerard recalls a state regulation or state law under the Department of Insurance that mandates the network adequacy and how will this interface or interact with that?
- **Comment/response:** Kirk confirmed that the Department of Insurance does collect and monitor that data. Unsure of what the change will be, but currently monitoring changes and how that will be reflected.
- **Comment:** Gerard states that there has been issues in the past with providers, both hospitals and private practice, where there might be a signed contract that they're in network, but there is a lag once submitted to the Department of Insurance. This is not a state issue, but a government issue, but he wanted there to be awareness of this.

Mr. Mathews covered the community paramedic model that will take advantage of the underutilized workforce of our paramedics. This is being implemented in some of the very rural settings. By using the paramedics as a home visit type of provider, they've been able to reduce unnecessary transports of their high utilizers. Data has been submitted to reflect the reduction of cost to the system. This will also relate to the maternal infant health initiative. There will be more to come on this in the future.

Another initiative is the state-wide SDOH closed-loop referral platform to combine organizations and connect participants in need of some sort of SDOH. This platforms allows organization to connect members to local resources. There was an approval of a 10 million dollar platform to get this up and going. Director Richardson has been in charge to get this launched. There has been a survey in process across all state agencies to understand the potential use and cases that could build the comprehensive platform.

- **Comment:** Gerard mentioned that the Kansas City Fire Department is also doing the community paramedic model. Workers will be riding in ambulances with them and they're going to align it with the new 988 hotlines. There are some hospitals around the state that already have the SDOH platforms. A platform won't take away from what you need from a social worker and clinical navigator that does the hands on work with members.

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

- **Comment/Response:** Kirk confirmed that MHD was aware of the KC model and that was the reasoning behind the survey to landscape in order to avoid duplication of efforts.
- **Comment:** Nick Pfannenstiel would like to see the development of the public facing dashboard to reflect the providers as managed care participants or MO HealthNet participants and if they're taking new patients or if they're overloaded with this population and unable to take on new patients. Dr. Pfannenstiel asked if Mr. Mathews could please talk more about the Civilla Project or was it just an education process that has been spread out.
- **Comment/Response:** Kirk advised that the Civilla project was redesigning the application for social benefits. Medicaid was able to partner with this human centered design studio called Civilla out of Detroit, Michigan. We were able to significantly reduce the number of pages that a participant would fill out for their social benefits which previously was 63 pages. It has now been reduced to 9-12 pages with supplemental information. That work is stalled in the implementation process due to the timing of Medicaid Expansion as well as the PHE at this time. Director Evans is still awaiting CMS approval for the core application and federal partners.

Chief Information Officer Update

- Tisha McGowan, MHD Chief Information Officer, gave an overview of the Missouri Medicaid Enterprise (MME) Modernization efforts. This strategy was developed by CMS's guidance. In 2013 a self-assessment was completed for each process within each area for the CMS Medicaid Information Technology Architecture (MITA) structure. In 2014 those outcomes were presented to leadership with a proposal strategy to modernize MMIS. In 2007 multiple enhancements were completed, but it was time to move toward a more modernized platform. In 2015 and 2016, interviews were performed with all units within MHD. These processes were documented in order to do a deeper dive of inefficiencies as well as identifying key areas of focus. The 11 modules listed also give an update on the progress of individual modules. We are currently working with NASPO ValuePoint, a cooperative purchasing group to put together several agreements for these modules. We have the contract in place to start execution of several modules.
- Zana Stephenson, MHD Data Manager, gave an overview of the **BIS-EDW dashboard rollout project**. This is part of the larger data governance program's larger vision of moving MHD farther down the path of data governance maturity to ensure the right information is being used to make decisions. Updates were provided on the Telehealth Dashboard, Certified community Behavioral Health Organization, Drug Rebate, Finance and a Maternal Infant Health dashboard in the works.

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

- **Comment:** Bridget McCandless would like a timeframe for updates for the telehealth dashboard. Does this reflect a 3 month lag between diagnosis and billing?
- **Comment:** Josh Moore advised Bridget that MHD looks at this dashboard for flu season and prescriptions once a month to allow access earlier versus later. Some of the issues we see while looking at pharmacy data are the shortages we're seeing on the marketplace, such as the Amoxicillin availability issues.

Managed Care Update

- Alex Daskalakis, MHD Managed Care Director, highlighted the new managed care contract that went into effect on July 1, 2022. A significant change coming out of amendment 1 was the establishment of the hospital directed payments program, which was approved by CMS shortly before the new contract went into effect. Amendment 1 also reflected electronic visit verification requirements, and changes to the new expansion group, and medically necessary complex members. Amendment 2 will be effective October 1 and is currently being reviewed by the health plans. This amendment reflects a general increase in provider rates, updates to requirements related to the inpatient billing processes, marketing, and a requirement that the health plans participate in member forums. The next amendment, amendment 3, is still being developed and will be effective January 1, 2023. The managed care contract is normally amended twice a year in January and July. There were extra amendments in the middle of the year that couldn't wait until July, reflecting the multiple changes.

Mr. Daskalakis gave an update on the Show-Me Healthy Kids (SMHK) health plan administered by Home State Health. SMHK has been active under the new contract since July 1 and covers children in the care and custody of the state, as well as former foster children up to the age of 26, and children receiving adoption assistance payments. Continuing conversations and meetings are held to closely address issues and challenges that may arise. The contract compliance team meets with SMHK weekly to monitor their call center. SMHK averages 400 calls per month. There have been multiple success stories since SMHK has begun implementation.

Mr. Daskalakis covered some education and training updates. The MO HealthNet Education & Training provides resources, including interactive web based trainings to providers, participants and MHD team members. We are currently expanding our resources for every Medicaid program and enrollment, as well as presenting at provider association conferences upon request. This unit has traditionally been giving webinars and, further back, in-person seminars for providers. It still does those, but attendance at these events has gone way up since the Unit began these outreach efforts. Webinars, for example, were averaging less than 10 attendees just six months ago. They are now averaging 40 attendees.

Pharmacy Update

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

Josh Moore, MHD Pharmacy Director, gave an update on Project Hep Cure. We want to ensure that we are treating all participants that have been previously treated and those who have been untreated for hepatitis C. Currently we are at 19.4% of our adults diagnosed with hepatitis C being treated. Some of these participants have been treated with other assistance programs or other primary payers. A lot of the success is treating those patients who had an early diagnosis, but never treated. In accordance to comparison to other states, Missouri is seeing a steady increase month after month. We continue to educate primary care providers on who they can treat and when referrals to GI are necessary for more complex patients who have hepatitis C. Our goal is to get someone in every clinic that is willing and can treat hepatitis C. We've seen 181 new providers who had not previously treated hepatitis C patients, so that number is growing. Mr. Moore also gave updates on Opioid Use Disorder (OUD) and the stigma around providers treating active drug users. However, even if they're still actively using and a provider does not treat them, the individual can still infect up to nine other people. The educational component for providers is essential. A prior authorization is not required. View <http://dss.mo.gov/mhd/hepc/> to see how your county or region is doing in terms of testing your adult Medicaid population for hepatitis C.

Mr. Moore reported on the Value Based Purchasing (VBP) Agreement for drugs. MHD is in the process of submitting a State Plan Amendment (SPA). This will allow MHD to measure the outcomes of drugs and receive additional rebates if drugs fail to meet performance expectations. Currently, 15 states have approved this VBP template, but not all have entered into agreements. Awaiting for CMS to approve that SPA quickly so that we can start moving forwards towards an agreement.

- **Comment:** Senator Jill Schupp asked if there were any other illness or diseases that MHD is trying to test every Medicaid patient, in addition to Hep. C.
- **Comment/Response:** Josh advised Senator Schupp that at this time our focus is to also test for HIV and hepatitis B, along with hepatitis C. One of the reasons for identifying hepatitis B specifically is because there is now a cure for hepatitis C.
- **Comment:** Gerard asked what the response has been from the pharmaceutical manufacturers to the value based purchasing content.
- **Comment/Response:** Josh advised Gerard that the pharmaceutical manufacturers have given a very good list service, but it is very difficult to focus on an agreement, as they like to focus on the package label, whereas we would like for the agreement to reflect a healthier individual and decrease the claims/procedures for patients who have had myocardial infarctions for example.

Budget Update

Tony Brite, MHD Chief Financial Officer presented on MO HealthNet's Supplement requests for state fiscal year (SFY) 2023. The total supplemental is \$319.4M, amount reflected to the PHE is \$240.9M. SFY2024 request reflects the same time frame for the PHE as well as the unwind. For SFY2024, general

MO HEALTHNET OVERSIGHT MEETING

November 9, 2022

Via WEBEX Conferencing

revenue is 332.9M. The hospital rate increase is asked for every year at 2.5%. The managed care actuarial increase is approximately 3.4%.

Mr. Brite also gave an overview of the MMIS NDI Request for SFY 2024 reflecting a total general revenue fund of \$421.7M. This includes operational costs, TMSIS, transition and turnover, and FTE re-procurement.

- **Comment:** Gerard asked what the rate increase was for Managed Care in SFY23.
- **Comment/Response:** Tony informed Gerard that it was around \$5.5M. Todd Richardson also added information that the biggest driver is the policy changes.
- **Comment:** Joe Pierle asked if data is provided related to each of the plans? Are the health plans required to have an 85% spend, and if they don't meet that threshold, are they required to pay back that difference.
- **Comment/Response:** Tony advised that MHD is given that data and in December, MHD will share that data. Tony also confirmed that if a health plan does not meet the 85% spend threshold that difference would be required to be paid back.

Legislative Update:

- Ryan Conway, DSS Legislative Liaison, advised the general assembly has not yet met since the last time this group met. The department is very pleased to be able to report to the general assembly of the improved customer service to show that the investment pays off in order to keep investment in our divisions to continue to provide the services that the public expects from us.

Public Comment: There were no public comments.

General Update:

Nick Pfannenstiel brought to the attention that terms and elections are occurring. Recognition was given to legislative representation; Senator Schupp and Representative McCreery to carry forward the information to the House and the Senate that is discussed in this meeting.

The meeting adjourned at approximately 2:14 p.m. The next meeting is scheduled for February 23, 2023.