



Show-Me Healthy Kids

Member Eligibility & Enrollment

July 1, 2022 Implementation

 *Missouri Department of*
SOCIAL SERVICES

MoHealth  **Net**

Agenda



Overview of Vision, Mission & Goals



Managed Care: Current State & Redesign



Show-Me Healthy Kids Eligibility



Show-Me Healthy Kids Enrollment

Overview of Vision, Mission & Goals

Missouri's Mission Statement for COA 4 Show-Me Healthy Kids (SMHK) Health Plan

To establish a trauma-informed, comprehensive and integrated behavioral and physical health delivery system that allows children and youth - in the care and custody of the state, receiving adoption or guardianship subsidy assistance, or persons under age 26 formerly in foster care - to grow into healthy adults and live full and satisfying lives.



COA 4 Definition

COA 4 applies to the following populations:

- Children in the care and custody of the State through the Children's Division (CD) or the Division of Youth Services (DYS)
- Persons under age 26, who were in foster care on their 18th birthday and:
 - were covered by MO HealthNet, and who meet other eligibility criteria
 - were covered by Medicaid from another state, but are not eligible for Medicaid coverage under another mandatory coverage group
- Children who receive adoption or legal guardianship subsidy assistance

Herein referred to as: **Category of Aid 4 or COA 4**

Managed Care: Current State & Redesign

**Managed Care
Current State**

**Managed Care
Redesign**



Managed Care: Current State & Redesign

Managed Care: Current State - Overview



Managed Care population includes: parents, caretakers, children (Medicaid & CHIP), pregnant women (& unborn children), COA 4 children and youth, expansion adults



Fee-for-Service population includes individuals who are age 65 or older, permanently and totally disabled, blind, or have Medicare



Today COA 4 children and youth receive behavioral health services through fee-for-service (FFS), and receive physical health services through managed care

Managed Care: Current State & Redesign

Managed Care: Current State - Overview



Managed care plans are responsible for care management & coordination, but for COA 4 children and youth, enhanced care management and integration of physical & behavioral health services are limited by the current structure



Special opt out provisions for COA 4 population (will not continue in the Specialty Plan)

Managed Care: Current State

Current State

Currently there are three managed care plans providing physical & behavioral health services, comprehensive care management & care coordination to COA 1, COA 2, COA 4 (but BH carved out), COA 5, & COA 6.

Category of Aid	Medical Eligibility Codes
COA 1 – Parents, Caretakers, Children, & Newborns	MO HealthNet for Families (ME 05, 06); MO HealthNet for Kids – Poverty (ME 40, 62); Newborns (ME 60)
COA 2 – Pregnant Women	MO HealthNet for Pregnant Women (ME 18, 43, 44, 45, 61, 95, 96, 98)
COA 4 – Children in Care & Custody of State and Receiving Adoption or Guardianship Subsidy	Children’s Division (ME 07, 37, 38, 08, 66); Adoption Subsidy (ME 56, 36, 57); Division of Youth Services (ME 29, 52, 50, 68); Juvenile Court (ME 30, 64, 69, 70)*
COA 5 – CHIP	MO HealthNet for Kids (ME 71, 72, 73, 74, 75, 97)
COA 6 – Non-disabled adults	Adult Expansion Group (ME E2)

* Juvenile Court ME Codes will move into FFS (no managed care) as of 7/1/2022.

Managed Care: Current State

COA 4 children and youth may opt out of managed care if they:

1. Are eligible for Supplemental Security Income (SSI) under Title XVI of the Social Security Act (under 18, disabled);
2. Children who are enrolled in the Special Health Care Needs program through the Department of Health and Senior Services;
3. Are described in Section 1902 (e)(3) of the Social Security Act. (under 18, disabled, care may be provided outside of institution under certain conditions)*;
4. Are receiving foster care, adoption assistance, or otherwise in out-of-home placement (ends on 7/1/2022).

What happens to COA 4 children who opted out prior to the SMHK implementation?

1. COA 4 individuals who opted out prior 7/1/2022 will remain in FFS after the SMHK is implemented.
2. COA 4 individuals who opted out prior to 7/1/2022 will receive a letter from MHD with instructions on opting-in the SMHK if they choose to pursue managed care services.

*Opt out criteria 1-3 will remain the same in the SMHK contract.

Managed Care: Redesign

Benefits

The Show-Me Healthy Kids Benefit Package will include the following services and supports.



Medical Health Services

Emergency medical and post-stabilization services

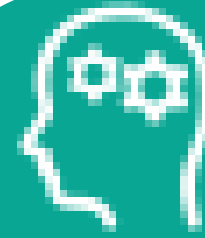
Healthy children and youth (HCY) services

Medical inpatient and outpatient services

Medical primary care provider services

Preventive care

Maternity services



Behavioral Health Services

Inpatient & outpatient BH

Substance use disorder services (including emergency)

Psychiatric Residential Treatment Facility (PRTF)

Comprehensive Community Support (CCS) Services



Care Management & Coordination

Trauma Informed Comprehensive care management

Care Coordination

Health promotion services

Comprehensive transitional care

Individual and family support activities

Disease management

Referrals to community and social supports

Show-Me Healthy Kids Eligibility Overview

**Show-Me Healthy Kids
Eligibility**

Automatic Enrollment



Show-Me Healthy Kids Eligibility Overview

The following populations will be covered by the SMHK:

- Children in the care or custody of the State through the Children's Division (CD) or the Division of Youth Services (DYS).
- Persons under 26 years of age, who were in foster care on their eighteenth (18th) birthday or within thirty (30) days preceding their eighteenth (18th) birthday:
 - Covered by the MO HealthNet, and who meet other eligibility criteria.
 - Covered by Medicaid from another state and not eligible for Medicaid under another mandatory coverage group.
- Children who receive adoption or guardianship subsidy assistance.

Show-Me Healthy Kids Eligibility in Detail

Category of Aid 4	Medical Eligibility Code	Medical Eligibility Code Descriptions
DSS Children's Division	0F	Foster Care Title IV-E (State-Only Funded)
	5A	Adoption/Guardianship Subsidy Title IV-E (State-Only Funded)
	07	Foster Care – Title IV – E
	08	Child Welfare Services – Foster Care
	37	Title XIX-Homeless, Dependent, Neglected
	38	Independent Foster Care (Ages 18 to 26)
	66	Child Welfare- HIF
Adoption Subsidy	36	Adoption Subsidy-Federal Financial Participation
	56	Adoption Subsidy- Title IV - E Eligible
	57	Child Welfare - Foster Care - Adoption Subsidy
DSS Division of Youth Services	29	Division of Youth Services - Foster Care
	50	Division of Youth Services – Poverty
	52	Division of Youth Services – General Revenue
	68	Division of Youth Services Foster Care - HIF

Participants Remaining in FFS

Who will remain in the FFS Program after Show-Me Healthy Kids is implemented?*

Category	Medicaid Eligibility (ME) Codes and Descriptions
Permanently and Totally Disabled and Aged Individuals	ME codes 04 (Permanently and Totally Disabled), 13 (MO HealthNet-PTD), 16 (Nursing Care-PTD), 11 (MO HealthNet Spenddown and Non-Spenddown), 14 (Nursing Care-OAA), and 01 (Old Age Assistance-OAA)
State Mental Institution or an Intermediate Care Facility for the Intellectually Disabled	ME Codes 23 and 41 (MA ICF-MR Poverty)
Children Residing in Foster Homes or Residential Care by Department of Mental Health	ME Codes 28, 49, and 67 (Children placed in foster homes or residential care by the Department of Mental Health)
Children Involved with Juvenile Court	ME Codes 30 (Children placed in foster homes by Juvenile Court), 64 (Juvenile Court Group Home-HIE), 69 (Juvenile Court-HIF), and 70 (Children in Juvenile Court Poverty)
Children with Developmental Disabilities	ME Codes 33 and 34 (MO Children with Developmental Disabilities Waiver)
Children Placed in Residential Care by Caregivers	ME Code 65, placed in residential care by their parents, if eligible for MO HealthNet on the date of placement

*For a complete list view the Specialty Plan RFP at <https://missouribuys.mo.gov/bidboard>

Automatic Enrollment in Show-Me Healthy Kids

There will be only one health plan administering SMHK. Participants in COA 4 will be automatically enrolled in SMHK on the date the participant's eligibility is approved in **FACES**.

Newborns born to mothers who are in COA 4 will be automatically enrolled in SMHK.

SMHK will enroll and contact new members within 5 business days of being notified by the state of their new enrollment.

Automatic Enrollment in Show-Me Healthy Kids (cont.)

The full scope of SMHK benefits is available to members upon enrollment.

SMHK is responsible for conducting initial screening of each member's needs within 90 calendar days of enrollment. Screenings will help ensure the member receives needed care management and coordination.

Future State Opt Outs

- ✔ COA 4 children and youth will be automatically enrolled in SMHK.
- ✔ Children and youth who meet opt out criteria can manually enroll into FFS.
 - Qualifying members can contact the MO HealthNet Managed Care Enrollment Helpline at 1-800-348-6627 to discuss the opt-out process.

Single COA 4 Health Plan

Rationale and Benefits of having one health plan administer an integrated (physical and behavioral health) managed care program for COA 4 children and youth.

Economy of Scale

Having this entire population in one plan makes possible the inclusion of specialized administrative & clinical personnel that would otherwise be cost prohibitive.

Specialized

Limiting to one health plan facilitates a more specialized approach to meet the unique needs of this population.

Quality & Compliance

Streamlines operations and oversight, for both state and health plan, and monitoring of specific contract requirements and quality outcomes.

Show-Me Healthy Kids Enrollment

Enrollment

Continuity of Care

Transition of Care



Show-Me Healthy Kids Enrollment

Eligible COA 4 members are automatically enrolled

The SMHK will send:

- New enrollee packet
- ID Card

MO HealthNet Managed Care Enrollment Helpline
(800)348-6627 – Hours:
7am to 6pm M-F



Enrollment Helpline can assist with questions about:

- Opting out of managed care
- Changing health plan (if eligibility changes from COA 4 to another COA)
- Finding a primary care provider

**Show-Me Healthy Kids
Enrollment Assistance**

Show-Me Healthy Kids Enrollment

Identification Card – Issued by MO HealthNet

The MO HealthNet will issue an identification card to all managed care members:

- Card is not proof of eligibility
- Card contains a magnetic strip for accessing the MO HealthNet's electronic eligibility verification system – for use by in-network managed care providers
- No health plan specific information printed on card

Show-Me Healthy Kids Enrollment

Identification Card – Issued by the Specialty Plan

The SMHK will issue a membership card that contains information specific to the member's health plan.

- Identification card must be issued as soon as possible following member's effective date of coverage with health plan.

Card includes:

- Name, DCN, PCP name & phone number,
- instructions for emergencies, and
- toll free lines such as behavioral health, dental, and nurse advice lines.

Show-Me Healthy Kids Enrollment

Automatic Assignment

Automatic Assignment into Health Plans

- COA 4 members will be automatically assigned to SMHK on the date their eligibility is entered.
- There are no options for a COA 4 member to choose a different health plan.
- If a COA 4 member loses their eligibility for this eligibility category, they shall be automatically assigned to the General Plan administered by the same health plan that administers SMHK.
 - At that time, the participant will have the option to choose a different General Plan within 90 calendar days.

Continuity of Care with Transitions

Upon contract implementation, SMHK must continue medically necessary services with out-of-network providers for at least six months.



Continuity of Care with Transitions

Transition of Care (TOC) requirements – goals to minimize service disruption and ensure smooth transitions.

For example: When a child/youth enters state custody and already has a treating relationship with a provider who is not in network, the Specialty Plan plan must ensure transition of care occurs with minimal service disruption.

SMHK must cover continuation of services for 60 days or until the member transitions to an in-network provider.

Continuity of Care with Transitions

Health plans (general/specialty) are required to provide to the state agency with a contact person for TOC inquiries.

To ensure access to provider experience in child welfare and trauma-informed care –

- If SMHK is unable to provide medically necessary services from an in-network (INN) provider experienced in child-welfare and trauma informed care, SMHK will cover services from an out-of-network (OON) provider with experience in child-welfare and trauma informed care.

Continuity of Care with Transitions

Short-term enrollments: In some cases, state custody is very brief and children are returned to their families in 60 days or less – this occurs in only about 6% of cases.

Continuity of care provisions are in place to minimize services disruptions.

- Members can continue treatment with existing providers during this timeframe.