MoHealth Net

MANAGED CARE

Helen Jaco, Director of Managed Care
Sidney Wilde, RN – Clinical Operations
Nurse Managed Care

School Nurse Health Program
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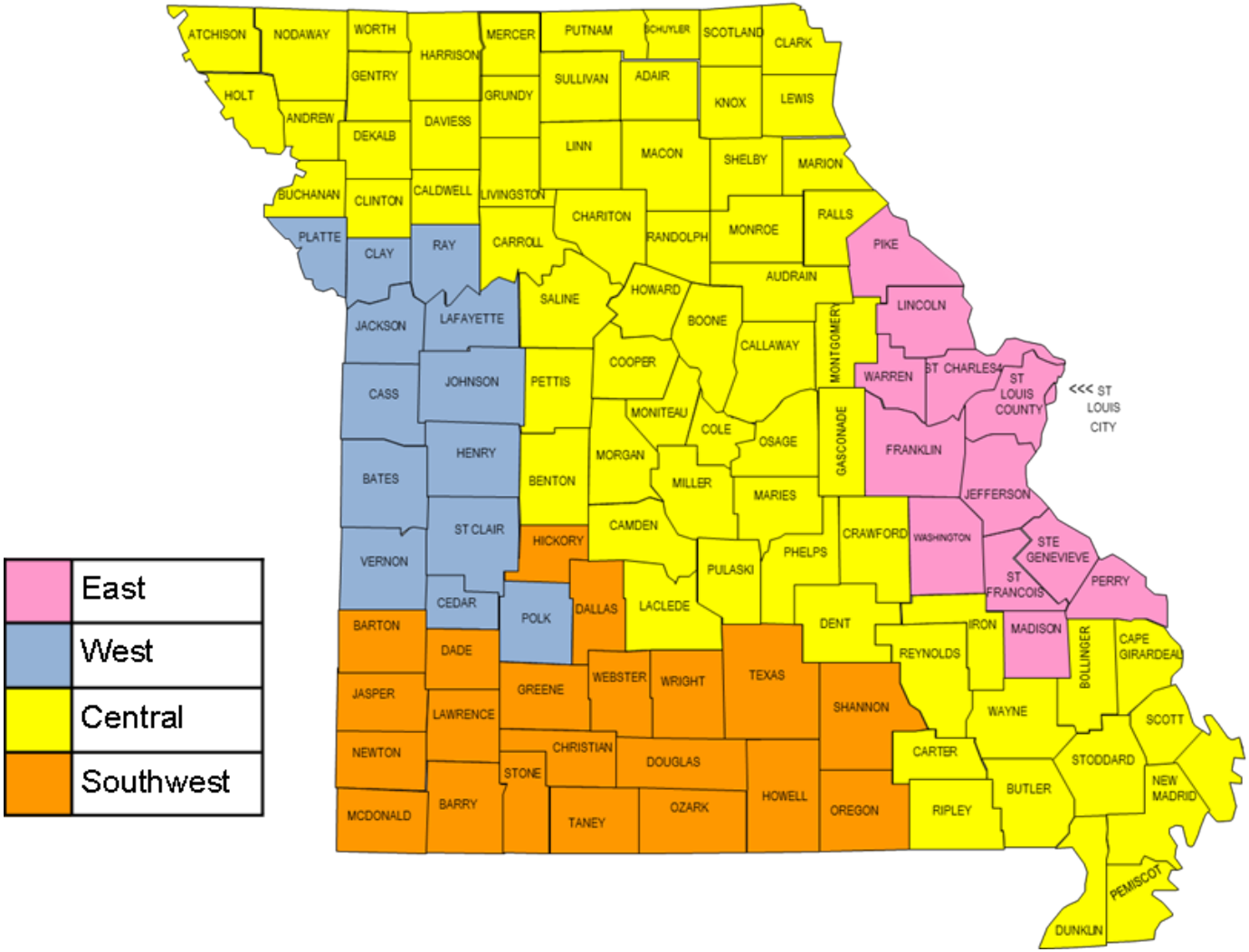
Fee-for-Service (FFS)

- Single payment for each service
- Payment based on fee schedule
- Provides services for the following in all 115 counties
  - People with disabilities
  - Seniors
  - Individuals who are blind or visually impaired
  - Individuals in the Aids Waiver Program
  - Women in the uninsured women's health services program
  - Individuals who have Medicare coverage

Managed Care

- State contracts with health plans to manage care for members with focus on quality, utilization and cost management
- State pays PMPM for each member for all care
- Health plan at risk for all member needs
- Currently, contracted with three health plans
- Mandatory delivery system for children, pregnant women, and custodial parents
  - MO HealthNet for Families
  - Children receiving adoption subsidy
  - Individuals receiving refugee assistance
  - Children's Health Insurance Program (CHIP)
  - Children in care and custody of the State
  - MO HealthNet for Kids
  - Pregnant women

Managed Care Regions as of May 1, 2017



Coordination with Carved-out Services

- Health Plans are required to *coordinate* all care.
- There are services not included in the Managed Care comprehensive benefit package (carve-outs). These services are covered through Fee-For-Service:
  - The health plan is not obligated to provide or pay for any services not included in the comprehensive benefit package.
  - The health plan is responsible for coordinating the provision of services in the comprehensive benefit package with services that are carved-out.
  - Information about some of the services not in the comprehensive benefit package is provided in the following slides under “carve-outs.”

Pharmacy Carve-Outs

- Includes all medications and pharmaceuticals administered on an outpatient basis including:
  - Physician-administered drugs,
  - Covered over-the-counter (OTC) products,
  - All drugs dispensed by outpatient pharmacies,
  - Medications administered in the outpatient department of a hospital, or other outpatient clinics, according to the terms and conditions of the MO HealthNet Pharmacy Program.
- The carve-out of pharmacy services does not include pharmacy services provided during or incident to an inpatient hospital stay or during or incident to an observational unit status.

Behavioral Health Carve-Outs

- Behavioral Health Services
  - Services provided by a Community Psychiatric Rehabilitation provider.
  - Behavioral health adult targeted care management services.
  - Tobacco cessation pharmacologic and behavioral intervention services.
  - Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder.
- Behavioral Health Services of Category of Aid (COA4) Children
  - Must be a child in state care and custody or adoption subsidy and include only a behavioral health diagnosis service/code.
- Therapy included in an Individualized Family Service Plan (IFSP) developed under the First Steps Program or included in an Individual Education Plan (IEP) developed by the public school.

Other Carve-Outs

- Comprehensive Substance Treatment and Rehabilitation (C-STAR) Services
- Environmental lead assessments for children with elevated blood lead levels
- Abortion Services
- Waivers
  - Adult Day Care Waiver
  - Partnership for Hope Waiver
  - DD Comprehensive & DD Community Support
  - Autism Waiver
- Public Health Programs
  - Environmental Lead Assessments
  - State Public Health Laboratory Services
  - Newborn Screening Collection Kits
  - Special Supplemental Nutrition for Women, Infants and Children (WIC) Program
- SAFE-CARE Exams
  - Exams and related diagnostic studies furnished by a SAFE trained Medicaid enrolled provider
- Services in a School Setting
- Transplant Services

Advantages of Managed Care to Member

- Choice of health plan
- Connected with a Primary Care Provider of choice
- Health plan coordination of referrals to specialists
- Health plan coordination with appointments and transportations
- Health plan coordination with Health Homes and Local Community Care Coordination Programs (LCCCPs)
- Health plan referrals to social supports and other community resources
- Educational health-related information for children and adults
- Care management for certain conditions and upon request
- Additional health care services and incentives
- State enforces quality through contracting

Primary Care Providers

- A Primary Care Provider (PCP) is a doctor, nurse practitioner, or clinic that participants will utilize when they need health care services. Required:
  - Participants must choose a PCP in a MO HealthNet Managed Care health plan. If the participant does not choose a PCP, one will be chosen for them.
  - Specialist may be a PCP if members have a chronic illness, special needs, or are pregnant.
  - Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) can be a member's PCP.

Providers and Patients

- All health care providers delivering services to the MO HealthNet program population can inform their patients of the Managed Care health plans in which they have chosen to participate.
  - Note: There are strict prohibitions against patient steering.
- In accordance with 13 CRS 70-4.0301, the health plan shall ensure that providers accept payment from the health plan as payment in full (no balance billing) and not collect payment from members.
- Providers must request the member ID card at time of service and contact the health plan to verify eligibility and enrollment prior to performing the service- for *every date of service*.

Participating vs. Non-Participating Providers

- It is important for providers to know and understand the difference between a participating provider and a non-participating provider.
- Participating providers are those providers who have contracted with a health plan to be in their network.
- Non-participating providers who provide services to a health plan member can contract through a one-time case agreement with the participant's health plan in order to receive payment.
  - It is important to note that non-par providers may also need to obtain prior authorization before providing any non-emergent services. Contact the health plan for further information.

Managed Care Enrollment

- After the participant is determined eligible for coverage by the Family Support Division (FSD), the MO HealthNet Division (MHD) will conduct enrollment activities for Managed Care eligibles.
  - A identification card is issued to all MO HealthNet eligibles.
  - The health plan will issue a membership card specific to the health plan.

- MHD contracts with an independent vendor to assist with enrollment counseling and enrollment activities (Enrollment Broker/Managed Care Enrollment Helpline).
  - Examples of Assistance During Initial Enrollment
    - Health Plan Selection
    - Primary Care Provider Selection
    - Health Risk Assessment

- If participants need help enrolling in a Managed Care health plan, direct them to:
  - The Managed Care Enrollment Helpline 1-800-348-6627 Monday – Friday, 7:00 A. M. to 6:00 P. M. (except holidays)
  - MO HealthNet website at: http://dss.mo.gov/mhd/participants/mc/
  - The enrollment packet can be found at http://dss.mo.gov/mhd/participants/mc/how-to-enroll.htm

Opting Out of Managed Care

- Participants may choose to be in the MO HealthNet Fee-For-Service program instead of the Managed Care Program if they fall in to one of the following categories:
  - Eligible for Supplemental Security Income (SSI)
  - Children with special health care needs
  - Disabled and 18 or younger
  - Receiving foster care or adoption assistance
  - In foster care or otherwise in out-of-home placement
  - Meet the SSI disability definition as determined by the Department of Social Services.
- Participants with questions about option out should call Stakeholder Services at (573) 751-9855 or the Enrollment Helpline at 1-800-348-6627

Participant Resources

Vol. 1 No. 1 April 24, 2017

Opting Out of the Managed Care Program

You may choose to be in the MO HealthNet Fee-for-Service program instead of the Managed Care program if you:

- Are eligible for Supplemental Security Income (SSI) (Title XVI of the Act),
- Meet the SSI disability definition as determined by the Department of Social Services,
- Are a child with special health care needs (Section 501(a)(1)(D) of the Act),
- Are disabled and 18 or younger (Section 1902 (e)(3) of the Act),
- Are receiving foster care or adoption assistance, or
- Are in foster care or in out-of-home placement.

***Note:** Health plans should not encourage you to opt out instead of delivering health plan benefits. Please call MO HealthNet Stakeholder Services at (573) 526-4274 to report if a health plan is encouraging you to opt out.

If you decide to opt-out because you meet the SSI disability definition as determined by the Department of Social Services, you will be asked to provide medical records for review. You have the right to get one free copy of the medical record annually by contacting your Managed Care health plan:

Health Plan	Contact Information
missouricare (A WellCare Company)	1-800-322-6027 https://www.wellcare.com/Missouri
UnitedHealthcare	1-866-292-0359 https://www.uhc.com/
home state health	1-855-694-4663 https://www.homestatehealth.com/

Managed Care Enrollment Helpline

Call the Managed Care Enrollment Helpline at **1-800-348-6627** for questions regarding opting out. Choice counselors are available from 7:00 a.m. to 6:00 p.m., Monday – Friday, except state holidays.

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Changing Health Plans

- Participants can change health plans during the first 90 calendar days from the date their coverage is effective, for any reason.
- After the 90 days has passed, participants may change health plans if they have "just cause."
- Some examples of "just cause" are:
  - If the participant or child has a provider they want to keep, but the provider is with a different health plan, they can change their health plan.
  - To allow the family to be with the same plan.
  - If there are no covered services in their area.
- For the complete list of "just cause" reasons, refer to "Changing Managed Care Health Plans" at: http://dss.mo.gov/mhd/participant/mc/ under Frequently Asked Questions.

Participant Resources

Vol. 1 No. 2 April 14, 2017

Changing Managed Care Health Plans

Changing health plans during the first 90 calendar days

When you enroll with a health plan, you will get a letter in the mail that has the date when your coverage with the health plan starts. You have 90 calendar days from that date to change health plans for any reason.

> **Example**: Jane gets a letter in the mail that shows she will start getting health care coverage on April 12, 2017. Jane has until July 11, 2017 (90 calendar days from the start date) to change to a different health plan for any reason.

Changing health plans after the first 90 calendar days

When you enroll with a health plan, you will get a letter in the mail that shows you the date when your health care coverage starts. You have 90 calendar days from that date to change health plans for any reason. After those 90 calendar days have passed, you can change to a different health plan if you have "just cause." Some "just cause" reasons for changing health plans are as follows:

- Because of a complaint or appeal,
- If you or your child has a doctor you want to keep, but the doctor is with a different health plan, you can change to the same plan as your doctor,
- If your doctor is culturally insensitive and the health plan cannot fix the issue,
- If the enrollment broker or state agency makes a mistake during a previous assignment process,
- To allow your whole family to be with the same health plan,
- If the state agency puts sanctions on a health plan for not following contract requirements,
- Poor quality of care,
- Because there are no covered health care services in your area, or
- Because there are no doctors in your area who are skilled in dealing with your health care needs.

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Here are examples of what is and what is not "just cause":

> **"Just cause"**: Jane gets a letter in the mail that shows she will start getting health care coverage on April 20, 2017. In September, Jane's doctor tells her she is no longer with her health plan but still works with the other two health plans. Jane has "just cause" to change health plans because she wants to keep her doctor.
>
> **Not "just cause"**: Jane gets a letter in the mail that shows she will start getting health care coverage on April 20, 2017. In September, Jane decides she does not like the name of her health plan. Jane does not have "just cause" to change health plans. She will not be able to change plans until open enrollment, around April 20, 2018 (a year from her last start date).

Changing health plans for MO HealthNet adopted or foster children

MO HealthNet children in State custody, getting adoption support, or in foster care, can change health plans as many times as circumstances necessitate. Foster parents will usually decide which health plan the foster child will have; however, sometimes the social services worker or the courts will choose the health plan for a child in State custody.

Questions?

For more information on the MO HealthNet Managed Care program or "just cause," visit http://dss.mo.gov/mhd/participants/mc/.

If you need help changing health plans, call the MO HealthNet Managed Care Enrollment Helpline at **1-800-348-6627**, Monday through Friday, 7:00 a.m. to 6:00 p.m., except state holidays.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-348-6627**.

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For more information visit http://dss.mo.gov/mhd/participants/

Changing PCPs

- Each participant is assigned or chooses a PCP. Participants are not required to get a referral before seeking services.
- To change PCPs, the participant should contact their health plan and work with them directly.
  - The MO HealthNet website provides participant services phone numbers for each health plan at : http://dss.mo.gov/mhd/participants/mc/managed-care-health-plan-options.htm
- Participants should only call the enrollment broker if they want to change health plans.

Health Plan Member Services

Health Plan	Contact Information
Missouri Care	1-800-322-6027 www.wellcare.com
United Healthcare	866-292-0359 www.uhccommunityplan.com
Home State Health	855-694-4663 www.homestatehealth.com

Managed Care Services

- Preventative Services
  - Well Child Screenings
  - Immunizations
  - Dental Services
    - Some health plans will offer mobile dentistry. The health plans website will provide upcoming dates and times.
- Care Management Services Available
  - Pregnancy
  - Behavioral Health
  - Physical Health e.g. Diabetes and Asthma
  - Foster Care, adoption subsidy or out of home placement
  - Lead
    - Care Managers will contact members who have an elevated blood level of 10ug/dL or greater for care management. The health plan will work with Department of Health and Senior Services on management of these members

Managed Care Services Continued

- Services provided under lead care management are:
  - Member/family assessment;
  - Provision of lead poisoning education offered by health care providers;
  - Engagement of member/family in the development of the care plan;
  - Environmental lead assessments;
  - Home abatement services carried out by Department of Health and Senior Services;
  - Delivery of the care manager's name and telephone number for follow-up;
  - Health Plan Care Managers will keep cases open and will continue to attempt to make contact with the family until the members blood level normalizes to the 10ug/dL or below.

Lead Considerations

- A child who has elevated blood lead levels can have:
  - Damage to the brain and nervous system;
  - Slowed growth and development;
  - Learning and behavior problems; and
  - Speech and hearing problems
- This situation is rectifiable and can be treated with the help of school staff, the health plan and a families willingness to cooperate.
- For more information on lead visit the Centers for Disease Control and Prevention website at: www.cdc.gov

Therapy Services

- A member that has an IEP or IFSP may receive therapies in the school setting such as:
  - Physical Therapy;
  - Speech Therapy; and
  - Occupational Therapy
- Some members will require additional therapy sessions beyond what they receive in the school under an IEP or IFSP, due to medical necessity. In this instance, a reason for denial cannot be that the member is already receiving them under an IEP or IFSP. A health plan cannot delay medically necessary services based on the IEP or IFSP or waiting to review the IEP of IFSP.

Prior Authorizations

- Providers should verify all prior authorization requirements with each health plan and comply prior to providing the service.
- A health plan must facilitate continuity of care for medically necessary covered services. The health plan shall provide continuation of such services for the lesser of
  1. Sixty (60) calendar days, or
  2. Until the member has transferred, without disruption of care, to an in-network provider.
- During the 60-day period, providers will be able to establish new authorizations following the policies of the member's selected health plan.

Notice of Action

- The health plan's notice must be in writing and must meet the language and content requirements specified herein to ensure ease of understanding.
- The health plan's notice must explain the following
  1) The action the health plan has taken or intends to take;
  2) The reasons for the action;
  3) The member's or the provider's right to file an appeal;
  4) The member's right to request a State fair hearing;
  5) The procedures for exercising the rights to appeal or request a State fair hearing;
  6) The member's right to represent himself or use legal counsel, a relative, a friend, or other spokesperson;
  7) The specific regulations that support or the change in Federal or State law that requires the action;
  8) The member's right to request a state agency hearing, or in cases of an action based on change in law, the circumstances under which a hearing will be granted;
  9) The circumstances under which expedited resolution is available and how to request it;
  10) The member's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the member may be required to pay the costs of these services; and
  11) The member's right to receive written notice of extension of fourteen (14) additional calendar days for service authorization notices, the reason for the extension and, the member's right to file a grievance if the member disagrees with the decision.
- If you are not satisfied with the health plan resolution, you may contact the MO HealthNet Managed Care Unit at (573) 526-4274.

Additional Benefits – Home State Health

- After School Youth Program: Girl Scouts, Boy Scouts, YMCA, LINC, 4-H
- Baby Shower for Moms: Class presentation on prenatal care, labor and delivery, postpartum care and baby care.
- Enhanced & Same Day Transportation Non-Emergent Medical Transportation
- Mobile Texting & ConnectionsPlus Phone Program: Provides members with a cellular phone for improved care.
- Puffletown: Members in Asthma Case Management will receive Peak Flow Meters and spacers, along with a self-management guide.

Additional Benefits – United HealthCare

- Hypoallergenic Assistance for individuals with asthma.
- Chiropractic Services for Members older than 21.
- JOIN for ME: A childhood obesity program developed to address childhood obesity.
- On My Way: Teaches youth aging out of foster care how to transition into independent living.
- Airwaze: Provides tailored asthma education, customizable medication reminders and other self-management tools.
- Peer Support Specialist: A foster-care peer support specialist working with youth in the foster care system and their families.

Additional Benefits – Missouri Care

- After School Clubs Program: 4-H, Boys and Girls Club, Girl Scouts, Boy Scouts.
- Diabetes Camp & Visual Impairment Camps for ages 8-14
- Peak Flow Meters Program: Unlimited peak flow meters mailed directly to their home.
- Enhanced Non-Emergent Medical Transportation
- Curves Complete and Weight Watchers for children ages 12-17
- Equine Therapy for members with autism: can receive ten free riding session per year at PATH centers.

Consumer Advisory Committee (CAC)

- CAC began in 1995 at the inception of Managed Care
- The CAC mission is to empower members to be actively involved in their healthcare
- CAC is a vehicle for providing consumer input to the MO HealthNet Managed Care Program
- CAC partnered to present a community meeting in Taneyville (30 attendees) in March 2017.
- CAC intends to create and support local CACs throughout state led by consumer members

Participant Resources

- MO HealthNet Online http://dss.mo.gov/mhd/participants/mc/
  - For helpful resources, forms and more information about Managed Care
- MO HealthNet Managed Care Enrollment Helpline **1-800-348-6627**
  - For help choosing or changing a health plan or finding a Primary Care Provider
  - Available Monday through Friday 7:00 A.M. to 6:00 P.M. (except holidays)
- MO HealthNet Participant Services **1-800-392-2161**
  - For help finding out what providers are in your area, eligibility questions about coverage, unpaid medical bills, or premium and spenddown questions.
- MO HealthNet Stakeholder Services **(573) 751-9855**
  - To opt out of Managed Care or for other questions about coverage, eligibility, unpaid medical bills, and spenddown or premium questions.
- Evidence Based Decision Support Unit: **(573) 751-7179**

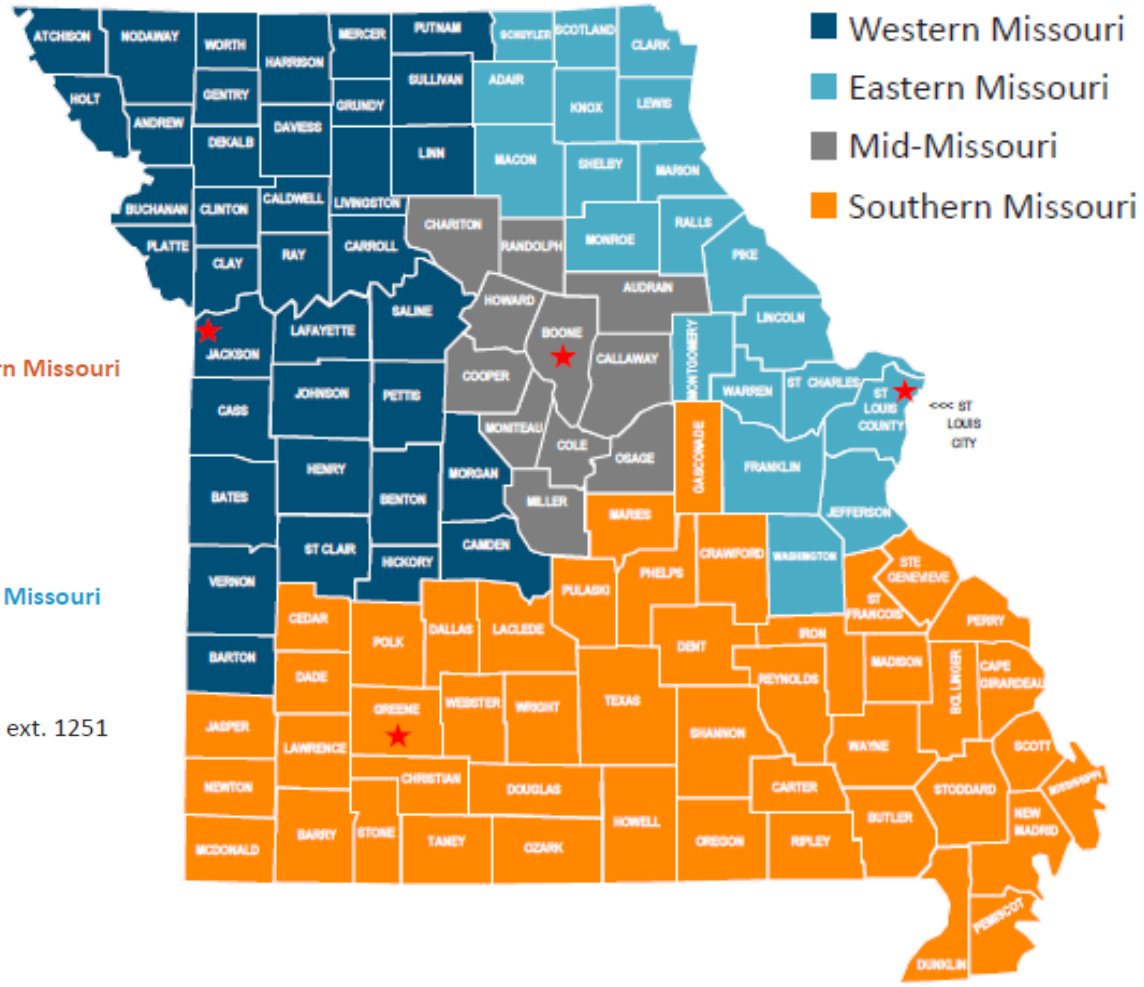
Advocates for Family Health

Legal Aid of Western Missouri
1125 Grand Boulevard, Suite 1900
Kansas City, MO 64106
Phone: 816-474-6750
Toll free: 1-866-897-0947
Fax: 816-474-9751

Mid-Missouri Legal Services
1201 W. Broadway
Columbia, MO 65203
Phone: 573-442-0116 or
Toll free: 1-800-568-4931
Fax: 573-875-0173

Legal Services of Southern Missouri
809 North Campbell
Springfield, MO 65802
Phone: 417-881-1397 or
Toll free: 1-800-444-4863
Fax: 417-881-2159

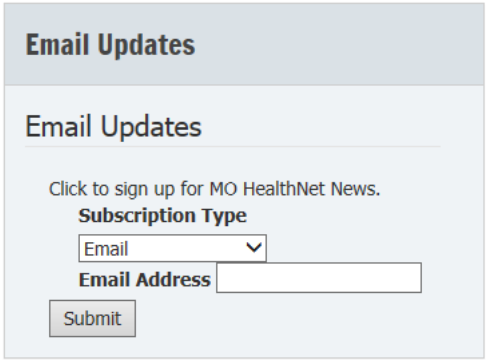
Legal Services of Eastern Missouri
4232 Forest Park Avenue
St. Louis, MO 63108
Phone: 314-534-1263 or
Toll free: 1-800-444-0514 ext. 1251
Fax: 314-534-1028



Provider Resources

Visit the Provider page at http://dss.mo.gov/mhd/providers/ to access these helpful resources!

- Subscribe to *MO HealthNet News* to receive updates on:
  - Bulletins
  - Education/training
  - Policy Updates
  - Rate changes
  - Changes to the website



- The Provider Toolkit covers topics such as:
  - Statewide Managed Care
  - Health plan information
  - Provider contracting & credentialing
  - Provider reimbursement
  - Eligibility & enrollment verification
  - Prior Authorizations
  - Claims process
  - Participant choice guidelines for providers
  - Participant resources