# MO HealthNet Managed Care All Plan Meeting July 22, 2010 Governor's Office Building, Room 450 200 Madison Street Jefferson City, MO 65102

## **Attendees**

#### **Health Plans Attendees**

Dr. Peterson, Children's Mercy Family Health Partners
Pam Victor, HealthCare USA
Pamela Johnson, Missouri Care
John Esslinger, Missouri Care
Lovey Barnes, Molina Healthcare
Jennifer Goedeke, Molina Healthcare
Judy Brennan, Blue-Advantage Plus
Tee-Ka Johnson, Blue-Advantage Plus
Vijay Kotte, Harmony Health Plan
Dr. Olusegun Ishmael, Harmony Health Plan
Carol Ouimet, Harmony Health Plan
Angela Barbee, Harmony Health Plan

### **MO HealthNet Division**

Julie Creach
Susan Eggen
Lisa Clements
Angela Brenner
Diana Jones
Andrea Smith
Brenda Shipman

#### Other

Amy McCurry-Schwartz, Behavioral Health Concepts Mona Prater, Behavioral Health Concepts Donnell Cox, DentaQuest Catherine Edwards, Missouri Association of Health Plans Steve Renne, Missouri Hospital Association Clive Woodward, Department of Mental Health

#### Welcome and Introductions

Susan Eggen Assistant Deputy Director, Managed Care opened the meeting at 10:05 a.m. Susan welcomed all to the meeting. Susan also introduced Julie

Creach to the group today. Julie is the Interim Deputy Division Director-Operations.

The minutes from the April 22, 2010 meeting were approved.

## **Managed Care Expansion**

Susan Eggen provided the following update on the Managed Care Expansion.

- ❖ MHD will not be expanding statewide effective July 1, 2011 as previously indicated.
- ❖ A stakeholder forum is scheduled for July 30, 2010 from 1 − 3:00 p.m. at the Secretary of State Building, State Interpretive Center.

# Attendees may include:

- MO State Medical Association,
- Missouri Hospital Association,
- Missouri Academy of Family Physicians,
- MO Association of Osteopathic Physicians & Surgeons,
- MO Pharmacy Association,
- > Heartland Behavioral Health Center
- Advocacy Groups, and
- Lakeland Regional Hospital, to name a few.
- We will be adding approximately 200,000 members to the Managed Care Program.
- We are proposing 4 regions and a few of the current managed care counties in the Western region (Bates, Cedar, Polk, and Vernon) may be aligned in the new Southwestern region due to service utilization patterns.
- The regional configuration will be shared with you when the statewide expansion is approved. Anticipate the approval occurring by the end of August.
- ❖ You will only need to submit contracts with primary care providers and hospitals to DIFP six (6) months prior to implementation. The complete Access Plan will be submitted in March after expansion is implemented.
- Pharmacy services will remain a carve-out from the Managed Care Program.

- There were discussions around a carve-out of behavioral health and dental services. At this time, no additional services will be carved-out of the program at this time.
- ❖ MHD will schedule public forums for participants and providers throughout the State to discuss Managed Care. The health plans will be asked to participate in these forums. The schedule will be posted on MHD's website and shared with the health plans at a later date.

#### **Mercer Administrative Review**

Susan Eggen provided the following discussion regarding Mercer Administrative Review.

- ❖ The State is contracting with Mercer to perform an administrative services cost review of each health plan.
- \* Results of the review will enable the State to gain a better understanding of the costs associated with the operational and contractual relationships at the health plans for the management of the Managed Care Program.
- Results will be considered with determining the administrative load for the SFY 2012 rate setting process.
- Mercer is drafting a data request for CY 2008 and 2009 that will be sent by early next week for completion over the next three to four weeks (approximately August 13th health plan due date).

The data request will include:

- > Administrative Cost detail,
- Capitated services detail,
- General Ledger expense accounts for both medical and administrative expenses,
- Parent company cost allocation schedules and methodologies for allocated health plan expenditures and corporate administrative allocations to each line of business
- Information related to equipment and systems required for administration of the Managed Care Program,
- Copies of all administrative services contracts, consulting contracts, and management service agreements/contracts (including pricing pages and actual amounts paid under such agreements, and
- > Parent company audited financial statements for CY2008 and 2009.

- Separate kick-off calls will be held with each health plan, MHD, and Mercer to ensure there is an understanding of the information being requested. (These will be held after the health plans have had a chance to review the data request.)
- ❖ Data request information will be sent directly to Mercer from the health plans and will remain confidential. Detailed confidential information regarding the costs, subcontracts, and allocations of the health plans will NOT be released to other health plans or the State.
- Only the results of the analysis and review will be provided to the State.

The MHD will facilitate a conversation between the Association of Rural Health Clinics and the health plans to discuss the reconciliation process for RHC payments.

The RHCs feel the current reconciliation process for payments for a particular encounter is difficult and often requires tedious and labor intensive bookkeeping.

They are requesting the health plans provide claims summaries that identify payments made based on each member, per encounter.

Susan will be sending an email requesting health plan staff that should be included in the conversation.

## **Budget Update**

Julie Creach provided the following Budget and Director's Updates.

FY 2010 State Revenues

As of June 30, 2010:

- 9.1% decline from the FY 2009 actual net collections
- Refunds increased 2% from \$1.44 billion to \$1.47 billion
- Revenues from \$7.45 billion in FY 2009 to \$6.77 billion in FY 2010

Tax collections as of June 30, 2010:

- Sales and use tax collections decrease of 4.9%
- Individual income tax collections decrease of 7.6%
- Corporate income tax collections decrease of 4.9%

Overall General Revenue Growth Rate for FY 2010 was -9.1%.

FY 11 Actions

- Restrictions put in place when Governor signed the Appropriations Bills \$301.4 million GR
- Three main factors why:
  - Money-saving legislation did not pass
  - o Revenue collections fell
  - Assumptions may not materialize
    - Caseload growth
- Additional actions likely for FY 12 budget

## **Director's Update**

#### Senate Bills 842 and 1007

- Contained Medicaid cost containment language specifically for TPL
- Language from the DRA of 2005
  - Third party payers shall process and pay properly submitted claims for a period of three years from the date services were provided or rendered
  - MHD shall enforce its rights to such a claim within 6 years of the state's submission of a claim

## **Health Care Reform**

- Children who elect hospice do not waive their right to services related to the treatment of the terminal condition or related condition for which hospice was elected.
- Title II, Subtitle D, Section 2302
- Working on the State Plan Amendment and changes to the CSR
- Within last rolling year: 20 children under the age of 18

# Fee-For-Service Contract

Non Emergency Medical Transportation (NEMT)

- Awarded to Medical Transportation Management (MTM) effective July 6, 2010
- MTM will begin providing services October 1, 2010
- MHD is working with MTM for a seamless transition to the new broker
- NEMT reservation phone number will remain the same
- MTM will be providing outreach to the provider community to address any concerns regarding the transition

## Real Time POS Pharmacy Cost Avoidance RFP

Finalizing draft with OA

Issue within the next couple of weeks

# **Open Forum**

Susan Eggen stated MHD would like to add language in the RFP that would attract additional health plans. MHD looked at other states to find out what they do to attract other health plan and we learned that paying more money was an incentive.

Pam Johnson with Missouri Care asked if MHD would consider relaxing some of the issues regarding outreach. Susan Eggen stated MHD would look at this, but our outreach is based on Federal regulations.

The meeting was adjourned. Next scheduled meeting is October 21, 2010.

