

**MO HealthNet Managed Care All Plan Meeting  
April 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  
Ma'ata Touslee, Children's Mercy Family Health Partners  
Dan Paquin, HealthCare USA  
Pam Victor, HealthCare USA

Pamela Johnson, Missouri Care  
Joanne Volovar, Molina Healthcare  
Lovey Barnes, Molina Healthcare  
Iris Hamilton, Molina Healthcare  
Jennifer Goedeke, Molina Healthcare  
Shelley Bowen, Blue-Advantage Plus  
Dr. Elizabeth Peterson, Children's Mercy Family Health Partners  
ViJay Kotte, Harmony Health Plan  
Dr. Olusegun Ishmael, Harmony Health Plan  
Carol Ouimet, Harmony Health Plan  
Ramona Khplenk, Harmony Health Plan  
Angela Barbee, Harmony Health Plan

**MO HealthNet Division**

Dr. McCaslin  
Judith Muck  
Susan Eggen  
Lisa Clements  
Angie Brenner  
Mary Ellen McCleary  
Andrea Smith  
Brenda Shipman

**Other**

Terri Mendenhall, Family Support Division  
Clyde Stith, InfoCrossing  
Amy McCurry-Schwartz, Behavioral Health Concepts  
Mona Prater, Behavioral Health Concepts  
Donnell Cox, Doral

Catherine Edwards, Missouri Association of Health Plans  
Steve Renne, Missouri Hospital Association

### **Welcome and Introductions**

Susan Eggen Assistant Deputy Director, Managed Care opened the meeting at 12:25 p.m. She welcomed all members.

### **Budget Update**

Judy Muck provided the following Director's update. Judy stated that MHD is in conference between the House and Senate today. Items in conference:

- MHD Administration
- Personal Service will take a significant hit
- Pharmacy core was hit
- PMI increased fund 50% of the Governor's recommendation
- Caseload growth cut by one third in Senate
- House recommended diabetic nutrition, Senate did not
- House recommended tobacco cessation, Senate did not
- Nothing new with managed care
- Senate reduction of \$10 million dollars from health plan rates
- Hospitals hit
- FQHC's hit
- Women health services received a small reduction
- CHIP received some reductions (most of the reductions are in items we are legally responsible to provide)

It's too soon to say what will prevail with the various cuts.

### **Director's Update**

Dr. McCaslin reported today that the budget continues to be the dominant issue. Some budget issues still in play are:

- System changes being made
- Provider rates 90% of Medicare across the board
- Radiology
- Pharmacy Tax
- Hospital (\$60 million dollars cut from budget)
- \$10 million dollars in General Revenue. This is a budget issue not a budget cut

Looking ahead to 2012 will be worse, not sure if the stimulus funding will be extended for 6 months or longer.

Dr. McCaslin is pleased that managed care was not under attack. He received dental attack of the benefits, people want to carve out. A number of challenges on behavioral health because so many health plans carve it out.

NCQA conversations shut down complaints about health plans not being accredited.

Managed care expansion statewide has received support from the Governor and Legislators. It is dead for 2011, maybe expansion in 2012.

Dr. McCaslin stated people want managed care for the Aged/Blind/Disabled population. Dental and behavioral health folks are against it. Dr. McCaslin does not see it happening.

Dr. McCaslin stated it was a good year for managed care compared to last year.

Health Care Reform: Dr. McCaslin states it is the law of the land. MHD is engaged to implement, for betterment of our state and members. We have a work group reviewing the plan. MHD needs to get with the health plans to go through the bill. He would like to get this started sooner than later. MHD will share the template that Judy Muck has created.

Joanne Volovar stated she would be happy to get the work group started. Feels the work group need to consist of staff who can make decisions.

Dr. McCaslin pointed out that we should now be doing home health visits and treatment of kids with terminal conditions. In six months kids 26 years of age can be added to their parent health insurance plan and childless adults can be added to Medicaid.

Dan Paquin with HealthCare USA states the state needs to be cautious of incurring costs that the state already pays for.

Dr. McCaslin stated he is not happy with behavioral health care for members. We have a long way to go.

Dr. McCaslin encouraged everyone to review the Lewin Group report at: [www.dss.mo.gov/mhd/oversight/pdf/shortterm-cost2010jan07.pdf](http://www.dss.mo.gov/mhd/oversight/pdf/shortterm-cost2010jan07.pdf)

### **Enrollment of Pregnant Women**

Mary Ellen McCleary provided the following presentation regarding enrollment of pregnant women.

Mary Ellen stated concerns have been expressed in the past that it may take 60 days or longer to complete the enrollment process for pregnant women, which

frequently results in women being in their second or third trimester before health plan case management begins.

The MO HealthNet Division has researched pregnant women cases and results are compiled in the reports below.

Data was extracted from MHD data sources and not from the health plans. If you have additional questions regarding these reports, please contact Mary Ellen McCleary at [Mary.E.McCleary@dss.mo.gov](mailto:Mary.E.McCleary@dss.mo.gov) or at 573-751-3277.

### Pregnant Women Eligibility and Health Plan Enrollment

March 2010

Pregnant women sample consists of:

Women with a pregnancy ME code in March 2010

Women with an expected due date after March 1, 2010

Women with health plan lock-in starting after June 1, 2009 (looking at the most recent lock-in segment)

Women with health plan lock-in before their expected due date

Trimester	*Trimester Mother Applied	%	*Trimester Mother Approved	%	*Trimester Mother has Health Plan Lock- In	%
1st (187+ days to expected due date)	8,528	77.49%	8,170	74.24%	5,718	51.96%
2nd (93 - 186 days to expected due date)	2,193	19.93%	2,487	22.60%	4,480	40.71%
3rd (92 days and less to expected due date)	284	2.58%	348	3.16%	807	7.33%
Total	11,005	100.00%	11,005	100.00%	11,005	100.00%

Taking a closer look at the 807 mothers that had their most recent health plan lock-in in their third trimester the following was learned:

106 had a prior lock-in after June 1, 2009 with the same health plan

24 first trimester; 45 second trimester; 37 third trimester

125 had a prior lock-in after June 1, 2009 with a *different* health plan

11 first trimester; 42 second trimester; 72 third trimester

### Adjusted Totals

Trimester	*Trimester Mother Applied	%	*Trimester Mother Approved	%	*Trimester Mother has Health Plan Lock- In	%
1st (187+ days to expected due date)	8,528	77.49%	8,170	74.24%	5,753	52.28%
2nd (93 - 186 days to expected due date)	2,193	19.93%	2,487	22.60%	4,567	41.50%
3rd (92 days and less to expected due date)	284	2.58%	348	3.16%	685	6.22%
Total	11,005	100.00%	11,005	100.00%	11,005	100.00%

\*Trimester based on expected due date.

Source: MHD Advantage Suite and DSS Research and Evaluation

### Pregnant Women Health Plan Enrollment - Auto Assignment Rates

March 2010

Health Plan	Total Enrollment (March 25, 2010)	# Pregnant Women	% Pregnant Women	# Pregnant Women Auto Assigned	% Pregnant Women Auto Assigned
Harmony	16,443	331	2.01%	200	60.42%
HCUSA East	126,383	2,970	2.35%	259	8.72%
Molina East	59,772	1,503	2.51%	282	18.76%
Mo Care East	3,264	239	7.32%	214	89.54%
<b>Total Region</b>	<b>205,862</b>	<b>5,043</b>	<b>2.45%</b>	<b>955</b>	<b>18.94%</b>
HCUSA Central	32,950	1,122	3.41%	244	21.75%
MO Care Central	40,400	1,008	2.50%	286	28.37%
Molina Central	7,998	326	4.08%	152	46.63%
<b>Total Region</b>	<b>81,348</b>	<b>2,456</b>	<b>3.02%</b>	<b>682</b>	<b>27.77%</b>
BAPLus	30,866	1,001	3.24%	152	15.18%
CMFHP	55,536	980	1.76%	190	19.39%
HCUSA West	35,700	1,005	2.82%	193	19.20%
MO Care West	2,850	244	8.56%	169	69.26%
Molina West	10,338	276	2.67%	134	48.55%
<b>Total Region</b>	<b>135,290</b>	<b>3,506</b>	<b>2.59%</b>	<b>838</b>	<b>23.90%</b>
<b>Statewide</b>	<b>422,500</b>	<b>11,005</b>	<b>2.60%</b>	<b>2,475</b>	<b>22.49%</b>

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Women with health plan lock-in starting after June 1, 2009 (looking at the most recent lock-in segment)

Women with health plan lock-in before their expected due date

Source: MHD Advantage Suite and DSS Research and Evaluation

### Pregnant Women Receiving Services Under Temporary Eligibility

Total Women with Temp Eligibility	3,595
Total Women with at least one office visit October, November, December 2009	3,193
% with Office Visits	<b>88.82%</b>

Source: Advantage Suite

Dr. McCaslin is concerned that pregnant women are not assigned to a health plan quicker to start receiving prenatal care. Terri Mendenhall with the Family Support Division was invited to provide a discussion on the enrollment process.

Terri provided the following information:

Terri stated there is a way for pregnant women to receive services sooner via presumptive eligibility for MO HealthNet for Pregnant Women (MPW). This type of application is for a period of time a member is presumed eligible for MPW. Coverage is provided until eligibility is determined by the Eligibility Specialist with the Family Support Division Office. Some Federally Qualified Health Centers and Rural Health Clinics can assist pregnant women with applying for Temporary Assistance for Pregnant Women. Pregnant women will receive a temporary card so that they can start receiving services at that point. The FSD Eligibility Specialist has 15 days to approve the application for MPW. The Temporary Assistance is provided via Fee-for-Service.

If it is determined that the pregnant woman is not eligible for Temporary Assistance, she is encouraged to apply via FSD due to other deductions that would apply. Temporary Assistance cards can be extended until the MPW application is approved.

Once the pregnant woman is approved, and she resides in a managed care county, she is assigned to a health plan.

Susan Eggen picked up the discussion at this point. Susan stated that after approval and the member resides in a managed care county, our system creates an application which is sent to the enrollment broker. The enrollment broker will send the member a package of materials. The member is advised to choose a health plan within 15 days. If the member does not choose a health plan within 15 days one will be chosen for the member. This process could be 45 days in the future. To provide coverage for the members during this process, members should ask for prior quarter coverage which could provide coverage for the past 90 days.

MHD is considering shortening the 15 days to choose a health plan to 7 days.

Terri provided the following numbers for the month of March 2010 MPW applications:

2280 applications taken  
1177 were eligible  
1103 not eligible  
213 were not citizens

Terri stated FSD is required to give members 10 days to provide required documents needed to approve their application. FSD system will reject if not provided within the 10 days timeframe.

### **Enrollment Broker Transition**

Clyde Stith provided the following information:

#### Objectives for InfoCrossing Transition

- Take over all functions currently being performed by the subcontractor
- Take over facility and resources
- Implement a completely new, separate system
- Transition would need to appear seamless to both internal and external clients
- Retain Program Staff

#### Current Staff

- 9 operators (with 3 bi-lingual)
- 1 Supervisor
- 1 Business Information Analyst (New)

#### 3 Employees were not retained

- LAN Support
- Business Information Analyst
- Project Director

#### Changes as a Result of the Transition

- Revised Program Materials
- New Program Website URL
- Improved provider search on the program website -  
<https://dssapp.dss.mo.gov/pcp/>

#### Transition Outcome

- Very successful

- Few Minor Issues
- No Showstoppers
- Transparent to Participants

#### Stats/Information

- Weekly Abandoned Rate currently averaging 2.4%
- Talk time averaging 4min 58sec
- Completing all transfers and enrollments without issue
- Current on all Mail
- Next big Annual Open Enrollment (AOE) period will begin middle of next month (April 19th mailing begins)

Additionally Clyde Stith talked about open enrollment. Members have 60 days from the date of their enrollment date to make a change in their health plan. An enrollment date does not change if a member is terminated from MO HealthNet but reassigned within 60 days.

#### Contact Info

Clyde Stith 573-635-2434 ext 5321

[clydestith@infocrossing.com](mailto:clydestith@infocrossing.com)

#### **Subcontractor Oversight Responsibilities**

Susan Eggen reminded the health plans today that they are responsible for ensuring their subcontractors are sending their current approved notice of action member letters.

#### **State Requests Discussion**

Susan Eggen provided a handout to the health plans today listing required reports. This listing provides the contract cite, explanation of the requirement and the contact staff to report to.

#### **Open Forum**

This is the first meeting with the new meeting schedule for QA&I and All Plan. We had about an hour and a half down time after the QA&I meeting. Recommendation to start next meeting with the All Plan first and starting at 10:00 A.M.

The meeting was adjourned. Next scheduled meeting is July 22, 2010.