MO HealthNet Division Public Forum
Springfield, Missouri
November 10, 2008

The MO HealthNet Division conducted a public forum in Springfield, Missouri at the Conservation Nature Center on November 10, 2008. The purpose of the forum was to discuss potential expansion of MO HealthNet (Missouri Medicaid) managed care to the southwest and south central portion of Missouri. Over 150 people were in attendance.

Dr. Ian McCaslin, Director, MO HealthNet Division, indicated he has three major goals for the MO HealthNet program:

1. To serve the people;
2. To do a better job of serving the people; and
3. To improve access, quality of services, and accountability.

Dr. McCaslin presented on the potential conversion to a managed care delivery system for the MO HealthNet population in the area. He stressed that no decisions have been made regarding this expansion. Many steps are required to make any change, including discussion with the MO HealthNet Oversight Committee, the Governor's Office, and appropriation authority from the Missouri General Assembly. If implemented, the earliest possible start date would be June 2010.

Conversion to managed care doesn't impact an individual's eligibility; it is a different way to serve individuals already receiving services through MO HealthNet. Individuals to be included in the proposed expansion are MO HealthNet children, pregnant women, and some parents and caretakers. These participants currently receive their MO HealthNet services via a fee-for-service delivery system. Individuals eligible for MO HealthNet under a category of assistance of elderly or permanently and totally disabled would not be converted to the managed care model and would continue to receive services fee-for-service.

MO HealthNet managed care is not new to Missouri. The state began providing services to participants in the eastern, central, and western regions of the state in 1995. As of August 2008, there were 383,517 participants receiving services through the managed care program.

Under managed care there are no changes in eligibility or MO HealthNet services. The state contracts with managed care plans and pays the plans directly for each covered member. The health plan is responsible for coordinating the health services for their members and paying the providers within their network. The state is not involved in the contracts between the managed care plans and the providers. Each health plan must have enough providers to see their members, and patients and families can choose their own doctor from those who signed up with each health plan. There must be a minimum of two health plans in each region to allow freedom of choice.

The managed care health plans are required to provide the same services as under the fee-for-service program. Some managed care plans offer additional benefits such as circumcisions (not medically necessary); special classes such as childbirth, breastfeeding, and smoking cessation; cell phone programs for high risk members; adult physical therapy if medically indicated; and guest passes and waiver of joining fees at YMCA facilities.

Each health plan must meet the service standards established by the state and are held to performance standards and to improve access and quality in care delivery. Service standards include the distance to get to a doctor; number of days it takes to get a primary care appointment (30 days or less for well check-up); and 24 hour telephone availability. Performance standards include areas of well-child visits; better management of difficult pregnancies; and healthcare effectiveness measures. Over the past three years member satisfaction in the MO HealthNet program has ranged between 75% and 81%, which is similar to those enrolled in Medicare plans or standard insurance plans.

There are noted concerns with a managed care delivery system. Examples include providers not wanting the health plans to be in their business and providers not meeting the higher credentialing standards set by the managed care plans for health plan enrollment. Credentialing standards are plan-specific and out of the control of the MO HealthNet Division, but providers must meet minimum state licensure standards. Dr. McCaslin noted any conversion to a managed care delivery of service is not without turbulence.

Individuals who desired to offer public testimony were asked to register in advance of the meeting. The list of individuals who registered in advance is attached. It is important to note that not everyone who registered testified, and comments were also given by individuals who did not preregister. The attendance sheet from the meeting is also attached.

A number of practitioners serving the mental health needs of the potential target population offered public comments. Issues raised included:

- The additional administrative burden from health plan, i.e., billing issues, diverts resources from clinical services.
- The health plan panel for mental health services does not include provisionally licensed providers which hurts access; an open panel is vital.
- Reimbursement through managed care plans is less than through the fee-for-service program.
- The number of authorized inpatient days is not adequate.
- When inpatient facilities keep children longer than authorized it leads to uncompensated care. Those children discharged too early return to their problem environments unprepared.
- The number of visits authorized in the outpatient setting is not adequate. As a result issues are often not resolved so children reappear in an inpatient hospital.

- Outpatient services have decreased due to the changes in the Medicaid fee-for-service program.
- Expansion of managed care should be evaluated against four measures to determine the direction to take in southwest Missouri: (1) increased access; (2) improved quality; (3) decreased costs of providing care; and (4) promotion of early preventive care.
- Managed care has not been positive in other regions of the state.
- The patient/counselor relationships built will be lost if patients have to see other counselors.
- Delays in authorizations for crisis services result in therapists treating pro bono.
- Managed care panels built with out of state providers means Missouri dollars and jobs go out of state.
- There should be a mental health representative on the MO HealthNet Oversight Committee.
- The MO HealthNet Oversight Committee should pass a resolution on the emphasis of the counseling arts.
- There needs to be a even playing field between the needs of mental vs. physical health.
- Question on how the decision was made to carve out the behavioral health needs of foster care children.
- As foster care children go in and out of care there is a lag in eligibility. It is difficult to find providers for mandated services for foster care children.
- There has not been in increase in reimbursement for counseling arts providers since 1997. It will be difficult to get psychologists to go into the rural areas without adequate reimbursement.
- Mental health providers for children with abuse and neglect issues are dropping off because of the lack of payment and required court work.
- Many practitioners are no longer taking Medicaid patients in their private practices because it is not feasible due to the administrative burdens.
- Recommendation was made to rescind managed care and return the regions to fee for service.
- Significant concerns exist about access and availability of services.
- Individuals should be able to access services for specialized areas out of network.
- Children not eligible for First Steps or public school services under managed care would not receive any services.

Other comments received include:

- Given the number of limited specialists, i.e., pediatric therapists, pediatric cardiologists, families may lose access to their existing providers if the clinicians are not in multiple health plans.
- A dental provider expressed concerns regarding managed care, including reduced reimbursement and limited access. There are administrative consequences to managed care and it would eliminate more providers than it would attract.

- It is difficult to work with certain managed care plans and find providers in managed counties. Repayment for state mandated services has sometimes been difficult.
- A long-time MO HealthNet dental provider office reported they have found managed care plans dictate care. Approval for certain services is delayed; reimbursement is made only every 60 days; referrals are restricted.
- It was questioned how the health plans would have leverage over current health systems in Springfield. Concern was expressed about any steerage aspects and squeezing out small providers. Traditional Medicaid is an efficient payer.
- There should be culturally and linguistically appropriate services for deaf and hearing impaired participants. Without it, these individuals are excluded. Interpreters also be trained in mental health provisions.
- Transportation issues have been encountered in Polk County. It is not always an option to drive to Kansas City for dental care. If a family is able to find transportation, they are not reimbursed promptly.
- Increased transportation costs would be incurred if children with chronic care needs would be required to be treated out of region.
- Rather than bringing in new programs the spenddown requirements should be revised.
- It is difficult to receive orthodontic services; there are a lack of providers.
- In managed care only physicians are able to perform EPSDT screens.

Questions raised and answers provided during the forum include:

How it is proposed to make the managed care organizations accountable?

Resources and additional discussions are needed. This can be done either via a contractor or through the addition of internal clinicians with an understanding of clinical medicine, both behavioral and physical, and an awareness of the operations of physician offices who can assess appropriateness of care. This is being explored for the managed care program currently in place.

How do the health plans make their decisions on care, how are rates negotiated, and generally how do the health plans go into an area?

The correct health plan representatives were not available to answer these questions. It was suggested that if managed care were to be expanded to the area that a separate meeting be conducted to discuss these issues. Mental health services are often coordinated through a behavioral health organization.

Clarification of mental health services for children in the foster care system was requested.

Children in the foster care system receive their physical health services through the managed care model; mental health services are administered through the fee-for-service system.

How do adopted children receive their mental health needs?

Adopted children can opt out of managed care and receive services fee for service.

What is the budget for the managed care expansion project? Are the health plans publicly listed on the stock exchange?

Most of the existing health plans are for profit companies. Under federal requirements any Medicaid managed care program must be budget neutral when compared to the same services for the same population under a fee-for-service provision of service.

Is the Permanent and Totally Disabled (PTD) population included?

Those eligible for MO HealthNet in a category of assistance of PTD will not be included in managed care. Permanently and totally disabled tends to be those who meet the Social Security Administration definition of disabled.

Are individuals diagnosed with HIV/AIDS included in managed care if they have not been determined disabled?

Managed care enrollment is not driven by diagnosis; it is driven by the category of assistance under which a participant receives MO HealthNet benefits.

Addendum:

The rationale for the carveout of behavioral health services for foster care children was discussed at length at the meeting. The following information is provided in follow-up to that discussion.

When managed care was originally implemented in Missouri, there was a collective sense that, since foster children are in many cases so mobile, it would be difficult to maintain an individual foster child within a single managed care plan that might only provide service in one region, leading to gaps in continuity of mental health coverage. In addition, mental health advocates expressed concerns about access to mental health services within managed care programs and the collective consensus was to delay implementation of mental health services within managed care. The issue has been revisited through the years, and at present the services continue to be delivered in a carveout, with provisions for prior authorization of services based upon evidence based clinical guidelines designed to ensure best quality of service delivery.

Springfield, November 10, 2008
Public Comment

Individuals who registered to give public comment will be called in the following order.

1	Mike Osborn	27	Melody Savley
2	Steve Jones	28	Brian Petrovich
3	Mary Gorman	29	Jana Small
4	Sharon Hailey	30	Dunn Jones
5	Mark Specht	31	J.D. Forsyth
6	Dr. John Howell	32	Brent Gilstrap
7	Kimberly Shinn-Brown	33	Julie Gibson
8	Mary Beckerdite, LCSW, LPC	34	Brian Chandler
9	Rogetta Prueitt, Director	35	Chuck Hollister
10	Julian Tillman, MA LPC	36	Don McFall
11	Brenda Fuller	37	Ann Conn
12	Susan Compton	38	Marcia Brewer
13	Debbie Johnson	39	Elena Hart
14	Kendal Gerald	40	Carolyn Nichols
15	Rick Crump	41	Mary Turner
16	Michele Marsh	42	Keith Noble
17	Terri Courtney-Miller	43	Yvonne McKenzie
18	Lauri Massey	44	Steve Moncher
19	Melissa Tiffany	45	Tim Harrison
20	Sandy Williams	46	Chris Whitehead
21	Jay Robards	47	Heather Welker
22	Carolyn Kelley	48	Kerri Ortlieb
23	Penni Quinn	49	Jodi McCrickard
24	Paul Taylor, CEO	50	Amelia (Amy) Chenoweth
25	John Wood	51	Donna Blondo
26	Richard Green		

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