

MO HealthNet

Ongoing Change

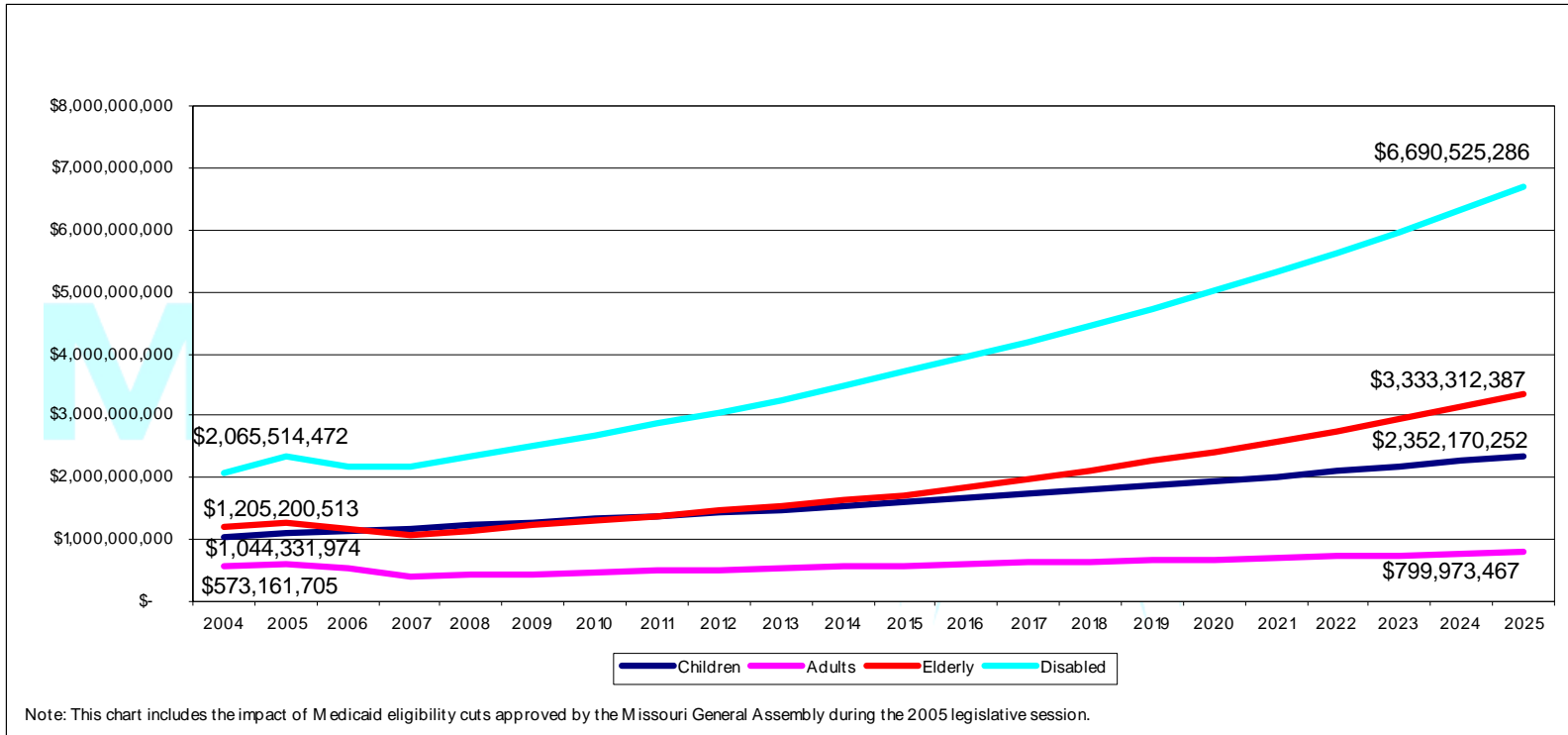
The National Medicaid Congress

June 4, 2008

MoHealthNet

Rhonda Driver B.Sc. Pharm
MO HealthNet Division

Projected Future Medicaid Spending by Eligibility Group, 2004-2025



Missouri Change in Philosophy

- From: Social Service Role

- Passive Claims Payment
- Enrollment
- Safety Net

- To: Healthcare Consumer and Payer Role

- Care Management Programs
- E.H.R. to engage and inform Providers
- Define Standards and Identify and Resolve Treatment Gaps
- Consumer Directed

The Tenets of MO HealthNet

- Make decisions on medical evidence and best practices not intuition or expenditures
- Provide management that is as transparent to patients and providers as possible
- Produce outcomes reports for all programs
- Review and insure quality assurance for program policy
- Don't punish the many for the sins of a few

MO HealthNet Roll Out

- Promote health and wellness
- Focus on preventive medicine
- Engage recipients to become *participants* in their health care
- Advance the use of evidence-based practice
- Incorporates technology to improve transparency
- Increase the information available to participants and providers for decision making
- Reward providers for engagement and performance
- Increase access through improved provider reimbursement

MO HealthNet Ongoing Change

- Key Components:
 - Health Care Home
 - Health risk assessment
 - Electronic plan of care
 - Provider Access
 - New Role for Participants and Providers

Progress to Date...

- Physician Rate Increase
- Durable Medical Equipment
- Managed Care expansion to an additional 17 counties
- Procurement of a business and clinical intelligence tool
- Telehealth Projects
 - Rule filed in January 2008
 - Working on a project funded in the FY2008 Budget to deploy telehealth to Rural Health Clinics

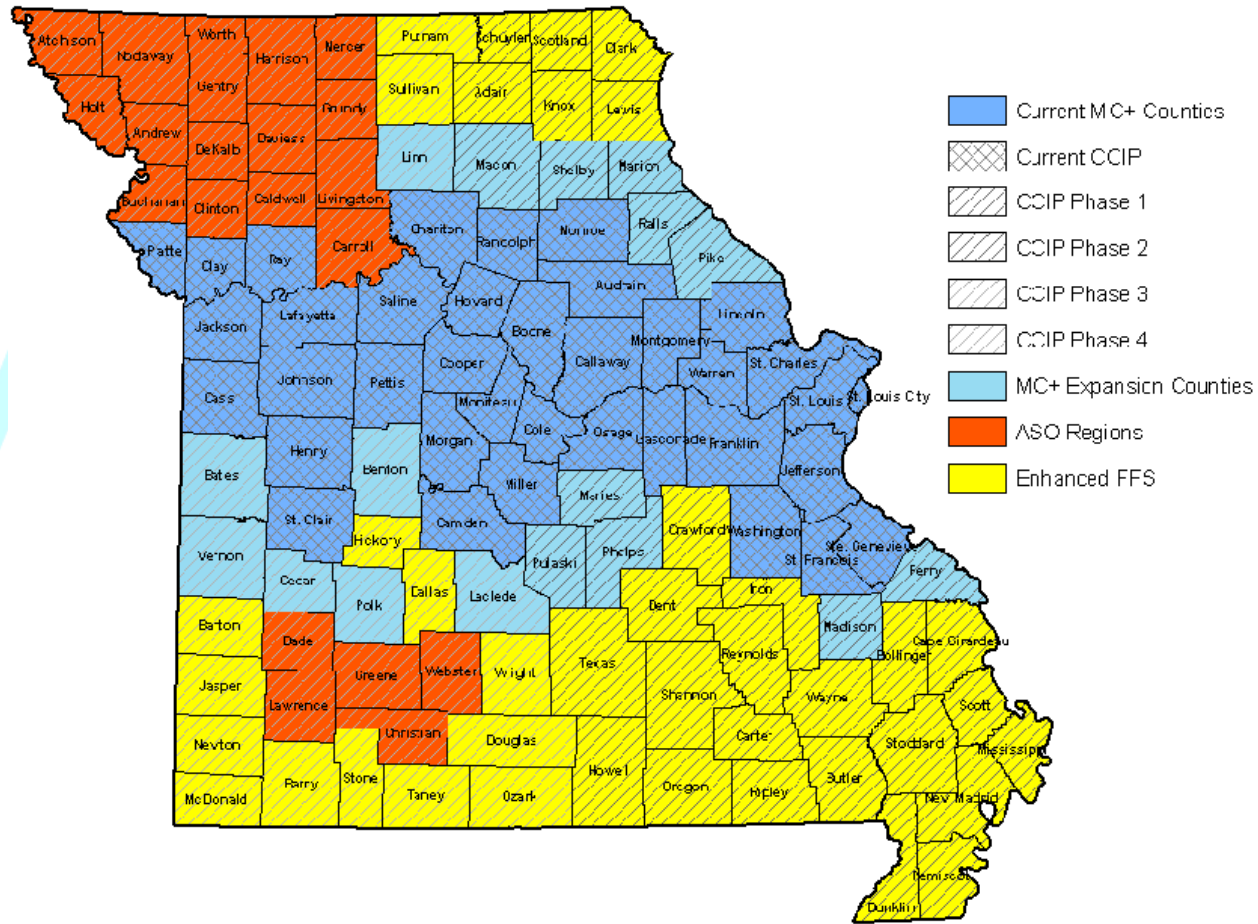
Overall Missouri Participant Goals

- All Participants Will Have A Healthcare Home
 - Primary focus is the wellness of the patient
- Achieve Wellness and Length of Wellness
 - Education and resource coordination
 - Chronic care management
 - Consistent with disease severity and process
 - Focused on medically necessary level of care
- Encourage Personal Responsibility
- Balance Care with Wellness and Public-sector Investment

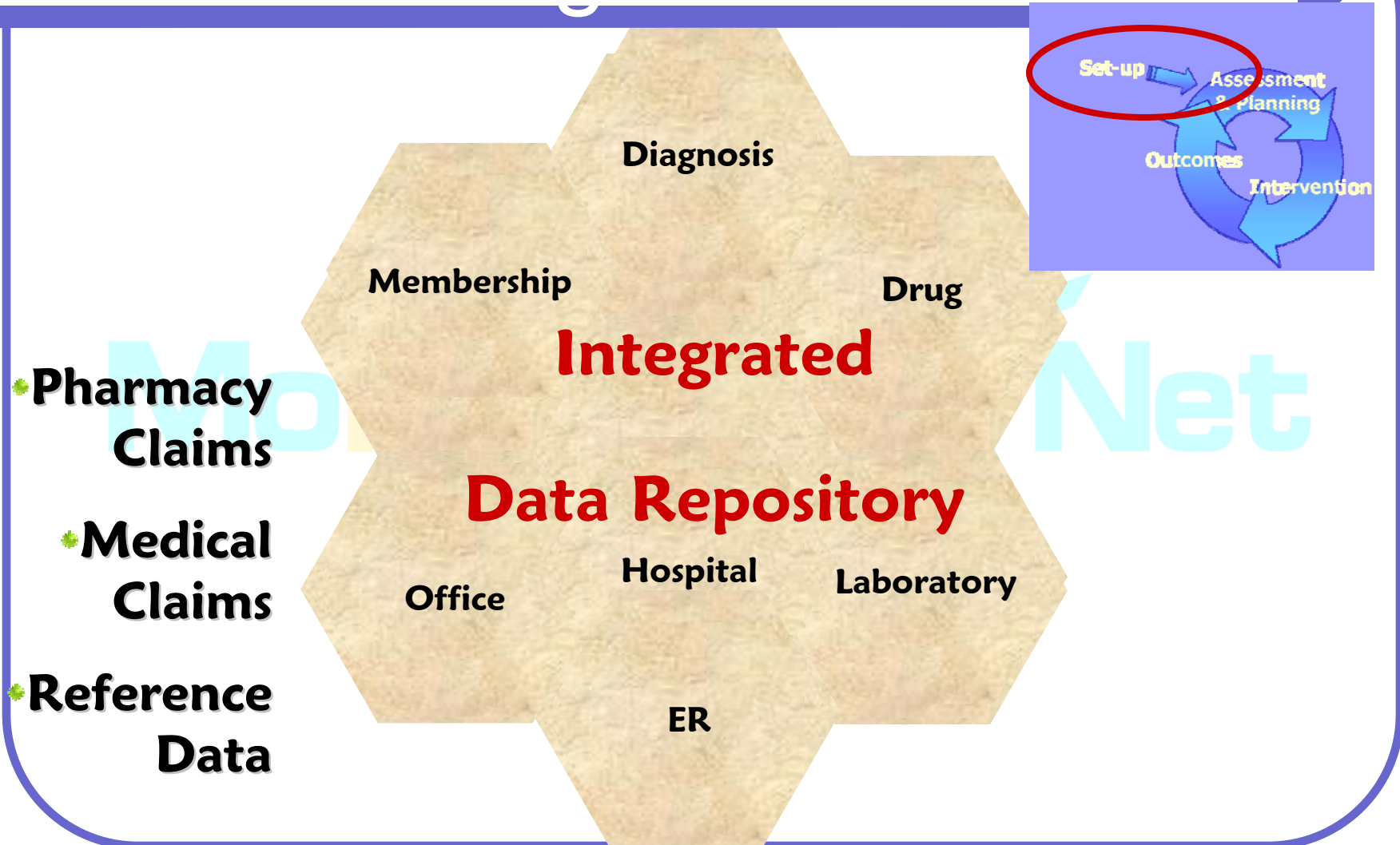
Overall Goals of Missouri Delivery System

- Appropriate Setting – based on disease stratification
- Appropriate Cost
- Targeted to Ensure Integrity of Pathway
- Empower Patient to Participate As Possible
- Focus of Access to Care and Payment
 - Best Practices
 - Medical Evidence
- Targeting of Guidelines to Assure
 - Necessity of Care
 - Diagnosis Based Treatment
 - Quality
 - Prudent Resource Allocation and Utilization

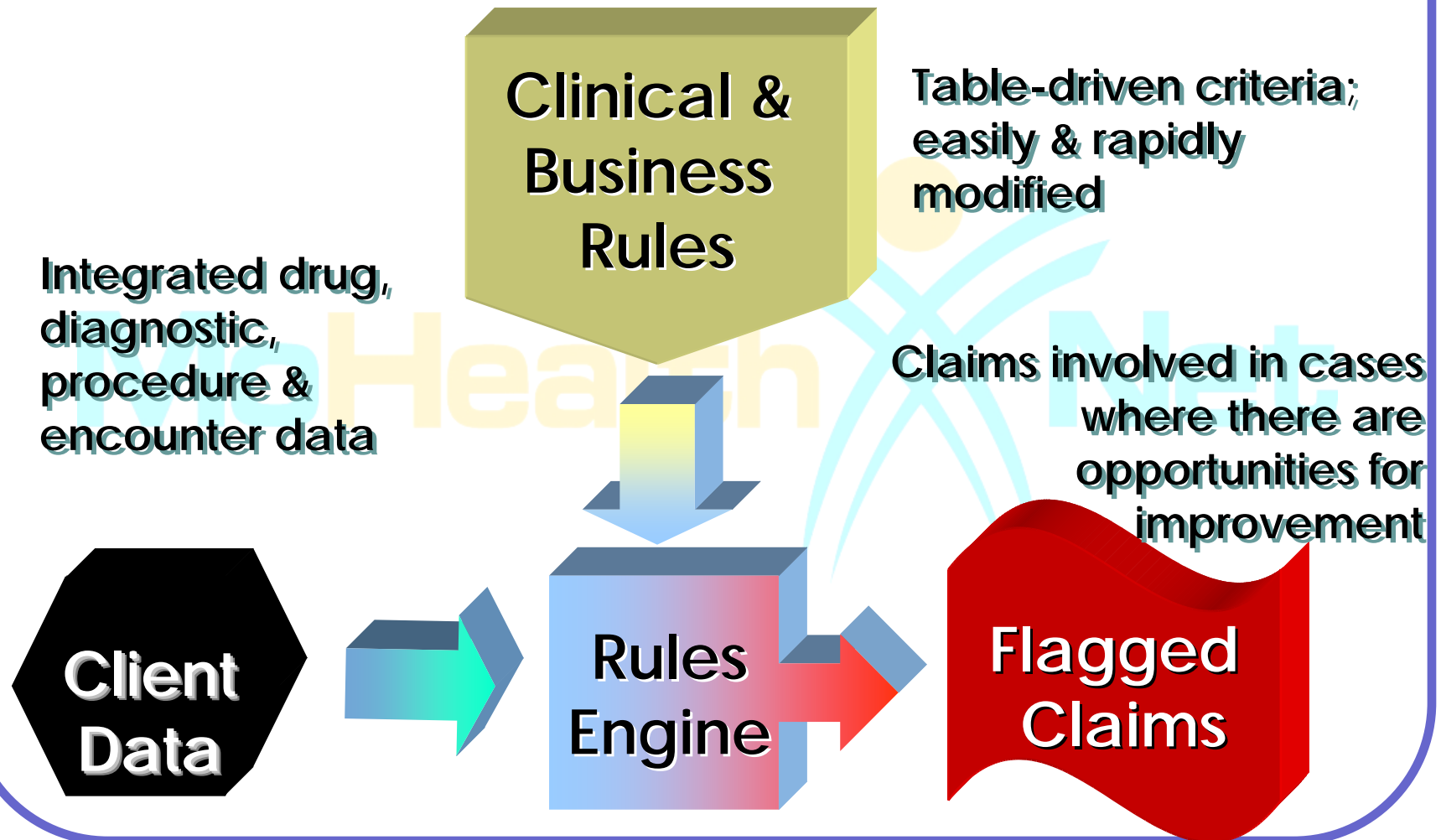
MO HealthNet Statewide Roll Out



Mapping & Data Integration



Clinical Rules System



SmartPASM Process

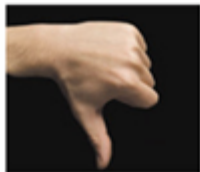


Patient Presents Rx at Pharmacy



Pharmacist Submits Claim through POS System

Automated Eligibility Verification by PBM/Fiscal Agent



DOES NOT MEET CRITERIA

Denied and forwarded to call center with access to clinical criteria



MEETS CRITERIA

Approved and paid

Clinical Edit Processor Applies Evidence-Based Critique to Claim

Medical Data (ICD-9, CPT-4, etc.)
Drug Data
Eligibility Data
History of Denials and Approvals

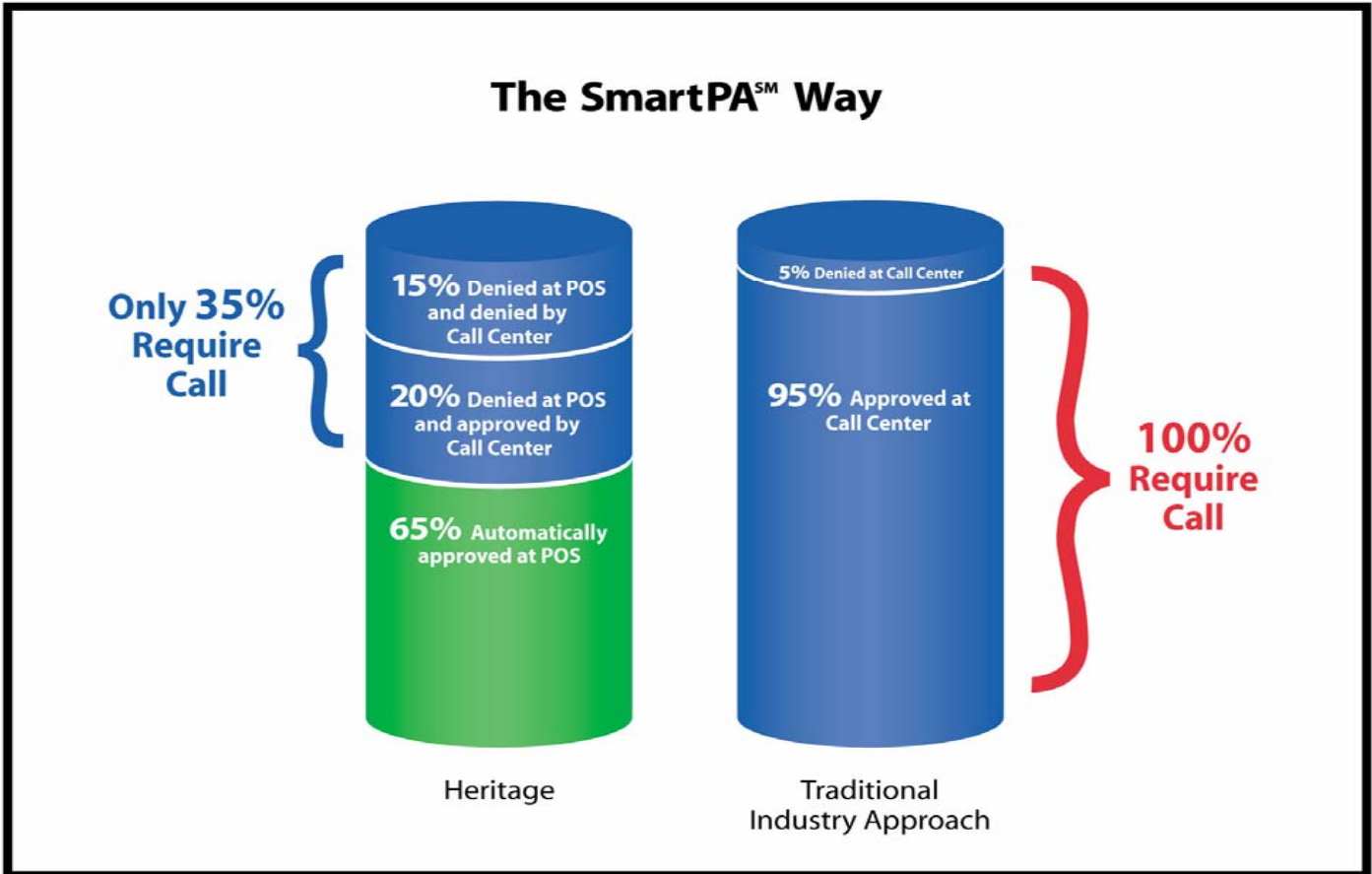


PBM/Fiscal Agent Conducts Clinical Edit Processing



IBM Compatible

Evidence-Based vs Traditional Approach



CyberAccessSM

Electronic Health Record

- First step toward a comprehensive EHR for MO HealthNet participants
- Web-based tool with HIPAA-compliant portal for MO HealthNet providers
- Electronic prescribing capability
- View patient ICD-9, CPT codes, and paid drug claims over the past 2 years
- Identify clinical issues that affect the patients' care

CyberAccessSM

Electronic Health Record

- Prospectively identify how PDL and CE criteria affect individual patients by running meds through rules engine
- Electronically request PA or CE overrides
- Electronically request pre-certification for certain medical procedures or equipment
- Identify existing authorizations issued for a patient
- Receive patient-specific best-practices and guideline alerts

DirectCare Pro

- Pharmacist Electronic Healthcare Tool
- Designed to engage RPh's to take more active role in the care of participants
- Targeted Care Interventions
- Improves adherence to care & treatment guidelines for chronic conditions
- Targeted Reporting
- “Real Time” Billing Tool

Driving Change Through Technology

CyberAccess
 Home Application Administration My Account Reports Direct Care Pro Intervention Mgmt

Welcome, Mike Mathews
 Current site: Super User Site

Search For A Patient
 Medicid Id (required) Birth date (mm/dd/yyyy) (or) Last Name

Home And Alerts
 Missouri Medicaid Pharmacy Program
 Medicaid Provider Manuals
 Missouri Medicaid Internet Claims (EMed)
 Missouri Medicaid Provider Bulletins
 Missouri Medicaid Provider Participation

CyberAccess
 Patient Info For - Doe, Jane

Test Super User Practice
 ACS Heritage, Inc. Patient Profile Report

Patient Demographics
 Patient Name: Doe, Jane Sex: F
 Patient ID: 0000000 Date of Birth: 02/14/1967

Alert Message For Paid Drug Claims
 Alert Key: A Message: Incr ADE: Beta Blocker use w/ depression
 B Message: Underutilization of long acting opioid
 C Message: Incr ADE: Fibrate & Renal Dysfunction

Paid Drug Claims Sorted by Therapeutic Class

Class	Service Code	Drug Name	Qty	Days	Refill	Alerts	Phys
	59/2006	PROPOXY-NAPAP 50-325 TAB	80	10	0	B	A
	51/2006	HYDROCODONE/NAPAP 5/500 TAB	80	6	0	B	A
	58/2006	OXYCODONE W/NAPAP 5/325 TAB	60	5	0	B	A
	429/2006	OXYCODONE W/NAPAP 5/325 TAB	40	10	0	B	A

CyberAccess EHR
 Patient Data View

Observation # 1
 Observation Date: 01/15/2007
 Observation Type: Select
 Observation ID: Select
 Description: Select

Avoiding Triggers and Allergens

1. What time of the year do your asthma symptoms become worse?
 Spring
 Summer
 Fall
 Winter

2. Do you have any allergies, and if so, what are they?

3. Do you know what triggers, or makes your asthma symptoms worse? If no, mark NA and go to Question 4.

4. Do you know how to avoid your asthma triggers?

5. What do you do if you come in contact with an asthma trigger?
 Separate myself from the asthma trigger
 Monitor my breathing for signs and symptoms of worsening.
 Use my rescue treatment (albuterol inhaler or nebulator) if my breathing becomes worse.
 Refer to my asthma action plan
 Continue to take my allergy medication as directed by my doctor.

Super User Practice - Missouri

Patient Information
 ID: 00094103
 Name and Address: MCQUEEN, PENNY
 12647 STATE HWY J
 BLOOMFIELD, MO 63825

Rendering Pharmacist Information
 ID: 111111111
 Name and Address: John Doe
 123 Main St.
 Blue Mountain, MS 38610
 NPI: 6076542210

Claim Information
 Date of Service: 01/09/2007
 Place of Service: Pharmacy
 Diagnosis: EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS

Billing Pharmacy Information
 ID: 1234567890
 Name and Address: Walgreens Store 101
 3492 Street
 Clarkdale, MS 38604
 NPI: [Please select]

Claim Detail Lines

Line	Procedure Code	Units	Line Charges
1	01157 - HTMS F2F 15T 15 MIN 15T ENCTR	1	\$0.00
2	01177 - HTMS INDIV F2F 15T 15 MIN EA 15 MIN	1	\$5.00
Total Charges:			\$5.00

HealthNet Case Management
 Patient Summary for Michelle South

Medications (From Claims)

Medication	Quantity	Days	Refill	Alerts	Phys
LISDOPAMINE	30	30	0	B	A
MINOXIDIL	30	30	0	B	A

Patient Details
 Patient First Name: Michelle
 Patient Last Name: South
 Patient Date of Birth: 01/14/1976
 Address: 110 Cypress Avenue
 City: Houston
 State: TX
 Zip: 77055
 Phone: (281) 777-2222
 Fax: [Redacted]

Medicaid Drug Rebate Program

- Established in 1990 – Omnibus Budget Reconciliation Act (OBRA)
- Modified in 1992 – Veterans Health Care Act required manufacturers to rebate VA/DoD in order to have Medicaid Coverage
- Provide standards for manufacturer reporting, rebate calculations and confidentiality
- 550 pharmaceutical companies and 49 states* participate
- Based on AMP and “Best Price”
- **All except AZ*

Deficit Reduction Act (DRA)

2005

- Sales-based pricing information available to states monthly – for FUL calculation
 - Implementation halted
- Require state collection and submission of utilization data for physician-administered drugs
 - Requirement to connect J-Codes with NDC codes on provider-administered drugs
 - Ensures collection of drug rebates
 - Claims subject to program cost containment initiatives

Physician-Administered Pharmaceuticals

J-Code Conversion

- HCPCS J-Code traditionally used by institutions and physician providers for reimbursement from Medicare/Medicaid
- Medicare reimbursement driven by J-Codes – Crossover Claims
- J-Codes = Unit
- NDC Codes = Decimal Quantity (e.g., mL's)
- One J-Code can be associated with multiple NDCs
- Identification of actual drug dispensed often impossible

How Missouri is Doing it

- MO HealthNet has required physicians (offices/clinics) to bill meds on a pharmacy claim form with NDC since early 1990s
- Currently, we are converting all other providers (beginning January 2008):
 - Hospital outpatient facilities
 - Rural health clinics (RHC's)
 - Federally-qualified health centers (FQHCs)
 - Dental providers
- All of these providers have percentage-based reimbursement related to federal subsidies
- Claims transmitted electronically on modified 837

Missouri Physician-Administered Drug Benefits

- Previously only few states *mandated* NDC billing for physician administered medications
 - Most are “slow adopters”
 - Resistance to change
 - Technology issues
- Claims included for drug rebate
- Subject to clinical cost containment initiatives
 - PDL edits
 - Clinical Edit Criteria
 - Retro-DUR

Discussion

- Questions?

