

Managed Care in Missouri

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, nearly all individuals eligible for Medicaid (called HealthNet in Missouri) were enrolled in managed care. Missouri has had some form of managed care for almost 20 years, and the current program, **HealthNet Managed Care**, has provided a variety of Medicaid-covered services since 1995 when it began in the state's eastern region then expanded to the central and western regions. Low-income children, pregnant women, parents, foster care children, and developmental disability waiver participants are required to enroll in a managed care plan for acute, primary, specialty, and behavioral health services. Since 2001, the state has also operated a single **PACE** program to cover primary, acute, long term, Medicaid and Medicare services and supports for individuals age 55 years and older who choose to enroll and who require nursing home level of care.

In 2012, Missouri began offering people with serious mental illness and multiple chronic medical conditions the option to enroll in a health home to coordinate all Medicaid services, including physical and behavioral health. Health homes receive a per member per month (PMPM) payment to coordinate care for enrolled individuals, some of whom may also be enrolled in managed care, through a dedicated care team that includes a care coordinator, nurse care manager, behavioral health consultant, and administrative personnel; all other Medicaid services are reimbursed on a fee-for-service basis.

Participating Plans, Plan Selection, and Rate Setting

As of August 2014, Missouri contracted with three for **national, for-profit and publically traded health plans** (HealthCare USA, owned by Aetna; Home State, owned by Centene; and Missouri Care, owned by WellCare). Previously, the state contracted with all health plans that met state qualifications ("any willing plan"), but in 2012, Missouri imposed a cap on the number of organizations with which it contracted and restricted participating plans to three per region. The state currently selects plans based on a competitive bidding process and set rates using an actuarial process that adjusts expected costs based on demographic factors.

Quality and Performance Incentives

Missouri requires all plans to submit HEDIS, CAHPS, and CHIPRA measures and to be accredited by NCQA. The state measures quality from a number of additional sources, including federally-required external quality reviews, annual program evaluations, and public forums held throughout the year; much of this information is published on the state website. In addition, the state meets quarterly with a consumer advisory committee to discuss policy changes, consumer education needs, and care delivery.

Table: Managed Care Program Features, as of August 2014

Program Name	MO HealthNet Managed Care	Program for the All-Inclusive Care for the Elderly (PACE)	Non-Emergency Transportation (NEMT)
Program Type	MCO	PACE	Transportation
Program Start Date	September 1995	November 2001	October 2006
Statutory Authorities	1915(b)	PACE	1902(a)(70)
Geographic Reach of Program	Select regions	Single region	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)			
<i>Aged</i>		X	
<i>Disabled Children & Adults</i>	X	X (age 55+)	X
<i>Children</i>	X		X
<i>Low-Income Adults</i>	X		X
<i>Medicare-Medicaid Eligibles ("duals")</i>		X (age 55+)	X (excludes partial duals)
<i>Foster Care Children</i>	X		X
<i>American Indians/ Alaska Natives</i>			
Mandatory or Voluntary enrollment?	Mandatory	Voluntary	Mandatory
Medicaid Services Covered in Capitation <i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the benefit package.)</i>			
<i>Inpatient hospital</i>	X	X	
<i>Primary Care and Outpatient Services</i>	X	X	
<i>Pharmacy</i>		X	
<i>Institutional LTC</i>		X	
<i>Personal Care/HCBS</i>	X	X	
<i>Inpatient Behavioral Health Services</i>	X	X	
<i>Outpatient Behavioral Health Services</i>	X	X	
<i>Dental</i>	X	X	
<i>Transportation</i>	X	X	X

Program Name	MO HealthNet Managed Care	Program for the All-Inclusive Care for the Elderly (PACE)	Non-Emergency Transportation (NEMT)
Participating Plans or Organizations	1. HealthCare USA 2. Missouri Care 3. Home State Health Plan	1. Alexian Brothers Community Services	1. Logisticare Solutions LLC
Uses HEDIS Measures or Similar	X	NA	NA
Uses CAHPS Measures or Similar	X	NA	NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	NA	NA
State requires MCO Accreditation	X	NA	NA
External Quality Review Organization	Behavioral Health Concepts		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.
Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.