

Medicaid Services Advisory Committee Meeting

Public Meeting

Tuesday, June 15, 2021

12:30 – 2:30 pm

- This meeting is open to the public
- Please mute your line to reduce background noise
- Public comment will be taken at the end of the meeting or can be submitted in writing to krista.oconnor@state.mn.us



Medicaid Services Advisory Committee

June 15, 2021

Krista O'Connor | Strategic Development Director

Welcome



Housekeeping items

- WebEx Meeting
- Meeting is public
- Please mute your line when not speaking
- Committee members can use the chat to provide comment or ask questions
- Public members can provide public comment today by putting “public comment: your name, and your organization” in chat
- Written public comment is also welcomed and encouraged. Please submit to krista.oconnor@state.mn.us
- Indicate conflicts of interest prior to providing comment



Health Care Administration Vision:

The Health Care Administration builds and operates affordable and efficient health care programs that improve the health of Minnesotans.

Purpose & duties

Purpose

- Provides guidance on key initiatives brought forward by DHS that affect Medicaid program administration, policy or Medicaid funded services
- Represent community groups and professional stakeholder organizations, Medicaid beneficiaries and caregivers, and various health care and long term services and supports professionals that influence the health and covered services of Medicaid populations
- Serves to advise DHS and is not a governing board.

Duties

- Provide guidance on specific policies, initiatives, and proposed program changes brought forward by DHS
- Act as liaisons back to individuals, organizations, and institutions that receive, facilitate, or provide Medicaid services

Agenda

- Updates
- Legislative Update
- Managed Care Updates
- Comprehensive Quality Strategy
- Medicaid COVID Waivers Update
- Member Reappointment
- Public Comment
- Next meeting & adjourn



Updates

Krista O'Connor, Strategic Development Director

Medicaid Services Advisory Committee



2021 Legislative Session Update

Ann Bobst, HCA Director of Legislative and External Affairs



Managed Care Update

PJ Weiner | Manager, Alternate Purchasing

Managed Care Procurement

January 4, 2021 RFP issued for 7-county metro's Families & Children and MinnesotaCare

- Contract negotiations begin this summer and conclude in September
- Contracts begin Jan. 1, 2022

October 2021 RFPs issued for statewide Seniors and SNBC

- Contracts begin Jan. 1, 2023

January 2022 RFP for 80 Greater Minnesota counties' Families & Children and MinnesotaCare

- Contracts begin Jan. 1, 2023



Metro-area Families and Children RFP (1 of 7)

Category	Points
Enrollee engagement and communication	15
Improving outcomes and eliminating disparities	30
Payment policy and innovation	14
Community and county collaboration	12
Provider networks	15
Administrative responsibilities	14

Metro-area Families and Children RFP (2 of 7)

Enrollee Engagement

- Describe the accessibility and availability of your organization's customer service operations. Please describe how your customer service operations address the various types of diversity that exist within the MHCP populations. Examples of the types of diversity included in a response are racial and ethnic diversity, languages spoken, employment status and availability to contact a health plan, disability and neurodiversity, and proficiency of health literacy.
- Describe how your organization solicits and/or receives enrollee feedback regarding enrollee satisfaction, communications, service delivery, provider networks, and health plan operations. Describe how that feedback is used in your organization's operations. Describe efforts to use this feedback to assess how structural racism impacts enrollees' experiences and to improve health outcomes for the MHCP population.

Metro-area Families and Children RFP (3 of 7)

Improving Outcomes and Eliminating Disparities

- How does your organization address structural racism? What steps have you taken to become an antiracist organization? How do you plan to improve your systems and processes to be more antiracist?
- Describe steps your organization has taken and/or will commit to taking to reduce implicit, explicit, and institutional bias experienced by Black and Indigenous people during pregnancy, delivery, and postpartum care. How are these actions monitored? How will these actions be sustained and/or adjusted in the future? How will these actions improve health outcomes and address disparities in health outcomes for Black and Indigenous people during and after pregnancy?

Metro-area Families and Children RFP (4 of 7)

Payment Policy and Innovation

- How does your organization use value-based purchasing or other incentive arrangements to improve racial equity in quality of care and health outcomes?
- How does your organization use value-based purchasing or other incentive arrangements to address social drivers of health to improve quality of care and health outcomes?

Metro-area Families and Children RFP (5 of 7)

Community and County Collaboration

- Describe your involvement in the development of the County Public Health Community Needs Assessment or the county or local public health goals of a comparable Medicaid market in which you participate. How have you supported activities related to the goals and objectives identified from the County Public Health Community Needs Assessment or the expressed needs of the counties or local districts?
- Describe your engagement strategy with the counties in your metropolitan service area or the counties/local districts in the comparable service area. Provide a detailed overview of the activities related to your most recent county engagement strategy. Include initiatives implemented or planned as a result of your engagement efforts.

Metro-area Families and Children RFP (6 of 7)

Provider Networks

- How does your organization triage calls received from providers to ensure that calls are addressed by the appropriate staff at your organization? Describe how you train provider customer service staff to handle questions related to new or complex services. Describe any tools used to assess provider satisfaction and feedback as well as how those results are used to improve your provider customer service operations.
- How do your network providers advance equity and reduce health disparities? What percentage of your network is included in the initiatives described?

Metro-area Families and Children RFP (7 of 7)

Administrative Responsibilities

- Describe how your organization, including any subcontractors, ensures prompt payment of all clean claims as required in the model contract. Describe your process for resolving any timely payment claim payment issues. Provide details regarding the amount of interest paid to providers on claims paid late, the number of claims on which interest was paid due to timely payment issues, and, for comparison, the number of clean claims adjudicated timely for all MHCP claims paid for State fiscal year 2020.
- Describe how your organization uses grievance data to improve services delivered to your enrollees. Provide examples of trends identified and what you implemented to improve enrollee outcomes. Provide details on how you are measure the improvements.



Eliminating Racial Disparities/Maternal and Child Health Initiatives

Risk corridor quality incentives (1 of 2)

- DHS implemented risk corridors in 2020 and 2021 MCO contracts to ensure that MCOs did not incur excessive profits or losses as a result of the pandemic
- Quality incentives are tied to the 2021 risk corridors that allow the MCOs to retain or receive additional funds if they meet certain quality metrics related to eliminating racial disparities
- DHS identified measures with the largest disparities and established MCO specific targets to meet

Risk corridor quality incentives (2 of 2)

Measure	Age Group	Contract
Breast Cancer Screening	52 to 74 years	ALL
Colorectal Cancer Screening	51 to 75 years	ALL
Childhood Immunization Status (Combo 10)	2 years old	F&C/MNCAre
Well Child Visits in First 30 Months: 6 or more visits	0 to 30 months	F&C/MNCAre
Child & Adolescent Well-Visits	3 to 21 years	F&C/MNCAre
Comprehensive Diabetes Care: HbA1c Screening	18 to 75 years	ALL
Asthma Medication Ratio	5 to 64 years	F&C/MNCAre, SNBC
Follow-up After Hospitalization for Mental Illness	6 years and older	F&C/MNCAre, SNBC
Initiation and Engagement of Alcohol, Opioids, and Other Drug Dependence Treatment	13 years and older	ALL
Antidepressant Medication Management: Acute Phase and Continuation Phase	18 years and older	ALL
Plan All-Cause Readmissions: 1 to 3 Index Hospital Stays	18 to 64 years	SNBC
Ambulatory Care: Emergency Department	All	SNBC

Maternal and Child Health Initiatives (1 of 2)

- MCO contracts include a 3 year performance improvement project all plans are required to participate in
- 2021-2023 is Health Start for Mothers and Their Children
- 5 MCOs work together in a collaborative:
 - Care team: education (trainings on implicit bias), resources, tools
 - Community partnerships: ICHRP, doulas, county local public health
- MCOs will address specific measures as well:
 - Timeliness of prenatal care
 - Postpartum care
 - Postpartum depression
 - Low birth weight/babies requiring intensive care
 - HPV vaccine for adolescents

Maternal and Child Health Initiatives (2 of 2)

- Other activities include:
 - Meeting with ICHRP participants, family home visiting, C&TC groups to learn where there are gaps and other needs
 - Discover and research around barriers to doula services
 - Learnings from C&TC survey
- Interim report due September 1, 2022



Questions?

Thank You!

PJ Weiner

pamela.weiner@state.mn.us

651-431-3487



Medicaid Managed Care Comprehensive Quality Strategy

Karolina Craft | Quality Program Manager

Healthcare Research and Quality

Minnesota Medicaid Managed Care Comprehensive Quality Strategy

DHS Mission

The Minnesota Department of Human Services, working with many others, helps people meet their basic needs so they can live in dignity and achieve their highest potential.

Why Comprehensive Quality Strategy?

- Federal Managed Care regulation: 42 CFR §438.340
- Collaboration with our partners and across DHS: clearly define where we want to be and how to use our assets to get there

Minnesota Health Care Programs- Evolving Care Models



Current state of health care quality

Compare to other states

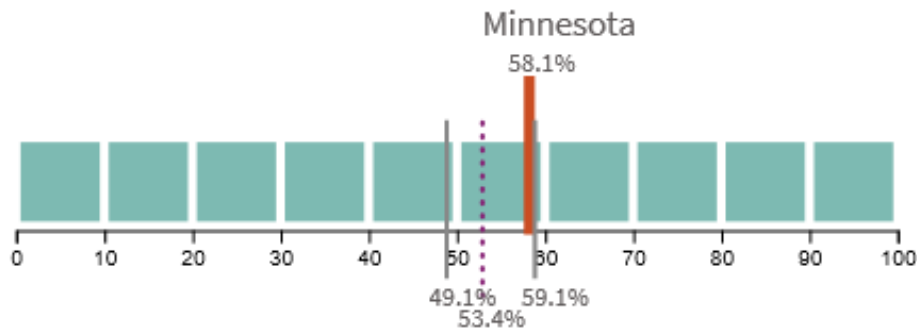
Rate

- Percentage of Women who had a Mammogram to Screen for Breast Cancer: Ages 50 to 64

Population

Medicaid & CHIP & Dual Eligibles

43 States Reporting **58.1%** State Rate



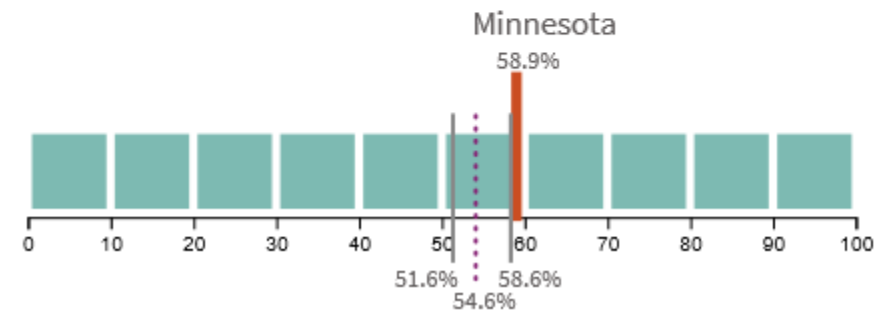
Rate: Select One

- Percentage with Persistent Asthma who had a Ratio of Controller...

Population

Medicaid & CHIP & Dual Eligibles

39 States Reporting **58.9%** State Rate



Current state of health care quality – Well Child Visits

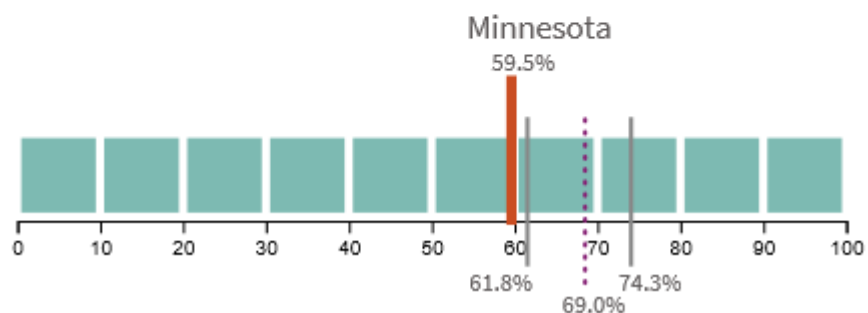
Rate

- Percentage who had 1 or More Well-Child Visits with a Primary Care Practitioner: Ages 3 to 6

Population

Medicaid & CHIP

49 States Reporting **59.5%** State Rate



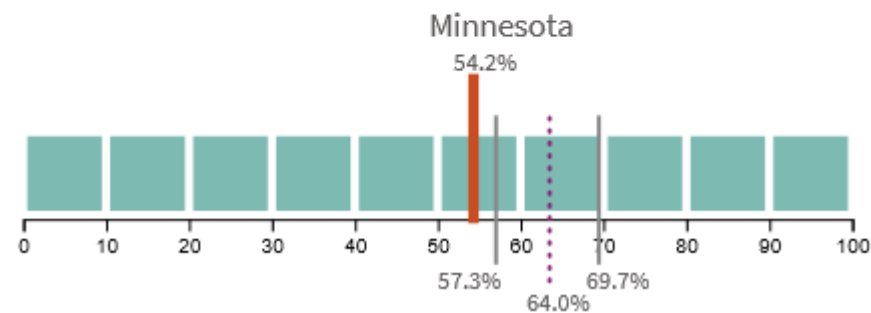
Rate

- Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life

Population

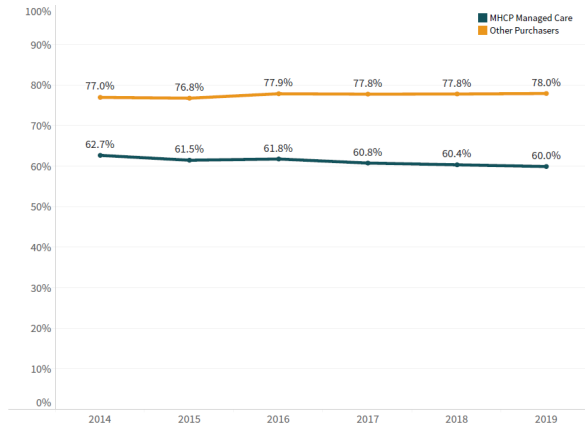
Medicaid & CHIP

48 States Reporting **54.2%** State Rate

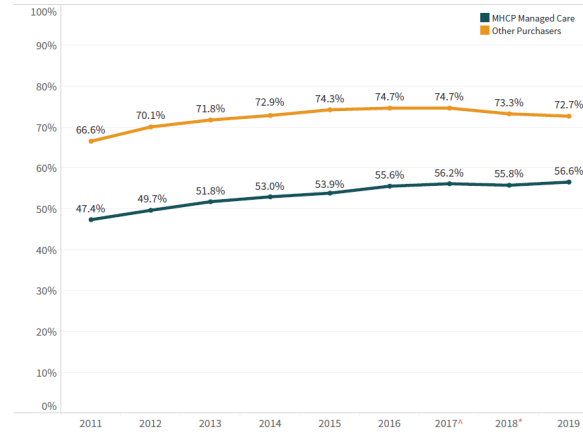


Disparities Trends by Payer Type

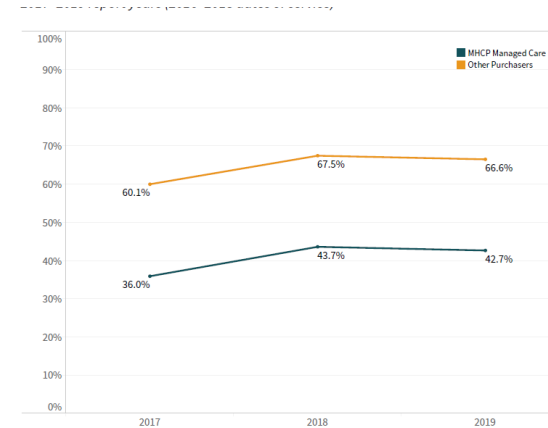
Breast Cancer Screening



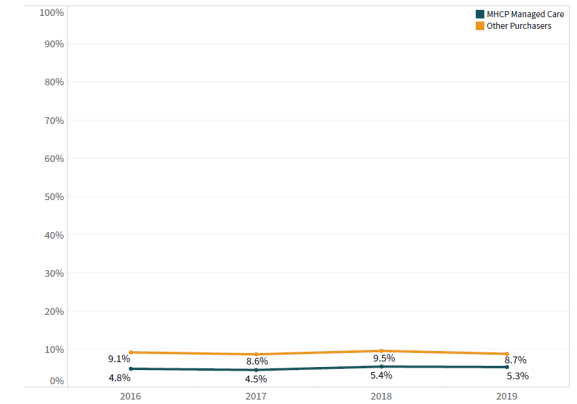
Colorectal Cancer Screening



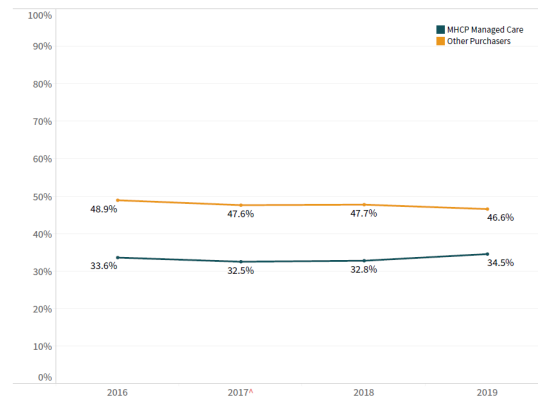
Childhood Immunization



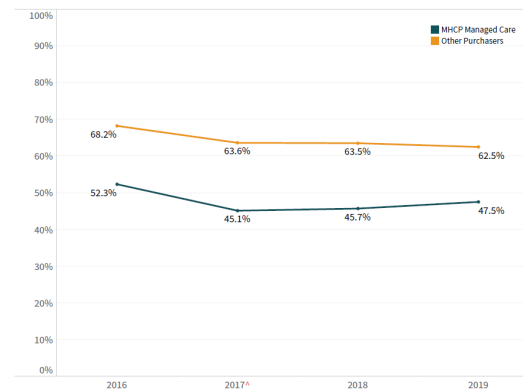
Adult Depression Remission



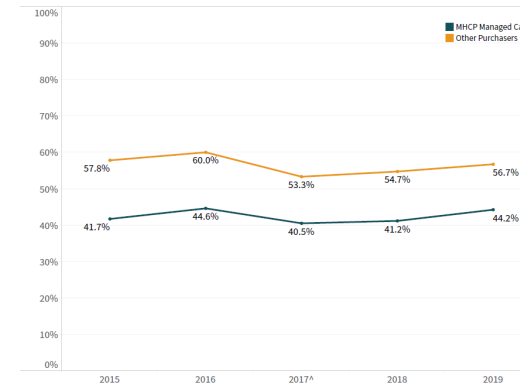
Optimal Diabetes Care



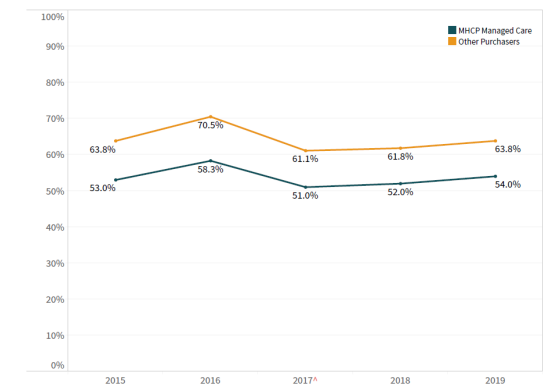
Optimal Vascular Care



Optimal Asthma - Adults



Optimal Asthma - Children



Equity

MEASURE	2020 MHCP MCO Race Average*	RACE								
		Asian	Black	Indigenous/ Native	Multi- Race	Native Hawaiian/ Other Pacific Islander	White	Chose Not to Disclose/ Declined	Patient Reported Race Unknown	Some Other Race
PREVENTIVE HEALTH MEASURES										
Breast Cancer Screening	64.2%	▲	▼	▼	●	●	●	-	-	-
Colorectal Cancer Screening	59.7%	▲	▼	▼	●	●	▲	▼	▼	●
CHRONIC CONDITIONS MEASURES										
Optimal Diabetes Care	35.6%	▲	▼	▼	▼	●	●	●	●	▲
Optimal Vascular Care	47.2%	▲	●	▼	●	NR	●	▲	NR	●
Optimal Asthma Control - Adults	45.2%	▼	▼	▼	●	●	▲	●	▼	●
Optimal Asthma Control - Children	53.4%	▼	●	▼	●	●	●	▼	▼	●
MENTAL HEALTH MEASURES										
Adolescent Mental Health and/or Depression Screening	89.4%	●	▼	●	●	●	▲	●	▲	●
Adult Depression: Follow-Up PHQ-9/PHQ-9M at Six Months	48.5%	●	▼	▼	▼	NR	▲	▼	▼	●

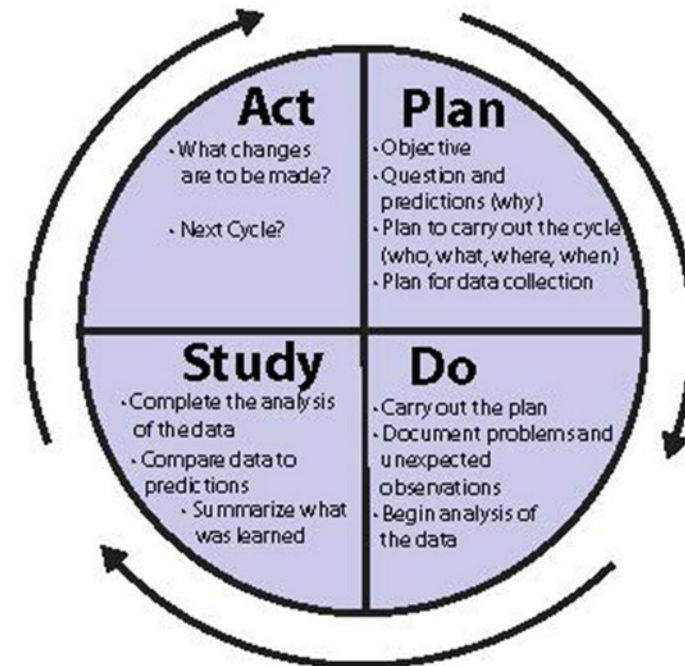
Collaboration



Where we want to be: DHS Quality Goals

- **Goal 1:** Increase Accountability and Transparency
- **Goal 2:** High Value Care
- **Goal 3:** Patient-centered Care
- **Goal 4:** Improve Quality of Care and Achieve Better Health Outcomes
- **Goal 5:** Increase Independence and Community Integration
- **Goal 6:** Integrate Mental Health and Increase Recovery from Substance Use Disorders
- **Goal 7:** Achieve Racial Equity and Close Disparities

The PDSA Cycle for Learning and Improving



How we want to get there: Quality Initiatives

- COVID-19 Response
- Medicaid Core Sets
- External Quality Review
- MCO's Performance Improvement Projects
- MCO Risk Corridors
- Opioid Prescribing Improvement Program
- Integrated Care for High Risk Pregnant Women
- Delivery and Payment Reform
- Home and Community-Based Services
- Reform 2020 Waiver
- Olmstead Plan
- Nursing Home Quality
- Behavioral Health Homes
- Integrated Care System Partnerships
- Certified Community Behavioral Health Clinics
- Substance Use Disorder System Reform Waiver
- Consumer Satisfaction and grievances
- Health Care Disparities by Insurance type

Next steps: Public Review

Public Comment Period in June



People need help. That is why we are here.

To see what help is available to you and your family, look for programs available to eligible Minnesotans.



Food and
nutrition



Housing



Income



Health care



Child care
assistance



Coping with
COVID-19

Thank you

Karolina Craft, MA, CPHQ

Karolina.Craft@state.mn.us



Medicaid COVID Waiver update

Krista O'Connor, HCA Strategic Development Director

COVID-19 Response & Back to Better

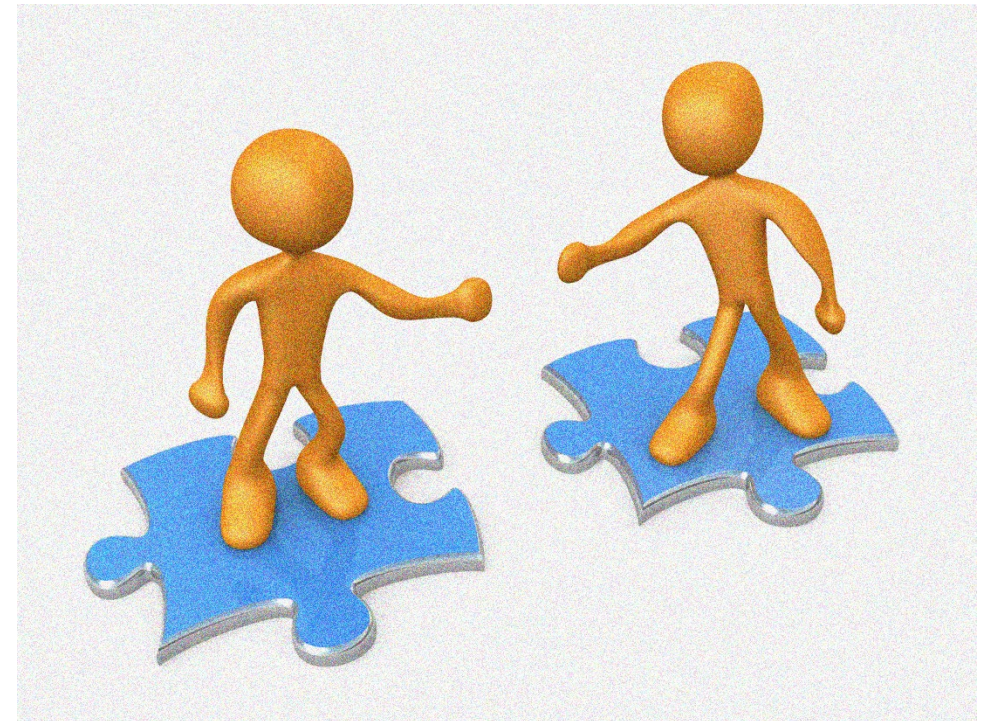
Medicaid Services Advisory Committee

June 15, 2021

Krista O'Connor, Strategic Development Director, Health Care Administration

Presentation Purpose

- Provide a high level update on COVID related work within DHS
- Current Back to Better planning



Background (1 of 2)

- March 13, 2020: [Executive Order 20-01](#): Peacetime emergency declared and state agencies directed to submit proposed orders to protect and preserve public health and safety
- March 20, 2020: [Executive Order 20-11](#): Orders given for the Commissioner of DHS to seek federal authority to change or waive all federal requirements to
 - Ensure maximum federal funding
 - Maintain enrollee coverage
 - Maintain provider participation
 - Protect and preserve public health and safety

- March 20, 2020: [Executive Order 20-12](#): Provides authority to the DHS Commissioner to temporarily waive or modify specific state statute, provisions and/or rules within DHS jurisdiction to comply with federal law, or obtain federal resources
- **DHS Standardized Process:** to waive, modify or suspend state statutes or rules; or program modifications authorized under current law that impact spending for forecast

DHS COVID-19 Waivers

- Waivers and modifications on DHS Website: [Waivers and modifications / Minnesota Department of Human Services \(mn.gov\)](#)
- 115 items listed
- Website information includes
 - Waiver/modification
 - Authority
 - Current status
 - Projected expiration date

Waiver Highlights (1 of 2)

- Keeping **3,000-5,000 Minnesotans** per month, on health care
 - **90 day refills** for patient recurring prescriptions (instead of 30)
 - System support for telemedicine
- **\$300 million** in emergency SNAP benefits to **over 500,000 Minnesotans** thus far.
- **\$86 million**, so far, in pandemic electronic benefit transfer (P-EBT) food assistance

Waiver Highlights (2 of 2)

- Issued **\$186,508,735** worth of funds for housing support, HCBS Provider Retention Grants, DSD & Child Care **Public Health Grants**
- **Extended provider licenses** that would have expired (daycare, adult care, varied care licenses)
- Supported Child Care Assistance by making sure **providers continued to be paid** and allowing families more time to complete annual redeterminations due to COVID obstacles
- Created / modified many **forms** to help DHS administer COVID changes
- Extended system availability to help county support staff have more up time

Back to Better Planning (1 of 2)

- The end date of waivers is unknown
- Most COVID waivers will end when state peacetime or federal public health emergencies end (some have a transition period)
- DHS does not have the authority to extend waivers or change the current law unless authorized by the legislature

Planning includes:

- Ongoing project work between MNIT and DHS
- Establishment of internal Back to Better planning teams
- Use of data to track, coordinate and prioritize the work to return to Back to Better, including an agile database and training
- Planning for system and manual work
- Connections with external partners

Thank You

Krista O'Connor



Member Appointments

Krista O'Connor, Strategic Development Director

External Boards and Committees

- Seven Statutorily mandated external committees and boards in HCA
- Goal is to standardize a general set of criteria across all committees
 - Terms
 - New Member Packet
 - Meeting Materials
- Reference handout for discussion

Expiring Seats

Beneficiary/Caregiver

George Klauser

Robert Marcum

Kate Quale

Bradford Teslow

Open seat (Tribal)

Physicians/Providers

Abdirahman Ahmed, DDS

Dr. Jean Balestrery

Dr. Micah Niermann

Lynette Tahtinen

Dr. John Wust

Non profit/Human Service/Consumer

Megan Ellingson

Hodan Guled

Elizabeth McMullen

Samuel Moose

Stephanie Schwartz

Jovon Perry, Director, Economic Assistance & Employment Support Division
Children and Family Services, DHS

Members in bold have seats expiring September 30, 2021

Appointment Process

- Eight Open Seats as of September 30, 2021
- April 15: seats posted with Secretary of State
- June 30: applications due
- July 12: survey responses due
- Late July: review process & formal recommendations
- August/September: appointments finalized
- October 1: Terms start



Public Comment

Krista O'Connor, Strategic Development Director

Medicaid Services Advisory Committee

- Please state your name, organization (if relevant) and any conflicts of interest
- Please limit comments to approximately 2 minutes
- Written comments can be submitted to:
krista.oconnor@state.mn.us



Next meeting



Tuesday, August 10, 2021

12:30 – 2:30 pm

Virtual, WebEx

Thank You!

Krista O'Connor

krista.oconnor@state.mn.us

651-431-7297