

# Medicaid Services Advisory Committee Meeting

## Public Meeting

Tuesday, August 11, 2020

12:30 – 2:30 pm

- This meeting is open to the public & recorded
- Please mute your line to reduce background noise
- Public comment can be submitted in writing



# Medicaid Services Advisory Committee

Krista O'Connor | Strategic Development Director

August 11, 2020

# Welcome



# Housekeeping items

- WebEx Meeting
- Meeting is public and recorded
- Please mute your line
- Appointed committee members and presenters can be unmuted to participate
- Committee members can use the chat and/or raise their hand to provide comment
- Public comments are welcomed and encouraged. Please submit them in writing to [krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us)



## 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

- Welcome and updates
- Committee member thank you's
- 2019 Minnesota Disparities Report
- Managed Care Procurement
- Blue Ribbon Commission update
- Next meeting & adjourn



## Updates

Dr. Nathan Chomilo & Assistant Commissioner Matt Anderson

Medicaid Services Advisory Committee



# Legislative sessions



- Special session one
- Special session two
- Special session three

# Ongoing COVID-19 challenges for MN Medicaid

- Vaccination rates
- Telemedicine
- Reaching communities in need

HF 105/SF 99	Federal Public Health Emergency	Extended to June 30, 2021
Maintaining / Continuous coverage	X	
No cost-sharing for COVID-19 testing & treatment for enrollees	X	
Free COVID-19 testing for many uninsured Minnesotans	X	
Telemedicine Changes	X	X
Home & Community Based Services	X	X

# Announcements – committee members

Updates or announcements  
from committee members?





Member Thank You  
Krista O'Connor, Strategic Development Director, HCA

Medicaid Services Advisory Committee

# Committee Members



## Beneficiary/Caregiver

George Klauser

**Robert Marcum**

Kate Quale

Bradford Teslow

**Open seat (Tribal)**



## Physicians/Providers

**Shannon Bakshian**

Dr. Jean Balestrery

**Dr. Christine Foulkes**

Dr. Micah Niermann

Lynette Tahtinen



## Non profit/Human Service

**Kerri Gordon**

**Hodan Guled**

Elizabeth McMullen

**Dominic McQuerry**

Samuel Moose

## August 2018 - August 2020

- Robert Marcum
- Hodan Guled
- Kerri Gordon
- Dr. Christine Foulkes
- Shannon Bakshian



# Accomplishments

- Original membership
- Beneficiary support systems
- Managed care procurement and contracting
- Member materials survey
- Case management redesign
- Uniform Preferred Drug List (PDL)
- Medicaid Quality Measures
- Medicaid Matters data dashboard
- Integrated Health Partnerships
- Blue Ribbon Commission
- DHS Equity activities
- Minnesota Medicaid Managed Care Comprehensive Quality Strategy

# Appointment update

- Seven Open Seats as of September 1, 2020
  - April 24: seats posted with Secretary of State
  - May 31: applications due & previous applicants contacted
  - July 27 – Aug 4: secondary survey
  - August 12: application reviewed and recommendations
  - September 1: Term starts
- 11 applications received
  - Review Team
    1. George Klauser, MSAC member
    2. Linda Monchamp, Health Care Administration
    3. Krista O'Connor, Health Care Administration
    4. Nick Puente, Community Supports Administration
    5. Mat Spaan, Health Care Administration
    6. Lynette Tahtinen, MSAC member





## Questions

Krista O'Connor, Strategic Development Director

Health Care Administration

# 2019 MINNESOTA HEALTH CARE DISPARITIES

by Insurance Type

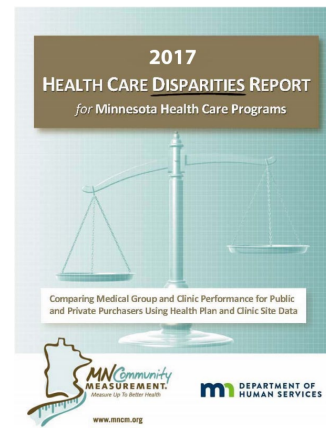
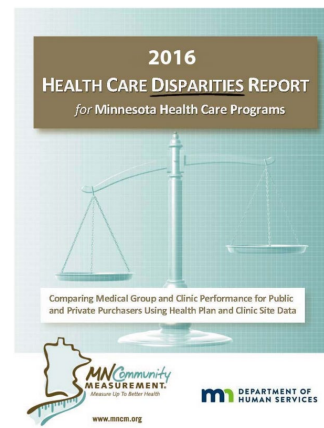
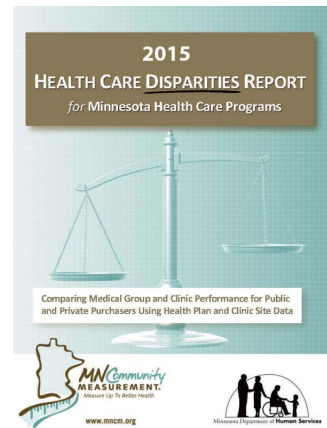
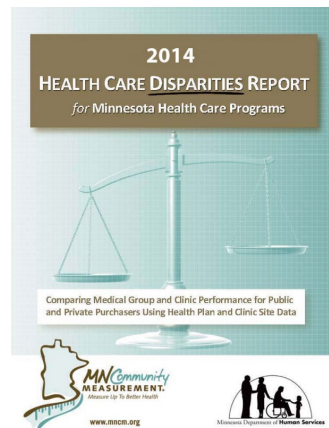
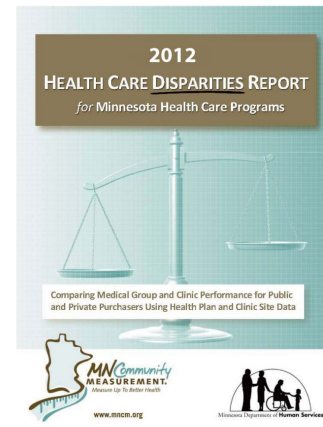
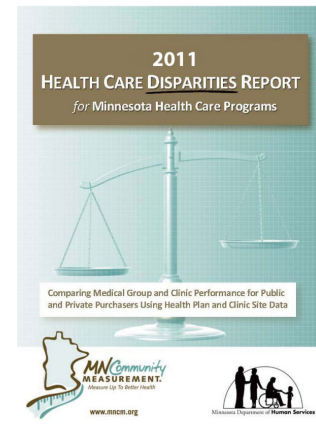
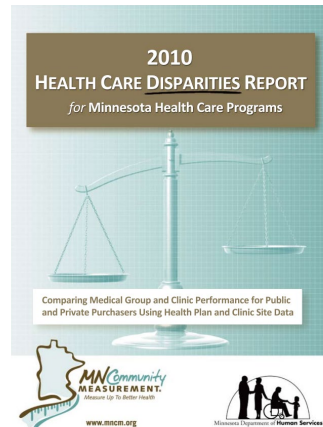
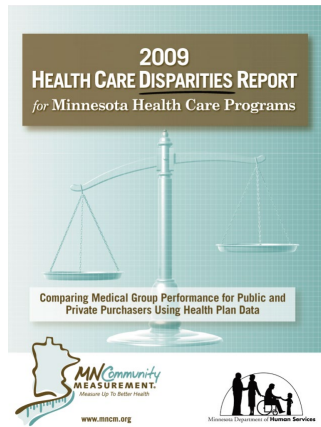
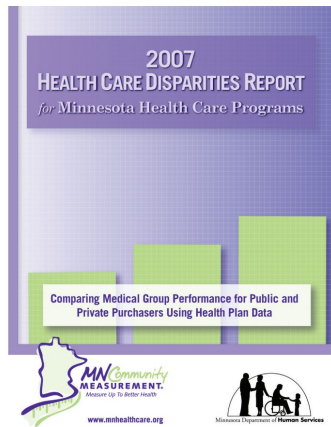
## Healthcare Research and Quality

Karolina Craft | Quality Program Manager

Sylvia Kidder | Senior Health Care Researcher

- Review the results from the 2019 Disparities Report
- Review the new Disparities Dashboard
- Discussion strategies to address disparities

# MN Disparities by Insurance Type 2007 – 2019



# 2019 Minnesota Disparities Report

## Preventive Health

- Breast Cancer Screening
- Colorectal Cancer Screening
- Childhood Immunization Status

## Chronic Conditions

- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Control – Adults and Children

## Depression

- Adult Depression Remission at Six Months
- Adolescent Mental Health and/or Depression Screening



[2019 Health Care Disparities by Insurance Type](#)

# 2019 Report Major Findings

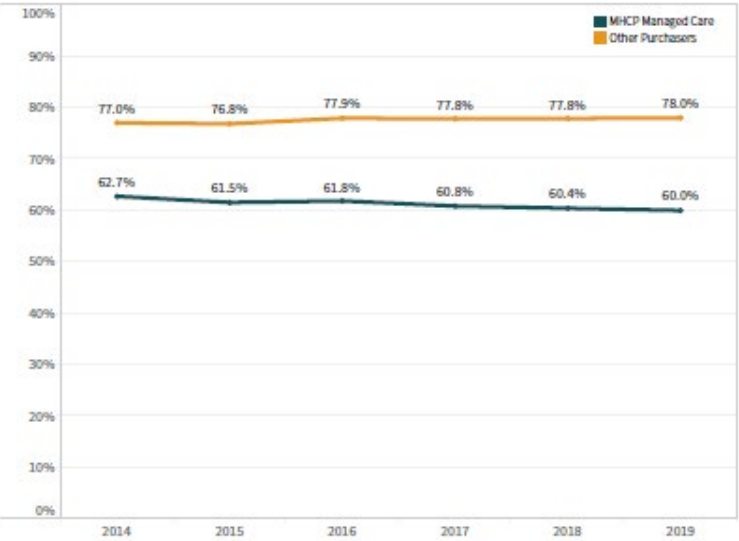
<b>QUALITY MEASURE</b>	<b>2019 MHCP Managed Care Statewide Rate</b>	<b>MHCP Statewide Percentage Point Change <i>(2019 report year - 2018 report year)</i></b>	<b>MHCP Statewide Percentage Point Change Over Time <i>(2019 report year - First report year)</i></b>
<b>PREVENTIVE HEALTH MEASURES</b>			
Breast Cancer Screening	60.0%	-0.4%	-2.8%** (6 years)
Colorectal Cancer Screening*	58.0%	2.2%**	10.6%** (9 years)
Childhood Immunization Status (Combo 10)*	42.7%	0.1%	6.7%** (3 years)
<b>CHRONIC CONDITIONS MEASURES</b>			
Optimal Diabetes Care*	34.5%	1.8%**	0.9% (4 years)
Optimal Vascular Care*	47.5%	1.8%**	-4.8%** (4 years)
Optimal Asthma Control - Adults*	44.2%	3.1%**	2.5%** (5 years)
Optimal Asthma Control - Children*	54.0%	2.0%**	1.0% (5 years)
<b>MENTAL HEALTH MEASURES</b>			
Adolescent Mental Health and/or Depression Screening	86.2%	10.6%**	10.6%** (2 years)
Adult Depression: Remission at Six Months	5.3%	-0.1%	0.5% (4 years)

\*These statewide rates are weighted samples (see Methodology)

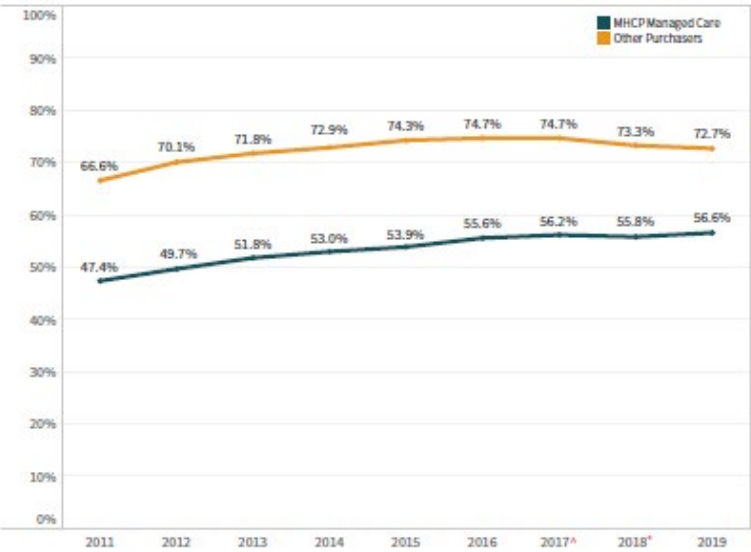
\*\*Statistically significant difference

# Preventive Health Measures

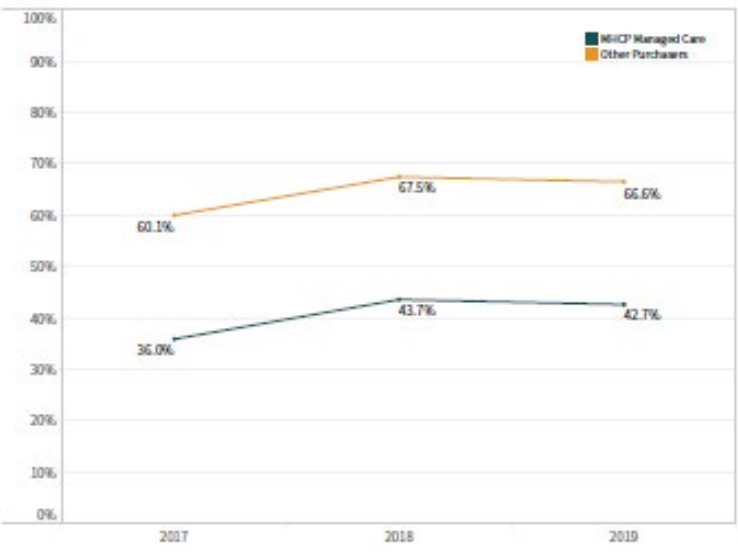
## Breast Cancer Screening



## Colorectal Cancer Screening

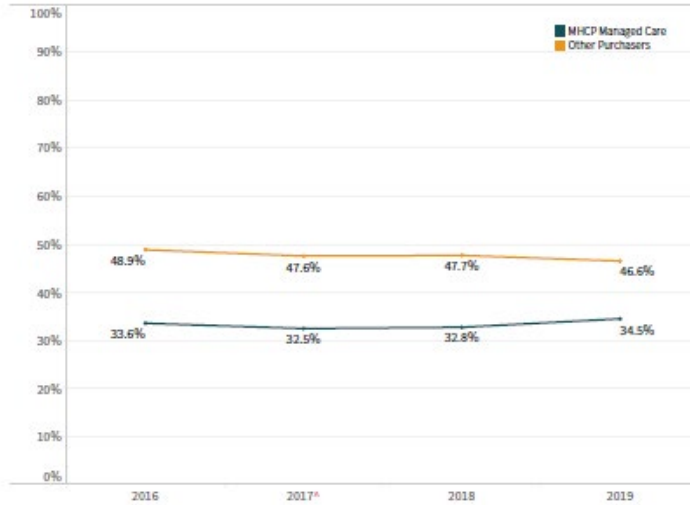


## Childhood Immunization

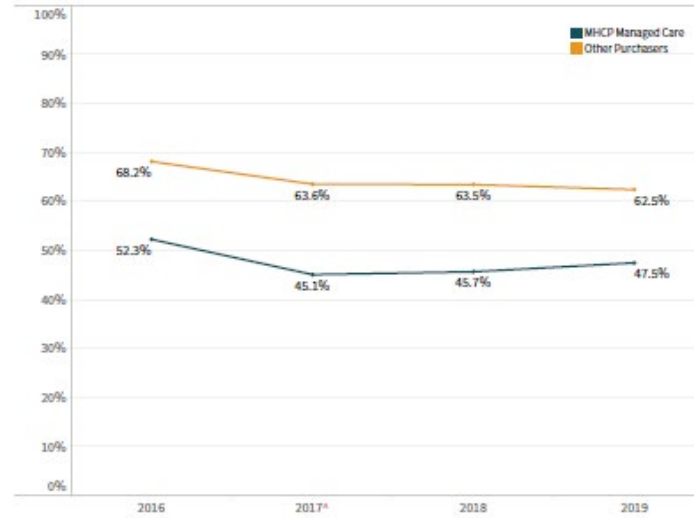


# Chronic Conditions Measures

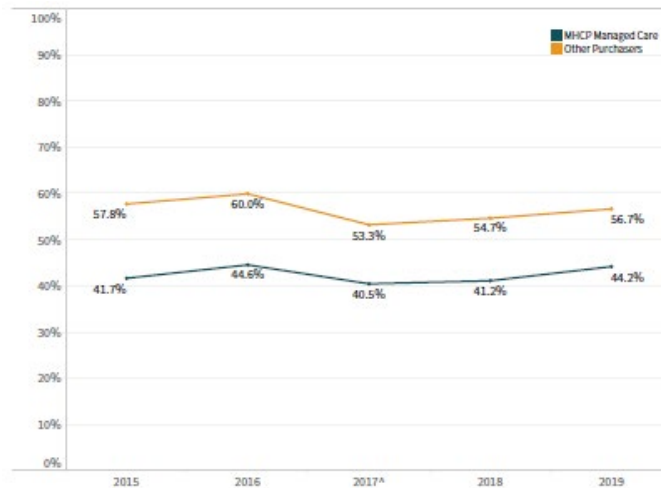
## Optimal Diabetes Care



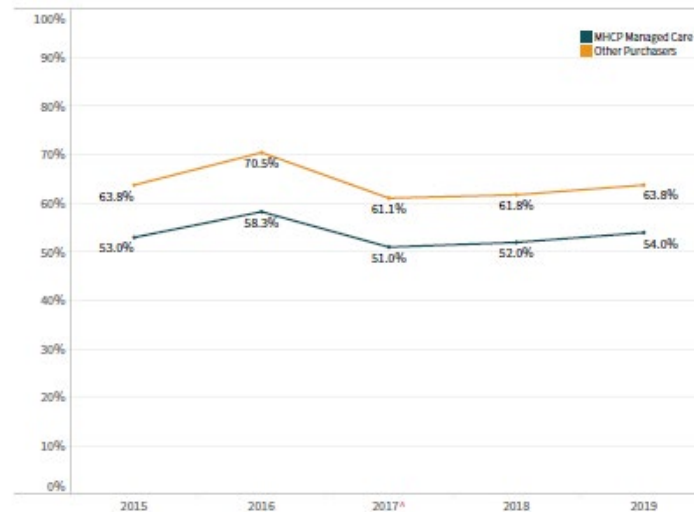
## Optimal Vascular Care



## Optimal Asthma - Adults



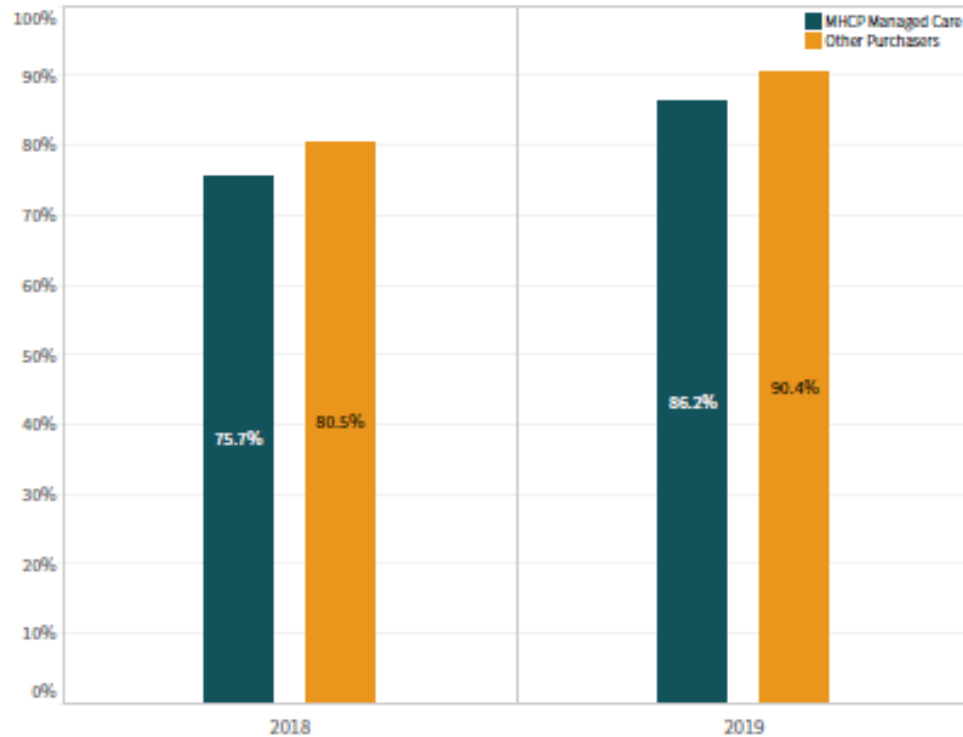
## Optimal Asthma - Children



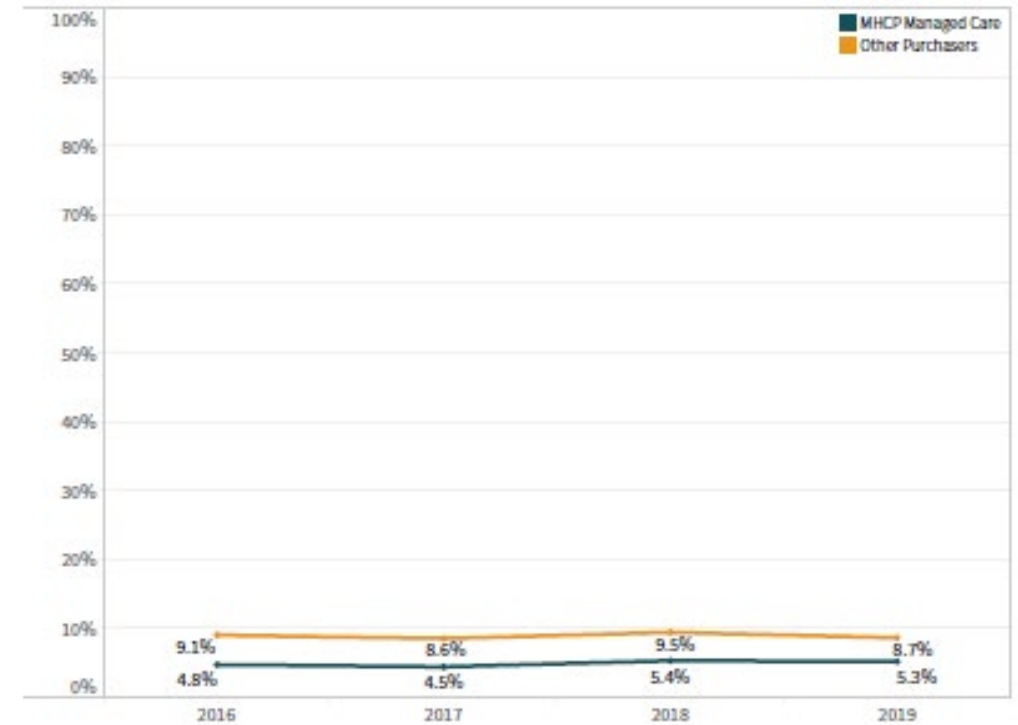


# Mental Health Measures

## Adolescent Screening



## Adult Depression Remission



# 2019 Report Major Findings by Race/Ethnicity

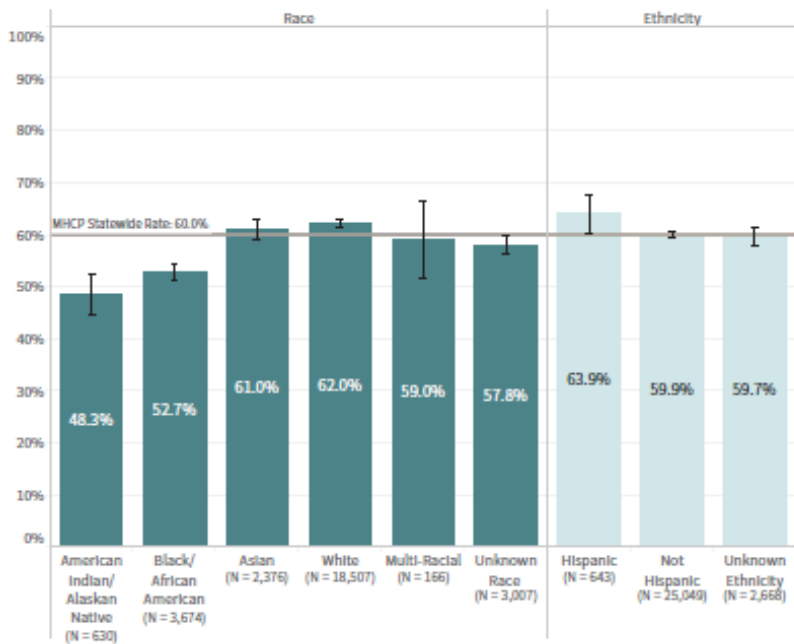
DDS MEASURE	2019 MHCP Managed Care Statewide Rate*	RACE									ETHNICITY		
		American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander	Black/African American	Asian	White	Multi-Racial	Some Other Race	Unknown Race	Chose Not to Disclose/Declined	Hispanic	Not Hispanic	Unknown Ethnicity
Colorectal Cancer Screening	56.4%	▼	▼	▼	●	▲	▼	●	▼	▼	●	●	▼
Optimal Diabetes Care	46.0%	▼	●	▼	▲	●	●	▲	▲	●	▲	●	●
Optimal Vascular Care	33.8%	▼	●	▼	▲	●	▼	▲	●	▲	▲	●	▼
Optimal Asthma Control - Adults	43.6%	▼	●	▼	●	▲	●	▼	●	●	●	●	●
Optimal Asthma Control - Children	54.0%	▼	●	●	●	●	●	●	●	●	●	●	●
Adolescent Mental Health and/or Depression Screening	86.2%	▼	●	●	●	▲	●	▼	▼	●	▼	▲	▲
Adult Depression: Remission at Six Months	4.9%	●	●	▼	●	▲	●	●	●	●	●	●	●

▲ Significantly above MHCP Managed Care statewide rate   ● Average   ▼ Significantly below MHCP Managed Care statewide rate

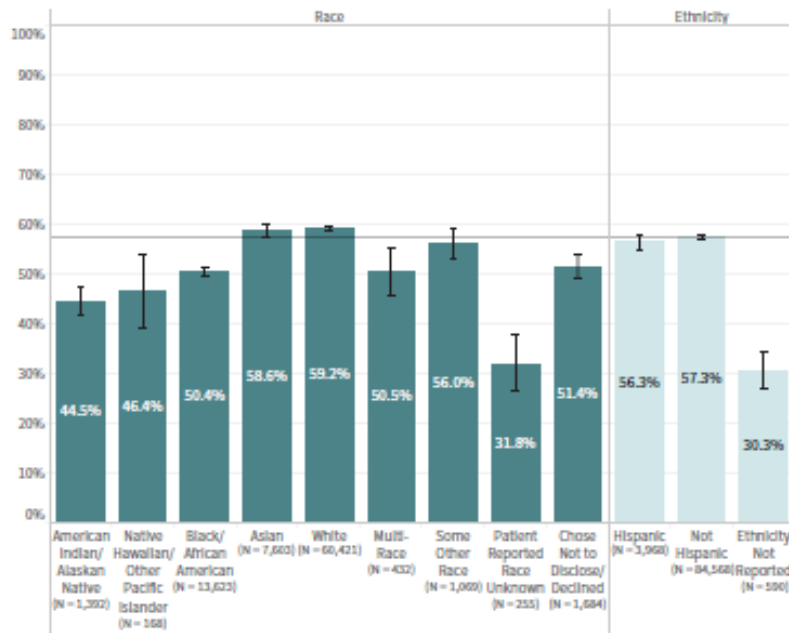
\* Statewide rate in tables 3 and 4 were re-calculated for those with race/ethnicity information available

# Preventive Health Measures

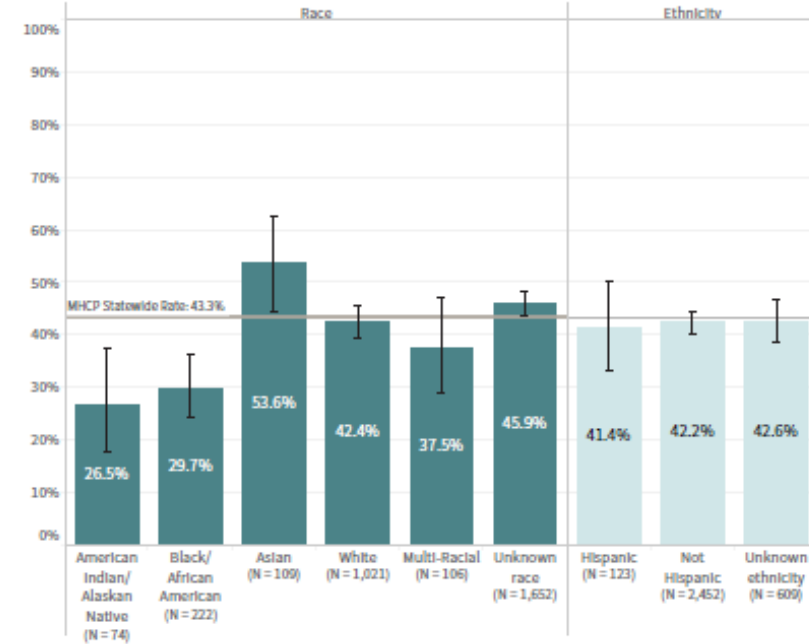
## Breast Cancer Screening



## Colorectal Cancer Screening

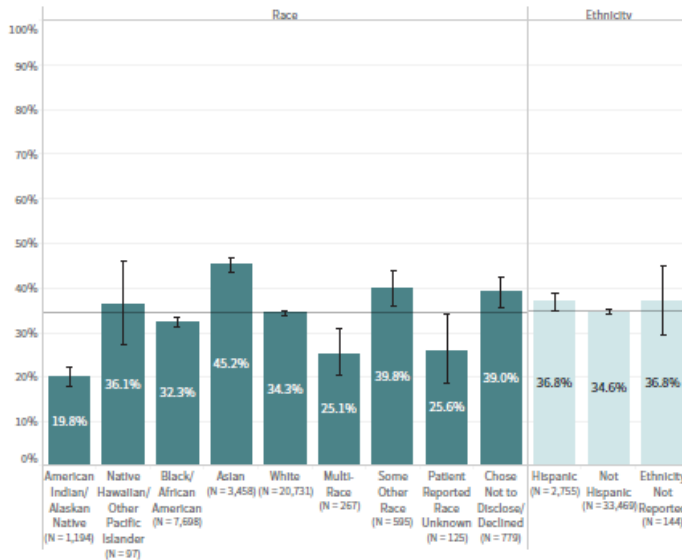


## Childhood Immunization

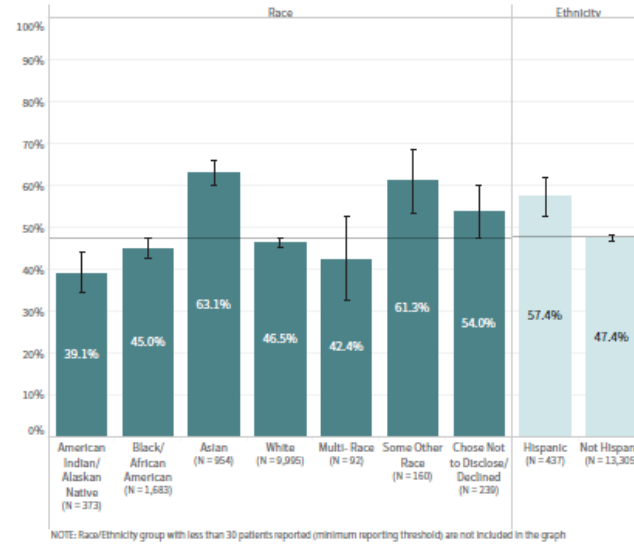


# Chronic Conditions Measures

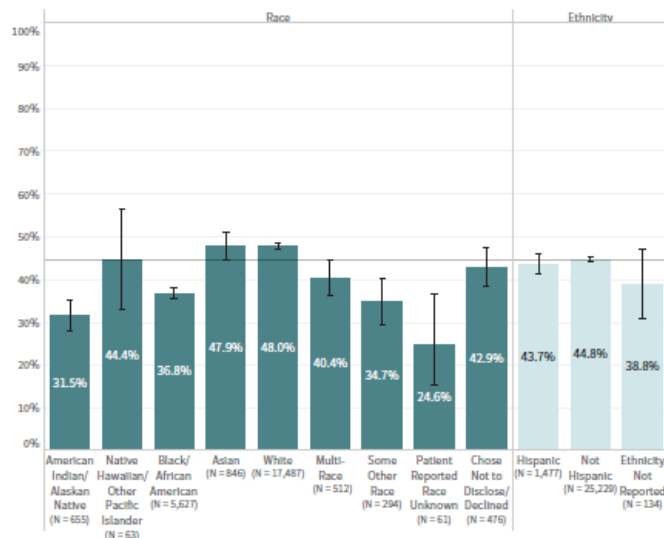
## Optimal Diabetes Care



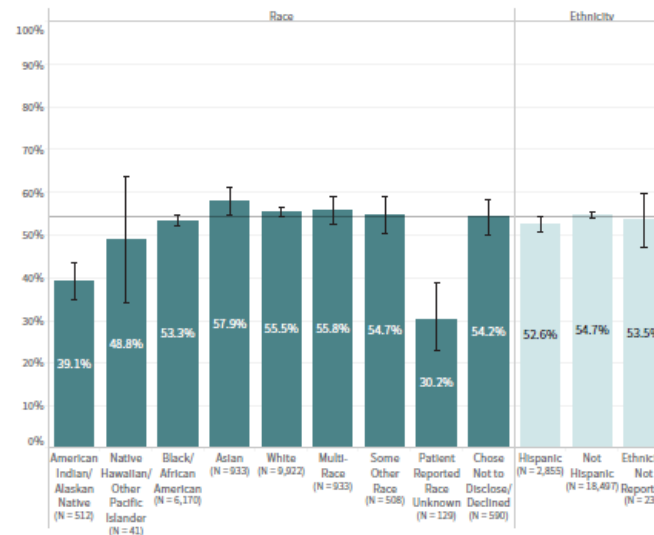
## Optimal Vascular Care



## Optimal Asthma - Adults

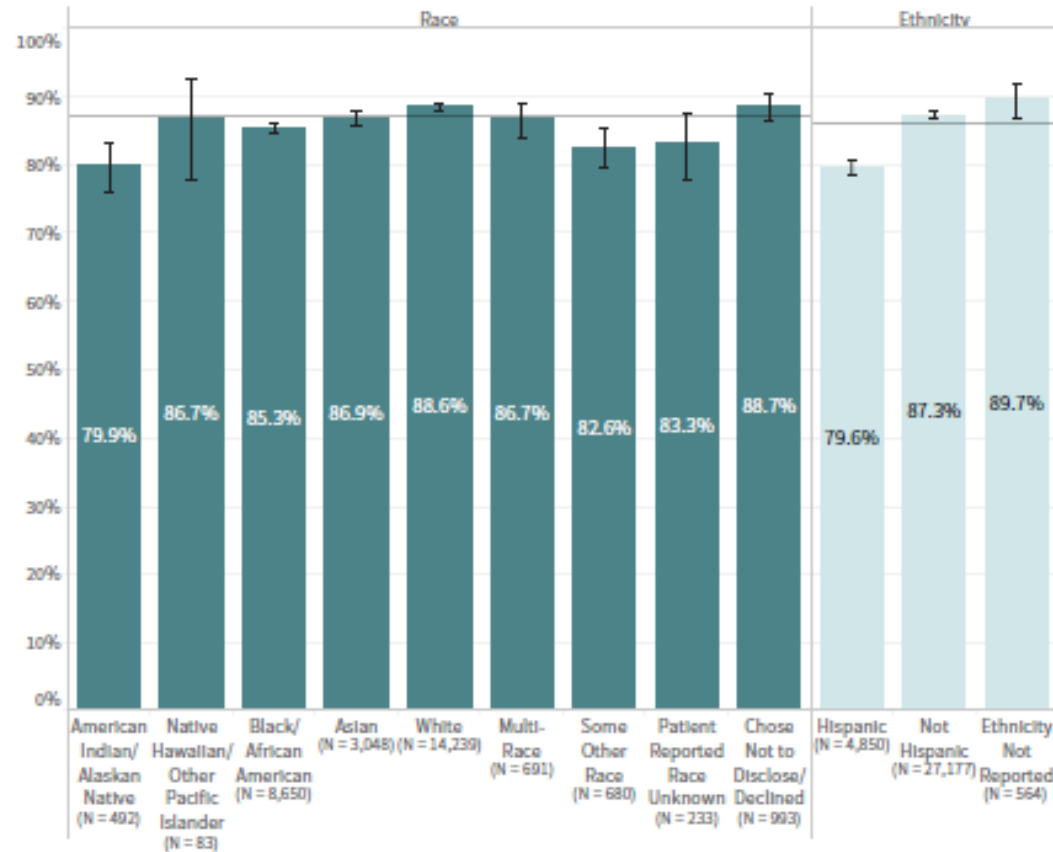


## Optimal Asthma - Children

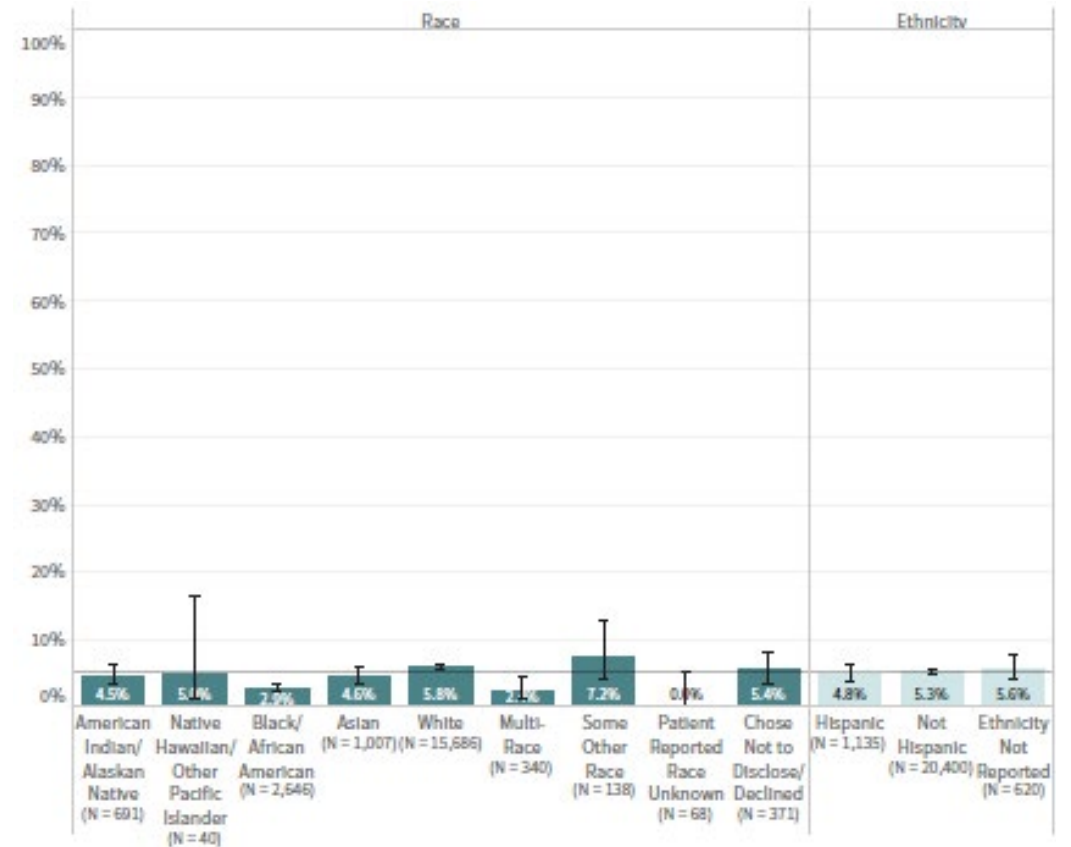


# Mental Health Measures

## Adolescent Screening

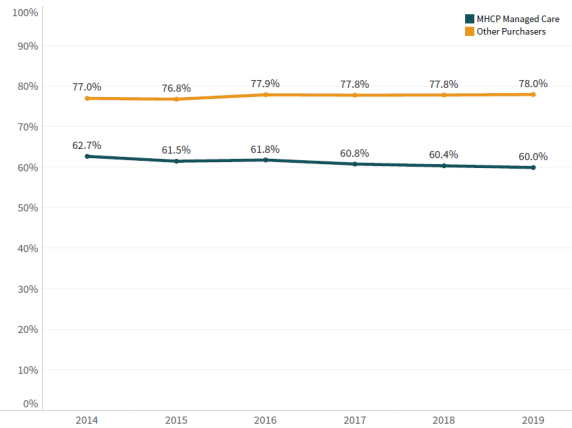


## Adult Depression Remission

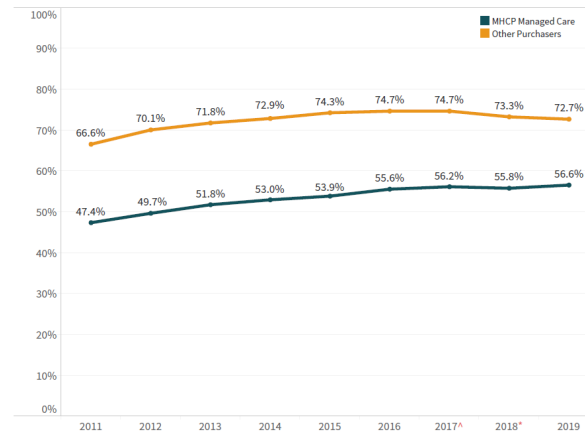


# MN Healthcare Disparities Trends

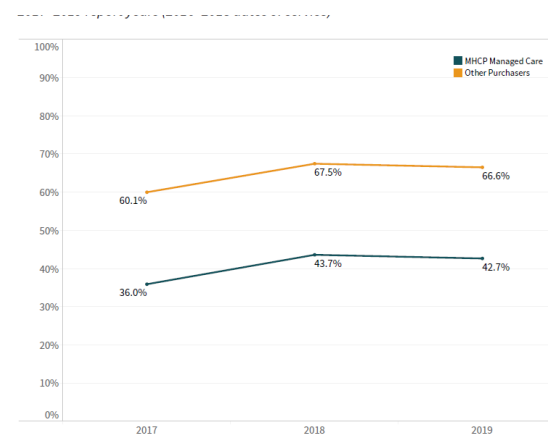
## Breast Cancer Screening



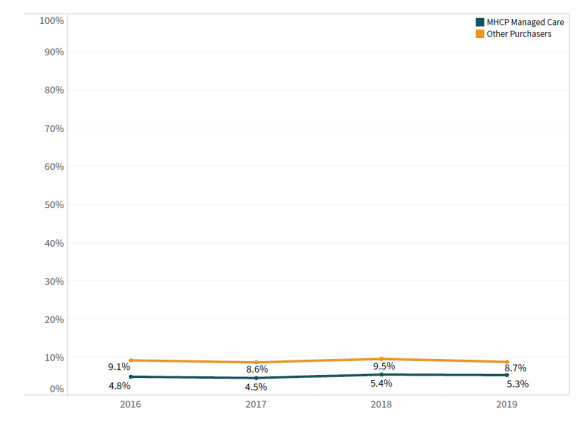
## Colorectal Cancer Screening



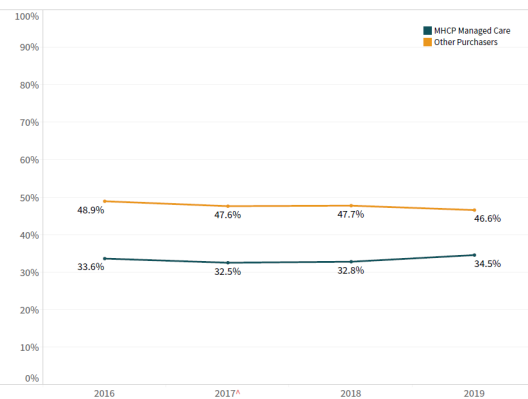
## Childhood Immunization



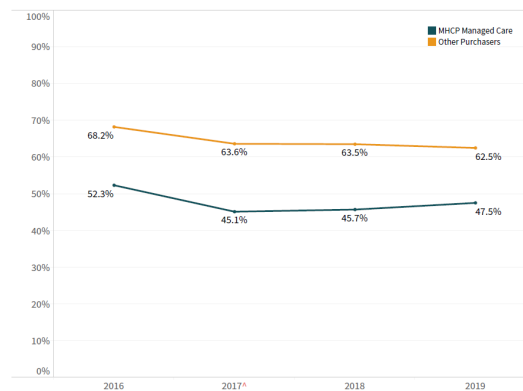
## Adult Depression Remission



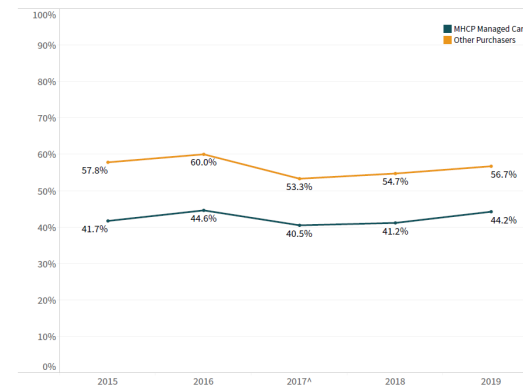
## Optimal Diabetes Care



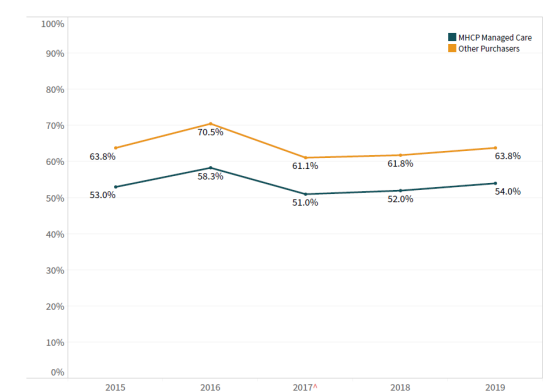
## Optimal Vascular Care



## Optimal Asthma - Adults



## Optimal Asthma - Children



# Strategies for Closing Health Disparities



## HRQ's Major Initiatives

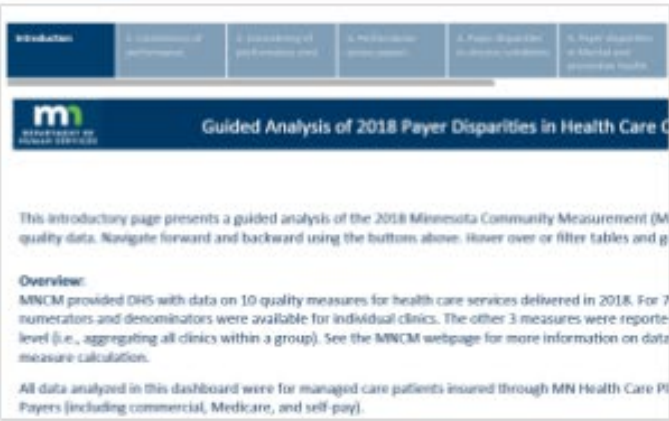
The Disparities Report

Integrated Health Partnerships –  
Value-Based Payment Model

Integrated Health Partnerships –  
Equity Interventions

The Disparities Dashboard

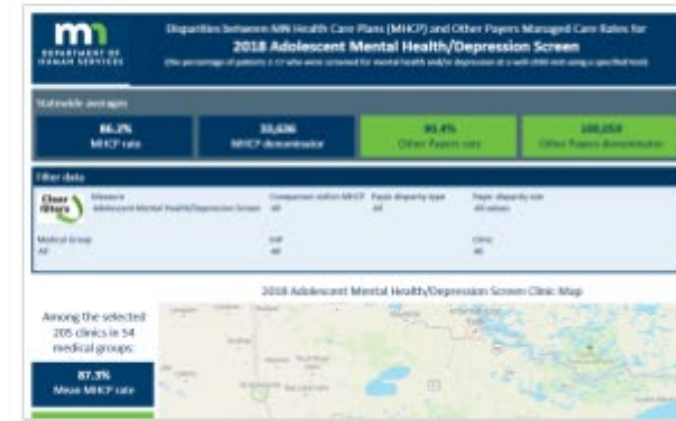
# Disparities dashboard: Introduction



2018 Results Narrative




Disparities Overview

Clinic Disparities




Group Disparities




MHCPC Rates



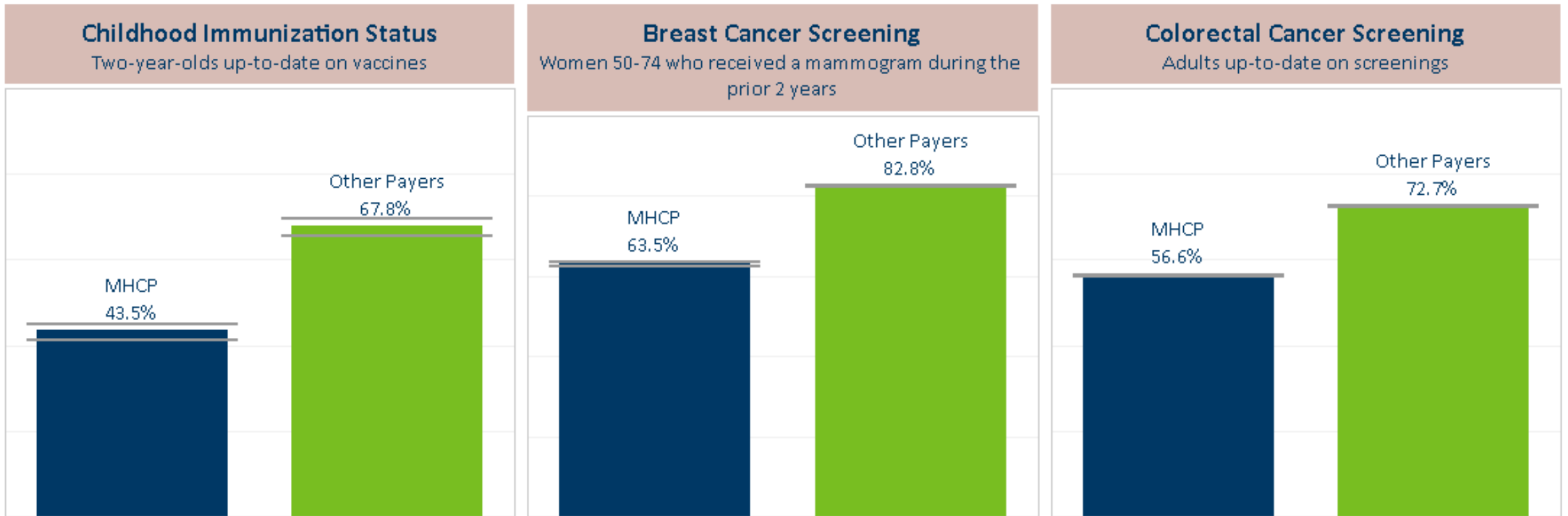

Technical info



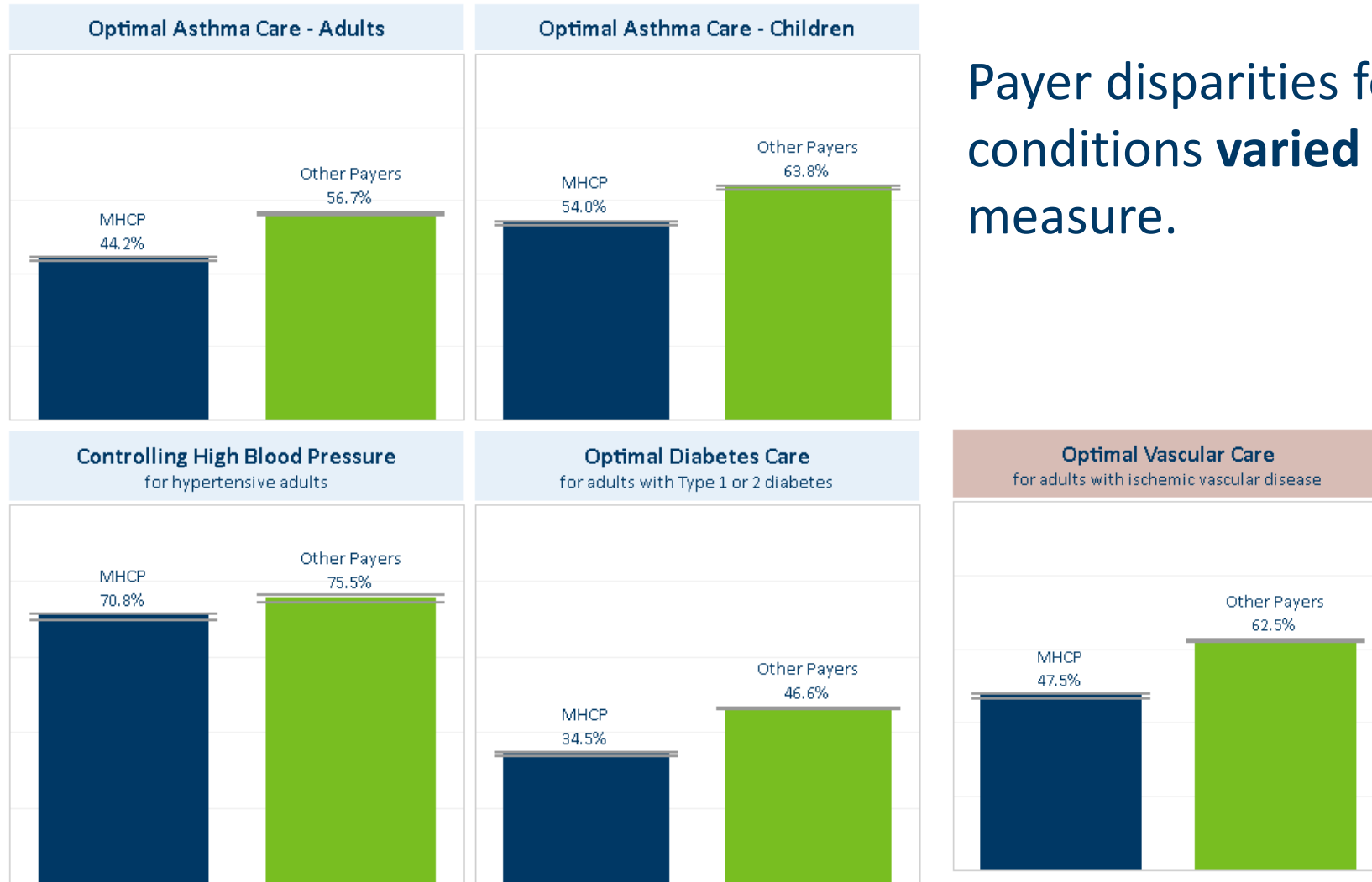


# Disparities dashboard: Statewide averages

Payer disparities were **largest** for preventive care measures.



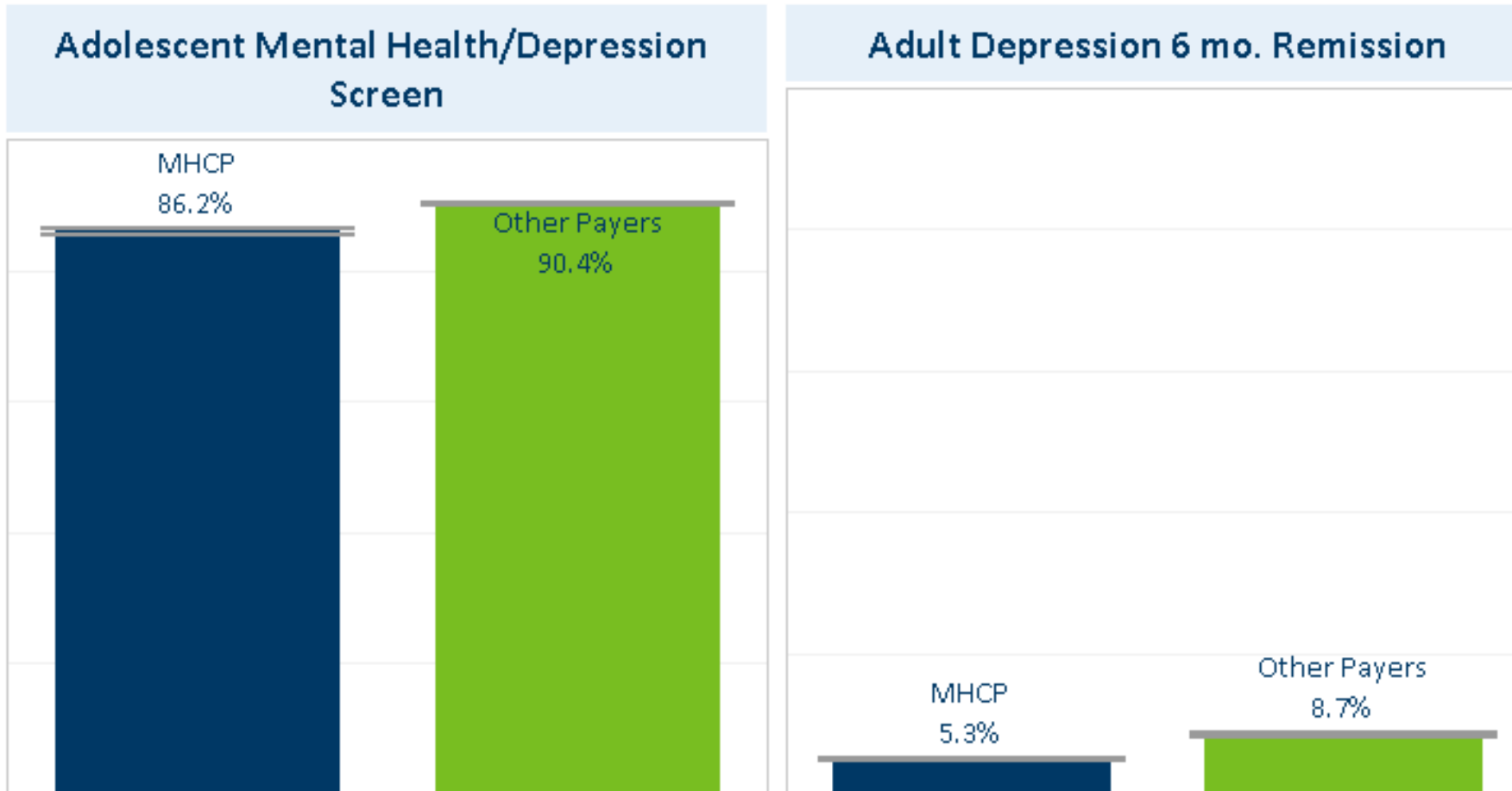
# Disparities dashboard: Statewide averages



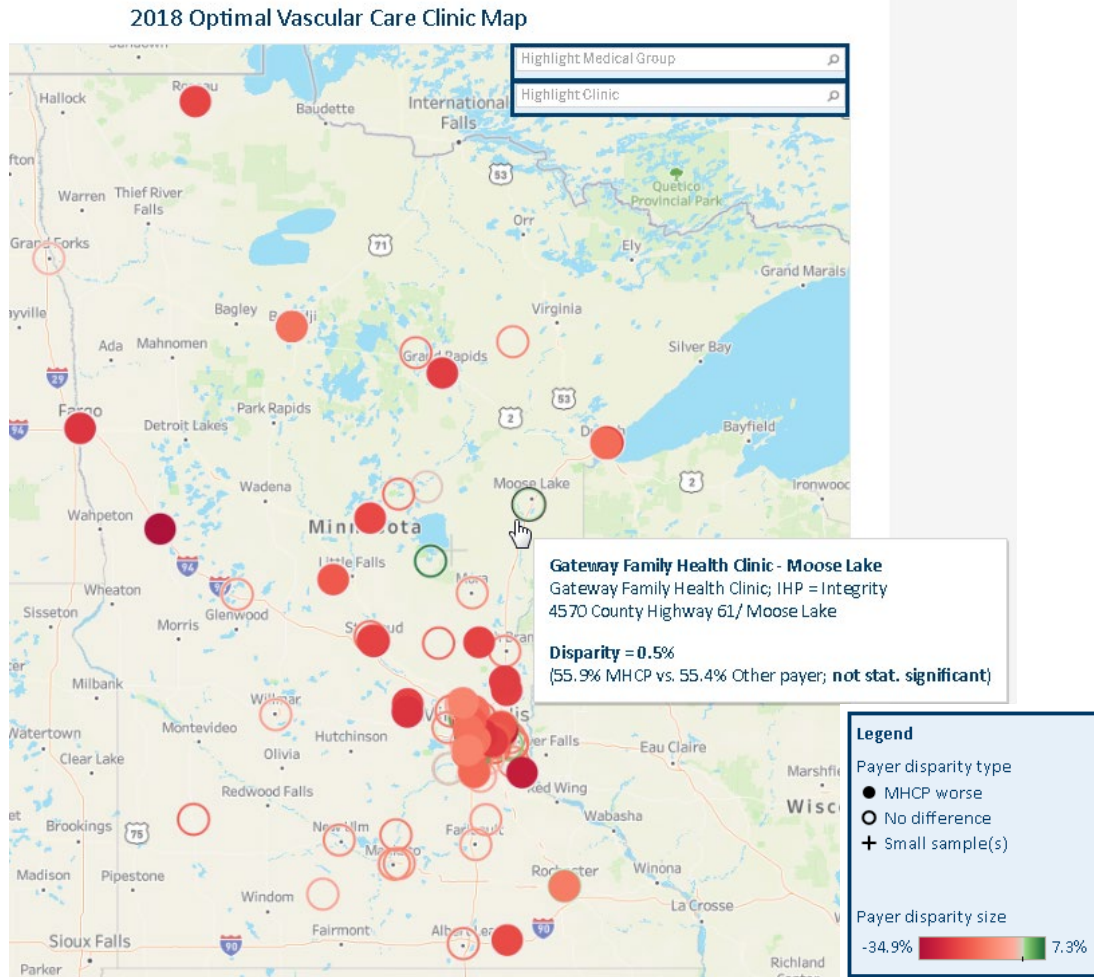
Payer disparities for chronic conditions **varied widely** by measure.

# Disparities dashboard: Statewide averages

Payer disparities were **smallest** for mental health care measures.



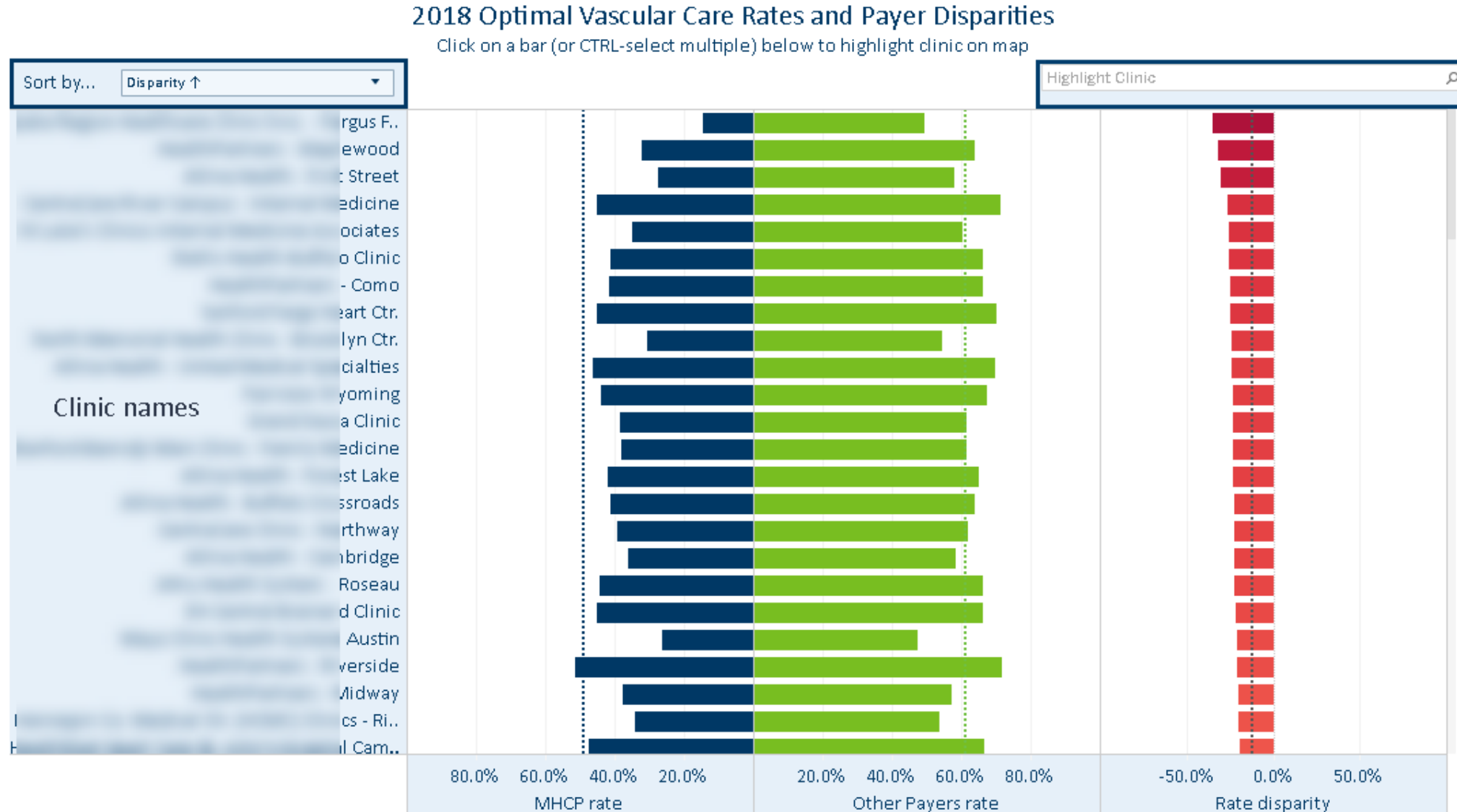
# Disparities dashboard: Clinic results example



Displays each clinic's rates and payer disparities

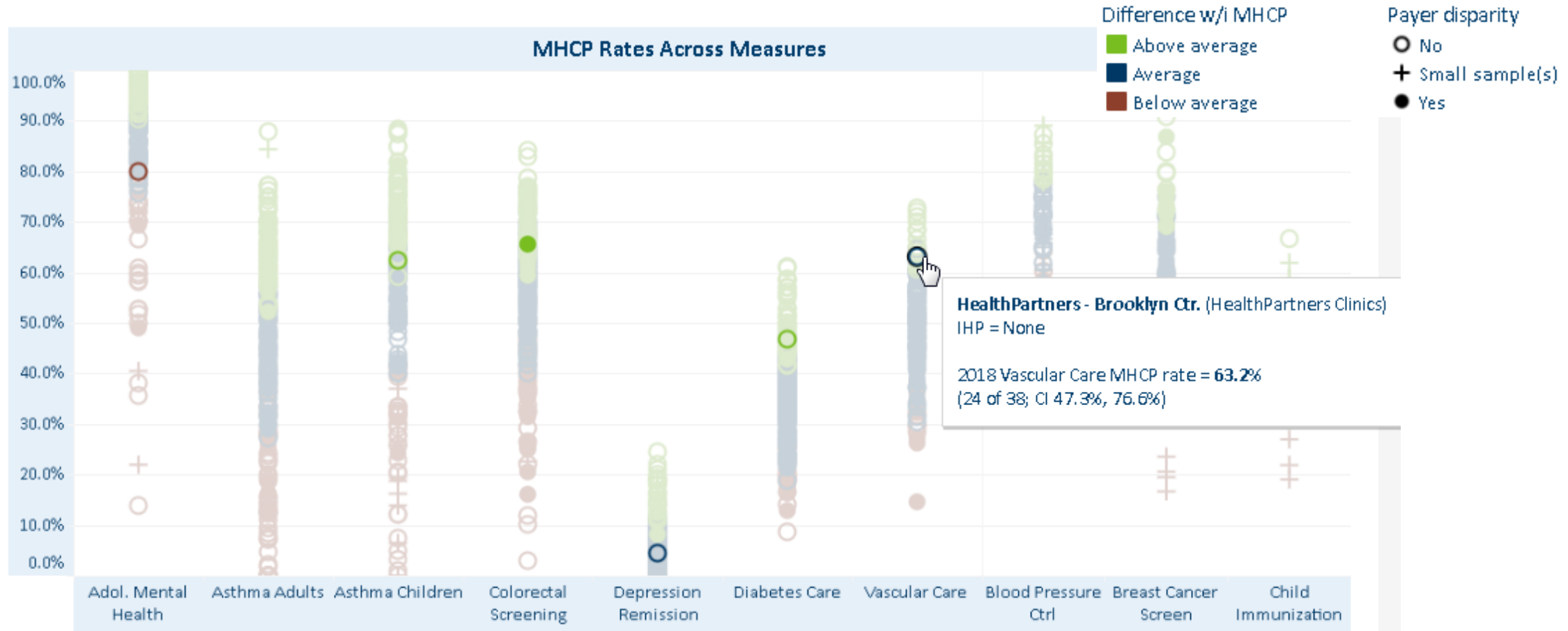
# Disparities dashboard: Clinic results example

Sort clinic results by name, MHCP rate, Other Payers rate, or payer disparity



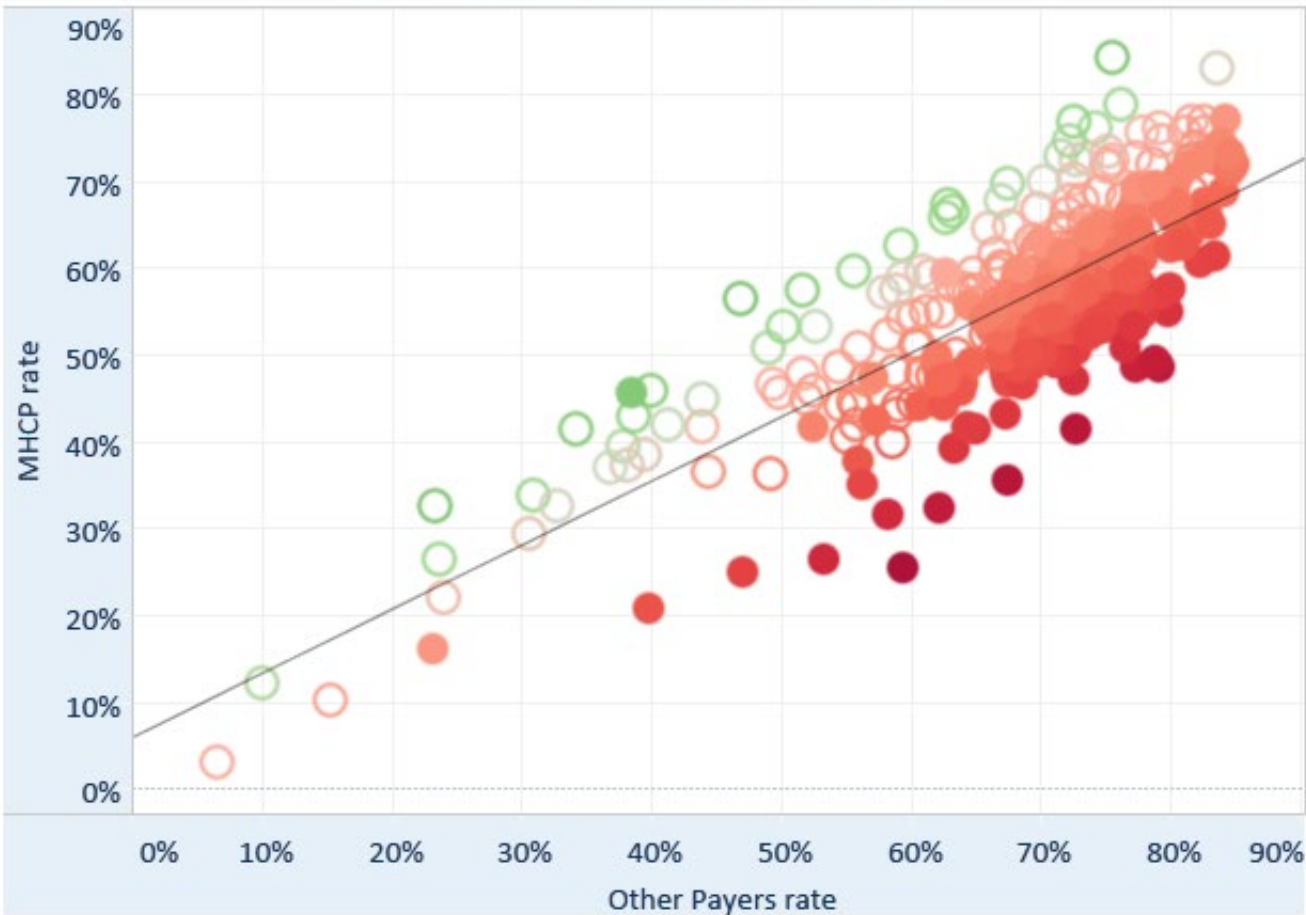
# Disparities dashboard: Internal analyses

## Finding #1: Clinic performance often varied by measure



# Disparities dashboard: Internal analyses

Colorectal Cancer Screening:  
Other Payers Rate vs. MHCP Rate



Finding #2: The quality of care that clinics provided to their MHCP patients was related to the care they provided to patients covered by other payers.

# Disparities dashboard: Internal analyses

Count of Clinics by Performance within MHCP and Across Payers

Measure	Difference w/i MHCP	Difference across payers		
		MHCP worse	No difference	MHCP better
Adol. Mental Health	Above average		71	
	Average	1	95	
	Below average	2	24	
Asthma Adults	Above average	7	63	
	Average	22	60	
	Below average	6	47	
Asthma Children	Above average	4	58	1
	Average	8	55	
	Below average	2	27	
Colorectal Screening	Above average	38	32	
	Average	138	90	
	Below average	36	26	1
Depression Remission	Above average	2	26	
	Average	4	186	
	Below average		12	
Diabetes Care	Above average	2	37	
	Average	58	142	
	Below average	16	18	
Vascular Care	Above average			
	Average			
	Below average			

For Diabetes Care, 16 clinics were **Below average** within MHCP with **MHCP worse** compared to Other Payers.

- Finding #3: Payer disparities were distinct from relative MHCP performance.
  - E.g., a clinic with payer disparities did not necessarily perform worse than average *within* MHCP.

Subjective interpretation

Concerning Encouraging Neither



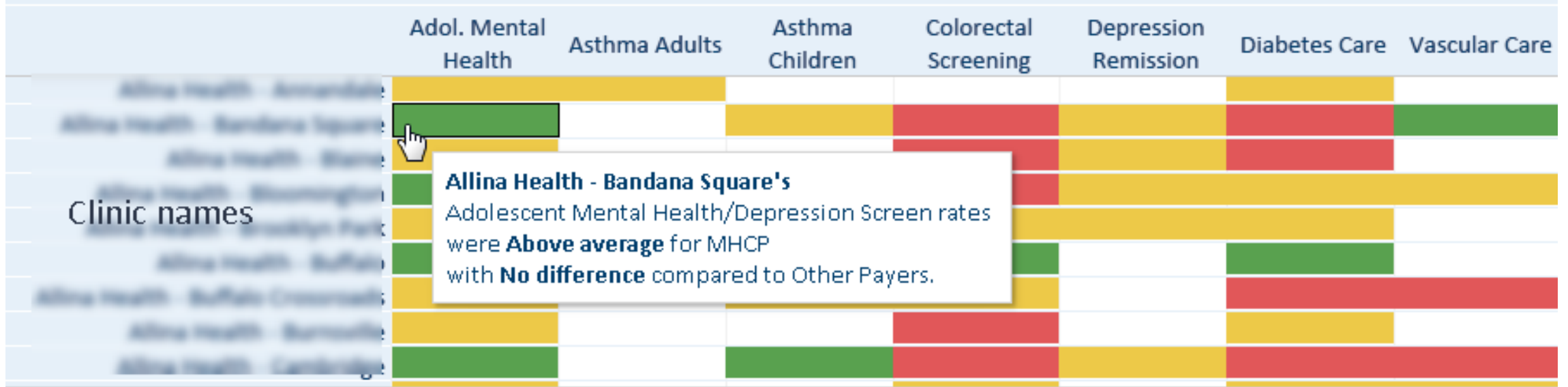
# Disparities dashboard: Internal analyses

Clinics that both had disparities *and* worse-than-average MHCP performance are especially concerning.

Subjective interpretation

Concerning Encouraging Neither

## Clinic Performance



# Strategies for Closing Health Disparities



## Areas for opportunity:

Payment policy

Quality improvement programs

Collaboration with community partners

Other

# Thank You!

**Karolina Craft, Quality Program Manager**

**Sylvia Kidder, Senior Health Care Researcher**



# Managed Care Procurement and Contracting

PJ Weiner | Purchasing and Service Delivery

# Agenda

- Overview of Procurement
- Description of Managed Care Programs
- Contracting
- Questions

## What is Procurement?

- How DHS determines which health plans participate in the Medical Assistance and MinnesotaCare programs
- Competitive bid process with technical and/or price components
- DHS issues a Request for Proposals (RFP) for health plans to respond to
- DHS, MDH, and/or counties score the proposals to determine who will be offered a contract



## Why Do We Re-procure Contracts?

- Competitive procurement required by federal law
- State law requires re-procurement every 5 years
- Ensure highest quality care for the best value
- Managed Care contracts cost over \$6 billion annually



# Managed Care in Minnesota



## Families and Children

Medical  
Assistance  
(Medicaid)

MinnesotaCare  
(Basic Health  
Program)

926,706  
enrollees as of  
August 2020

## Seniors

MSHO -  
Medicare +  
Medicaid in  
one plan

MSC+ -  
Just Medicaid  
services

59,565  
enrollees as of  
August 2020

## Special Needs Basic Care

SNBC integrated:  
Medicare and  
Medicaid in one  
plan

SNBC non-  
integrated:  
Just Medicaid  
services

58,856 enrollees  
as of August  
2020

# Procurement Structure

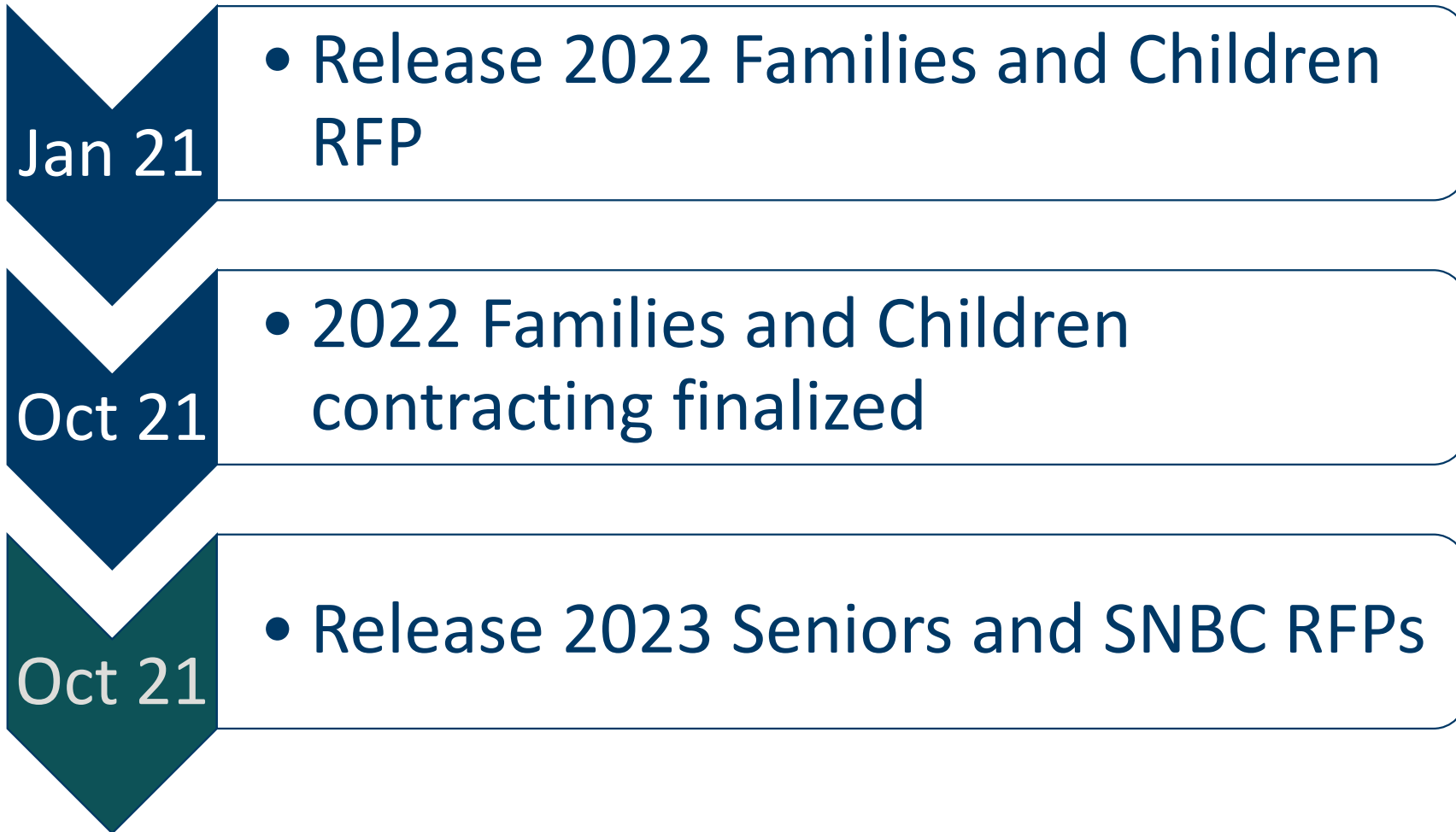
## FAMILIES AND CHILDREN

- Can have both price and technical component
- Technical component has included
  - Financial review and required statements
  - Operational capacity
  - County questions
  - State questions regarding service delivery
  - Quality and Program Initiatives
  - Network review

## SENIORS AND SNBC

- Technical component has included
  - Financial review and required statements
  - Operational capacity
  - County questions
  - State questions regarding service delivery
  - Quality and Program Initiatives (care coordination)
  - Network review

# Tentative Procurement Timeline



# Tentative Procurement Timeline



# Questions?

**PJ Weiner**

*[Pamela.weiner@state.mn.us](mailto:Pamela.weiner@state.mn.us)*

651-431-3487



# Community & Stakeholder Engagement Plan Minnesota Medicaid Managed Care Procurement and Contracting



# Overview of plan

The approach to the procurement process will emphasize and reflect the following priorities:

- **Enrollee-centric with an equity lens** applied to decisions and discussions throughout the development of the process;
- **Stakeholder engagement and input** as an integral part of the process;
- A clear, observable and genuine **willingness on the part of the part of DHS to consider alternatives** to the way things have been done with procurements in the past;
- And **strong documentation** of the process, decisions and rationale along the way.

# What we seek to accomplish

More important will be the outcomes achieved through the managed care contracts that result from this process. This means managed care contracts that:

- Include strong incentives or requirements that **measurably reduce or eliminate disparities in health outcomes**;
- Leverage research and understanding of **social drivers of health** to improve health outcomes or status and lower long-term total costs of care;
- **Bolster behavioral health and substance use disorder (SUD) services** – both in terms of overall access as well as clinical efficacy;
- **Support communities' needed health care infrastructure** to ensure sufficient access to rural health care, language-accessible care for people who are not fluent in English or are hard of hearing, culturally competent services and supports, etc.; and
- **Strong accountability provisions** for MCOs to accomplish the goals set in the contracts.

# Commitment to equity

Minnesota's managed care procurement and contracting process can be powerful tools in terms of articulating DHS's priorities and creating a business case for purchasing high quality healthcare services. DHS wants to contract with managed care organizations that are able to reduce healthcare disparities, bolster behavioral health and substance use disorder (SUD) services, ensure sufficient access to healthcare, and measure progress along the way.

# Engaging with counties and health plans

DHS has been part of a series of conversations with health plans and counties on how to improve the MHCP managed care procurement process. The focus of these conversations have been:

- how to improve equity and reduce health outcome disparities and;
- how to address county concerns about decision-making.

# Engaging with front line providers

Information DHS plans to gather through stakeholder engagement:

- What is your experience working with the health plans in your area?
- How do health plans in your area work with you to address social drivers of health?
- What would you like health plans to do to help address social drivers of health?
- What do you see as a barrier that stays in the way of your patients getting the care that they need?
- How do you see your role in addressing social factors that impact patients' health outcomes?

# Engaging with enrollees - 2020

Information DHS plans to gather through community engagement:

- What is most important to you about your health plan?
- When do you call your health plan?
- Why do you typically call your health plan?
- What is your experience when you call your health plan?
- What things do you look at when selecting your health plan?

# Engaging with enrollees - 2021

Information DHS plans to gather through community engagement, for the 2021 contracting cycle and subsequent procurement and contracting cycles:

- Enrollee experience of care
- Factors that contribute to utilization of primary care, behavioral health care, dental care, and specialty care.
- Barriers to utilizing primary care, behavioral health care, dental care, and specialty care
- Experience with care coordination and linkages to county human services
- Experience in working directly with their health plan
- Information about the materials the health plan uses to communicate with enrollees

- Utilize different technologies to reach stakeholders and community members
  - WebEx
  - Mentimeter software
  - Community calls and webinars
  - One-on-one conversations



- What do you hope to see from the procurement process?
- Next steps
  - Opportunity to obtain additional feedback
  - Community engagements w/enrollees

# Contact us:

[DHS.PSD.Procurement@state.mn.us](mailto:DHS.PSD.Procurement@state.mn.us)



## Blue Ribbon Commission Update

Krista O'Connor, Strategic Development Director

- July 13 – 31: BRC Draft report posted for public input
- August 19: BRC meeting to review public input
- August 19 – September 18: public input incorporated into report
- September 18: BRC meeting to approve final report
- Oct. 1, 2020: Report due to legislature and Governor
- Oct. 2, 2020: Commission expires

# How to stay engaged with the Commission

- Final two meetings are open to the public
- [Health and Human Services Blue Ribbon Commission website](#)
- Blue Ribbon Commission listserv for announcements and updates

# Next meeting



Tuesday, November 10, 2020

12:30 – 2:30 pm

Virtual, WebEx

Written comments can be  
submitted to:  
[krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us)



# Thank You!

**Krista O'Connor**

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