

# Medicaid Services Advisory Committee Meeting

## **Public Meeting**

Tuesday, November 10, 2020

12:30 – 2:30 pm

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



# Medicaid Services Advisory Committee

November 10, 2020

Krista O'Connor | Strategic Development Director

# Welcome



# Housekeeping items

- WebEx Meeting
- Meeting is public
- 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

- Member introductions
- Updates
- Medicaid 101
- Children's preventive services – COVID impact
- IHP's equity interventions – COVID impact
- Approach and topics for 2021
- Next meeting & adjourn



## Member Introductions MSAC Members

Medicaid Services Advisory Committee



# Committee Members



## 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

**Megan Ellingson**

**Hodan Guled**

Elizabeth McMullen

Samuel Moose

**Stephanie Schwartz**



Updates  
Assistant Commissioner & Medicaid Director Matt Anderson

Medicaid Services Advisory Committee



- Federal PH emergency
- State COVID peacetime emergency
- Special session #6

- Blue Ribbon Commission final report: <https://mn.gov/dhs/hhsbrc/>
- Health Affairs blog on applying a racial equity lens to value based care: <https://www.healthaffairs.org/doi/10.1377/hblog20200831.419320/full/>
- CMS fact sheet on Accountable Health Communities: [AHC Model Fact Sheet: First 750,000 Completed Screenings](#)

# Committee member updates

Updates or announcements  
from committee members?





## Medical Assistance and MinnesotaCare overview

Matt Anderson | Assistant Commissioner, State Medicaid Director

# Minnesota's public health care programs



**1 in 5 Minnesotans**

get their health care through  
Medicaid and MinnesotaCare



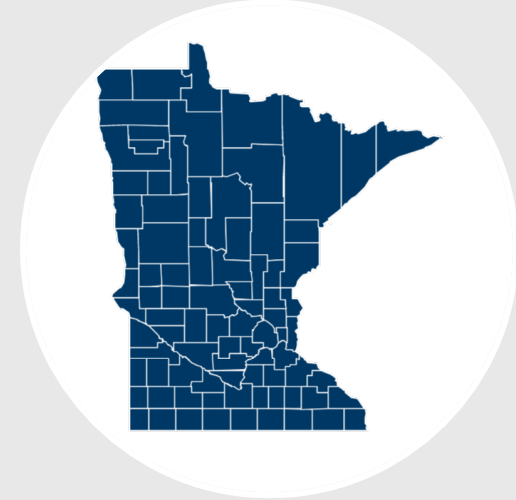
# Federal, state and local roles



Federal framework



State-administered

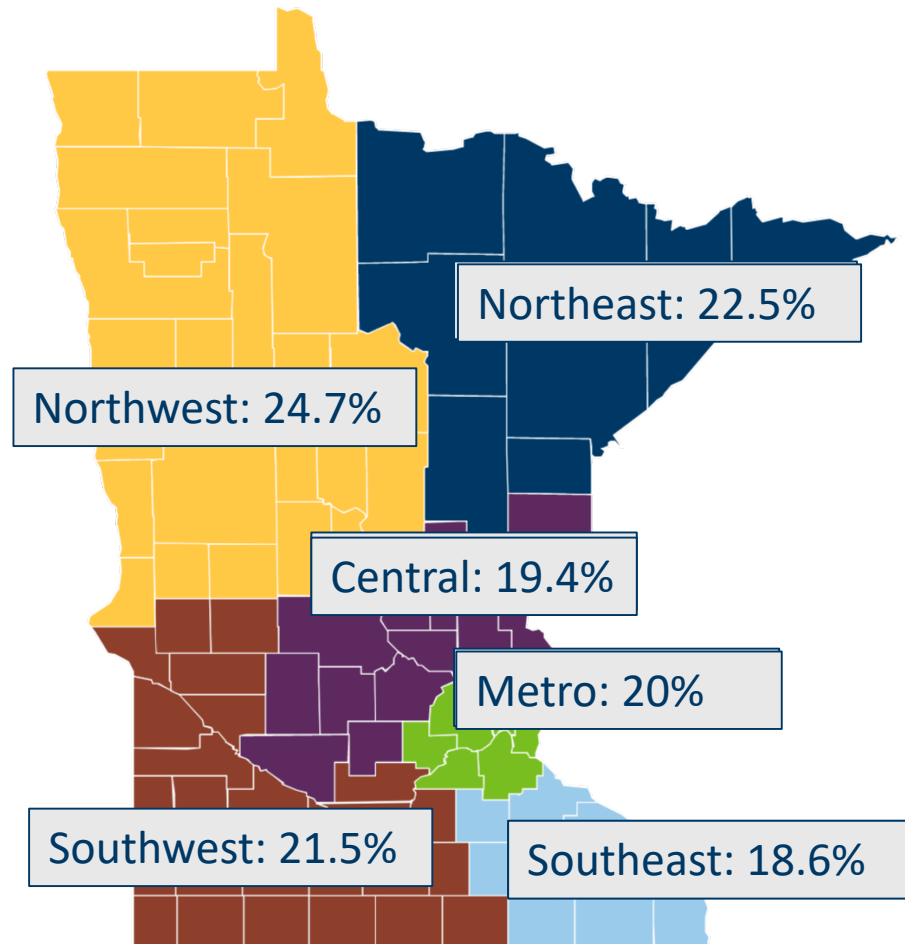


County-delivered



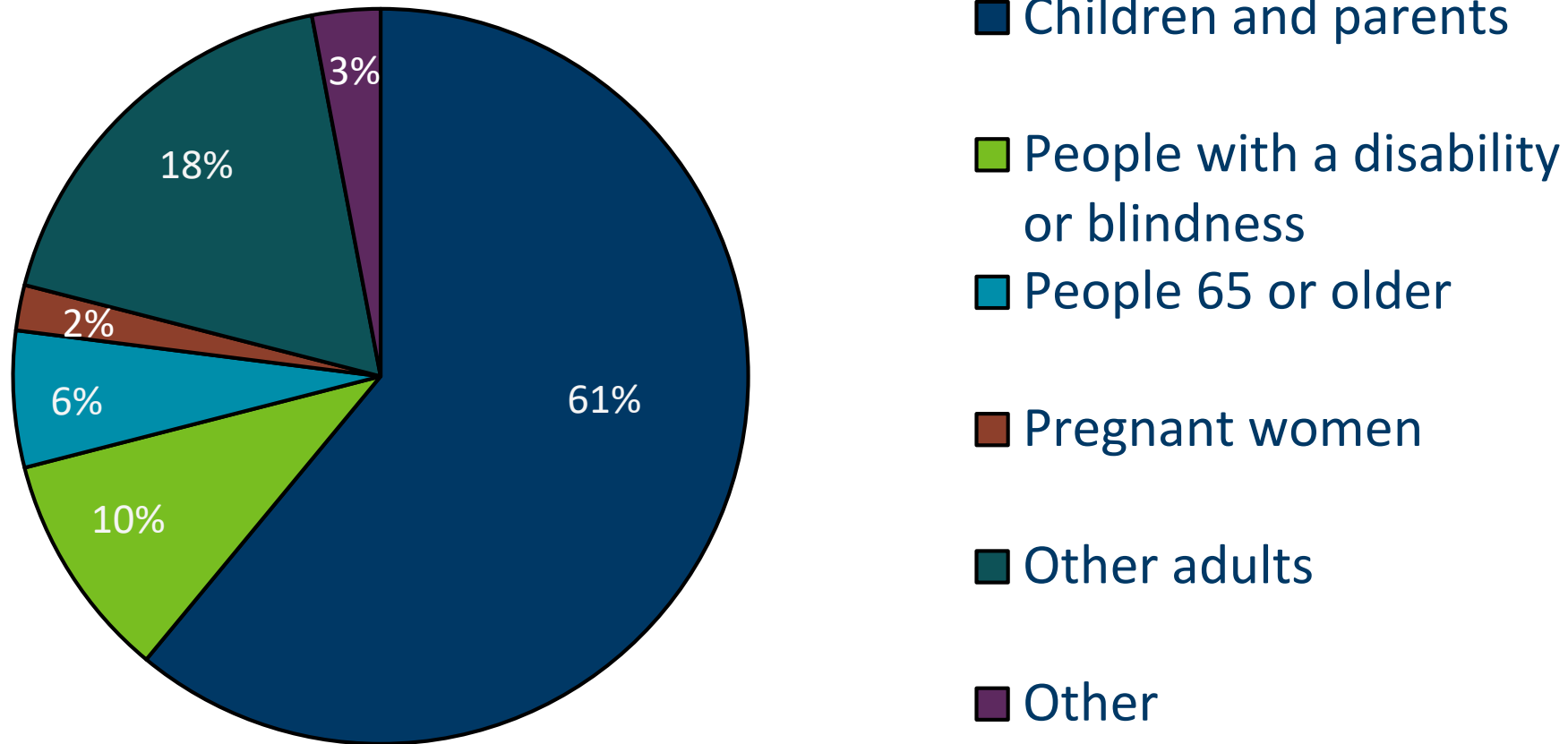
# Snapshot of who we serve: 2019

## Percentage of population on public health care programs by region

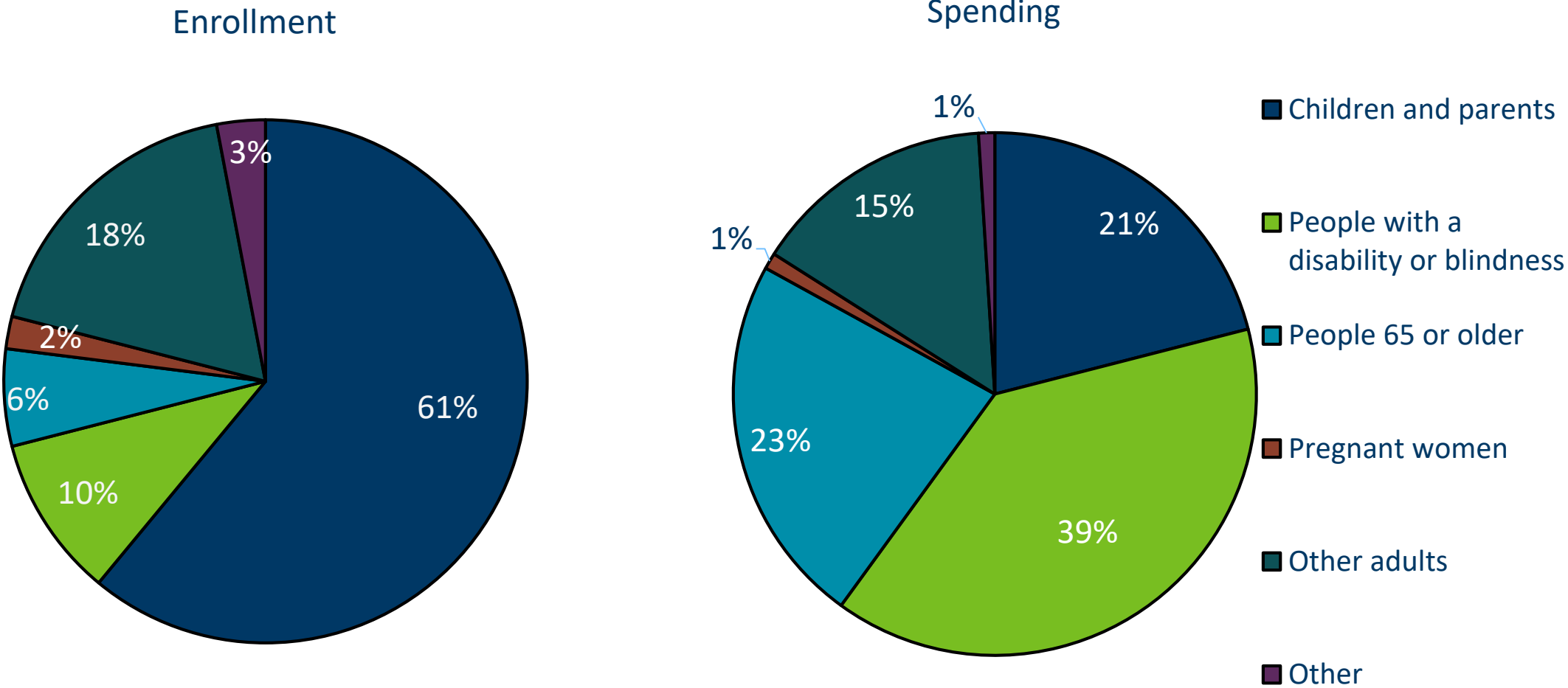


While enrollment numbers are split nearly even between the seven-county metro area and Greater Minnesota, the percentage of the population on Medical Assistance and MinnesotaCare is nearly equal among the state's regions.

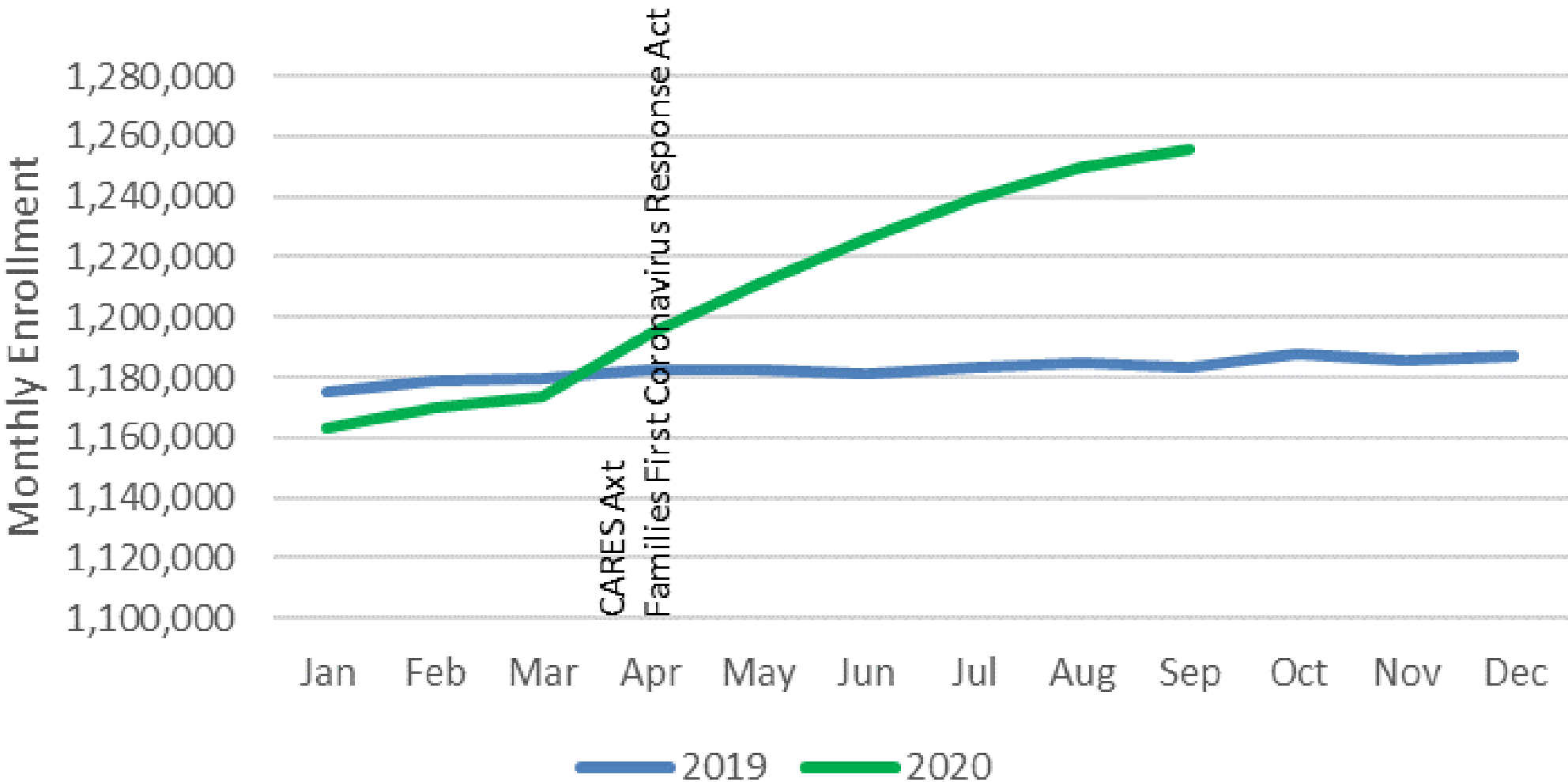
# Medical Assistance breakout by eligibility category: 2019



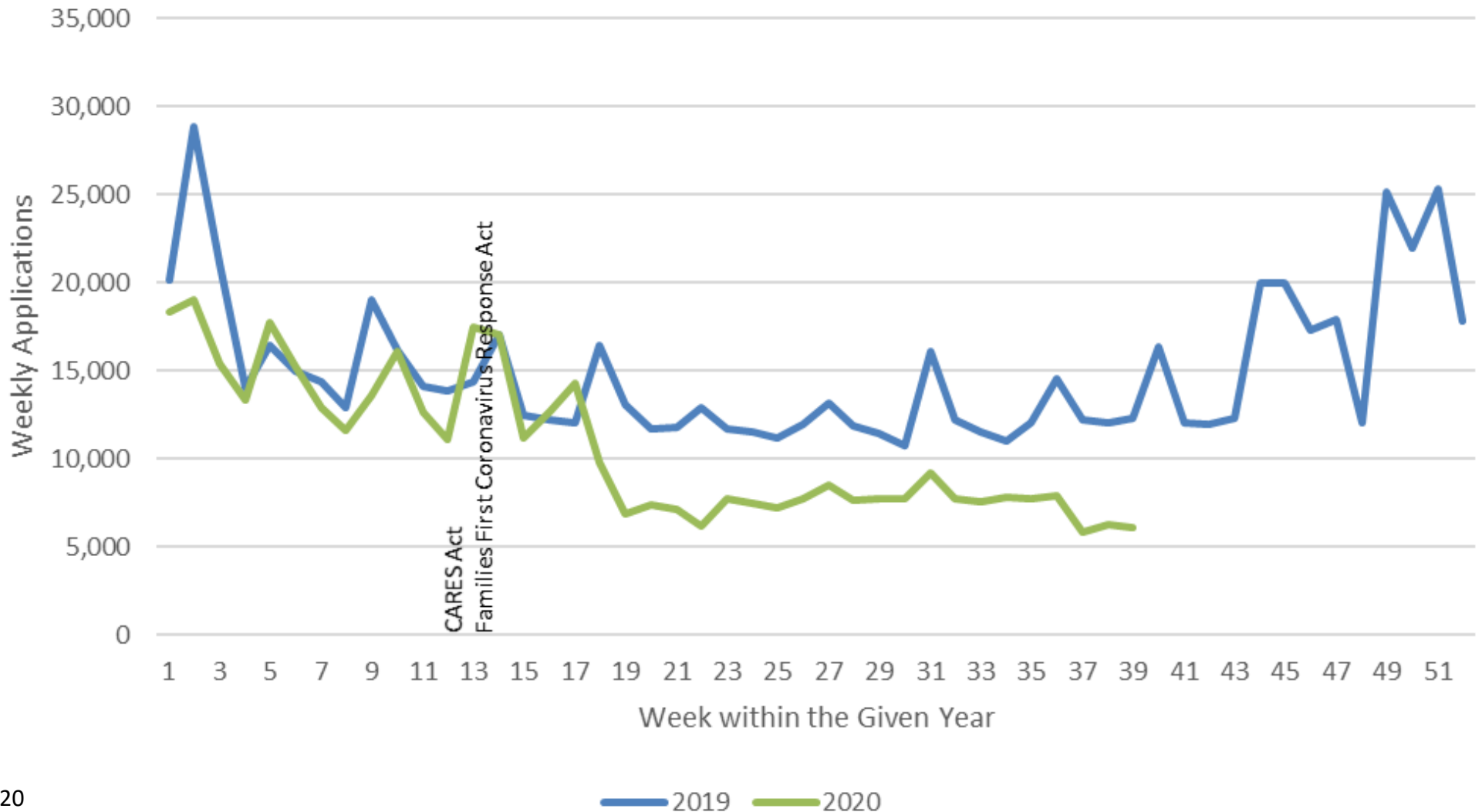
# Medical Assistance spending by eligibility category



# COVID-19 enrollment changes

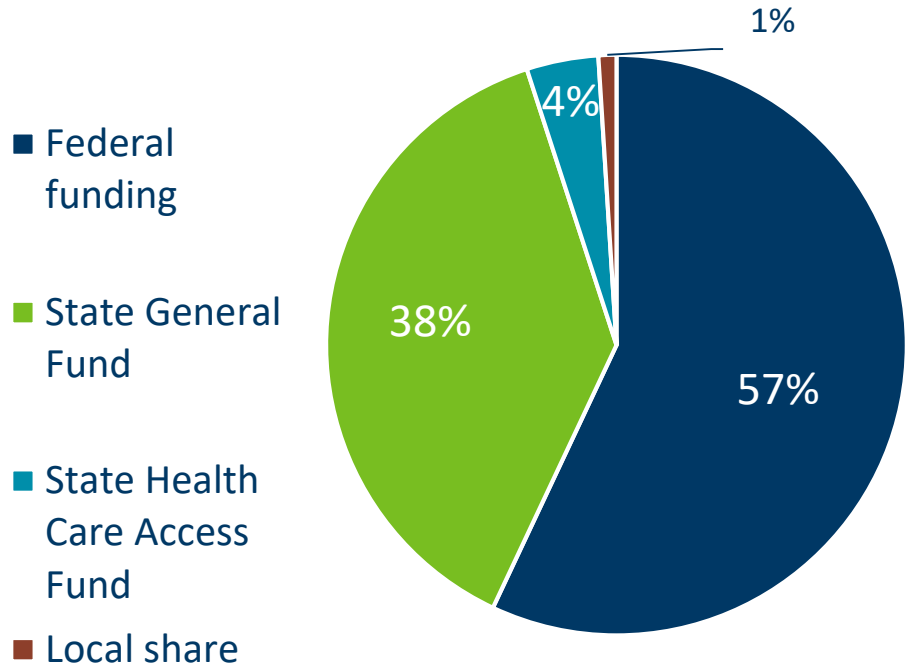


# COVID-19 weekly application changes



# Program funding: state fiscal year 2019

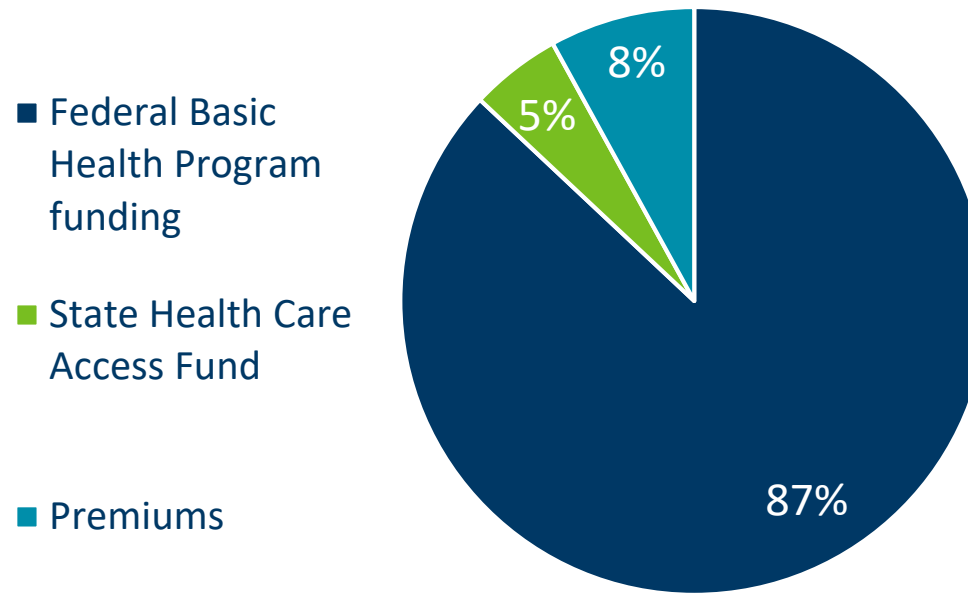
## Medical Assistance







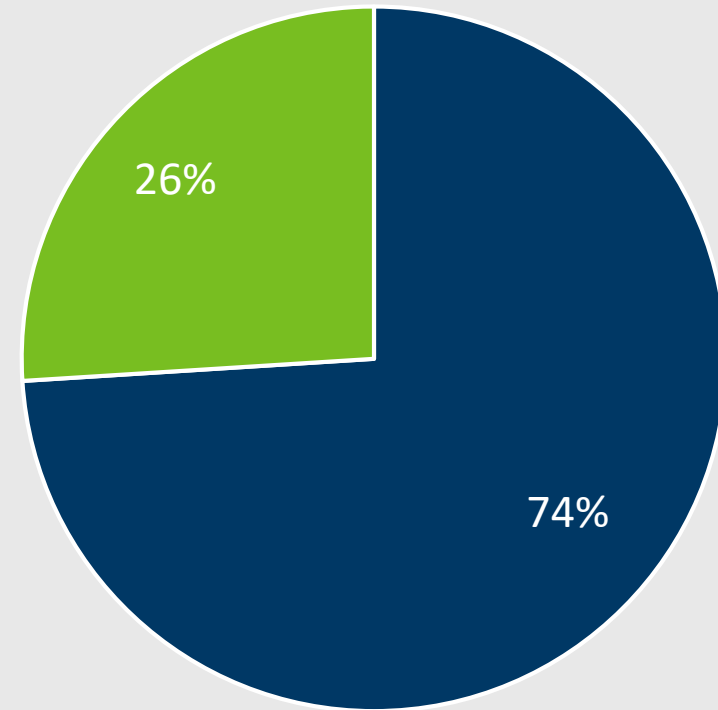
## MinnesotaCare



Funding source	Amount
Federal funding	\$380,885,000
State Health Care Access Fund	\$21,777,000
Premiums	\$35,552,000
<b>Total</b>	<b>\$438,214,000</b>

# Purchasing and service delivery

- Fee for service: the state directly pays providers a flat fee for each service delivered.
- Managed care: the state contracts with health plans and pays them a monthly per member capitation payment to provide all covered services



■ Managed care ■ Fee for service



Enrolled providers



# Covered services and benefits

## Mandatory

- Inpatient and outpatient hospital services
- Physician services
- Nursing facility services
- Early periodic screening, diagnostic and treatment services for children, including dental care
- Laboratory and x-ray services
- Home health services<sup>6</sup>
- Rural health clinic services
- Federally Qualified Health Center services
- Transportation to medical care
- Certified pediatric and family nurse practitioner services
- State-licensed or state-recognized free standing birth center services
- Emergency medical services for certain noncitizens, also known as Emergency Medical Assistance
- Family planning services, including nurse midwife services
- Tobacco cessation counseling for pregnant women.

## Optional

- Alcohol and drug treatment
- Chiropractic care
- Limited dental care for non pregnant adults
- Emergency hospital services
- Eyeglasses
- Hearing aids
- Home care, including personal care assistant services
- Hospice care
- Interpreter services
- Medical equipment and supplies
- Prescriptions and medication therapy management
- Rehabilitative services, including many mental health services
- Inpatient and outpatient substance use disorder treatment
- Case management
- Care coordination
- Autism spectrum disorder services or treatment

# Medicaid and MinnesotaCare Questions



# Child and Teen Checkups



## Medicaid Services Advisory Committee



- Program Overview
- Data
  - Centers for Medicare and Medicaid Services (CMS)
  - Minnesota
- Call to Action
- Questions/Feedback

# Program Overview

# Program Overview Continued

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnosis:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Control, correct or reduce health problems found

In Minnesota, this is known as **Child and Teen Checkups (C&TC)**.

The **Department of Human Services (DHS)** is responsible for:

- Administration, organization, implementation, and oversight of the C&TC program statewide.
- Policy related to the provision of health care services and payment for those services to the C&TC eligible population (provider manual).
- Contracts with local public health agencies and four tribal health programs to provide outreach to eligible participants.
- Interagency agreement with Minnesota Department of Health (MDH) for clinical expertise.

# Program Purpose

- Promote recommended preventive health services for children, teens and young adults
- Support healthy growth and development and encourage good health habits
- Early identification of health or developmental concerns or disabilities
- Diagnosis, treatment and referral for identified concerns
- Establish medical and dental home





# Program Goal

The Centers for Medicare and Medicaid Services (CMS) has set a goal for states to have an **80% participation rate** in EPSDT (C&TC) screening services.

- CMS-416 federal report is the measurement system
- Participation rate is based on eligible children receiving a C&TC screening service during the federal fiscal reporting year (October 1 – September 30)
- Accurate billing and coding is critical to reach the 80% participation goal

# Periodicity Schedule



## Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

DHS-3379-ENG 3-18

C&TC Screening Components by Age <a href="#">C&amp;TC FACT Sheet for each component</a>	Infancy					Early Childhood					Middle Childhood					Adolescence													
	0-1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs	
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements:																													
■ Head circumference	●	●	●	●	●	●	●	●	●																				
■ Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Weight for length percentile*	●	●	●	●	●	●	●	●																					
■ Body mass index (BMI) percentile									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Blood pressure																													
Health history, including social determinants of health	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental, social-emotional, mental health:	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Surveillance																													
■ Developmental screening					R			R		R	R	→																	
■ Social-emotional or mental health screening*				R		R		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	
■ Autism spectrum disorder screening								R	R																				
■ Maternal depression screening	R	R	R	R	→																								
■ Tobacco, alcohol or drug use risk assessment																				X	X	X	X	X	X	X	X	X	
Physical exam: head to toe, including oral exam and sexual development	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Immunizations/review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Newborn screening follow up: blood spot and critical congenital heart defect	)(	→																											
Laboratory tests/risk assessment:																													
■ Blood lead test						←	●	←	●	←	●	←	●	←	●	←	●	←	●	←	●	←	●	←	●	←	●	←	●
■ Hemoglobin/hematocrit						←	●	→																					
■ Tuberculosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
■ Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																				X	X	X	X	X	X	X	X	X	
■ HIV screening for all youth at least one time*																			X	X	X	X	←	●	→	X	X		
■ Dyslipidemia risk assessment*									X		X		X		X	←	X	→	X	→	X	→	X	→	X	→	X	→	
Vision screening: distance (3+ years) and near (5+ years) acuity*	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing screening: add high frequency screening at 11+ years*	)(	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Oral Health																													
■ Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Fluoride varnish application (FVA) starting at eruption of first tooth*					●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
All C&TC visits require a <a href="#">HIPAA compliant referral condition code</a> : ST, S2, AV or NU	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

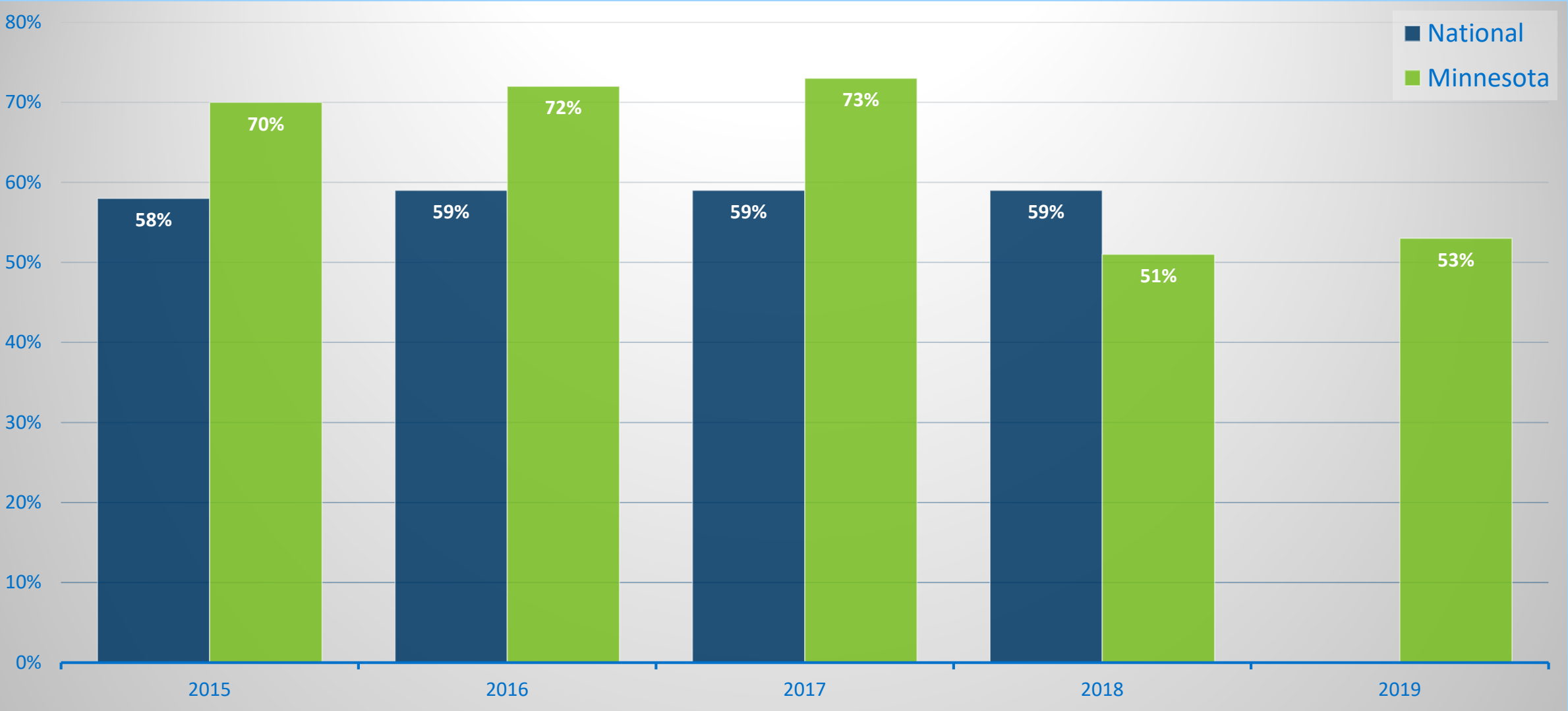
KEY: ● Required component for the visit  
)( If no Newborn Screening results on file, or did not pass, follow up appropriately

R Recommended screening for visit  
←→ Indicates range to provide component at least one time

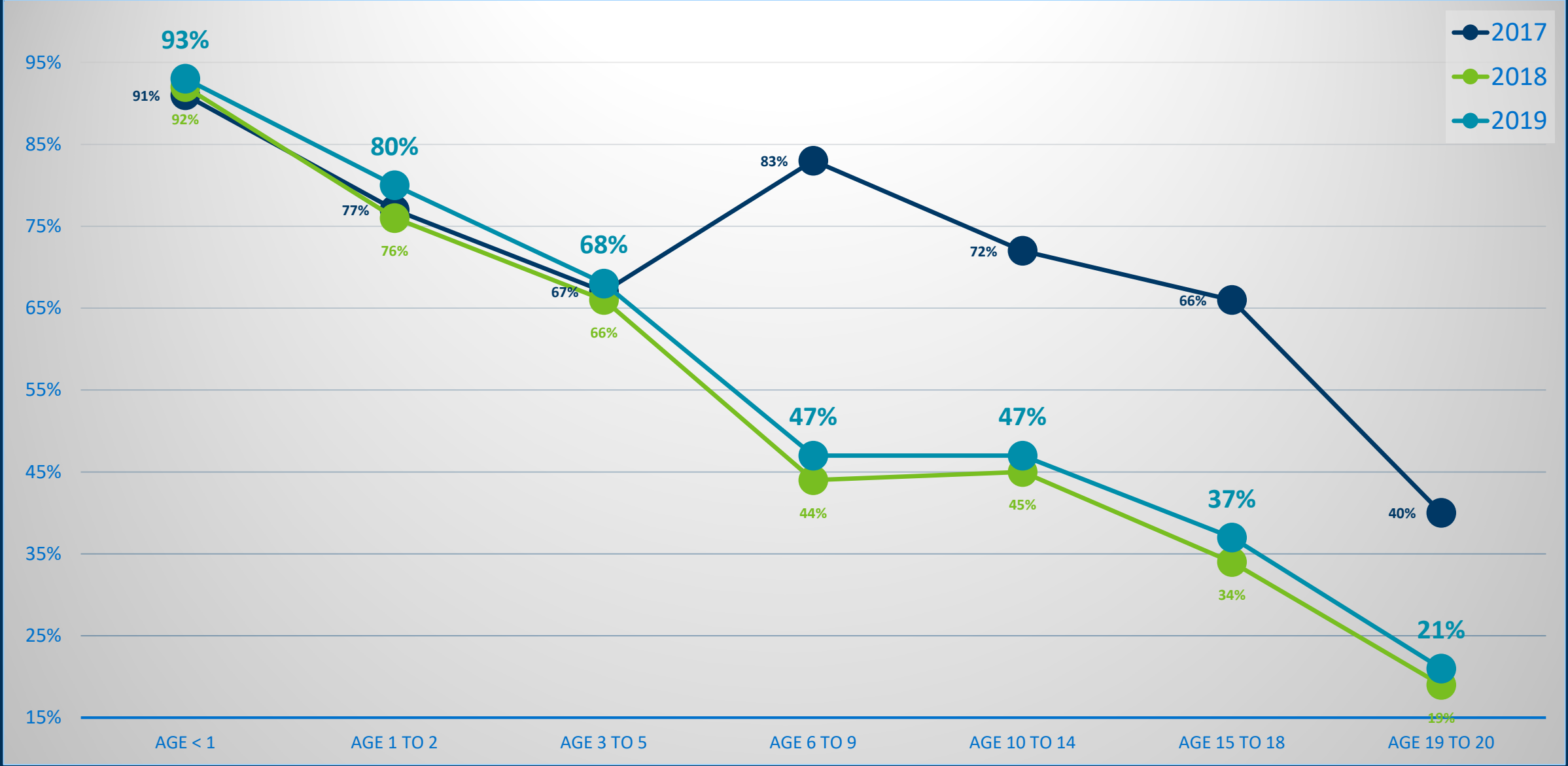
X Risk assessment followed by appropriate action  
\* Refer to back side for more information on new requirements



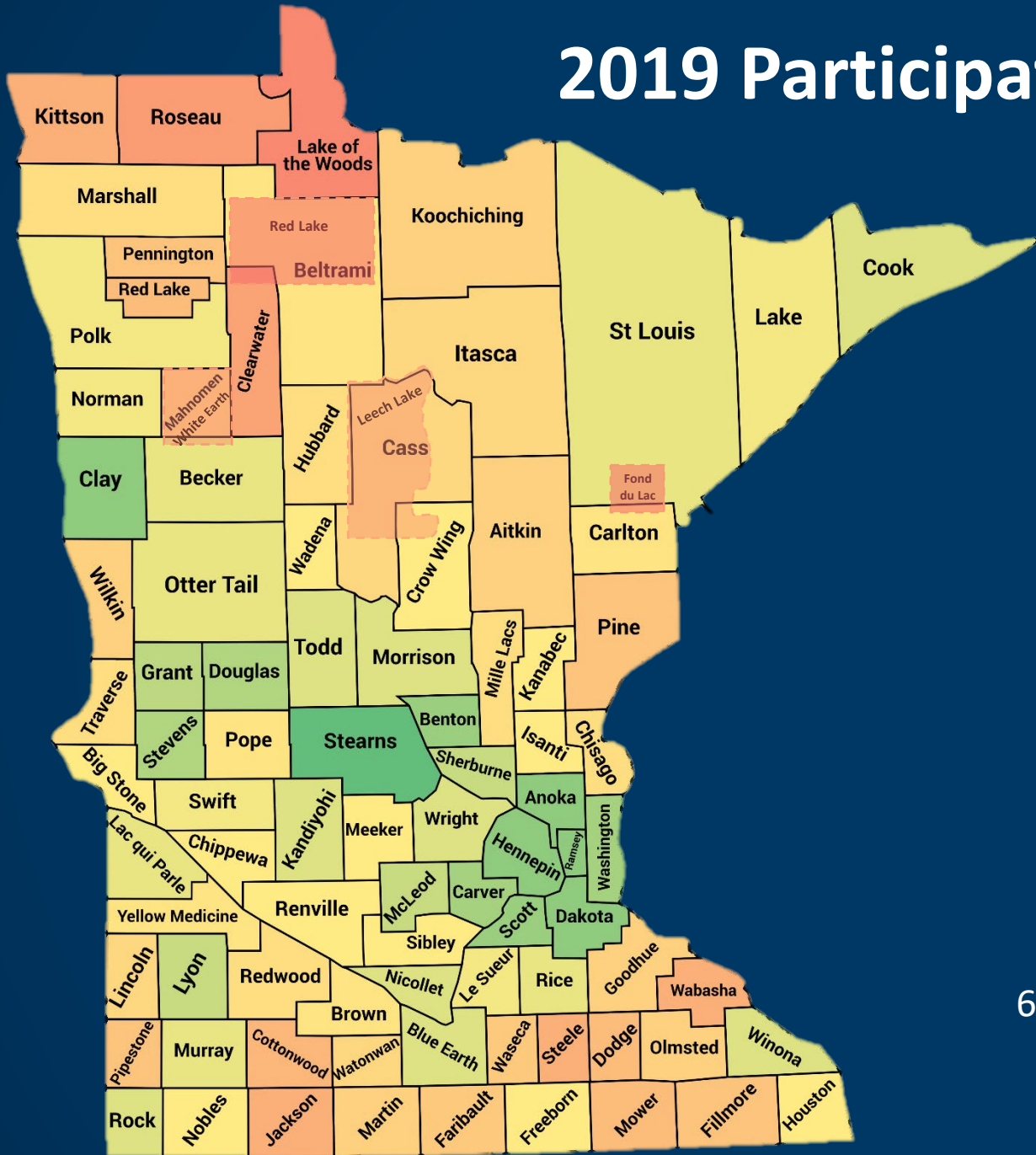
# CMS-416: National Comparison



# MN Participation Rate by Age



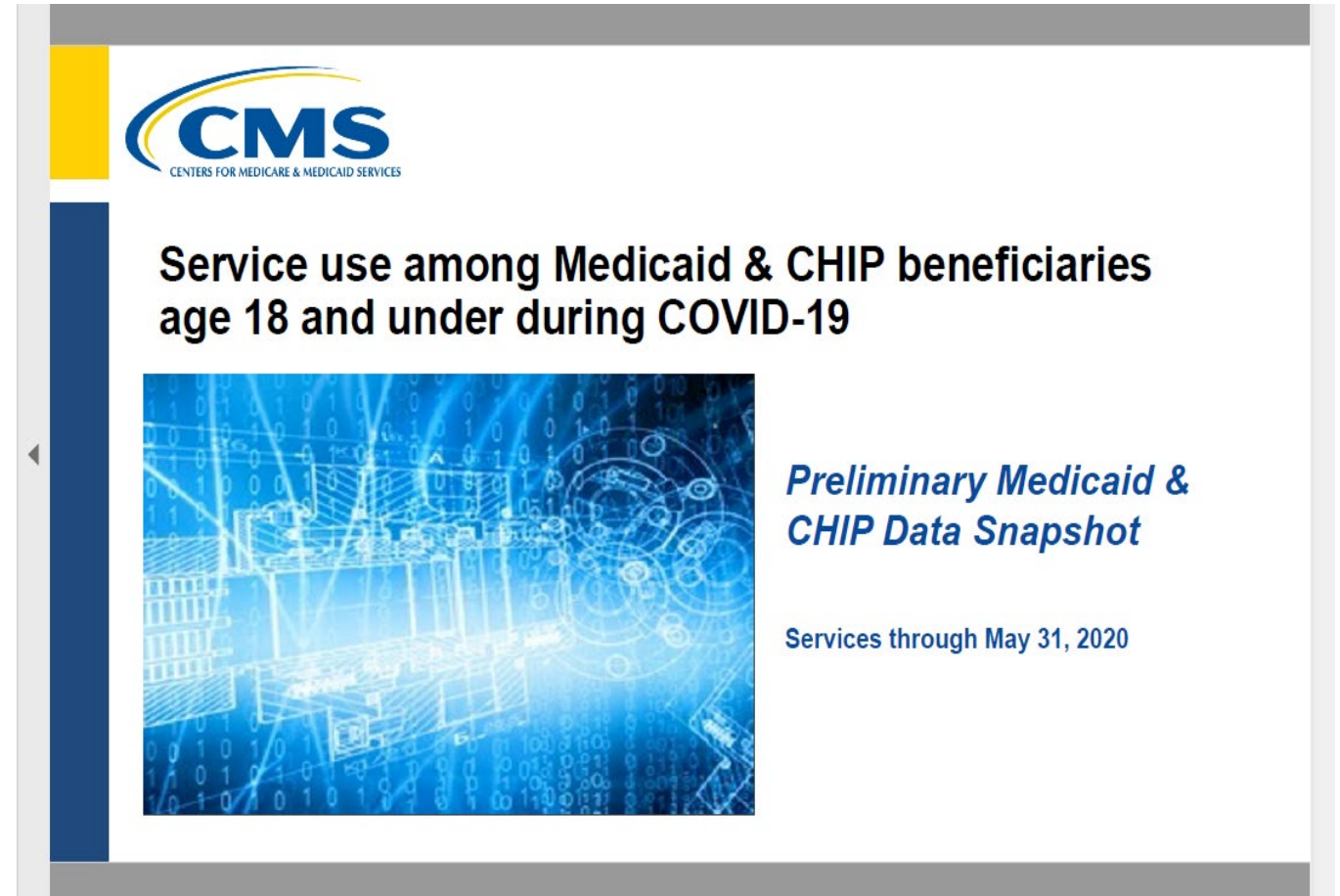
# 2019 Participation Ratio by County/Tribe



# CMS Data

In September, CMS published this report.

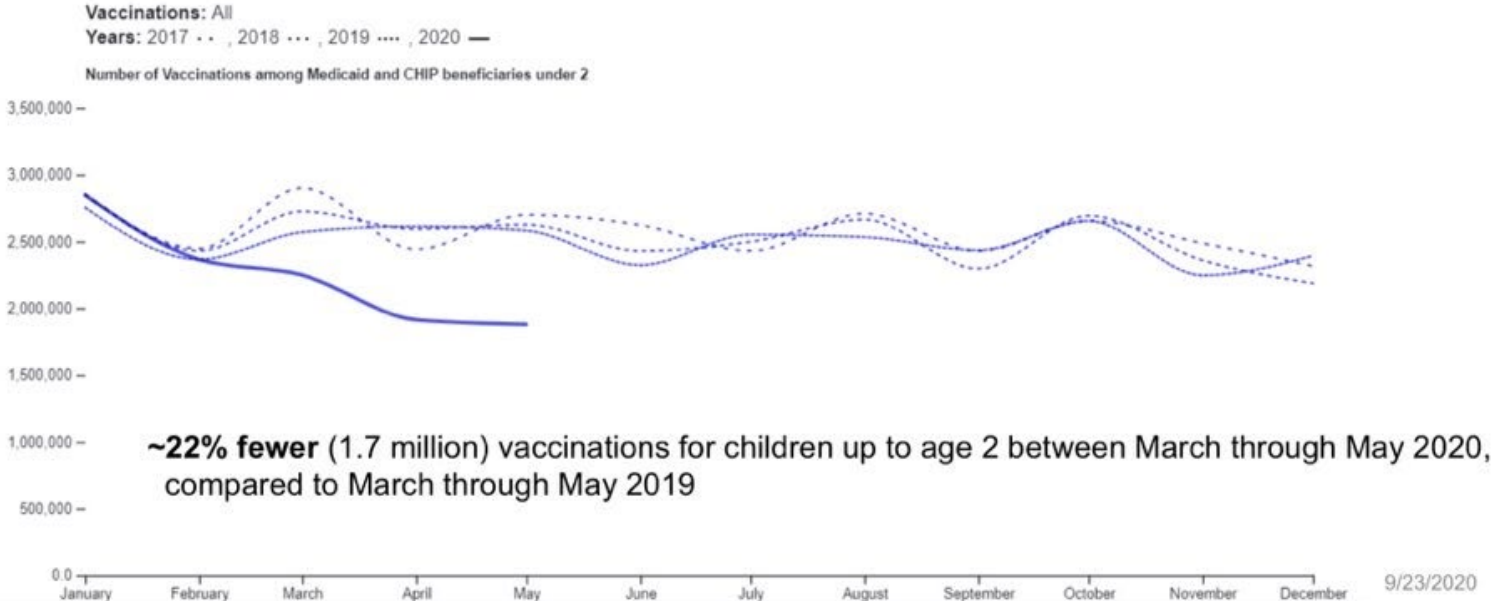
Found here: [Link here](#)



# CMS Report Immunization Data

## Preliminary data show vaccinations among beneficiaries up to age 2 declined through April, started to level in May, but are still substantially lower than prior years' rates

Vaccination rates among beneficiaries up to age 2 dropped from nearly 700 vaccinations per 1,000 beneficiaries in January 2020 to about 460 vaccinations per 1,000 beneficiaries in May 2020



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

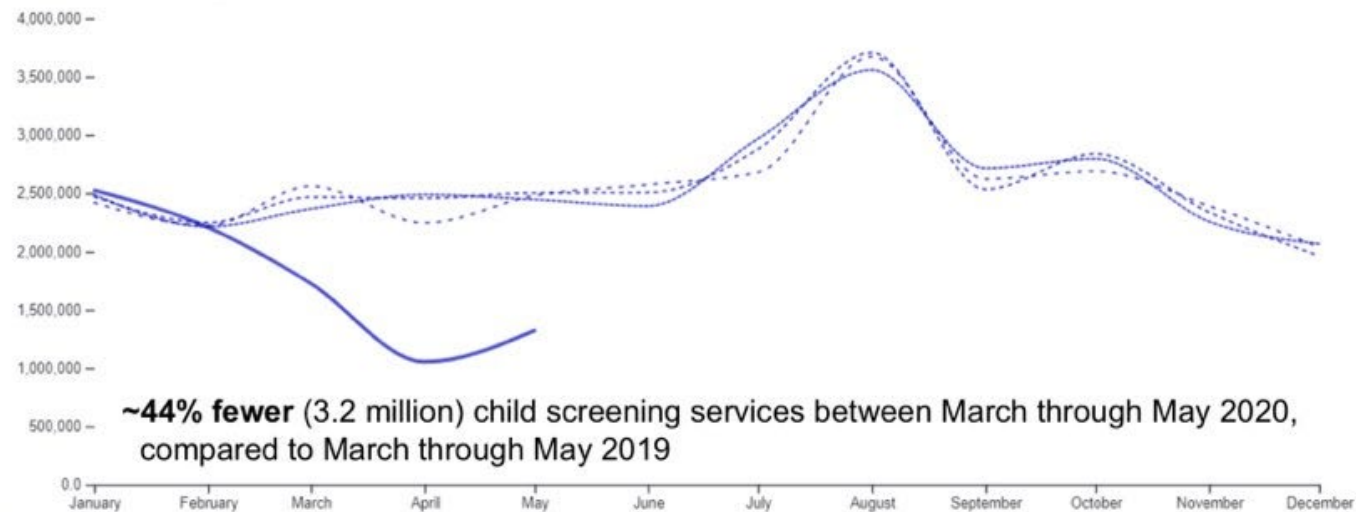


# CMS Report Screening Data

## Preliminary data show the number of child screening services declined substantially through April, started to rise in May, but is still substantially lower than prior years' rates

Screening rates among children dropped from nearly 68 screens per 1,000 beneficiaries to a low of 28 screens per 1,000 beneficiaries in April, back up to 35 screens per 1,000 beneficiaries in May.

Child screening services: Child screening  
Years: 2017 - - , 2018 - - - , 2019 - - - - , 2020 - - - -  
Service use among selected Medicaid and CHIP beneficiaries 18 and under



**~44% fewer** (3.2 million) child screening services between March through May 2020, compared to March through May 2019

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

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# Minnesota Data

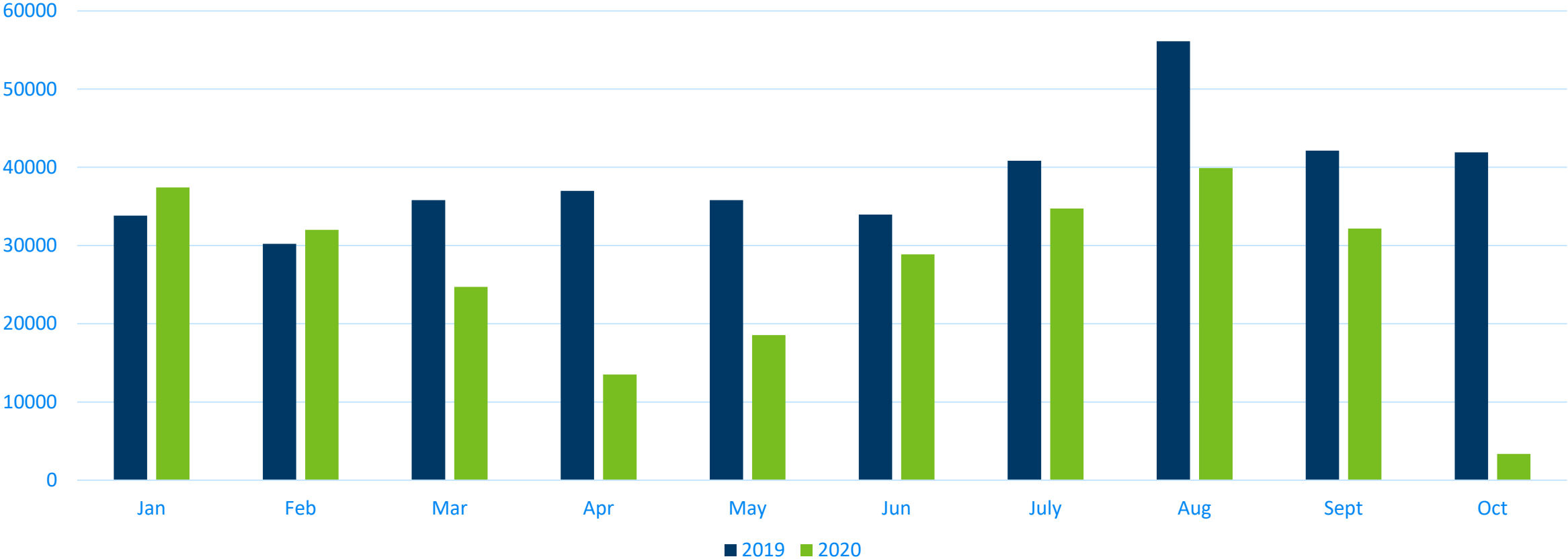
# Minnesota Immunization Information Connection (MIIC)

## 2019 to 2020 Immunization comparison:

- Routine childhood doses for children age 4-6 years old decreased by 34%
- Routine adolescent doses for children 11-12 years old decreased by 32%
- Put another way, about 50,000 fewer doses have been administered so far in 2020 when compared to the same time frame in 2019.
- More information can be found here: [Link here](#)

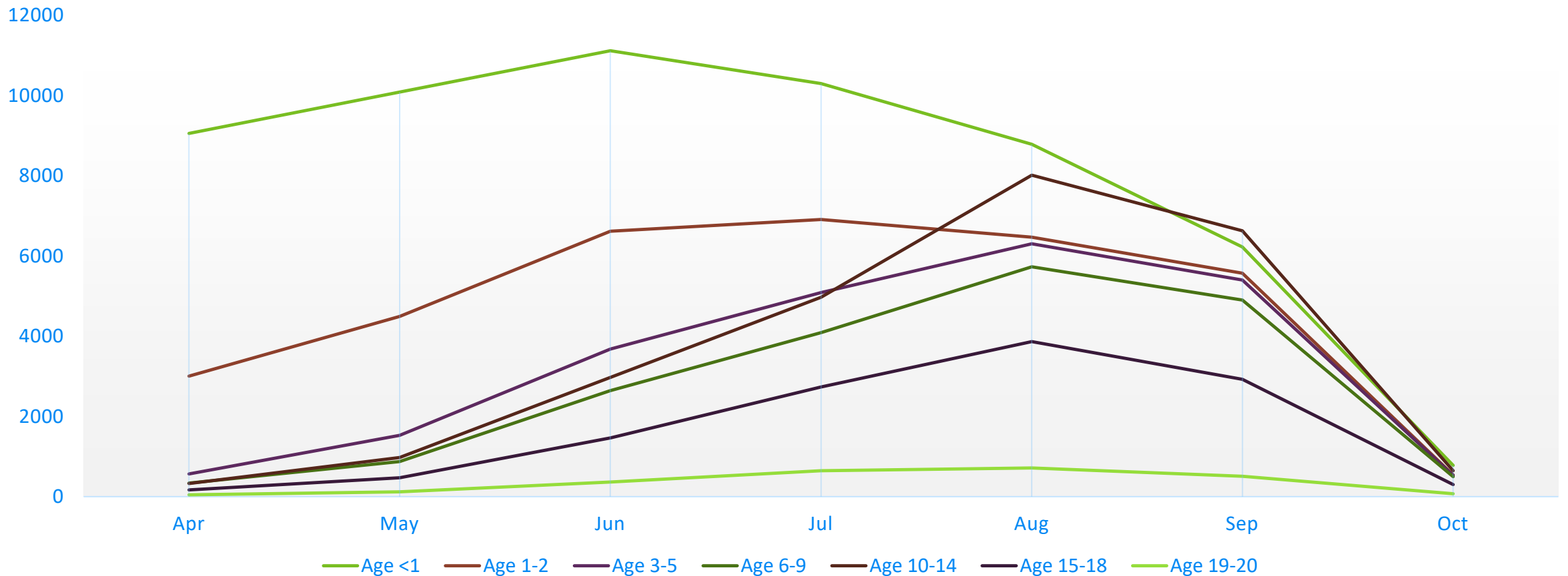
# DHS Claims Data

Total C&TC Claims



# DHS Claims Data By Age

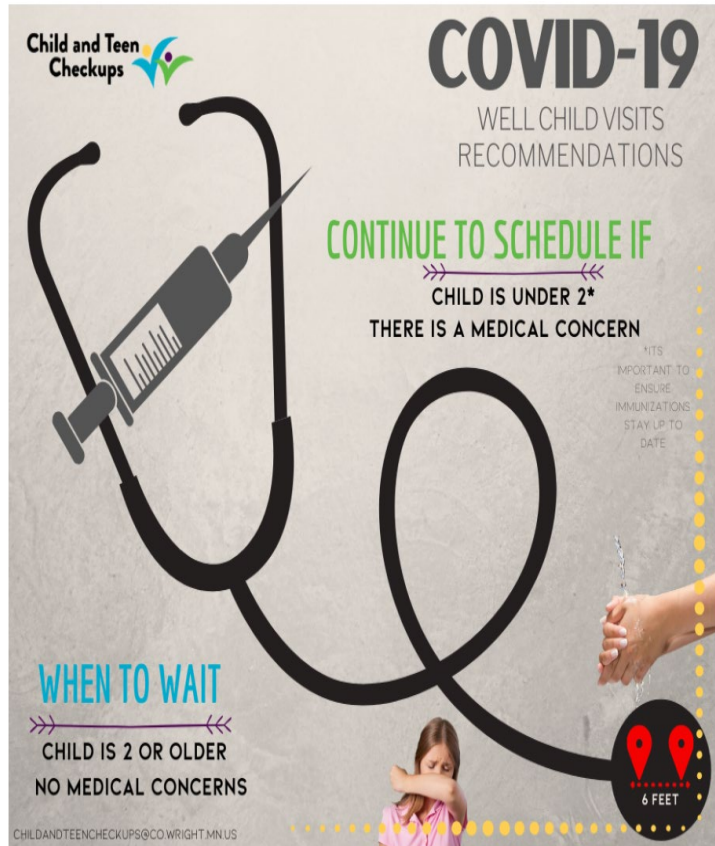
## 2020 Claims by Age Group



**Call to Action**

# Outreach Interventions

## Social Media



Child and Teen Checkups

# COVID-19

WELL CHILD VISITS  
RECOMMENDATIONS

**CONTINUE TO SCHEDULE IF**  
CHILD IS UNDER 2\*  
THERE IS A MEDICAL CONCERN

\*IT'S IMPORTANT TO ENSURE IMMUNIZATIONS STAY UP TO DATE

**WHEN TO WAIT**  
CHILD IS 2 OR OLDER  
NO MEDICAL CONCERNS

6 FEET

CHILDANDTEENCHECKUPS@CO.WRIGHT.MN.US

This flyer features a large graphic of a stethoscope and a syringe. A hand is shown being washed with soap and water. A small icon of two people with a 6-foot distance marker is also present.

## Flyer



**PROTECT YOURSELF AND YOUR FRIENDS FROM COVID-19**

STAY 6 FEET AWAY

WEAR A FACE MASK

Missed your checkup because of COVID-19?  
It's not too late to **schedule an appointment!**

507-328-7500

Child and Teen Checkups

This flyer is divided into three horizontal sections. The top section shows two children standing apart with the text 'STAY 6 FEET AWAY'. The middle section shows three children wearing face masks with the text 'WEAR A FACE MASK'. The bottom section features a calendar icon with a heart and the text 'Missed your checkup because of COVID-19? It's not too late to schedule an appointment!'. The flyer includes the organization's logo, phone number, and website information.

# Radio Outreach Interventions

Otter Tail, Becker and Isanti counties have created radio ads for local stations to air with reassuring messages to parents and families that it's safe to see their medical provider even during COVID-19.





# Letter Outreach Interventions

Letter insert

## Your health is important to us!

Many clinics are taking steps to make sure well-child visits can happen safely.  
Now it's your turn to take the step to schedule your child's well – visit.

### Practice Social Distancing

- Limit contact with others
- Avoid crowded areas
- Stay 6 feet away from others
- Wear a mask in public settings
- Follow the news for the latest updates

### Practice good preventative care at home.

- Wash your hands with soap and water frequently
- Cover your cough
- Stay home when feeling sick
- Clean & disinfect surfaces

### Contact Us.

For assistance finding a health care provider or interpreter, please contact our Child and Teen Checkups staff:

#### **Norman-Mahnomen Public Health**

218-784-5425 / 935-2527

CTC@co.norman.mn.us

#### **Polk County Public Health**

218-281-3385



*For more information about Child and Teen Checkups contact your Local Public Health agency or find us on social media.*



# Text Outreach Interventions

## Hennepin County Text

It's important for children to get their checkups; clinics are creating safe space for healthy children. Call Child and Teen Checkups 612-543-2222 for assistance.

## Polk County Text

It's time to schedule your child's next  
Child and Teen Checkups  
appointment!

Due to COVID-19 some local healthcare systems  
many not be accepting well-child appointments  
at this time.

We encourage you to contact your  
Primary Care Provider to schedule an  
appointment for a future date.

If you have questions regarding  
Child and Teen Checkups please  
contact Polk County Public Health  
at 218.281.3385.



To opt out of text reminders, reply to the text with your child's  
FIRST and LAST NAME and STOP

# DHS Outreach Interventions

- Billing procedures for a complete C&TC remain the same
- Refer to MHCP Provider Manual [C&TC Section](#) and [Coronavirus](#) page for further information
- C&TC components completed via telemedicine should be billed accordingly
- Combining telemedicine and in-person visits to make a complete C&TC is possible
- For specific questions: [MHCP Provider Call Center](#) or email [dhs.childteencheckups@state.mn.us](mailto:dhs.childteencheckups@state.mn.us)



Q&A



# Thank You!

**Amy Zeitz**

*amy.zeitz@state.mn.us*

651-431-2916



# Integrated Health Partnerships

## Mat Spaan, Manager Care Delivery and Payment Reform

Medicaid Services Advisory Committee

- Overview
- 2020 Experience – Impact of COVID to date
- Potential future priority areas

# Thank You & Questions

**Mat Spaan**

**[mathew.spaan@state.mn.us](mailto:mathew.spaan@state.mn.us)**





## Approach for 2021

Krista O'Connor, Strategic Development Director

Medicaid Services Advisory Committee

# 2021 Topics

# Meeting structure

- Quarterly meetings
- 2 hours
- Virtual
- 1 – 3 topics of interest
- Written public comment
- Upcoming survey to members for input on future meeting structure

# Next meeting



Tuesday, February 9, 2021

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**

[krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us)

651-431-7297