

**Minnesota Prepaid Medical Assistance Project Plus (PMAP+)
§1115 Waiver No. 11-W-0039/5**

**Demonstration Year 22
Annual Report
July 1, 2016 through June 30, 2017**

Submitted to:

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services

Submitted by:

Minnesota Department of Human Services
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State of Minnesota
Department of Human Services

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FORWARD

As required by the terms and conditions approving §1115(a) waiver No. 11 -W-00039/5, entitled "Minnesota Prepaid Medical Assistance Project Plus (PMAP+)," this document is submitted to the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services as the annual report for the period of July 1, 2016 through June 30, 2017. This document provides an update on the status of the implementation of the PMAP + Program.

Introduction

Background

The PMAP+ Section 1115 Waiver has been in place for over 30 years, primarily as the federal authority for the MinnesotaCare program, which provided comprehensive health care coverage through Medicaid funding for people with incomes in excess of the standards in the Medical Assistance program. On January 1, 2015, MinnesotaCare was converted to a basic health plan, under section 1331 of the Affordable Care Act. As a basic health plan, MinnesotaCare is no longer funded through Medicaid. Instead, the state receives federal payments based on the premium tax credits and cost-sharing subsidies that would have been available through the health insurance exchange.

The PMAP+ waiver also provided the State with longstanding federal authority to enroll certain populations eligible for Medical Assistance into managed care who otherwise would have been exempt from managed care under the Social Security Act. In December of 2014, CMS notified the Department of Human Services (DHS) that it would need to transition this portion of its PMAP+ waiver authority to a section 1915(b) waiver. Therefore, on October 30, 2015, DHS submitted a request to transfer this authority to its Minnesota Senior Care Plus section 1915(b) waiver.

During this process, DHS determined that continued waiver authority was unnecessary for all of the groups historically included under the PMAP+ waiver. Because of the state's updated eligibility and enrollment processes for Medical Assistance, some of these populations are no longer mandatorily enrolled into managed care. Instead, they can enroll in managed care on a voluntary or an optional basis.

Therefore, the amendment to the MSC+ 1915(b) waiver only sought to continue federal waiver authority to require the following groups to enroll in managed care:

- American Indians, as defined in 25 U.S.C. 1603(c), who otherwise would not be mandatorily enrolled in managed care;
- Children under age 21 who are in state-subsidized foster care or other out-of-home placement; and
- Children under age 21 who are receiving foster care under Title IV-E.

CMS approved the amendment to the MSC+ waiver on December 22, 2015 with an effective date of January 1, 2016.

PMAP+ Waiver Renewal

The PMAP+ waiver continues to be necessary to continue certain elements of Minnesota's Medical Assistance program. On February 11, 2016, CMS approved DHS's request to renew the PMAP+ waiver for the period of January 1, 2016 through December 31, 2020.

The current waiver provides continued federal authority to:

- Cover children as “infants” under Medical Assistance who are 12 to 23 months old with income eligibility above 275 percent and at or below 283 percent of the federal poverty level (FPL) (referred to herein as “MA One Year Olds”);
- Waive the federal requirement to redetermine the basis of Medical Assistance eligibility for caretaker adults with incomes at or below 133 percent of the FPL who live with children age 18 who are not full-time secondary school students;
- Provide Medical Assistance benefits to pregnant women during the period of presumptive eligibility; and
- Fund graduate medical education through the Medical Education Research Costs (MERC) trust fund.

Enrollment Information

Please refer to Attachment A for PMAP+ enrollment activity for the period July 1, 2016 through June 30, 2017.

Outreach and Marketing

Education and Enrollment

DHS uses a common streamlined application for Medical Assistance, MinnesotaCare and MNsure coverage. Medical Assistance and MinnesotaCare applicants have the option of applying online through the [MNsure website](#) or by mail with a paper application.

The [MNsure website](#) provides information on Minnesota’s health care programs. The site is designed to assist individuals with determining their eligibility status for insurance affordability programs in Minnesota. The site provides a description of coverage options through qualified health plans, Medical Assistance and MinnesotaCare. It also provides information about the application, enrollment and appeal processes for these coverage options.

In-person assisters and navigators are also available to assist individuals with the eligibility and enrollment process through the MNsure website. MNsure has a navigator grantee outreach program that does statewide activities to help individuals with enrollment.

Applicants and enrollees who receive Medical Assistance through fee for service can call the DHS [Member Help Desk](#) for assistance with questions about eligibility, information on coverage options, status of claims, spenddowns, prior authorizations, reporting changes that may affect program eligibility, and other health care program information.

PMAP Purchasing

Coverage for a large portion of enrollees in Medical Assistance is purchased on a prepaid capitated basis. The remaining recipients receive services from enrolled providers who are paid

on a fee-for-service basis. Most of the fee-for-service recipients are individuals with disabilities. DHS contracts with MCOs in each of Minnesota's 87 counties.

Additional Information Regarding Managed Care Plans the State Contracts With

The following information regarding the managed care plans the State contracts with to provide PMAP+ services is provided in accordance with item 28 of the special terms and conditions for the PMAP+ §1115 waiver.

28(a)(i) A description of the managed care contract bidding process.

Minnesota uses both state-set rates and competitive bidding to arrive at appropriate rate ranges for the Families and Children contract. Four of the six rate regions (North, South, Metro and Hennepin) had contracted rates set by the State for 2016. The other two regions ("Bid North" and "Bid South") reflect the influence of both previous years bidding results and subsequent adjustments. For all areas, the actuaries consider factors including but not limited to health care inflationary trends, morbidity (changing age/illness of the population), and changes in benefits. The State then sets the rates using emerging MCO financial and other information at a level that meets budget projections and is expected to produce appropriate access and quality of care. The methodology for developing rate ranges was provided to all MCOs. MCOs had opportunity to review and respond to the methodology.

28(a)(ii) The number of contract submissions, the names of the plans, and a summary of the financial information, including detailed information on administrative expenses, premium revenues, provider payments and reimbursement rates, contributions to reserves, service costs and utilization, and capitation rate-setting and risk adjustments methods submitted by each bidder.

A graphic representation of the MCO service areas and information about the number of plans under contract in each county for PMAP and Minnesota Care can be found at [Health Plan Service Areas](#).

28(a)(iii) Annual managed care plan financial audit report summary.

Attachment B contains a summary of the MCO audited financial statements for 2016, by public program product (PMAP, MinnesotaCare), including a comparison of medical and administrative expenses to premium revenue.

28(a)(iv) A description of any corrective action plans required of the managed care plans.

The Annual Technical Report (ATR) is an evaluation of MCO compliance with federal and state quality, timeliness and access to care requirements. The report is published on the DHS site at [Managed Care Reporting](#). The report summarizes the results of the independent external quality review of Minnesota's publicly funded managed care programs. Chapter 3 of the ATR presents MCO-specific performance, including strengths, opportunities for improvement and recommendations identified during the external quality review process. Chapter 4 of the ATR

presents improvement recommendations from the previous year’s external quality review and includes a discussion on how effectively each MCO addressed the recommendations. The Minnesota Department of Health’s managed care licensing examination and the on-site triennial compliance assessment is used by the external quality review organization along with information from other sources to generate the ATR. The most recent results from the managed care licensing examinations and the triennial compliance assessment can be found on the Minnesota Department of Health web site at [Quality Assurance and Performance Measurement](#).

PMAP Purchasing for American Indian Recipients

The Minnesota Legislature enacted a number of provisions, subsequently authorized by CMS, to address issues related to tribal sovereignty that prevent Indian Health Service (IHS) facilities from entering into contracts with MCOs, and other provisions that have posed obstacles to enrolling American Indian recipients who live on reservations into PMAP. The legislation allows American Indian beneficiaries who are enrolled in managed care to receive covered services under Medical Assistance through an IHS or other tribal provider (commonly referred to as “638s”) whether or not these providers are in the MCO’s network.

Contracts with MCOs include provisions designed to facilitate access to providers for American Indian recipients, including direct access to IHS and 638 providers. IHS and 638 providers may refer recipients to MCO-network specialists without requiring the recipient to first see a primary care provider. DHS has implemented the PMAP+ out-of-network purchasing model for American Indian recipients of Medical Assistance who are not residents of reservations.

Summary Data. The following is a summary of the number of people identified as American Indians who were enrolled in Medical Assistance during calendar year 2016.

**Medical Assistance Enrollees who are American Indian
Calendar Year 2016**

| Population | Enrollees |
|-------------------------|------------------|
| Families and Children | 26,291 |
| Disabled | 4,813 |
| Elderly | 1,300 |
| Adults with no Children | 12,678 |
| Total | 45,082 |

Tribal Health Workgroup. The quarterly Tribal Health Workgroup was formed to address the need for a regular forum for formal consultation between tribes and state employees. The workgroup meets on a quarterly basis and is regularly attended by Tribal Health Directors, Tribal Human Services Directors, and representatives from the Indian Health Service, the Minnesota Department of Health and the Minnesota Department of Human Services. During the period of July 1, 2016 through June 30, 2017 (PMAP demonstration year 22) the work group met on August 25, 2016, November 17, 2016, February 9, 2017 and May 11, 2017. The agendas for each of these meetings are provided at Attachment C.

Operational and Policy Developments

There were no significant program developments or operational issues for populations covered under this waiver during the demonstration year ending June 30, 2017.

Budget Neutrality Developments

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. Please see Attachment D for an updated budget neutrality spreadsheet.

Member Month Reporting

Member months for “MA One-Year Olds” and Medicaid Caretaker Adults” for the period July 1, 2016 through June 30, 2017 are provided at Attachment E.

Consumer Issues

County Advocates

Under Minnesota law, county advocates are required to assist managed care enrollees in each county. The advocates assist enrollees with resolving issues related to their MCO. When unable to resolve issues informally, the county advocates educate enrollees about their rights under the grievance system. County advocates provide assistance in filing grievances through both formal and informal processes, and are available to assist in the appeal or state fair hearing process. State ombudsmen and county advocates meet regularly to identify issues that arise and to cooperate in resolving problematic cases.

Grievance System

The grievance system is available to managed care enrollees who have problems accessing necessary care, billing issues or quality of care issues. Enrollees may file a grievance or an appeal with the MCO and may file a state fair hearing through DHS. A county advocate or a state managed care ombudsman may assist managed care enrollees with grievances, appeals, and state fair hearings. The provider or health plan must respond directly to county advocates and the state ombudsman regarding service delivery and must be accountable to the state regarding contracts with Medical Assistance funds.

Please refer to Attachment F for a summary of state fair hearings closed in calendar year 2016.

Post Award Public Forum on PMAP+ Waiver

In accordance with the PMAP+ Special Terms and Conditions (STCs), paragraph 16, DHS holds public forums to provide the public with an opportunity to comment on the progress of the PMAP+ Demonstration.

DHS held a post award public forum on June 29, 2016 to provide the public with an opportunity to comment on the progress of the PMAP+ demonstration. A notice was published on the DHS Public Participation web site on May 17, 2016 informing the public of the date, time and location of the forum. There were two members of the public in attendance at the forum. DHS provided an overview of the current PMAP+ waiver program. No public comments were received by DHS. DHS also held a post award public forum on August 8, 2017 to provide the public with an opportunity to comment on the progress of the PMAP+ demonstration. A notice was published on the DHS Public Participation web site on July 5, 2017 informing the public of the date, time and location of the forum. There were no members of the public in attendance at this forum.

Quality Assurance and Monitoring

To ensure that the level of care provided by each MCO meets acceptable standards, the state monitors the quality of care provided by each MCO through an ongoing review of each MCO's quality improvement system, grievance procedures, service delivery plan, and summary of health utilization information.

Quality Strategy

In accordance with 42 C.F.R. §438.202(a), the state's quality strategy was developed to monitor and oversee the quality of PMAP and other publicly funded managed care programs in Minnesota.

This quality strategy assesses the quality and appropriateness of care and services provided by MCOs for all enrollees in managed care. It incorporates elements of current MCO contract requirements, state health maintenance organization (HMO) licensing requirements (Minnesota Statutes, Chapters 62D, 62M, 62Q), and federal Medicaid managed care regulations (42 C.F.R. §438). The combination of these requirements (contract and licensing) and standards (quality assurance and performance improvement) are at the core of DHS's quality strategy. DHS assesses the quality and appropriateness of health care services, monitors and evaluates the MCO's compliance with managed care requirements and, when necessary, imposes corrective actions and appropriate sanctions if MCOs are not in compliance with these requirements and standards. The outcomes of these quality improvement activities are included in the Annual Technical Report (ATR).

MCO Internal Quality Improvement System

MCOs are required to have an internal quality improvement system that meets state and federal standards set forth in the contract between the MCO and DHS. These standards are consistent with those required under state HMO licensure requirements. The Minnesota Department of Health conducts triennial audits of the HMO licensing requirements.

External Review Process

Each year, as the state Medicaid agency, DHS must conduct an external quality review of managed care services. The purpose of the external quality review is to produce the Annual Technical Report (ATR) that includes:

- 1) Determination of compliance with federal and state requirements,

- 2) Validation of performance measures, and performance improvement projects, and
- 3) An assessment of the quality, access, and timeliness of health care services provided under managed care.

Where there is a finding that a requirement is not met, the MCO is expected to take corrective action to come into compliance with the requirement. The external quality review organization (EQRO) conducts an overall review of Minnesota's managed care system. The charge of the review organization is to identify areas of strength and weakness and to make recommendations for change. Where the technical report describes areas of weakness or makes recommendations, the MCO is expected to consider the information, determine how the issue applies to its situation and respond appropriately. The review organization follows up on the MCO's response to the areas identified in the past year's ATR. The technical report is published on the DHS website at [Managed Care Reporting](#).

DHS also conducts annual surveys of enrollees who switch between MCOs during the calendar year. Survey results are summarized and sent to CMS in accordance with the physician incentive plan (PIP) regulation. The survey results are published annually and are available on the DHS website at [Managed Care Reporting](#).

Consumer Satisfaction

DHS sponsors an annual satisfaction survey of public program managed care enrollees using the Consumer Assessment of Health Plans Survey (CAHPS®) instrument and methodology to assess and compare the satisfaction of enrollees with services and care provided by MCOs. DHS contracts with a certified CAHPS vendor to administer and analyze the survey. Survey results are published on the DHS website at [Managed Care Reporting](#).

Update on Comprehensive Quality Strategy

Minnesota's Comprehensive Quality Strategy is an overarching and dynamic continuous quality improvement strategy integrating processes across Minnesota's Medicaid program. Measures and processes related to the programs affected by the PMAP+ waiver are included in the Comprehensive Quality Strategy.

An initial draft of Minnesota's Comprehensive Quality Strategy was submitted to CMS in February 2015. DHS is currently updating the strategy in an effort to further streamline quality measurement across all Medicaid populations served under Minnesota's managed care and fee-for-service delivery systems.

Demonstration Evaluation

The evaluation plan for the PMAP+ waiver period from January 1, 2015 through December 31, 2018 was initially submitted with Minnesota's PMAP+ waiver extension request in December of 2014. In May of 2016 the evaluation plan was revised to reflect the approved terms of our waiver with an end date of 2020 instead of the previous draft timeline which ended in 2018. The evaluation plan was updated in November 2016, and again in June 2017, to address CMS

comments. In August 2017, CMS approved the PMAP+ evaluation plan. The PMAP+ STCs were updated to incorporate the approved evaluation plan as Attachment B of the STCs.

State Contact

The state contact person for this waiver is Jan Kooistra. She can be reached by telephone at (651) 431-2118, or email at jan.kooistra@state.mn.us.

PMAP+ §1115 Waiver Demonstration Year 22
Enrollment Data by Eligibility Group

July 1, 2016 through September 30, 2016

| Demonstration Populations (as hard coded in the CMS 64) | Enrollees at close of quarter (September 30, 2016) | Current Enrollees (November 2, 2016) | Disenrolled in current quarter (July 1, 2016 through September 30, 2016) |
|---|---|---|---|
| Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL | 45 | 58 | 20 |
| Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 1,950 | 1,877 | 1,113 |

October 1, 2016 through December 31, 2016

| Demonstration Populations (as hard coded in the CMS 64) | Enrollees at close of quarter (December 31, 2016) | Current Enrollees (February 2, 2017) | Disenrolled in current quarter (October 1, 2016 through December 31, 2016) |
|---|--|---|---|
| Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL | 57 | 35 | 38 |
| Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,252 | 2,287 | 803 |

January 1, 2017 through March 31, 2017

| Demonstration Populations (as hard coded in the CMS 64) | Enrollees at close of quarter (March 31, 2017) | Current Enrollees (May 3, 2017) | Disenrolled in current quarter (January 1, 2017 through March 31, 2017) |
|---|---|--|--|
| Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL | 37 | 35 | 33 |
| Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,552 | 2,574 | 872 |

April 1, 2017 through June 30, 2017

| Demonstration Populations (as hard coded in the CMS 64) | Enrollees at close of quarter (June 30, 2017) | Current Enrollees (June 30, 2017) | Disenrolled in current quarter (April 1, 2017 through June 30, 2017) |
|---|--|--|---|
| Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL | 44 | 35 | 28 |
| Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,668 | 2,583 | 1,735 |

**Pregnant Women in a Hospital Presumptive Eligibility Period
July 1, 2016 through June 30, 2017**

| Eligibility Month | Eligibility Year | Unique Enrollees |
|--------------------------|-------------------------|-------------------------|
| July | 2016 | 41 |
| August | 2016 | 55 |
| September | 2016 | 52 |
| October | 2016 | 42 |
| November | 2016 | 55 |
| December | 2016 | 67 |
| January | 2017 | 51 |
| February | 2017 | 55 |
| March | 2017 | 63 |
| April | 2017 | 48 |
| May | 2017 | 51 |
| June | 2017 | 67 |

**2016 Health Plan Financial Summary
by Product (in thousands \$)
Minnesota Public Programs Only**

| | BluePlus | HP | Itasca | Medica | Metropolit. | PrimeWest | South C. | Ucare | All Plans |
|---------------------------------------|-------------|-----------|----------|-------------|-------------|-----------|-----------|-----------|-------------|
| PMAP | | | | | | | | | |
| Premium Revenues (line 8) | \$1,313,228 | \$387,963 | \$40,097 | \$1,321,298 | \$84,602 | \$151,962 | \$126,693 | \$37,238 | \$3,463,081 |
| Medical/Hospital Expenses (line 18) | \$1,337,130 | \$347,098 | \$35,950 | \$1,356,195 | \$74,813 | \$145,308 | \$121,171 | \$21,316 | \$3,438,982 |
| Administrative Expenses (lines 20-21) | \$143,344 | \$32,265 | \$3,817 | \$95,201 | \$14,052 | \$11,511 | \$14,066 | \$4,041 | \$318,298 |
| Member Months | 3,263,497 | 901,747 | 83,551 | 3,208,205 | 102,118 | 373,171 | 326,353 | 147,101 | 8,405,743 |
| PMPM - rev | \$402.40 | \$430.23 | \$479.91 | \$411.85 | \$828.47 | \$407.22 | \$388.21 | \$253.15 | \$411.99 |
| PMPM - clms | \$409.72 | \$384.92 | \$430.28 | \$422.73 | \$732.61 | \$389.39 | \$371.29 | \$144.91 | \$409.12 |
| PMPM - admin | \$43.92 | \$35.78 | \$45.69 | \$29.67 | \$137.61 | \$30.85 | \$43.10 | \$27.47 | \$37.87 |
| MinnesotaCare | | | | | | | | | |
| Premium Revenues (line 8) | \$117,157 | \$78,204 | \$3,387 | \$210,451 | \$1,324 | \$11,060 | \$14,977 | (\$5,638) | \$430,921 |
| Medical/Hospital Expenses (line 18) | \$115,447 | \$80,415 | \$3,133 | \$210,357 | \$1,171 | \$11,270 | \$15,377 | (\$2,702) | \$434,468 |
| Administrative Expenses (lines 20-21) | \$12,571 | \$6,487 | \$321 | \$16,827 | \$219 | \$862 | \$1,647 | \$248 | \$39,182 |
| Member Months | 292,984 | 206,620 | 7,836 | 552,931 | 2,754 | 28,732 | 36,972 | 18,549 | 1,147,378 |
| PMPM - rev | \$399.87 | \$378.49 | \$432.17 | \$380.61 | \$480.66 | \$384.94 | \$405.10 | -\$303.96 | \$375.57 |
| PMPM - clms | \$394.04 | \$389.19 | \$399.85 | \$380.44 | \$425.17 | \$392.24 | \$415.92 | -\$145.66 | \$378.66 |
| PMPM - admin | \$42.91 | \$31.40 | \$40.91 | \$30.43 | \$79.53 | \$30.00 | \$44.56 | \$13.35 | \$34.15 |

Attachment C

*Tribal Health Director's Meeting
SMSC – The Link Conference Center
2200 Trail of Dreams
Prior Lake, MN 55372*

**Thursday, August 25, 2016
10:00 am to 3:00 pm**

**UPDATE
AGENDA**

10:00 – 10:15 a.m.

Welcome/Opening Prayer and Introductions

10:15 – 10:45 a.m.

Tribal Health Directors Work Group Reports

-Tribal State Agreement – Health Care Finance and Policy – David Quincy and Jennifer Dupris and/or workgroup member

-ACA Workgroup – Linda Bedeau

-Workforce and Education Workgroup – Jackie Dionne and/or Workgroup member

-Opiate Prevention and Treatment – Adam Fairbanks/Jennifer Dupuis

-Community Engagement – Jackie Dionne and/or Paula Schaeftbauer

10:45 – 11:30 a.m.

Commissioner Ed Ehlinger – Discussion on MDH activities and updates

11:30 – Noon

DHS Access Rule – David Quincy and/or Jan Koositra

Noon – 12:30 p.m.

LUNCH BREAK

12:30 – 1:00 p.m.

OSHII Written Update from Sarah Brokenleg and all – Jackie Dionne

CDC Grant Information and MDH – Kris Rhodes and Donna McDuffie

1:00 – 1:15 p.m.

DHS SPA/Waiver Updates – Jan Kooistra

1:15 – 2:00 p.m.

MDH Promoting Positive Mental Health – Anna Lynn

****Continued on back**

2:00 – 2:30 p.m.

MDH Climate & Health Program and Partnership Discussion – Kristin Raab

2:30 – 2:45 p.m.

Great Lake Area Tribal Health Board Update – Kara Schurman

2:45 – 3:00 p.m.

Discuss 2017 Meeting Dates and Location - All

Adjourn

Agenda items for next meeting

Next Tribal Health Directors Meeting

Thursday, November 17th

Tribal Health Director's Meeting
SMSC – The Link Conference Center
2200 Trail of Dreams
Prior Lake, MN 55372

Thursday, November 17, 2016

10:00 am to 3:00 pm

UPDATED AGENDA

Pre-meeting:

9:00 – 10:00 am Child and Teen Checkup – Invited attendees

Julie Marquardt (DHS)
Vern LaPlante (DHS)
Anne Kollmeyer (DHS)

10:00 – 10:15 a.m.

Welcome/Opening Prayer and Introductions

10:15 – 10:45 a.m.

MDH Deputy Commissioner Dan Pollock
Tribal State Opiate Summit

10:45 – 11:00 a.m.

Report on Tribal Health Director Workgroup activities

HealthCare Finance and Policy

Tribal State Agreement

Sam Moose and/or Jennifer Dupuis

ACA Sub-Committee

Linda Bedeau

Workforce Committee Survey

Laura McLain and Nitika Moibi

Opiate Prevention and Treatment

Jackie Dionne & Attendees

Report on Tribal State Opiate Summit cont'

Communications and Engagement

Paula Schaeftbauer

11:00 – 11:30 a.m.

Clearway – Tobacco 21

David Willoughby, Clearway CEO

Jaime L. Martinez, Clearway Director of Community Dev.

11:30 – 12:15 p.m.

MN Student Survey – American Indian data

Pete Rode (MDH)

12:15 – 12:45 p.m.: Lunch

12:45 – 1:15 p.m.

MN Early Hearing Detection & Intervention – Continuing Grant

Nicole Brown (MDH)

***More agenda items on back.**

1:15 – 2:00 p.m.

**Indian Health Board Waiver
Stacie Week (DHS)
Waiver and SPA Updates
Jan Kooistra (DHS)**

2:00 – 2:45 p.m.

**Case Management Redesign
Jennifer Blanchard (DHS)**

2:45 – 3:00 p.m.

**Moving Home Update
John Anderson (DHS)**

Proposed (not confirmed) Tribal Health Directors 2017 Meetings

Thursday, February 9th, 2017

Wednesday, May 10th & Thursday, May 11th

Retreat/Symposium III and THD's Meeting

Thursday, August 10, 2017

Thursday, November 9, 2017

Agenda items for next meeting

Adjourn

*Tribal Health Director's Meeting
SMSC – The Link Conference Center
2200 Trail of Dreams
Prior Lake, MN 55372*

Thursday, February 9, 2016

10:00 am to 3:00 pm

AGENDA

10:00 – 10:15 a.m.

Welcome/Opening Prayer and Introductions

10:15 – 10:45 a.m.

DHS

10:45 – 11:00 a.m.

Report on Tribal Health Director Workgroup activities

HealthCare Finance and Policy

Tribal State Agreement

Sam Moose and/or Jennifer Dupuis

ACA Sub-Committee

Linda Bedeau

Workforce Committee Survey

Laura McLain and Nitika Moibi

Opiate Prevention and Treatment

Jackie Dionne & Attendees

Report on Tribal State Opiate Summit cont'

Communications and Engagement

Paula Schaeffbauer

11:00 – 11:30 a.m.

11:30 – 12:15 p.m.

12:15 – 12:45 p.m.: Lunch

12:45 – 1:15 p.m.

Commissioner Ed Ehlinger

1:15 – 1:45 p.m.

MDH – Cardiovascular Health Unit – Stroke Awareness in American Indian population – Claire Fleming and Albert Tsai

1:45 – 2:15 p.m.

2:15 – 2:45 p.m.

Tribal Health Directors 2017 Meetings

Wednesday, May 10th & Thursday, May 11th

Retreat/Symposium III and THD's Meeting

Thursday, August 10, 2017

Thursday, November 9, 2017

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Agenda items for next meeting

Adjourn

Tribal Health Directors Meeting
SMSC – The Link Conference Center
2200 Trail of Dreams
Prior Lake, MN 55372

Thursday, May 11, 2017
10:00 am to 3:00 pm
AGENDA

10:00 – 10:15 a.m.

Welcome/Opening Prayer and Introductions

10:15 – 10:45 a.m.

Commissioner Ed Ehlinger

10:45 – 11:00 a.m.

Tribal Health Directors Retreat Discussion – All

11:00 – 11:30 a.m.

Syphilis Update - TBD

Minnesota HIV Strategy Update – Dr. Alvine Laure Ekame

11:30 – 11:45 a.m.

Overview of Tribal PHEP and Tribal Grant Awards – Cheryl Petersen-Kroeber

11:45 – 12:15 p.m.

Introduce new staff person for GSL suicide prevention grant – Melissa Heinen, Amy Lopez and Luther Talks

12:15 – 1:00 p.m.: Lunch

1:00 – 1:30 p.m.

100% FMAP Expansion Update - Anne Berg and Stacie Weeks

1:30 – 1:45 p.m.

State Plan Amendments/Medicaid Waivers – Jan Kooistra DHS

1:45 – 2:00 p.m.

Department of Commerce 1332 Waiver – Peter Brickwedde

2:00 – 2:15 p.m.

Case Management Redesign Briefing – Lisa Cariveau and Jennifer Blanchard

2:15 – 2:30 p.m.

2018 NCI-AD Survey & Tribal Participation – Mary Baker Olson, Miriam DeVaney & Odi Akosionu

2:30 – 3:00 p.m.

MMB Results First Initiative - Weston Merrick

More on back

Tribal Health Directors 2017 Meetings

Tribal Health Directors Quarterly Meeting - Thursday, August 10, 2017
MDH/THD Retreat - Wednesday, November 8 (proposed)
Tribal Health Directors Quarterly Meeting - Thursday, November 9, 2017

Agenda items for next meeting

Adjourn

MinnesotaCare Pregnant Women

| SFY | Member Mo | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-----------|-----------|--------|--------------|--------------|-------------------|--------------------|------------|---------------|
| 1996 | 9,286 | 532.85 | 242.86 | 4,948,045 | 2,255,164 | 0 | 2,255,164 | 2,692,881 | |
| 1997 | 13,190 | 550.96 | 336.20 | 7,267,162 | 4,434,527 | 0 | 4,434,527 | 2,832,636 | 38.44% |
| 1998 | 14,466 | 780.63 | 441.18 | 11,292,594 | 6,382,066 | 0 | 6,382,066 | 4,910,528 | 31.22% |
| 1999 | 12,673 | 808.73 | 749.11 | 10,249,035 | 9,493,489 | 0 | 9,493,489 | 755,546 | 69.80% |
| 2000 | 14,808 | 855.64 | 805.78 | 12,670,263 | 11,932,002 | 0 | 11,932,002 | 738,261 | 7.56% |
| 2001 | 16,148 | 905.26 | 645.22 | 14,618,191 | 10,419,027 | 0 | 10,419,027 | 4,199,164 | -19.93% |
| 2002 | 17,769 | 957.77 | 499.39 | 17,018,589 | 8,873,703 | 0 | 8,873,703 | 8,144,885 | -22.60% |
| 2003 | 21,539 | 455.17 | 455.17 | 9,803,907 | 9,803,946 | 0 | 9,803,946 | -39 | -8.85% |
| 2004 | 24,132 | 491.58 | 495.34 | 11,863,059 | 11,953,746 | 0 | 11,953,746 | -90,686 | 8.83% |
| 2005 | 19,320 | 530.91 | 550.77 | 10,257,187 | 10,558,806 | 82,151 | 10,640,957 | -383,770 | 11.19% |
| 2006 | 18,757 | 573.38 | 583.60 | 10,754,947 | 10,339,207 | 607,367 | 10,946,574 | -191,627 | 5.96% |
| 2007 | 17,125 | 619.25 | 591.18 | 10,604,721 | 9,532,274 | 591,739 | 10,124,013 | 480,707 | 1.30% |
| 2008 | 13,775 | 668.79 | 608.91 | 9,212,638 | 7,877,371 | 510,300 | 8,387,671 | 824,967 | 3.00% |
| 2009 | 12,509 | 715.28 | 659.57 | 8,947,378 | 7,800,594 | 449,911 | 8,250,505 | 696,873 | 8.32% |
| 2010 | 12,189 | 764.99 | 694.68 | 9,324,425 | 8,032,682 | 434,755 | 8,467,437 | 856,988 | 5.32% |
| 2011 | 14,724 | 818.15 | 602.28 | 12,046,418 | 8,429,347 | 438,634 | 8,867,981 | 3,178,437 | -13.30% |
| 2012 | 15,395 | 861.51 | 548.79 | 13,262,952 | 7,978,761 | 469,910 | 8,448,671 | 4,814,281 | -8.88% |
| 2013 | 13,196 | 907.17 | 714.12 | 11,971,020 | 8,852,603 | 570,865 | 9,423,468 | 2,547,552 | 30.12% |
| 2014 | 9,926 | 955.25 | 635.57 | 9,482,243 | 5,702,044 | 606,923 | 6,308,967 | 3,173,276 | -11.00% |
| 2015 | 0 | 1005.88 | 0.00 | 0 | 0 | 576,070 | 576,070 | -576,070 | -100.00% |
| 2016 | | | | | | 0 | 0 | 0 | |

MinnesotaCare Children

| SFY | Member Mo | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-----------|-----------|--------|--------------|--------------|-------------------|--------------------|-------------|---------------|
| 1996 | 598,163 | 77.28 | 61.81 | 46,226,037 | 36,975,285 | 0 | 36,975,285 | 9,250,752 | |
| 1997 | 626,322 | 84.84 | 68.55 | 53,137,158 | 42,935,448 | 0 | 42,935,448 | 10,201,710 | 10.90% |
| 1998 | 647,966 | 93.34 | 63.16 | 60,481,146 | 40,923,510 | 0 | 40,923,510 | 19,557,636 | -7.87% |
| 1999 | 663,575 | 98.57 | 83.48 | 65,408,588 | 55,397,445 | 0 | 55,397,445 | 10,011,142 | 32.18% |
| 2000 | 684,169 | 105.82 | 100.08 | 72,402,015 | 68,468,394 | 0 | 68,468,394 | 3,933,620 | 19.87% |
| 2001 | 743,321 | 113.61 | 110.02 | 84,451,266 | 81,779,245 | 0 | 81,779,245 | 2,672,021 | 9.94% |
| 2002 | 817,362 | 121.98 | 141.24 | 99,698,060 | 115,443,524 | 0 | 115,443,524 | -15,745,463 | 28.38% |
| 2003 | 845,901 | 152.97 | 152.97 | 129,397,476 | 129,399,234 | 0 | 129,399,234 | -1,758 | 8.31% |
| 2004 | 871,613 | 164.23 | 161.76 | 143,143,803 | 140,988,649 | 0 | 140,988,649 | 2,155,155 | 5.74% |
| 2005 | 700,204 | 176.32 | 171.94 | 123,457,040 | 118,715,216 | 1,676,114 | 120,391,330 | 3,065,710 | 6.29% |
| 2006 | 700,153 | 189.29 | 179.33 | 132,533,824 | 119,376,959 | 6,184,667 | 125,561,626 | 6,972,198 | 4.30% |
| 2007 | 597,980 | 203.22 | 189.58 | 121,524,246 | 106,992,026 | 6,374,137 | 113,366,163 | 8,158,083 | 5.71% |
| 2008 | 516,430 | 218.18 | 218.57 | 112,675,695 | 106,515,703 | 6,362,419 | 112,878,122 | -202,428 | 15.29% |
| 2009 | 486,582 | 233.35 | 270.57 | 113,541,757 | 124,830,755 | 6,825,130 | 131,655,885 | -18,114,128 | 23.79% |
| 2010 | 476,338 | 249.56 | 287.15 | 118,876,384 | 128,311,163 | 8,471,078 | 136,782,241 | -17,905,857 | 6.13% |
| 2011 | 556,156 | 266.92 | 254.73 | 148,447,896 | 133,560,474 | 8,109,906 | 141,670,380 | 6,777,516 | -11.29% |
| 2012 | 576,281 | 280.00 | 254.18 | 161,356,776 | 139,444,933 | 7,032,337 | 146,477,270 | 14,879,506 | -0.22% |
| 2013 | 535,929 | 293.72 | 279.00 | 157,411,208 | 138,040,769 | 11,484,999 | 149,525,768 | 7,885,440 | 9.77% |
| 2014 | 452,318 | 308.11 | 235.00 | 139,363,114 | 96,238,827 | 10,055,930 | 106,294,757 | 33,068,357 | -15.77% |
| 2015 | 22,824 | 323.21 | 663.89 | 7,376,978 | 3,637,507 | 11,515,426 | 15,152,933 | -7,775,955 | 182.51% |
| 2016 | | | | | | 562,051 | 562,051 | -562,051 | |

MinnesotaCare Caretaker Adults

| SFY | Member Mo** | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-------------|-----------|--------|--------------|--------------|-------------------|--------------------|-------------|---------------|
| 1996 | | | | | | | | | |
| 1997 | | | | | | | | | |
| 1998 | | | | | | | | | |
| 1999 | 161,697 | 135.46 | 158.45 | 21,903,476 | 25,620,274 | 0 | 25,620,274 | -3,716,799 | |
| 2000 | 323,174 | 143.32 | 181.55 | 46,316,225 | 58,670,873 | 0 | 58,670,873 | -12,354,648 | 14.58% |
| 2001 | 409,506 | 151.63 | 197.33 | 62,093,005 | 80,807,937 | 0 | 80,807,937 | -18,714,932 | 8.69% |
| 2002 | 221,611 | 160.42 | 286.82 | 35,551,619 | 63,562,150 | 0 | 63,562,150 | -28,010,530 | 45.35% |
| 2003 | 236,029 | 294.62 | 294.63 | 69,538,864 | 69,540,849 | 0 | 69,540,849 | -1,985 | 2.72% |
| 2004 | 246,048 | 318.19 | 322.47 | 78,289,835 | 79,342,154 | 0 | 79,342,154 | -1,052,319 | 9.45% |
| 2005 | 203,869 | 343.64 | 342.26 | 70,058,515 | 69,134,246 | 641,139 | 69,775,385 | 283,130 | 6.14% |
| 2006 | 203,320 | 371.14 | 353.03 | 75,459,443 | 67,853,429 | 3,924,546 | 71,777,975 | 3,681,467 | 3.15% |
| 2007 | 207,730 | 400.83 | 364.70 | 83,263,846 | 72,009,983 | 3,749,864 | 75,759,847 | 7,503,999 | 3.31% |
| 2008 | 144,883 | 432.89 | 401.55 | 62,718,900 | 53,505,487 | 4,671,560 | 58,177,047 | 4,541,853 | 10.10% |
| 2009 | 203,903 | 462.98 | 447.20 | 94,402,915 | 86,724,587 | 4,461,799 | 91,186,386 | 3,216,530 | 11.37% |
| 2010 | 349,867 | 495.16 | 468.84 | 173,238,957 | 158,984,682 | 5,047,152 | 164,031,834 | 9,207,123 | 4.84% |
| 2011 | 431,505 | 529.57 | 430.77 | 228,512,100 | 177,078,865 | 8,798,806 | 185,877,671 | 42,634,429 | -8.12% |
| 2012 | 445,254 | 557.64 | 423.17 | 248,290,195 | 179,331,694 | 9,085,272 | 188,416,966 | 59,873,229 | -1.76% |
| 2013 | 391,222 | 587.19 | 506.79 | 229,722,419 | 183,871,905 | 14,395,217 | 198,267,122 | 31,455,297 | 19.76% |
| 2014 | 402,751 | 618.31 | 518.63 | 249,026,450 | 195,225,833 | 13,652,774 | 208,878,607 | 40,147,843 | 2.34% |
| 2015 | 334,462 | 651.08 | 394.87 | 217,762,486 | 116,398,864 | 15,669,702 | 132,068,566 | 85,693,920 | -23.86% |
| 2016 | | | | | | 15,703,841 | 15,703,841 | -15,703,841 | |

MinnesotaCare Adults without Children (>= 75% FPG)

| SFY | Member Mo** | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-------------|-----------|--------|--------------|--------------|-------------------|--------------------|-------------|---------------|
| 2008 | 186,323 | | 397.72 | | 70,530,235 | 3,573,832 | 74,104,067 | | |
| 2009 | 219,400 | | 418.15 | | 88,168,476 | 3,573,130 | 91,741,606 | | 5.14% |
| 2010 | 283,219 | 499.06 | 499.06 | 141,342,735 | 137,808,553 | 3,534,181 | 141,342,734 | 1 | 19.35% |
| 2011 | 408,016 | 530.00 | 507.75 | 216,248,357 | 201,320,084 | 5,850,136 | 207,170,220 | 9,078,137 | 1.74% |
| 2012 | 442,481 | 562.86 | 500.68 | 249,054,826 | 212,203,567 | 9,337,541 | 221,541,108 | 27,513,718 | -1.39% |
| 2013 | 370,696 | 597.76 | 588.21 | 221,586,121 | 203,451,740 | 14,594,477 | 218,046,217 | 3,539,904 | 17.48% |
| 2014 | 421,664 | 634.82 | 691.22 | 267,680,094 | 277,247,519 | 14,214,969 | 291,462,488 | -23,782,395 | 17.51% |
| 2015 | 386,593 | 674.18 | 498.43 | 260,632,196 | 175,799,964 | 16,889,767 | 192,689,731 | 67,942,465 | -27.89% |
| 2016 | | | | | | 24,117,771 | 24,117,771 | -24,117,771 | |

MA One-Year-Olds (Greater Than 133% FPG)

| SFY | Member Mo | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-----------|-----------|--------|--------------|--------------|-------------------|--------------------|------------|---------------|
| 1996 | 7,210 | 480.34 | 180.98 | 3,463,251 | 1,304,893 | 0 | 1,304,893 | 2,158,358 | |
| 1997 | 7,133 | 516.24 | 228.78 | 3,682,340 | 1,631,891 | 0 | 1,631,891 | 2,050,449 | 26.41% |
| 1998 | 5,904 | 534.46 | 276.51 | 3,155,452 | 1,632,486 | 0 | 1,632,486 | 1,522,966 | 20.86% |
| 1999 | 6,498 | 198.10 | 186.67 | 1,287,254 | 1,212,991 | 0 | 1,212,991 | 74,263 | -32.49% |
| 2000 | 8,877 | 212.68 | 149.89 | 1,887,960 | 1,330,612 | 0 | 1,330,612 | 557,348 | -19.70% |
| 2001 | 10,673 | 228.33 | 149.29 | 2,436,966 | 1,593,395 | 0 | 1,593,395 | 843,571 | -0.40% |
| 2002 | 10,173 | 245.14 | 186.58 | 2,493,809 | 1,898,065 | 0 | 1,898,065 | 595,744 | 24.98% |
| 2003 | 10,030 | 177.25 | 177.25 | 1,777,818 | 1,777,805 | 0 | 1,777,805 | 12 | -5.00% |
| 2004 | 27,798 | 190.30 | 160.09 | 5,289,901 | 4,450,252 | 0 | 4,450,252 | 839,648 | -9.68% |
| 2005 | 37,956 | 204.30 | 174.99 | 7,754,462 | 6,585,261 | 56,543 | 6,641,804 | 1,112,658 | 9.30% |
| 2006 | 41,817 | 219.34 | 219.22 | 9,172,054 | 8,860,603 | 306,371 | 9,166,974 | 5,080 | 25.28% |
| 2007 | 43,796 | 235.48 | 238.35 | 10,313,135 | 10,095,710 | 342,898 | 10,438,608 | -125,473 | 8.73% |
| 2008 | 45,569 | 252.81 | 263.50 | 11,520,419 | 11,625,515 | 381,705 | 12,007,220 | -486,802 | 10.55% |
| 2009 | 50,617 | 270.38 | 272.12 | 13,685,981 | 13,235,184 | 538,950 | 13,774,134 | -88,152 | 3.27% |
| 2010 | 55,023 | 289.17 | 272.47 | 15,911,261 | 14,322,815 | 669,373 | 14,992,188 | 919,073 | 0.13% |
| 2011 | 56,530 | 309.27 | 257.68 | 17,482,885 | 13,795,088 | 771,701 | 14,566,789 | 2,916,096 | -5.43% |
| 2012 | 57,729 | 324.42 | 278.14 | 18,728,527 | 15,309,617 | 747,198 | 16,056,815 | 2,671,712 | 7.94% |
| 2013 | 54,916 | 340.32 | 231.22 | 18,688,910 | 11,923,641 | 774,211 | 12,697,852 | 5,991,058 | -16.87% |
| 2014 | 58,113 | 356.99 | 243.70 | 20,745,909 | 13,185,437 | 976,604 | 14,162,041 | 6,583,868 | 5.40% |

Current Waiver MEGs

MA One-Year-Olds (Income Greater Than 275% FPG and TPL)

| SFY | Member Mo | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-----------|-----------|--------|--------------|--------------|-------------------|--------------------|------------|---------------|
| 2010 | 263 | | 255.05 | | 62,004 | 5,073 | 67,077 | | |
| 2011 | 513 | | 356.76 | | 177,735 | 5,284 | 183,020 | | 39.88% |
| 2012 | 378 | | 239.48 | | 80,702 | 9,822 | 90,524 | | -32.87% |
| 2013 | 376 | | 164.71 | | 51,085 | 10,846 | 61,931 | | -31.22% |
| 2014 | 700 | 182.65 | 182.65 | | 122,132 | 5,727 | 127,858 | | 10.89% |
| 2015 | 527 | 182.65 | 111.56 | 96,259 | 51,535 | 7,259 | 58,795 | 37,464 | -38.92% |
| 2016 | 614 | 182.65 | 164.27 | 112,150 | 93,599 | 7,262 | 100,861 | 11,289 | 47.24% |
| 2017 | 626 | 182.65 | 147.08 | 114,301 | 85,832 | 6,207 | 92,039 | 22,262 | -10.46% |
| 2018 | 639 | 182.65 | 170.91 | 116,664 | 101,358 | 7,805 | 109,164 | 7,501 | 16.20% |
| 2019 | 321 | 182.65 | 185.26 | 58,696 | 51,402 | 8,133 | 59,534 | -838 | 8.40% |

MA Parents With Youngest Child 18 Years Old

| SFY | Member Mo** | PMPM Cap* | PMPM | PMPM Ceiling | Expenditures | Withhold Payments | Total Expenditures | Difference | PMPM % Change |
|------|-------------|-----------|--------|--------------|--------------|-------------------|--------------------|------------|---------------|
| 2009 | 6,439 | | 503.09 | | 2,994,428 | 244,996 | 3,239,425 | | |

| | | | | | | | | | | |
|------|--------|--------|--------|------------|------------|-----------|------------|------------|--------|--------------|
| 2010 | 8,578 | | 502.11 | | 4,051,903 | 255,203 | 4,307,107 | | -0.20% | Attachment D |
| 2011 | 9,375 | | 483.36 | | 4,225,464 | 306,022 | 4,531,486 | | -3.73% | |
| 2012 | 9,061 | 476.54 | 476.54 | | 3,957,623 | 360,261 | 4,317,884 | | -1.41% | |
| 2013 | 8,945 | 476.54 | 447.89 | | 3,650,671 | 355,691 | 4,006,362 | | -6.01% | |
| 2014 | 13,309 | 476.54 | 429.45 | | 5,384,791 | 330,723 | 5,715,514 | | -4.12% | |
| 2015 | 24,114 | 476.54 | 489.56 | 11,491,165 | 11,412,124 | 393,181 | 11,805,305 | -314,140 | 14.00% | |
| 2016 | 26,005 | 476.54 | 510.99 | 12,392,293 | 12,574,039 | 714,173 | 13,288,212 | -895,919 | 4.38% | |
| 2017 | 16,962 | 476.54 | 496.52 | 8,082,962 | 7,379,421 | 1,042,455 | 8,421,875 | -338,913 | -2.83% | |
| 2018 | 17,313 | 476.54 | 552.91 | 8,250,074 | 8,714,274 | 858,014 | 9,572,288 | -1,322,214 | 11.36% | |
| 2019 | 8,710 | 476.54 | 587.63 | 4,150,744 | 4,419,241 | 699,205 | 5,118,446 | -967,702 | 6.28% | |

Annual ceiling less expenditures, all waiver groups

| | MinnesotaCare | | MinnesotaCare | | MA | MA Parents with | | Total | Cumulative | Trend scenario | |
|------|----------------|-------------|------------------|-----------------|------------|-----------------|--------------|-------------|-------------|----------------|--|
| | Pregnant Women | Children | Caretaker Adults | Adults w/o Kids | | 1-Year-Olds | 18-Years-Old | | | PW/Parents | Kids |
| 1996 | 2,692,881 | 9,250,752 | | | 2,158,358 | | | 14,101,991 | 14,101,991 | 5.30% | 4.90% |
| 1997 | 2,832,636 | 10,201,710 | | | 2,050,449 | | | 15,084,795 | 29,186,786 | | |
| 1998 | 4,910,528 | 19,557,636 | | | 1,522,966 | | | 25,991,130 | 55,177,916 | | |
| 1999 | 755,546 | 10,011,142 | -3,716,799 | | 74,263 | | | 7,124,152 | 62,302,068 | | |
| 2000 | 738,261 | 3,933,620 | -12,354,648 | | 557,348 | | | -7,125,419 | 55,176,649 | | |
| 2001 | 4,199,164 | 2,672,021 | -18,714,932 | | 843,571 | | | -11,000,176 | 44,176,473 | | |
| 2002 | 8,144,885 | -15,745,463 | -28,010,530 | | 595,744 | | | -35,015,364 | 9,161,109 | | |
| 2003 | -39 | -1,758 | -1,985 | | 12 | | | -3,770 | 9,157,339 | | |
| 2004 | -90,686 | 2,155,155 | -1,052,319 | | 839,648 | | | 1,851,798 | 11,009,137 | | |
| 2005 | -383,770 | 3,065,710 | 283,130 | | 1,112,658 | | | 4,077,729 | 15,086,865 | | |
| 2006 | -191,627 | 6,972,198 | 3,681,467 | | 5,080 | | | 10,467,118 | 25,553,984 | | |
| 2007 | 480,707 | 8,158,083 | 7,503,999 | | -125,473 | | | 16,017,316 | 41,571,300 | | |
| 2008 | 824,967 | -202,428 | 4,541,853 | | -486,802 | | | 4,677,590 | 46,248,890 | | |
| 2009 | 696,873 | -18,114,128 | 3,216,530 | | -88,152 | | | -14,288,879 | 31,960,012 | | |
| 2010 | 856,988 | -17,905,857 | 9,207,123 | | 919,073 | | | -6,922,673 | 25,037,339 | | |
| 2011 | 3,178,437 | 6,777,516 | 42,634,429 | | 2,916,096 | | | 55,506,477 | 80,543,816 | | |
| 2012 | 4,814,281 | 14,879,506 | 59,873,229 | 27,513,718 | 2,671,712 | | | 109,752,447 | 190,296,264 | | |
| 2013 | 2,547,552 | 7,885,440 | 31,455,297 | 3,539,904 | 5,991,058 | | | 51,419,252 | 241,715,515 | | |
| 2014 | 3,173,276 | 33,068,357 | 40,147,843 | -23,782,395 | 6,583,868 | | | 59,190,950 | 300,906,465 | | |
| 2015 | -576,070 | -7,775,955 | 85,693,920 | 67,942,465 | 37,464 | | -314,140 | 145,007,685 | 445,914,149 | | |
| 2016 | 0 | -562,051 | -15,703,841 | -24,117,771 | 11,289 | | -895,919 | -41,268,293 | 404,645,856 | | |
| 2017 | | | | | 22,262 | | -338,913 | -316,651 | 404,329,205 | | |
| 2018 | | | | | 7,501 | | -1,322,214 | -1,314,713 | 403,014,492 | | |
| 2019 | | | | | -838 | | -967,702 | -968,540 | 402,045,952 | | |
| Sum | 39,604,788 | 78,281,206 | 208,683,767 | 51,095,922 | 28,219,156 | | -3,838,888 | 402,045,952 | | | 402,045,952 <= Bottom line cost neutrality |

Total waiver expenditures, all waiver groups

| | MinnesotaCare | | MinnesotaCare | | MA | MA Parents with | | Total | Federal Share |
|------|----------------|---------------|------------------|-----------------|-------------|-----------------|--------------|---------------|---------------|
| | Pregnant Women | Children | Caretaker Adults | Adults w/o Kids | | 1-Year-Olds | 18-Years-Old | | |
| 1996 | 2,255,164 | 36,975,285 | | | 1,304,893 | | | 40,535,342 | 21,897,192 |
| 1997 | 4,434,527 | 42,935,448 | | | 1,631,891 | | | 49,001,866 | 26,304,201 |
| 1998 | 6,382,066 | 40,923,510 | | | 1,632,486 | | | 48,938,062 | 25,697,376 |
| 1999 | 9,493,489 | 55,397,445 | 25,620,274 | | 1,212,991 | | | 91,724,200 | 47,384,722 |
| 2000 | 11,932,002 | 68,468,394 | 58,670,873 | | 1,330,612 | | | 140,401,882 | 72,292,929 |
| 2001 | 10,419,027 | 81,779,245 | 80,807,937 | | 1,593,395 | | | 174,599,604 | 89,394,997 |
| 2002 | 8,873,703 | 115,443,524 | 63,562,150 | | 1,898,065 | | | 189,777,441 | 95,420,098 |
| 2003 | 9,803,946 | 129,399,234 | 69,540,849 | | 1,777,805 | | | 210,521,835 | 105,260,917 |
| 2004 | 11,953,746 | 140,988,649 | 79,342,154 | | 4,450,252 | | | 236,734,800 | 118,367,400 |
| 2005 | 10,640,957 | 120,391,330 | 69,775,385 | | 6,641,804 | | | 207,449,475 | 103,724,738 |
| 2006 | 10,946,574 | 125,561,626 | 71,777,975 | | 9,166,974 | | | 217,453,150 | 108,726,575 |
| 2007 | 10,124,013 | 113,366,163 | 75,759,847 | | 10,438,608 | | | 209,688,632 | 104,844,316 |
| 2008 | 8,387,671 | 112,878,122 | 58,177,047 | | 12,007,220 | | | 191,450,061 | 95,725,030 |
| 2009 | 8,250,505 | 131,655,885 | 91,186,386 | | 13,774,134 | | | 244,866,910 | 122,433,455 |
| 2010 | 8,467,437 | 136,782,241 | 164,031,834 | | 14,992,188 | | | 324,273,701 | 162,136,850 |
| 2011 | 8,867,981 | 141,670,380 | 185,877,671 | | 14,566,789 | | | 350,982,821 | 175,491,411 |
| 2012 | 8,448,671 | 146,477,270 | 188,416,966 | 221,541,108 | 16,056,815 | | | 580,940,830 | 290,470,415 |
| 2013 | 9,423,468 | 149,525,768 | 198,267,122 | 218,046,217 | 12,697,852 | | | 587,960,428 | 293,980,214 |
| 2014 | 6,308,967 | 106,294,757 | 208,878,607 | 291,462,488 | 127,858 | 5,715,514 | | 618,788,191 | 309,394,096 |
| 2015 | 576,070 | 15,152,933 | 132,068,566 | 192,689,731 | 58,795 | 11,805,305 | | 352,351,400 | 176,175,700 |
| 2016 | 0 | 562,051 | 15,703,841 | 24,117,771 | 100,861 | 13,288,212 | | 53,772,736 | 26,886,368 |
| 2017 | | | | | 92,039 | 8,421,875 | | 8,513,915 | 4,256,957 |
| 2018 | | | | | 109,164 | 9,572,288 | | 9,681,452 | 4,840,726 |
| 2019 | | | | | 59,534 | 5,118,446 | | 5,177,980 | 2,588,990 |
| Sum | 165,989,985 | 2,012,629,261 | 1,837,465,484 | 947,857,315 | 127,723,025 | 53,921,640 | | 5,145,586,712 | 2,583,695,673 |

NOTES

1. Payments through December 2016 are actual data.
2. MA one-year olds--enrollment is actual through December 2016.
3. The Fiscal Year 2004 expenditures include thirteen payments and FY 2005 expenditures include 11 payments.
4. Fiscal Year 2007 caretaker adult member months include 2 months of Medicaid waiver eligibility for the SCHIP parent group. Fiscal Year 2008 includes no months of waiver eligibility for the SCHIP parent group.
5. The SCHIP waiver for MinnesotaCare parents is terminated effective with the service month of February 2009. As a result, Fiscal Year 2009 includes 5 months of waiver eligibility for the SCHIP parent group. Further, caretaker adult member months in Fiscal Years 2010 through 2014 include all 12 months of Medicaid waiver eligibility for the former SCHIP parent group.

6. FY 2013 expenditures include 11 payments and FY2014 expenditures include 8 payments (payments for May and June 2013 are delayed to July 2013).
7. Beginning January 2014, eligible member months are limited to parents, 19-20 year olds, and adults without children with income between 138%-200% FPG.
8. FY2015 average monthly payments for children are skewed because the calculation includes the State's obligation to pay back the HMO withhold collected during CY2013, a time period which included a larger eligible children population. Eligible children in FY2015 include only 19-20 year olds with income between 138%-200% FPG while eligible children in CY2013 include 0-20 year olds with income under 275% FPG.
9. FY2019 reflects a six month waiver period: July-December 2018.
10. FY2019 expenditures reflect the State's obligation to pay back the HMO withhold collected during CY2018.

April 3, 2017

Attachment E

Member Months for “MA One-Year-Olds” and “Medicaid Caretaker Adults”
For Quarters One through Four of Demonstration Year 22
(July 1, 2016 through June 30, 2017)

| Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending September 30, 2016 |
|--|---------|---------|---------|---|
| Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 42 | 43 | 45 | 130 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 1,949 | 1,967 | 1,950 | 5,866 |

| Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending December 31, 2016 |
|--|---------|---------|---------|--|
| Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 48 | 56 | 57 | 161 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,109 | 2,188 | 2,252 | 6,549 |

| Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending March 31, 2017 |
|--|---------|---------|---------|---|
| Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 52 | 44 | 37 | 133 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,477 | 2,528 | 2,552 | 7,557 |

| Eligibility Group | Month 1 | Month 2 | Month 3 | Total for Quarter Ending June 30, 2017 |
|--|---------|---------|---------|--|
| Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 42 | 44 | 44 | 131 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 2,642 | 2,662 | 2,668 | 7,972 |

Attachment F

State Fair Hearings Closed in 2016 by Metro and Non-Metro Areas

| | Number of SFHs |
|--------------------------|----------------|
| Area | |
| Eleven County Metro Area | 575 |
| Non-Metro Area | 200 |
| Total | 775 |

State Fair Hearings Closed in 2016 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

| Outcome | Dismissed | Enrollee prevailed | Health Plan prevailed | Resolved after hearing | Resolved before hearing | State affirmed | Withdrawn | Total |
|----------------------|----------------|--------------------|-----------------------|------------------------|-------------------------|----------------|----------------|----------------|
| | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs |
| Service Category | | | | | | | | |
| Health Plan Change | 3 | 2 | 2 | 3 | 12 | 4 | 4 | 30 |
| Restricted Recipient | 9 | 4 | 12 | | 1 | | | 26 |
| Total | 12 | 6 | 14 | 3 | 13 | 4 | 4 | 56 |

Billing Type by Service Category and Outcome

| Outcome | Dismissed | Enrollee prevailed | Health Plan prevailed | Resolved after hearing | Resolved before hearing | Withdrawn | Total |
|-------------------------------|----------------|--------------------|-----------------------|------------------------|-------------------------|----------------|----------------|
| | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs |
| Service Category | | | | | | | |
| Chemical Dependency | 1 | 1 | | | | | 2 |
| Chiropractic | | 1 | | | 2 | 1 | 4 |
| DME-Medical Supplies | | 1 | | | 4 | 1 | 6 |
| Dental | 4 | 2 | | | 5 | 2 | 13 |
| Emergency Room | 2 | | | | 6 | | 8 |
| Home Care | 3 | 1 | | | 1 | | 5 |
| Hospital | 1 | | | | 4 | | 5 |
| Mental Health | 3 | | | | 2 | 1 | 6 |
| Pharmacy | 1 | 2 | | | 4 | 3 | 10 |
| Professional Medical Services | 9 | 1 | | | 37 | 2 | 49 |
| Therapies/Rehabilitation | | | | 1 | 1 | | 2 |
| Transportation | 1 | | | | 2 | | 3 |
| Vision Services | 1 | 1 | | | 1 | | 3 |

Attachment F

| | | | | | | | |
|--------------|-----------|----------|----------|----------|-----------|-----------|------------|
| Total | 26 | 1 | 9 | 1 | 69 | 10 | 116 |
|--------------|-----------|----------|----------|----------|-----------|-----------|------------|

Service Type by Service Category and Outcome

| Outcome | Dismissed | Enrollee prevailed | HP Partially Upheld/Member Partially Denied | Health Plan prevailed | Resolved after hearing | Resolved before hearing | Withdrawn | Total |
|-------------------------------|----------------|--------------------|---|-----------------------|------------------------|-------------------------|----------------|----------------|
| | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs |
| Service Category | | | | | | | | |
| Chemical Dependency | 2 | 2 | | 1 | | 1 | | 6 |
| Chiropractic | | | | 1 | | | 1 | 2 |
| DME-Medical Supplies | 6 | 1 | | 7 | | 8 | 3 | 25 |
| Dental | 7 | | | 22 | | 16 | 4 | 49 |
| EW Services | 1 | 7 | 1 | 7 | | 2 | 1 | 19 |
| Emergency Room | | | | | | 2 | 1 | 3 |
| Hearing Services | 1 | | | 1 | | | 1 | 3 |
| Home Care | 28 | 55 | 10 | 71 | 4 | 79 | 20 | 267 |
| Hospital | | | | | | 1 | | 1 |
| Mental Health | 1 | | | 1 | | | | 2 |
| Nursing Facility | | | | | | | 1 | 1 |
| Pharmacy | 8 | 4 | | 20 | | 37 | 5 | 74 |
| Professional Medical Services | 10 | 3 | | 32 | 1 | 30 | 10 | 86 |
| Therapies/Rehabilitation | 5 | 1 | | 14 | | 3 | 2 | 25 |
| Transportation | 14 | 2 | | 3 | | 3 | 5 | 27 |
| Vision Services | | | | 2 | | 4 | 2 | 8 |
| Total | 83 | 75 | 11 | 182 | 5 | 186 | 56 | 598 |

Access Type by Service Category and Outcome

No values were returned for this table.

Total of All Types by Service Category and Outcome

| Outcome | Dismissed | Enrollee prevailed | HP Partially Upheld/Member Partially Denied | Health Plan prevailed | Resolved after hearing | Resolved before hearing | State affirmed | Withdrawn | Total |
|-------------------------|----------------|--------------------|---|-----------------------|------------------------|-------------------------|----------------|----------------|----------------|
| | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs | Number of SFHs |
| Service Category | | | | | | | | | |
| Chemical Dependency | 3 | 2 | | 2 | | 1 | | | 8 |
| Chiropractic | | | | 2 | | 2 | | 2 | 6 |
| DME-Medical Supplies | 6 | 1 | | 8 | | 12 | | 4 | 31 |
| Dental | 11 | | | 24 | | 21 | | 6 | 62 |
| EW Services | 1 | 7 | 1 | 7 | | 2 | | 1 | 19 |

Attachment F

| | | | | | | | | | |
|-------------------------------|------------|-----------|-----------|------------|----------|------------|----------|-----------|------------|
| Emergency Room | 2 | | | | | 8 | | 1 | 11 |
| Health Plan Change | 4 | 2 | | 2 | 3 | 13 | 5 | 4 | 33 |
| Hearing Services | 1 | | | 1 | | | | 1 | 3 |
| Home Care | 31 | 55 | 10 | 72 | 4 | 80 | | 20 | 272 |
| Hospital | 1 | | | | | 5 | | | 6 |
| Mental Health | 4 | | | 1 | | 2 | | 1 | 8 |
| Nursing Facility | | | | | | | | 1 | 1 |
| Pharmacy | 9 | 4 | | 22 | | 41 | | 8 | 84 |
| Professional Medical Services | 19 | 4 | | 32 | 1 | 67 | | 12 | 135 |
| Restricted Recipient | 10 | 4 | | 12 | | 2 | | | 28 |
| Therapies/Rehabilitation | 5 | 1 | | 14 | 1 | 4 | | 2 | 27 |
| Transportation | 15 | 2 | | 3 | | 5 | | 5 | 30 |
| Vision Services | 1 | | | 3 | | 5 | | 2 | 11 |
| Total | 123 | 82 | 11 | 205 | 9 | 270 | 5 | 70 | 775 |

Summary of SFHs Closed in 2016 by Outcome

| | Number of SFHs |
|---|----------------|
| Outcome | |
| Dismissed | 123 |
| Enrollee prevailed | 82 |
| HP Partially Upheld/Member Partially Denied | 11 |
| Health Plan prevailed | 205 |
| Resolved after hearing | 9 |
| Resolved before hearing | 270 |
| State affirmed | 5 |
| Withdrawn | 70 |
| Total | 775 |

Attachment F

Note:

1. The basis of the State Fair Hearing report has changed January 1, 2009 from the 'date received' to the 'date of outcome'.
2. Beginning October 1, 2013, all appeals that are Resolved before Hearing or Resolved After Hearing are resolved to the satisfaction of the enrollee.