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

Demonstration Year 23
Annual Report
July 1, 2017 through June 30, 2018

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
540 Cedar Street
St. Paul, Minnesota 55164-0983

State of Minnesota
Department of Human Services

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ATTACHMENTS

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, 2017 through June 30, 2018. 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, 2017 through June 30, 2018.

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 2017. 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 2017, 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 2017.

Medical Assistance Enrollees who are American Indian Calendar Year 2017	
Families and Children	38,939
Disabled	4,790
Elderly	1,366
Adults with no Children	12,679
Total	57,774

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, 2017 through June 30, 2018 (PMAP demonstration year 23) the work group met on August 10, 2017, November 9, 2017, February 15, 2018 and May 17, 2018. 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, 2018.

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, 2017 through June 30, 2018 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 2017.

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 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. An updated draft of the Comprehensive Quality Strategy was submitted to CMS on May 25, 2018. The final version was accepted and approved on June 29, 2018 and available to the public by request of the Quality Improvement Team. It was posted on the DHS Quality Improvement web site on August 8, 2018 for direct download.

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.

Attachment A

PMAP+ §1115 Waiver Demonstration Year 23
Enrollment Data by Eligibility Group

July 1, 2017 through September 30, 2017

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter (September 30, 2017)	Current Enrollees (November 3, 2017)	Disenrolled in current quarter (July 1, 2017 through September 30, 2017)
Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL	55	53	29
Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,636	2,702	950

October 1, 2017 through December 31, 2017

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter (December 31, 2017)	Current Enrollees (February 5, 2018)	Disenrolled in current quarter (October 1, 2017 through December 31, 2017)
Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL	55	47	46
Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,820	2,782	1,034

January 1, 2018 through March 31, 2018

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter (March 31, 2018)	Current Enrollees (May 2, 2018)	Disenrolled in current quarter (January 1, 2018 through March 31, 2018)
Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL	47	46	28
Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,782	2,774	915

April 1, 2018 through June 30, 2018

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter (June 30, 2018)	Current Enrollees (August 2, 2018)	Disenrolled in current quarter (April 1, 2018 through June 30, 2018)
Population 1: MA One Year Olds with incomes above 275% FPL and at or below 283% FPL	48	37	48
Population 2: Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,825	2,834	902

Pregnant Women in a Hospital Presumptive Eligibility Period
July 1, 2017 through June 30, 2018

Eligibility Month	Eligibility Year	Unique Enrollees
July	2017	48
August	2017	60
September	2017	61
October	2017	40
November	2017	34
December	2017	38
January	2018	27
February	2018	30
March	2018	46
April	2018	49
May	2018	53
June	2018	44

2017 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)	$1,590,734	$562,721	$44,351	$437,809	$186,218	$170,036	$146,182	$680,639	$3,818,690
Medical/Hospital Expenses (line 18)	$1,497,413	$562,099	$38,100	$432,851	$161,787	$163,337	$138,564	$619,149	$3,613,300
Administrative Expenses (lines 20-21)	$153,231	$37,623	$3,643	$40,734	$22,586	$11,811	$15,074	$53,084	$337,787
Member Months	3,779,902	1,320,278	88,582	1,079,723	263,088	403,102	360,691	1,567,924	8,863,290
PMPM - rev	$420.84	$426.21	$500.67	$405.48	$707.82	$421.82	$405.28	$434.10	$430.84
PMPM - clms	$396.15	$425.74	$430.12	$400.89	$614.96	$405.20	$384.16	$394.88	$407.67
PMPM - admin	$40.54	$28.50	$41.12	$37.73	$85.85	$29.30	$41.79	$33.86	$38.11
MinnesotaCare									
Premium Revenues (line 8)	$140,135	$90,273	$3,159	$52,826	$7,534	$14,576	$15,589	$90,089	$414,181
Medical/Hospital Expenses (line 18)	$132,946	$96,807	$3,372	$53,151	$6,390	$15,106	$15,743	$83,785	$407,300
Administrative Expenses (lines 20-21)	$12,871	$6,573	$259	$4,897	$1,102	$946	$1,628	$6,750	$35,026
Member Months	3,779,902	228,959	7,498	1,079,723	263,088	34,612	38,075	213,978	5,645,835
PMPM - rev	$37.07	$394.28	$421.37	$48.93	$28.64	$421.12	$409.43	$421.02	$73.36
PMPM - clms	$35.17	$422.81	$449.75	$49.23	$24.29	$436.44	$413.47	$391.56	$72.14
PMPM - admin	$3.41	$28.71	$34.49	$4.54	$4.19	$27.33	$42.75	$31.55	$6.20

Attachment C

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

Thursday, August 10, 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.
Assistant Commissioner Jeanne Ayers
Meet new MDH WIC Director – Kate Franken

10:45 – 11:15
OSHII Tribal SHIP and Tobacco Update
Chris Tholkes and Christine Smith

11:15 – 11:45 a.m.
Safe Harbor Update and Introduce Beatriz Mananteau
Lauren Ryan and Beatriz Mananteau

11:45 a.m. – 12:15 p.m.
Opiate Prevention RFP Update
Mark Kinde and Dana Farley

12:15 – 1:00 p.m.: Lunch

1:00 – 1:15 p.m.
Crisis Standards of Care Framework -
Erin McLauchlan

1:15 – 1:30 p.m.
STD/Syphilis trainings for Tribal Clinical Staff
Candy Hadsall

1:30 – 2:00 p.m.
DHS Supportive Housing and CMS
Becky Melang and Ali

2:00 – 2:15 p.m.
DHS State Plan Amendments and Waivers
Jan Kooistra
2:15 – 2:45 p.m.
NCI-AD Follow-up – Aging and Adult Services
Miriam DeVaney

Tribal Health Directors 2017 Meetings Thursday, November 9, 2017

Agenda items for next meeting - Adjourn

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

Thursday, November 9, 2017

10:00 am to 3:00 pm

AGENDA

10:00 – 10:15 a.m.
Welcome/Opening Prayer/Moment of Silence and Introductions

10:15 – 10:45 a.m.
Review and report of the Tribal Health Directors Retreat
-Comments and/or continued Discussion

10:45 – 11:15 a.m.
Bemidji Indian Health Service
Keith Longie and Hope Johnson.

11:15 a.m. – 11:45 p.m.
IDEPC Updates and Introduction of staff
Sam Robertson and Candy Hadsall

11:45 – 12:30 p.m.: Lunch

12:30 – 1:00 p.m.
Federal Relations – Four Walls
Stacy Weeks and Jan Kooistra

1:00 – 1:15 p.m.
American Indian Health Statement
Stacy Weeks and Jan Kooistra

1:15 – 1:30 p.m.
State Plan Amendments and Waivers
Jan Kooistra

1:30 – 2:00 p.m.
Antibiotic Stewardship and Minnesota's One Health Approach
Amanda Beaudoin

2:00 – 2:30 p.m.
Pandemic Flu Roundtable request
Danie Watson/Watson Group Marketing – contract with MDH

See back for proposed 2018 meeting dates

Tribal Health Directors 2018 Proposed Meeting Dates:

Thursday, February 15th from 10 am to 3 pm

Thursday, May 17th from 10 am to 3 pm

Thursday, August 23rd from 10 am to 3 pm (this is the fourth Thursday)

Thursday, November 15th from 10 am to 3 pm

Agenda items for next meeting

Adjourn

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

Thursday, February 15, 2018
10:00 am to 3:00 pm

AGENDA

9:00 – 9:15 a.m.
Welcome/Opening Prayer/Moment of Silence and Introductions

9:15 – 10:15 a.m.
Tribal and Urban Health Directors only meeting
Discussion - Hot topics effecting American Indian on and off reservations both nationally and locally

10:15 – 10:45 a.m.
THD Workgroup Discussion – Continue or Hold
MDH Data Guidance Document
Tribal State Healthcare Policy Manual
Community Engagement
Workforce

10:45 – 11:15 a.m.
MDH Syphilis Update and HIV Focus Groups Request
Sam Robertson, Dawn Ginzl and Alvine Laure Ekame

11:15 – 11:30 a.m.
MDH Disease Investigation Protocol and Tribal Partnerships
Jackie Dionne and All

11:30 – Noon
OSHII Tribal SHIP and Tobacco Program Updates
Christine Smith

Noon – 1:00 p.m.: Lunch

1:00 – 1:30 p.m.
American Indian Cancer Foundation – Tribal Tobacco Use Project II (TTUP II)
Kris Rhodes and Amanda Dionne

1:30 – 1:45 p.m.
State Plan Amendments and Waivers
Jan Kooistra

1:45 – 1:30 p.m.
Money Follows the Person RFP
John Anderson

1:30 – 2:30 p.m.
DHS Opioid Initiative
DHS Assistant Commissioner Clair Wilson and staff TBD

2:30 – 3:00 p.m.
Four Walls Update (Tentative)
Ann Berg and Jan Kooistra

Tribal Health Directors 2018 Confirmed Meeting Dates:

Thursday, May 17th from 10 am to 3 pm

Thursday, August 23rd from 10 am to 3 pm (this is the fourth Thursday)

Thursday, November 15th from 10 am to 3 pm

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 17, 2018
9:00 am to 3:00 pm

FINAL AGENDA

9:00 – 9:15 a.m.
Welcome/Opening Prayer/Moment of Silence and Introductions

9:15 – 10:15 a.m.
Tribal and Urban Health Directors only meeting
Hot topics affecting American Indians on and off reservations both nationally and locally

10:15 – 10:30 a.m.
Break

10:30 – 10:35 a.m.
Introductions repeated (if needed)

10:35 – 11:15 a.m.
DHS Health Care Administration – Assistant Commissioner Nathan Moracco
Federal Relations Tribal Liaison
MA applications for AI on reservation default to HMO

11:15 – 12:00 p.m.
DHS Behavioral Health Administration – Assistant Commissioner Claire Wilson

12:00 – 12:15 p.m.
DHS State Plan Amendments and Waivers
Jan Kooistra

12:15 – 12:30 p.m.
OSHII Update and Request for THD input
Christine Smith and Sarah Brokenleg

12:30 – 1:00 p.m.: Lunch/Announcements
Great Lake Tribal Health Board
Great Lake Inter-Tribal Epi Center

1:00 – 1:30 p.m.
Commissioner Jan Malcolm

1:30 – 2:00 p.m.
Centers for Health Equity and Community Health
Deb Burns and staff

2:00 – 2:30 p.m.

2017 Opioid Overdose Deaths Preliminary Statewide Data

Jon Roesler & Nate Wright

2:30 – 3:00 p.m.

Tribal Access to Vital Records – Possible bill passage

Molly Crawford

Tribal Health Directors 2018 Confirmed Meeting Dates:

Thursday, May 17th from 10 am to 3 pm

Thursday, August 23rd from 10 am to 3 pm (this is the fourth Thursday)

Thursday, November 15th from 10 am to 3 pm

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		122,132	5,727	127,858		10.89%
2015	527		111.56		51,535	7,259	58,795		-38.92%
2016	614	389.10	164.27	238,907	93,599	7,262	100,861	138,046	47.24%
2017	601	404.27	158.88	242,969	89,283	6,207	95,490	147,479	-3.28%
2018	614	420.04	202.66	257,999	116,530	7,950	124,480	133,518	27.55%
2019	614	436.42	193.24	267,799	109,639	8,937	118,575	149,223	-4.65%
2020	615	453.44	228.16	278,740	130,422	9,833	140,255	138,484	18.07%
2021	310	471.13	227.74	146,024	60,150	10,437	70,587	75,437	-0.19%

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%
2011	9,375		483.36		4,225,464	306,022	4,531,486		-3.73%
2012	9,061		476.54		3,957,623	360,261	4,317,884		-1.41%
2013	8,945		447.89		3,650,671	355,691	4,006,362		-6.01%
2014	13,309	487.00	429.45		5,384,791	330,723	5,715,514		-4.12%
2015	24,114	512.81	489.56	12,365,900	11,412,124	393,181	11,805,305	560,595	14.00%
2016	26,005	537.94	510.99	13,989,130	12,574,039	714,173	13,288,212	700,918	4.38%
2017	28,712	563.76	478.43	16,186,709	12,694,162	1,042,455	13,736,616	2,450,093	-6.37%
2018	16,873	590.82	629.88	9,968,695	9,526,693	1,101,054	10,627,747	-659,052	31.66%
2019	16,856	619.18	590.94	10,436,991	8,963,292	997,654	9,960,947	476,044	-6.18%
2020	16,886	648.90	679.03	10,957,496	10,662,398	803,901	11,466,299	-508,803	14.91%
2021	8,514	680.05	677.78	5,790,038	4,917,465	853,226	5,770,691	19,347	-0.19%

Annual ceiling less expenditures, all waiver groups

	MinnesotaCare Pregnant Women	MinnesotaCare Children	MinnesotaCare Caretaker Adults	MinnesotaCare Adults w/o Kids	MA 1-Year-Olds	MA Parents with Youngest Child 18-Years-Old	Total	Cumulative	
1996	2,692,881	9,250,752			2,158,358		14,101,991	14,101,991	Trend scenario
1997	2,832,636	10,201,710			2,050,449		15,084,795	29,186,786	PW/Parents Kids
1998	4,910,528	19,557,636			1,522,966		25,991,130	55,177,916	5.30% 4.90%
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	Trend scenario
2001	4,199,164	2,672,021	-18,714,932		843,571		-11,000,176	44,176,473	MA Parents
2002	8,144,885	-15,745,463	-28,010,530		595,744		-35,015,364	9,161,109	MA With Young
2003	-39	-1,758	-1,985		12		-3,770	9,157,339	One-Year-Olds Child = 18
2004	-90,686	2,155,155	-1,052,319		839,648		1,851,798	11,009,137	3.90% 4.80%
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		560,595	145,844,956	446,751,420	
2016	0	-562,051	-15,703,841	-24,117,771	138,046	700,918	-39,544,699	407,206,721	
2017					147,479	2,450,093	2,597,572	409,804,294	
2018					133,518	-659,052	-525,534	409,278,760	
2019					149,223	476,044	625,268	409,904,028	
2020					138,484	-508,803	-370,318	409,533,709	
2021					75,437	19,347	94,784	**409,628,493**	**<= Bottom line cost neutrality**
Sum	39,604,788	78,281,206	208,683,767	51,095,922	28,923,667	3,039,143	409,628,493		

Total waiver expenditures, all waiver groups

	MinnesotaCare Pregnant Women	MinnesotaCare Children	MinnesotaCare Caretaker Adults	MinnesotaCare Adults w/o Kids	MA 1-Year-Olds	MA Parents with Youngest Child 18-Years-Old	Total	Federal Share
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					95,490	13,736,616	13,832,106	6,916,053
2018					124,480	10,627,747	10,752,228	5,376,114
2019					118,575	9,960,947	10,079,522	5,039,761
2020					140,255	11,466,299	11,606,554	5,803,277
2021					70,587	5,770,691	5,841,278	2,920,639
Sum	165,989,985	2,012,629,261	1,837,465,484	947,857,315	128,011,676	82,371,331	5,174,325,054	2,598,064,843

NOTES

1. Payments through December 2017 are actual data.
2. MA one-year olds--enrollment is actual through December 2017.
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. FY2021 reflects a six month waiver period: July-December 2020.
10. FY2021 expenditures reflect the State's obligation to pay back the HMO withhold collected during CY2019.

September 27, 2018

Attachment E

Member Months for "MA One-Year-Olds" and "Medicaid Caretaker Adults"
For Quarters One through Four of Demonstration Year 23
(July 1, 2017 through June 30, 2018)

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending September 30, 2017
Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	55	59	55	169
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,649	2,647	2,636	7,932

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending December 31, 2017
Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	65	60	55	180
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,755	2,828	2,820	8,403

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending March 31, 2018
Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	53	51	47	151
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,831	2,807	2,782	8,420

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending June 30, 2018
Population 1: MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	56	53	48	157
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,777	2,835	2,825	8,437

State Fair Hearings Closed in 2017 by Metro and Non−Metro Areas

Area	Number of SFHs
Eleven County Metro Area	618
Non-Metro Area	248
Total	866

State Fair Hearings Closed in 2017 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved before hearing	State affirmed	Withdrawn	Total
Service Category	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Health Plan Change	12	2		23	10	15	62
Restricted Recipient	18	3	14			5	40
Total	30	5	14	23	10	20	102

Billing Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved after hearing	Resolved before hearing	Withdrawn	Total
Service Category	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Chemical Dependency	3		1				4
Chiropractic					2		2
DME-Medical Supplies			1			1	2
Dental	1	1	5			1	8
EW Services	2						2
Emergency Room					3	1	4
Hospital	1		1				2
Mental Health	2	1			3		6
Pharmacy					3	2	5
Professional Medical Services	7		2	1	14	4	28
Therapies/Rehabilitation	1		1		3		5
Transportation			3		1		4
Vision Services	1	1				1	3
Total	18	3	14	1	29	10	75

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
Service Category	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Chemical Dependency	1			1	1			3
Chiropractic	1			3		4	3	11
DME-Medical Supplies	6	3		13	2	10		34
Dental	12	1		20	2	4	4	43
EW Services	1	1		4	1	2	1	10
Health Plan Change	1					2	1	4
Hearing Services				1				1
Home Care	42	55	16	159	1	44	20	337
Hospital						1	1	2
Mental Health	6	1		3		1	1	12
Pharmacy	26	5		23	3	66	21	144
Professional Medical Services	9	5		20		14	12	60
Therapies/Rehabilitation	3	2		8			2	15
Transportation	5					4	2	11
Vision Services				1		1		2
Total	113	73	16	256	10	153	68	689

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
Service Category	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
Chemical Dependency	4			2	1				7
Chiropractic	1			3		6		3	13
DME-Medical Supplies	6	3		14	2	10		1	36
Dental	13	2		25	2	4		5	51
EW Services	3	1		4	1	2		1	12
Emergency Room						3		1	4
Health Plan Change	13	2				25	10	16	66
Hearing Services				1					1

Home Care	42	55	16	159	1	44		20	**337**
Hospital	1			1		1		1	**4**
Mental Health	8	2		3		4		1	**18**
Pharmacy	26	5		23	3	69		23	**149**
Professional Medical Services	16	5		22	1	28		16	**88**
Restricted Recipient	18	3		14				5	**40**
Therapies/Rehabilitation	4	2		9		3		2	**20**
Transportation	5			3		5		2	**15**
Vision Services	1	1		1		1		1	**5**
Total	**161**	**81**	**16**	**284**	**11**	**205**	**10**	**98**	**866**

Summary of SFHs Closed in 2017 by Outcome

Outcome	Number of SFHs
Dismissed	161
Enrollee prevailed	81
HP Partially Upheld/Member Partially Denied	16
Health Plan prevailed	284
Resolved after hearing	11
Resolved before hearing	205
State affirmed	10
Withdrawn	98
Total	**866**

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.