Medicaid Services Advisory Committee

Please sign in

Guest wireless

- DHSGuest
- Pw: **!5aJqg$Z**

DEPARTMENT OF HUMAN SERVICES

Medicaid Services Advisory Committee

Krista O'Connor I Strategic Development Director

May 29, 2019

Health Care Administration Vision:

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

Purpose & duties

Purpose

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

Duties

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

Agenda

- Welcome & introductions
- Legislative session update: Matt Burdick
- Uniform preferred drug list (PDL): Dave Hoang
- Medicaid quality measures: Karolina Craft
- Updates: Krista O’Connor
- Public comment

Legislative Session Update

Matt Burdick, Legislative Director

Health Care, Behavioral Health and Housing Administrations

2019 Legislative Session Recap
Medicaid Advisory Committee

2019 Legislative Session

- Budget Year
  - Legislators and the Governor needed to pass a balanced budget for 2020-2021
  - One Day Special session
- Minnesota's Budget
  - $1.052 billion dollar surplus (February 2019 Forecast)

2019 Legislative Session (Cont.)

- Targets
  - Governor HHS Budget Target: +$106 million
  - House HHS Budget Target: +$128 million
  - Senate HHS Budget Target: -$380 million

2019 Legislative Session (Cont.)

- Final Target
  - The General Fund target is a $357.85 million reduction for Health and Human Services for the first biennium and a $557 million reduction in the second biennium.
  - Spending will be offset by the Health Care Access Fund (HCAF) resources of $270 million in FY20/21 and $514 million in FY22/23 and $142 million from the Premium Security Account in FY20/21.
- This results in approximately a $55 million in spending in FY20/21 and a decrease of about $43 million in FY22/23.

Provider Tax

- Repeal of the Sunset of the Provider Tax
  - (Provides $872.6 million in revenue in FY 20/21 and $1.42 billion in revenue in FY 22/23)
- Provider Tax Rate Increase
  - (Invests $35.2 million in FY 20/21 and $76.7 million in FY 22/23 from the Health Care Access Fund)

Federal Compliance

- Medical Assistance for Employed Persons with a Disability Federal Conformity.
  - (Invests $40K in FY 20-21 and $14K in 22-23)
- Federal Compliance with Outpatient Pharmacy Rule.
  - (Invests $3.02 million in FY 20/21 and $3.04 million in FY 22/23, HCAF: $4.22 million in FY 20/21 and $4.86 million in FY 22/23)
- Updating Durable Medical Equipment Payment Methodology
  - (Saves $2.03 million in FY 20/21 and $328K in FY 22/23)
- Clarify and Strengthen Provider Screening and Enrollment
  - (Cost Neutral)

Provider Payment

- Investing in and Modernizing Payments for Safety Net (FQHC) Providers
  - (Invests from HCAF: $1.36 million in FY 20/21 and $1.83 million in FY 22/23
- Rebasing Inpatient Hospital Payment Rates
  - (Invests $26K in FY 20/21 and $8K in FY 22/23)
- Updating Indian Health Services Provider Payments
  - (Invests $11K in FY 20/21 and $4K in 22/23)
- Doula Reimbursement
  - (Invests $64K in FY 20/21 and $105K in FY 22/23)

Behavioral Health

- Substance Use Disorder 1115 Demonstration Waiver
  - (Saves $16.09 million in FY 20/21 and $73.28 million in FY 22/23)
- Reform Financing of Behavioral Health Services
  - (Saves $17.93 in FY 20/21 and invests $1.09 million in FY22/23)
- Increasing Timely Access to Substance Use Disorder Treatment
  - (Invests $16K in FY 20/21 and $28K in FY 22/23)

Behavioral Health (Cont.)

- Children's Intensive Services Reform
  - (Invests $7.92 million in FY 20/21 and $18.19 in FY 22/23)
- Certified Community Behavioral Health Clinics Expansion
  - (Invests $4.7 million in FY 20/21 and $18.17 million in FY 22/23)
- Behavioral Health Homes
  - (Cost neutral)

Disability Services and Long Term Care

- DWRS competitive workforce factor
- PCA rates/contract
- Electronic Visit Verification
- HCBS Streamline- includes preparing for the eventual consolidation and individualized budget changes; also includes a new service; day service updates; and Value-based reimbursement study for HCBS.
- Assisted Living Licensure

Other MA Items

- Medical Assistance Coverage for Children in Foster Care
  - (Invests $363K in FY 20/21 and $1.77 million in FY 22/23)
- Reduce TEFRA Parental Fees
  - (Invests $2.5 million in FY 20/21 and $3.07 million in FY 22/23)
- PANDAS Coverage
  - (Invests $158K in FY 20/21 and $210K in FY 22/23)

Other MA Items (Cont.)

- Medical Assistance Spend Down Eliminated
  - (Invests $22.3 in FY 22/23)
- Medical Assistance Residency Verification
  - (Invests $206K in FY 20/21 and $70K in FY 22/23)
- Repeal Preferred Incontinence Purchase Program
  - (Invests $4.45 million in FY 20/21 and $5.26 in FY 22/23)

Other MA Items (Cont.)

- Blue Ribbon Commission on Health and Human Services
  - (Saves $100K in FY 20/21 and $100K in FY 22/23, HCAF: $510K in FY 20/21)
- Reduction of Managed Care Trend Assumption
  - (Reduces general fund expenditures by $29.54 in FY 20/21 and $115.6 in FY22/23)

MA Items Not Included in Final Agreement

- ONECare
  - Pharmacy and Dental
- Additional Coverage:
  - Asthma Care Services Benefit
  - Ectodermal Dysplasias Coverage Mandate
- Benefit Reductions:
  - Eliminate vision and dental coverage for adults
  - Limits on disability waivers and PCA services.

Thank you!

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DEPARTMENT OF HUMAN SERVICES

Uniform Preferred Drug List (PDL)

Dave Hoang, PharmD, Clinical Pharmacist, Purchasing & Service Delivery

Health Care Administration

Agenda

- Introductions
- History of the Preferred Drug List and what has led to this effort
- History of the Drug Formulary Committee
- Explanation of the changes to the Fee-for-Service and Managed Care Plans' pharmacy benefit

Uniform Preferred Drug List (PDL)

- Objectives:
  - Create a more standardized member experience and minimizing disruptions in therapy when a member moves from one plan to another.
  - Simplify the pharmacy benefit for prescribers and pharmacies.
  - Maximize the use of the most cost effective drugs within a PDL drug class.

Uniform Preferred Drug List (PDL)

- A Uniform PDL was first introduced in Minnesota in January 2017 for the Direct Acting Antivirals for the treatment of Hepatitis C.
  - FFS and MCOs all used the same Preferred/Non-Preferred and PA criteria.
- The Uniform PDL for all PDL drug classes was introduced as a potential initiative for DHS in the Request For Comment for the Next Generation Integrated Health Partnership framework (November 2017).
- A Uniform PDL for Managed Care Organizations and Fee-For-Service Medicaid programs is becoming increasingly common and have been utilized in a growing number of states
  - E.g. Texas, Washington, Mississippi…

Uniform Preferred Drug List (PDL)

- Other states have not implemented a Uniform PDL, but have moved towards a standardized pharmacy benefit by “carving out” the pharmacy benefit from their MCOs.
  - Some states carve out select drugs: e.g. UT carves out mental health drugs
  - Some states carve out all drugs: e.g. WV carves out the entire pharmacy benefit

Drug Formulary Committee (DFC)

- Established by MN Statute 256B.0625 Subd. 13
- Comprised of
  - Four licensed physicians
  - At least three licensed pharmacists
  - One consumer representative
  - Other licensed health care professionals
  - DHS Medical Director serving as non-voting member
  - DHS staff member serving as non-voting member

Drug Formulary Committee (DFC)

- Duties of the DFC include:
  - Review and recommend which drugs require prior authorization
  - Review and comment on the contents of the PDL
  - Review drugs for which coverage is optional under federal and state law for possible inclusion the Medicaid List of Covered Drugs

PDL Selection Process

- Clinical review by DHS' PDL contracted vendor and DHS staff
- Drug Formulary Committee review and public engagement process
- Financial analysis and review by PDL contracted vendor and DHS staff
- Final section of the preferred drugs for the PDL by DHS staff

Uniform PDL Implementation

- If a member is currently using a nonpreferred drug, a provider must do one of the following:
  - Request a one-time continuation of therapy override if the member meets the Continuation of Therapy Prior Authorization Criteria for coverage of the nonpreferred drug for 90 days. Make the request before July 1, 2019, to DHS if the member has fee-for-service coverage or to the MCO responsible for the member's coverage.
  - Request prior authorization (PA) for the nonpreferred drug if the member meets the Nonpreferred Drug Prior Authorization Criteria. Make the request to DHS if the member has fee-for-service coverage or the MCO responsible for the member's coverage. You may request the PA before July 1, 2019, or during the 90-day continuation of therapy period.
  - Transition the member to a preferred drug on or after July 1, 2019.

Uniform PDL Implementation

- If a member currently has an approved PA for a nonpreferred drug, DHS or the member's MCO will honor the approved PA until the PA expires. After the PA expires, you must request a new PA to continue coverage or transition the member to a preferred drug.
- DHS has created a Frequently Asked Questions for Providers Regarding the Uniform Preferred Drug List (PDF) guide to assist providers in understanding their role in helping members remain on a nonpreferred drug or transition to a preferred drug on or after July 1, 2019.

Uniform PDL Implementation

- FFS MA has provided all enrolled providers and pharmacies through provider update communication.
- MCOs are in the process of notifying members and providers.
- DHS is conducting a 3-part series of stakeholder engagement meetings with professional organizations representing providers and pharmacies as well as patient advocacy organizations.

DEPARTMENT OF HUMAN SERVICES

Thank you

Dave Hoang

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DEPARTMENT OF HUMAN SERVICES

Medicaid Quality Measures

Karolina Craft, Quality Program Manager

Health Care Administration

Medicaid Quality Measures

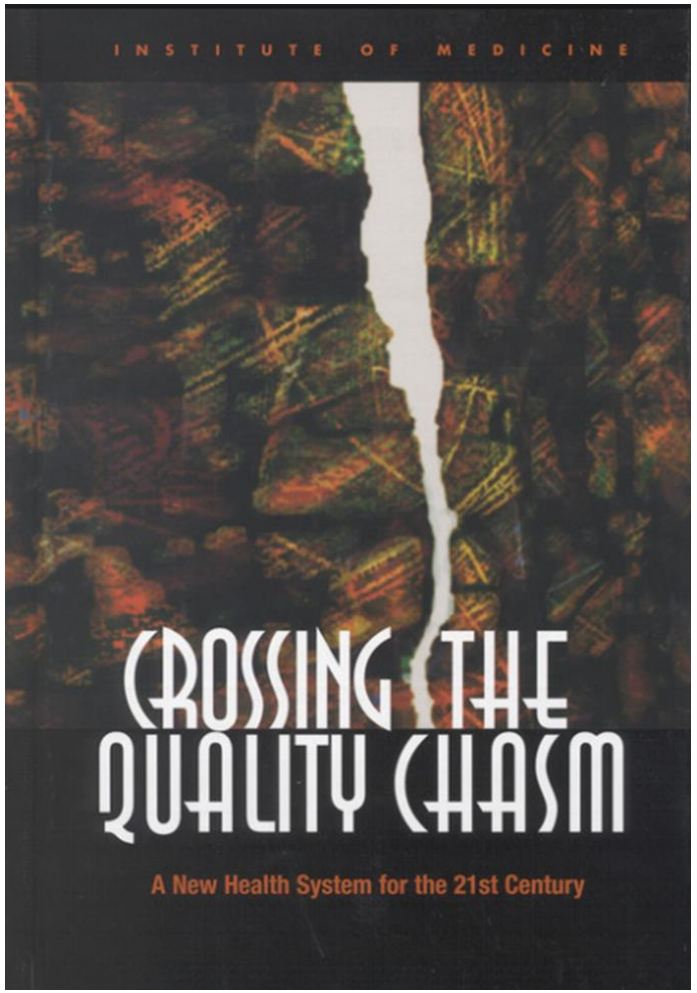
1. About quality.
2. About measuring quality.
3. About quality measures.
   - How are measures developed?
   - How are data collected?
   - How are measures used?
4. DHS Quality Initiatives.

DHS Quality Initiatives

- Medicaid Core Sets and the State Quality Score Card.
- Disparities report.
- Access Monitoring Review Plan.
- Opioid Prescribing Improvement Program.
- Managed Care Organizations: measures, Annual Technical Reports, and quality withholds.
- Integrated Health Partnerships: measures, value-based payment, and equity.

About Quality

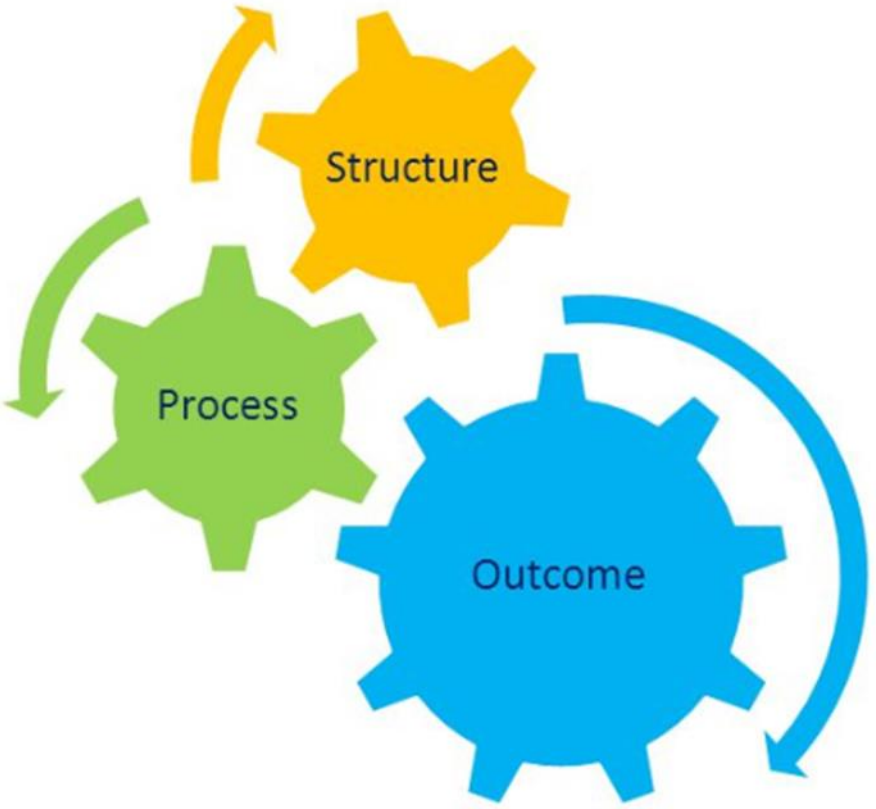
The Institute of Medicine defined quality more than 20 years ago as "**the degree to which** health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge." (The National Academies of Sciences Engineering and Medicine)



About Measuring Quality

Three basic ways to think about measuring quality (Avedis Donabedian):

- Structure
- Process
- Outcome



Quality Measures Examples

Patient Electronic Access (ONC/CMS) –

Whether organization is using electronic medical records and making health information available to patients online in a secure fashion.

Breast Cancer Screening (NCQA) –

The percent of women 50-74 years of age who had a mammogram to screen for breast cancer.

Depression Remission at 6 Months (MNCM) –

The percent of adult patients who have major depression or dysthymia who reached remission six months (+/- 30 days) after an index visit with a PHQ-9 score of greater than 9. Remission is defined as a PHQ-9 score of less than 5.

About Quality Measures

Quality measures are **tools** that help us quantify structure, processes, patient perceptions, and outcomes that relate to effective, safe, efficient, patient-centered, equitable and timely care. (CMS)

How are measures developed?

How are data collected?

How are measures used?

MN DHS Quality Initiatives

- Medicaid Core Sets and the State Quality Score Card.
- Disparities report.
- Access Monitoring Review Plan.
- Opioid Prescribing Improvement Program.
- Managed Care Organizations: measures, Annual Technical Reports, and withholds.
- Integrated Health Partnerships: measures, value-based payment, and equity.

Medicaid Core Sets

Medicaid Core Set - Adults

2019 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)

NQF #	Measure Steward	Measure Name
Primary Care Access and Preventive Care		
0032	NCQA	Cervical Cancer Screening (CCS-AD)
0033	NCQA	Chlamydia Screening in Women Ages 21–24 (CHL-AD)
0039	NCQA	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
0418/0418e	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)
2372	NCQA	Breast Cancer Screening (BCS-AD)
NA	NCQA	Adult Body Mass Index Assessment (ABA-AD)
Maternal and Perinatal Health		
0469/0469e	TJC	PC-01: Elective Delivery (PC01-AD)
1517*	NCQA	Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
2902	OPA	Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
2903/2904	OPA	Contraceptive Care – All Women Ages 21–44 (CCW-AD)
Care of Acute and Chronic Conditions		
0018	NCQA	Controlling High Blood Pressure (CBP-AD)
0057	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)
0059	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
0272	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
0275	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
0277	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)
0283	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
1768	NCQA	Plan All-Cause Readmissions (PCR-AD)
1800	NCQA	Asthma Medication Ratio: Ages 19–64 (AMR-AD)
2082/3210e	HRSA	HIV Viral Load Suppression (HVL-AD)
2371*	NCQA	Annual Monitoring for Patients on Persistent Medications (MPM-AD)
Behavioral Health Care		
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)
0105	NCQA	Antidepressant Medication Management (AMM-AD)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
1932	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
2605	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)[a]
2605	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)[a]
2607	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
2940	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
NA**	NCQA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
3389	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)

https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf

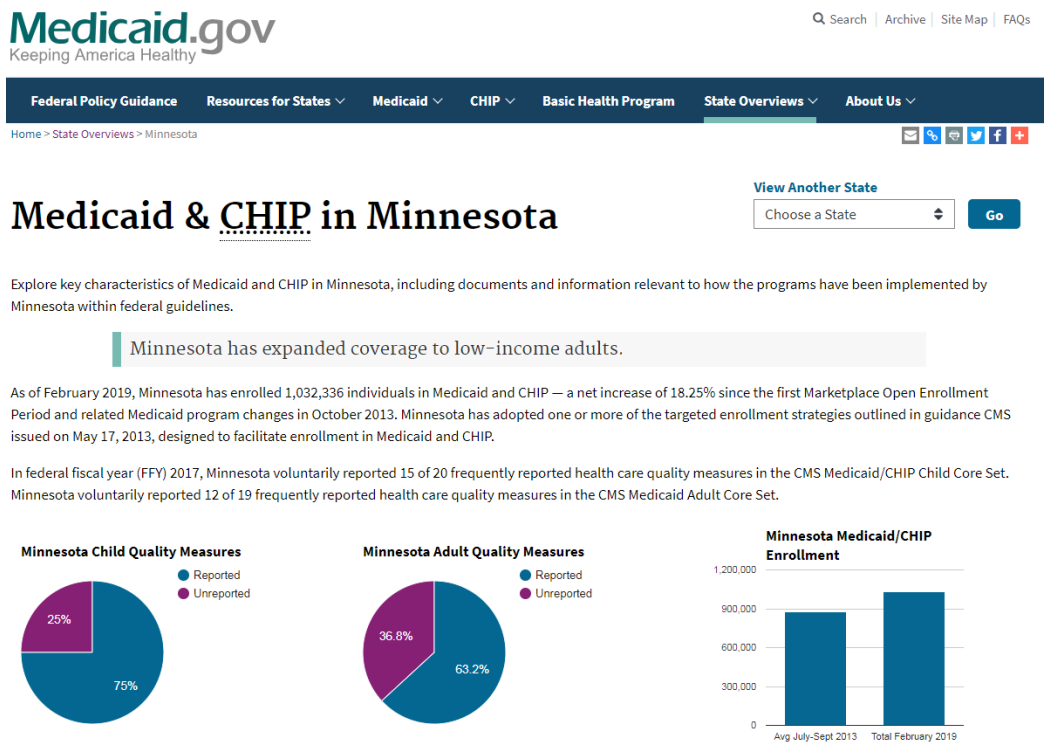
Medicaid Core Set - Children

2019 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

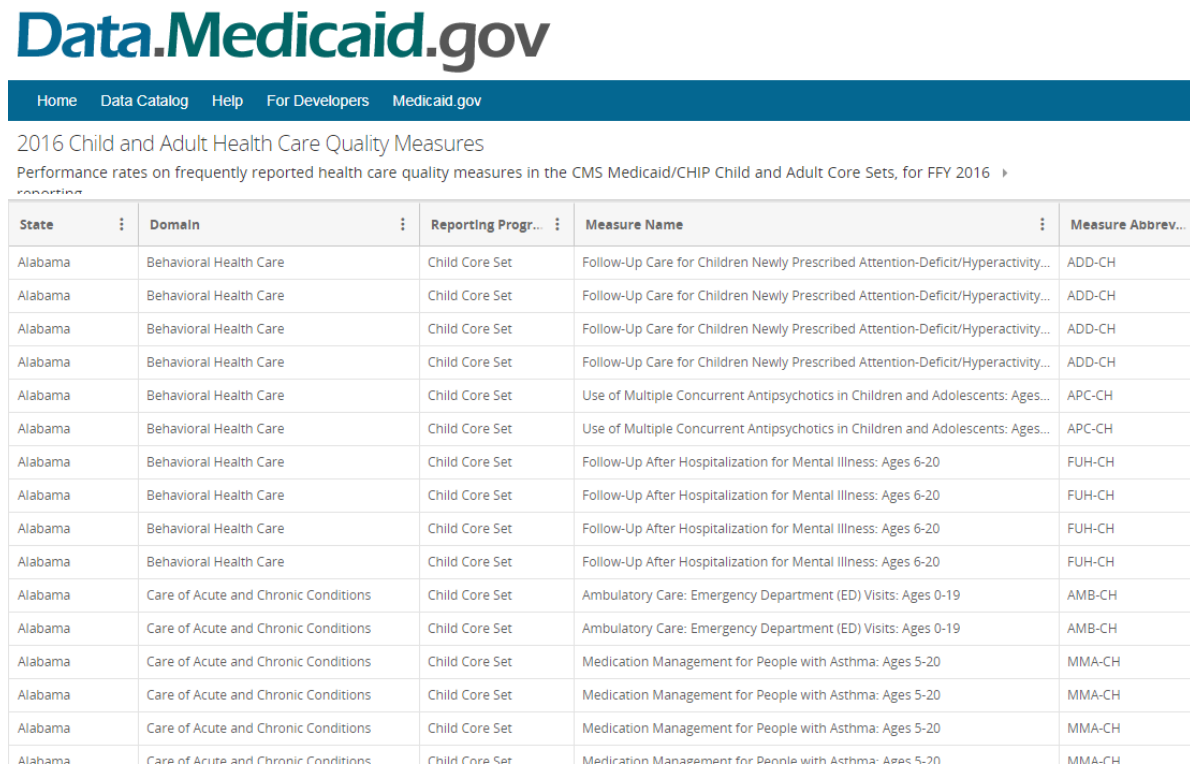
NQF #	Measure Steward	Measure Name
Primary Care Access and Preventive Care		
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH)
0033	NCQA	Chlamydia Screening in Women Ages 16–20 (CHL-CH)
0038	NCQA	Childhood Immunization Status (CIS-CH)
0418/0418e	CMS	Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)
1392	NCQA	Well-Child Visits in the First 15 Months of Life (W15-CH)
1407	NCQA	Immunizations for Adolescents (IMA-CH)
1448*	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)
1516	NCQA	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)
NA	NCQA	Adolescent Well-Care Visits (AWC-CH)
NA	NCQA	Children and Adolescents' Access to Primary Care Practitioners (CAP-CH)
Maternal and Perinatal Health		
0139	CDC	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
0471	TJC	PC-02: Cesarean Birth (PC02-CH)
1360	CDC	Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)
1382	CDC	Live Births Weighing Less Than 2,500 Grams (LBW-CH)
1517*	NCQA	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
2902	OPA	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)
2903/2904	OPA	Contraceptive Care – All Women Ages 15–20 (CCW-CH)
Care of Acute and Chronic Conditions		
1800	NCQA	Asthma Medication Ratio: Ages 5–18 (AMR-CH)
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)
Behavioral Health Care		
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH)
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
NA	NCQA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)
Dental and Oral Health Services		
2508*	DQA (ADA)	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)
NA	CMS	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)
Experience of Care		
NA	NCQA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)

https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf

State Quality Score Card



https://www.medicaid.gov/state-overviews/stateprofile.html?state=Minnesota



State	Domain	Reporting Progr...	Measure Name	Measure Abbrev...
Alabama	Behavioral Health Care	Child Core Set	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity...	ADD-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity...	ADD-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity...	ADD-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity...	ADD-CH
Alabama	Behavioral Health Care	Child Core Set	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages...	APC-CH
Alabama	Behavioral Health Care	Child Core Set	Use of Multiple Concurrent Antipsychotics in Children and Adolescents: Ages...	APC-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up After Hospitalization for Mental Illness: Ages 6-20	FUH-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up After Hospitalization for Mental Illness: Ages 6-20	FUH-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up After Hospitalization for Mental Illness: Ages 6-20	FUH-CH
Alabama	Behavioral Health Care	Child Core Set	Follow-Up After Hospitalization for Mental Illness: Ages 6-20	FUH-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Ambulatory Care: Emergency Department (ED) Visits: Ages 0-19	AMB-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Ambulatory Care: Emergency Department (ED) Visits: Ages 0-19	AMB-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Medication Management for People with Asthma: Ages 5-20	MMA-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Medication Management for People with Asthma: Ages 5-20	MMA-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Medication Management for People with Asthma: Ages 5-20	MMA-CH
Alabama	Care of Acute and Chronic Conditions	Child Core Set	Medication Management for People with Asthma: Ages 5-20	MMA-CH

https://data.medicaid.gov/Quality/2016-Child-and-Adult-Health-Care-Quality-Measures/vncf-b8xx/data

Disparities Report

Preventive Health

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

Chronic Conditions

- Optimal Diabetes Care
- Optimal Vascular Care
- Optimal Asthma Control – Adults and Children
- Controlling High Blood Pressure

Depression

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

https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf

Opioid Prescribing Improvement Program

Sentinel opioid prescribing measures

1. Rate of prescribing an index opioid prescription.
2. Rate of prescribing an index opioid prescription over the recommended dose.
3. Rate of prescribing more than 700 cumulative morphine milligram equivalence (MME) during the acute and post-acute pain period.
4. Rate of prescribing chronic opioid analgesic therapy.
5. Rate of prescribing high-dose (≥ 90 MME/day) chronic opioid analgesic therapy.
6. Rate of prescribing concomitant opioid and benzodiazepine therapy.
7. Percent of patients on chronic opioid analgesic therapy who receive opioids from multiple providers.

https://mn.gov/dhs/opip/

Access Monitoring Review Plan

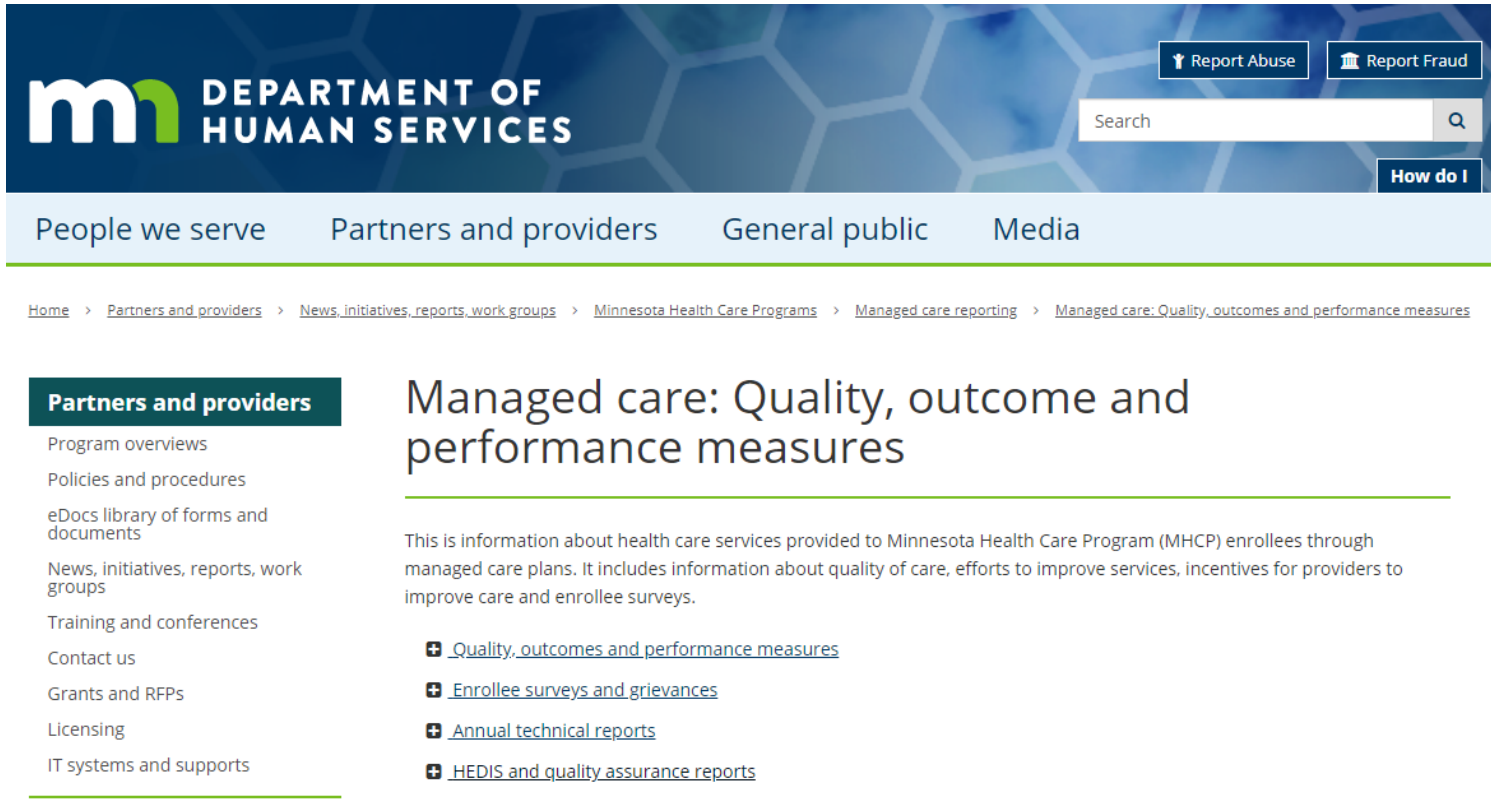
The access monitoring review plan considers:

- The extent to which beneficiary needs are fully met.
- The availability of care to beneficiaries in each geographic area.
- Changes in use of covered services.

https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/access-monitoring-review-plan/

Managed Care: Quality

- Health plans' measures.
- Annual Technical Report.
- Surveys of patients experience of care.
- Quality withholds.
- Star Rating System.



https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/managed-care-reporting/quality.jsp

Integrated Health Partnerships: Quality

Value-based payment in Medicaid.

- A core set of quality measures organized into the following categories: prevention, care for at risk population, behavioral health, access to care, patient-centered care, quality of outpatient care, and health information technology.
- Equity interventions' measures organized into three categories: equity, utilization of services, and clinical quality.

https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/integrated-health-partnerships/

Questions?

DHS Quality Initiatives

- Medicaid Core Sets and the State Quality Score Card
- Disparities report
- Access Monitoring Review Plan
- Opioid Prescribing Improvement Program
- Managed Care Organizations Quality
- Integrated Health Partnerships Quality

https://mn.gov/dhs/medicaid-matters/

DEPARTMENT OF HUMAN SERVICES

Thank you

Karolina Craft, MA, CPHQ

Karolina.Craft@state.mn.us

DHS Updates

Krista O’Connor, Strategic Initiatives Director

Health Care Administrations

DHS Updates

- Medicaid Matters: data dashboard
- Member materials survey
- MSAC membership appointments

Medicaid Matters Dashboard

- New data dashboard provides Medicaid and MinnesotaCare facts
- Data on Medicaid and MinnesotaCare enrollees, spending and dental care
- Goal of tool: transparency & information on health care and LTC in MN

Medicaid Matters Dashboard

Medicaid Matters: The impact of Minnesota's Medicaid Program

https://mn.gov/dhs/medicaid-matters/

Member Materials Survey: Provider Directories

- Phase two: provider directories
- Goal: to provide feedback on the usefulness and usability of current managed care provider directories

Survey: general comments

Provider Directories…

- Helpful
- Similar
- Easy to find information
- Contained links to helpful websites
- Contained appropriate information
- Color coding helpful

Feedback…

- Some directories used hard to understand language
- Some sections seemed repetitive
- Section breaks and headings needed clarity
- Language block should prioritize languages

Survey: general comments continued

More information needed on…

- Estate claim information
- In-network dentists
- Eye doctors
- phone numbers for language line in appropriate language (not English)
- Navigator resources

Less information needed on…

- Simplify information
- Too much information
- Organize and group information

Survey: Thank you

Additional Feedback?

Results will be utilized by Purchasing and Service Delivery Department

Questions or additional comments:

krista.oconnor@state.mn.us

Thank you!

Membership appointment update

Membership

- Current membership remains at six
- Goal is to add new membership this fall
- Increase all three categories to four members
- Full process will be outlined at the July meeting

Public comment

- Public comment will be taken in the order listed on the sign up sheet
- Please raise your hand if you would like to provide public comment and did not have an opportunity to register
- Public comment is limited to 2 minutes
- We will take as many comments as time allows
- Written comments can be submitted to krista.oconnor@state.mn.us

Next meeting

July 9, 2019

12:30 – 2:30 pm

Elmer L. Andersen Human Services Building

Room 2360

- Questions?
- Additional Comments?

Thank You!

Krista O'Connor

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