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

Demonstration Year 22 First Quarter Report July 1, 2016 through September 30, 2016

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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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 first quarter report for the period of July 1, 2016 through September 30, 2016. 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 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 the table below for PMAP+ enrollment activity for the period July 2016 through September 2016.

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

Pregnant Women in a Hospital Presumptive Eligibility Period						
Eligibility Month	Eligibility Year	Unique Enrollees				
July	2016	41				
August	2016	55				
September	2016	52				

Outreach and Marketing

Education and Enrollment

On October 1, 2013, DHS converted to a common streamlined application for Medical Assistance, MinnesotaCare and MNsure coverage. Medical Assistance and MinnesotaCare

applicants have the option of applying online through the <u>MNsure website</u> 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.

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 2015.

Medical Assistance Enrollees who are American Indian Calendar Year 2015				
Families and Children	38,668			
Disabled	5,058			
Elderly	1,229			
Adults with no Children	11,580			
Total	56,535			

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. The work group met in Prior Lake, Minnesota on August 25, 2016. A copy of the agenda is at Attachment A.

Operational and Policy Developments

There were no significant program developments or operational issues for populations covered under this waiver during the quarter ending September 30, 2016.

Budget Neutrality Developments

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. Please see Attachment B 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 September 30, 2016 are provided in the table below.

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

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 C for a summary of state fair hearings closed in the third quarter of calendar year 2016.

Post Award Public Forum on PMAP+ Waiver

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. An overview was provided in the fourth quarter report for PMAP+ demonstration year 21. The next public forum is planned for June 2017.

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 comprehensive and dynamic continuous quality improvement strategy integrating all aspects of the quality improvement programs, processes and requirements across Minnesota's Medicaid program. Minnesota has incorporated into its Comprehensive Quality Strategy measures and processes related to the programs affected by this waiver. An initial draft of Minnesota's Comprehensive Quality Strategy was submitted to CMS in February 2015.

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 address CMS feedback and updated to reflect an end date of 2020 to align with the approved terms of our waiver. DHS plans to implement the revised plan in early 2017.

State Contact

The state contact person for this waiver is Stacie Weeks. She can be reached by telephone at (651) 431-2151, or fax at (651) 431-7421, or email at stacie.weeks@state.mn.us.

Attachment A

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

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 Sam Moose 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 Schaefbauer

10:45 - 11:30 a.m.

Commissioner Ed Ehlinger – Discussion on MDH activities and updates

11:30 - Noon

DHS Access Rule - Stacy Weeks and/or David Quincy

Noon – 12:30 p.m.

LUNCH BREAK

12:30 - 1:00 p.m.

OSHII Tribal SHIP/Tobacco Evaluation Update – Chris Tholkes, Ann Zukowski and Sarah Brokenleg

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

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

MinnesotaCare Pregnant Women

	_					Withhold	Total		
SFY	Member Mo	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	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

MIIIIIESO	lacare Cilliu	ren				140.11			
SFY	Member Mo	РМРМ Сар*	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	

	otaCare Caret	aker Adults							
SFY	Member Mo**	РМРМ Сар*	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 2002	409,506	151.63	197.33 286.82	62,093,005	80,807,937	0	80,807,937	-18,714,932	8.69%
2002	221,611 236,029	160.42 294.62	294.63	35,551,619 69,538,864	63,562,150 69,540,849	0	63,562,150 69,540,849	-28,010,530 -1,985	45.35% 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 2009	144,883 203,903	432.89 462.98	401.55 447.20	62,718,900 94,402,915	53,505,487 86,724,587	4,671,560 4,461,799	58,177,047 91,186,386	4,541,853 3,216,530	10.10% 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 2015	402,751 334,462	618.31 651.08	518.63 394.87	249,026,450 217,762,486	195,225,833 116,398,864	13,652,774 15,669,702	208,878,607 132,068,566	40,147,843 85,693,920	2.34% -23.86%
2016	334,402	031.00	394.07	217,702,400	110,390,004	15,703,841	15,703,841	-15,703,841	-23.00 /6
						,,	, ,	,,	
Minnes	otaCare Adult	s without Chi	ldren (>= 75	5% FPG)		Withhold	Total		
SFY	Member Mo**	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference	PMPM % Change
2000	406 222		207.72		70 520 225	2 572 022	74 404 067		
2008 2009	186,323 219,400		397.72 418.15		70,530,235 88,168,476	3,573,832 3,573,130	74,104,067 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 2015	421,664 386,593	634.82 674.18	691.22 498.43	267,680,094 260,632,196	277,247,519 175,799,964	14,214,969 16,889,767	291,462,488 192,689,731	-23,782,395 67,942,465	17.51% -27.89%
2016	300,393	074.10	490.43	200,032,190	175,799,904	24,117,771	24,117,771	-24,117,771	-21.0976
						, ,	, ,	, ,	
MA One	e-Year-Olds (G	Freater Than 1	33% FPG)			Withhold	Total		
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference	PMPM % Change
1996	7,210	480.34	180.98	3,463,251	1,304,893	0	1,304,893	2,158,358	
1990	7,210	516.24	228.78	3,682,340	1,631,891	0	1,631,891	2,136,336	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 10,173	228.33	149.29 186.58	2,436,966	1,593,395	0	1,593,395	843,571	-0.40%
2002				2,493,809	1,898,065	U	1,898,065	595,744	24.98%
2003		245.14 177.25		1 /// 818		0	1 777 805	12	
2003 2004	10,030	177.25 190.30	177.25 160.09	1,777,818 5,289,901	1,777,805 4,450,252	0	1,777,805 4,450,252	12 839,648	-5.00% -9.68%
		177.25	177.25	1,777,818 5,289,901 7,754,462	4,450,252 6,585,261		1,777,805 4,450,252 6,641,804	12 839,648 1,112,658	
2004 2005 2006	10,030 27,798 37,956 41,817	177.25 190.30 204.30 219.34	177.25 160.09 174.99 219.22	5,289,901 7,754,462 9,172,054	4,450,252 6,585,261 8,860,603	0 56,543 306,371	4,450,252 6,641,804 9,166,974	839,648 1,112,658 5,080	-9.68% 9.30% 25.28%
2004 2005 2006 2007	10,030 27,798 37,956 41,817 43,796	177.25 190.30 204.30 219.34 235.48	177.25 160.09 174.99 219.22 238.35	5,289,901 7,754,462 9,172,054 10,313,135	4,450,252 6,585,261 8,860,603 10,095,710	0 56,543 306,371 342,898	4,450,252 6,641,804 9,166,974 10,438,608	839,648 1,112,658 5,080 -125,473	-9.68% 9.30% 25.28% 8.73%
2004 2005 2006 2007 2008	10,030 27,798 37,956 41,817 43,796 45,569	177.25 190.30 204.30 219.34 235.48 252.81	177.25 160.09 174.99 219.22 238.35 263.50	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515	0 56,543 306,371 342,898 381,705	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220	839,648 1,112,658 5,080 -125,473 -486,802	-9.68% 9.30% 25.28% 8.73% 10.55%
2004 2005 2006 2007	10,030 27,798 37,956 41,817 43,796 45,569 50,617	177.25 190.30 204.30 219.34 235.48	177.25 160.09 174.99 219.22 238.35	5,289,901 7,754,462 9,172,054 10,313,135	4,450,252 6,585,261 8,860,603 10,095,710	0 56,543 306,371 342,898	4,450,252 6,641,804 9,166,974 10,438,608	839,648 1,112,658 5,080 -125,473	-9.68% 9.30% 25.28% 8.73%
2004 2005 2006 2007 2008 2009	10,030 27,798 37,956 41,817 43,796 45,569	177.25 190.30 204.30 219.34 235.48 252.81 270.38	177.25 160.09 174.99 219.22 238.35 263.50 272.12	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184	0 56,543 306,371 342,898 381,705 538,950	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134	839,648 1,112,658 5,080 -125,473 -486,802 -88,152	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27%
2004 2005 2006 2007 2008 2009 2010 2011 2012	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87%
2004 2005 2006 2007 2008 2009 2010 2011 2012	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGS	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sFY	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sfy 2010 2011	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2011	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020 90,524	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sfy 2010 2011	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGS E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 Than 2759 PMPM 255.05 356.76 239.48 164.71	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020 90,524 61,931	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22%
2004 2005 2006 2007 2008 2010 2011 2012 2013 2014 Current MA One SFY 2010 2011 2012 2013 2014 2015 2016	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 Sincome Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 % FPG and TI PMPM Ceiling	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91%
2004 2005 2006 2007 2008 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013 2014 2015 2016 2017	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 Sincome Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 W FPG and TI PMPM Ceiling	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One SFY 2010 2011 2012 2013 2014 2015 2016 2017 2018	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo 263 513 378 376 700 527 553 571 572	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 SINCOME Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94 118.27	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177 62,747	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761 4,926	Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937 67,673	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389 36,839	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19% 12.71%
2004 2005 2006 2007 2008 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013 2014 2015 2016 2017	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 Sincome Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 W FPG and TI PMPM Ceiling	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761	4,450,252 6,641,804 9,166,974 10,438,608 12,007,220 13,774,134 14,992,188 14,566,789 16,056,815 12,697,852 14,162,041 Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19%
2004 2005 2006 2007 2008 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo 263 513 378 376 700 527 553 571 572	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 S ncome Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94 118.27 127.53	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 % FPG and TI PMPM Ceiling 96,259 100,963 104,326 104,512 52,782	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177 62,747	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761 4,926 5,127	Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937 67,673 36,854	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389 36,839	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19% 12.71%
2004 2005 2006 2007 2008 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGS 2-Year-Olds (In Member Mo 263 513 378 376 700 527 553 571 572 289	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 S ncome Greate PMPM Cap*	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94 118.27 127.53	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 % FPG and TI PMPM Ceiling 96,259 100,963 104,326 104,512 52,782	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177 62,747	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761 4,926	Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937 67,673	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389 36,839 15,928	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19% 12.71%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One SFY 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 MA Parc	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGs E-Year-Olds (In Member Mo 263 513 378 376 700 527 553 571 572 289 ents With You	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 Sencome Greate PMPM Cap* 182.65 182.65 182.65 182.65 182.65 182.65 182.65 182.65	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 111.56 118.16 104.94 118.27 127.53	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 % FPG and TI PMPM Ceiling 96,259 100,963 104,326 104,512 52,782	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177 62,747 31,727 Expenditures	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761 4,926 5,127 Withhold Payments	Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937 67,673 36,854 Total Expenditures	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389 36,839 15,928	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19% 12.71% 7.83%
2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 Current MA One sFY 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 MA Pare 2009	10,030 27,798 37,956 41,817 43,796 45,569 50,617 55,023 56,530 57,729 54,916 58,113 E Waiver MEGS E-Year-Olds (In Member Mo 263 513 378 376 700 527 553 571 572 289	177.25 190.30 204.30 219.34 235.48 252.81 270.38 289.17 309.27 324.42 340.32 356.99 S COMP Greate PMPM Cap* 182.65 182.65 182.65 182.65 182.65 182.65 182.65 182.65 182.65 182.65	177.25 160.09 174.99 219.22 238.35 263.50 272.12 272.47 257.68 278.14 231.22 243.70 r Than 2759 PMPM 255.05 356.76 239.48 164.71 182.65 111.56 118.16 104.94 118.27 127.53	5,289,901 7,754,462 9,172,054 10,313,135 11,520,419 13,685,981 15,911,261 17,482,885 18,728,527 18,688,910 20,745,909 % FPG and TI PMPM Ceiling 96,259 100,963 104,326 104,512 52,782	4,450,252 6,585,261 8,860,603 10,095,710 11,625,515 13,235,184 14,322,815 13,795,088 15,309,617 11,923,641 13,185,437 PL) Expenditures 62,004 177,735 80,702 51,085 122,132 51,535 58,053 55,177 62,747 31,727	0 56,543 306,371 342,898 381,705 538,950 669,373 771,701 747,198 774,211 976,604 Withhold Payments 5,073 5,284 9,822 10,846 5,727 7,259 7,262 4,761 4,926 5,127	Total Expenditures 67,077 183,020 90,524 61,931 127,858 58,795 65,315 59,937 67,673 36,854	839,648 1,112,658 5,080 -125,473 -486,802 -88,152 919,073 2,916,096 2,671,712 5,991,058 6,583,868 Difference 37,464 35,648 44,389 36,839 15,928	-9.68% 9.30% 25.28% 8.73% 10.55% 3.27% 0.13% -5.43% 7.94% -16.87% 5.40% PMPM % Change 39.88% -32.87% -31.22% 10.89% -38.92% 5.91% -11.19% 12.71% 7.83%

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	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	17,701	476.54	548.61	8,435,086	8,996,780	714,173	9,710,953	-1,275,867	12.06%
2017	18,291	476.54	516.29	8,716,097	8,551,106	892,225	9,443,330	-727,233	-5.89%
2018	18,323	476.54	572.38	8,731,659	9,724,313	763,474	10,487,787	-1,756,128	10.86%
2019	9,254	476.54	617.20	4,409,771	4,916,946	794,539	5,711,484	-1,301,714	7.83%

Annual ceiling less expenditures, all waiver groups

						MA Parents with				
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child				
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	Cumulative		
1996	2,692,881	9,250,752			2,158,358		14,101,991	14,101,991	Tre	nd 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 so	enario
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	0.00%	0.00%
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	35,648	-1,275,867	-41,623,882	404,290,267		
2017					44,389	-727,233	-682,844	403,607,423		
2018					36,839	, ,	-1,719,289	401,888,134		
2019					15,928	-1,301,714	-1,285,785	400,602,349	<= Bottom line	cost neutrality
Sum	39,604,788	78,281,206	208,683,767	51,095,922	28,311,747	-5,375,082	400,602,349			

Total waiver expenditures, all waiver groups

			9			MA Parents with		
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child		Federal
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	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	65,315	9,710,953	50,159,931	25,079,965
2017					59,937	9,443,330	9,503,268	4,751,634
2018					67,673	10,487,787	10,555,461	5,277,730
2019					36,854	5,711,484	5,748,338	2,874,169
Sum	165,989,985	2,012,629,261	1,837,465,484	947,857,315	127,591,207	52,874,374	5,144,407,627	2,583,106,130

NOTES

- 1. Payments through December 2015 are actual data.
- 2. MA one-year olds--enrollment is actual through December 2015.
- 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. DHS Reports Forecasts Division Page 3

- 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.

March 9, 2016

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	Number of SFHs
Area	
Eleven County Metro Area	165
Non-Metro Area	53
Total	218

State Fair Hearings Closed in Quarter 3 of 2016 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

Admin Type by octvice outegory a	na Gatoomo						
Outcome	Dismissed	Enrollee 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
Service Category							
Health Plan Change	2	2	1	1	4	2	2 12
Restricted Recipient	2			1			3
Total	4	2	1	2	4	:	2 15

Billing Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved before hearing	Withdrawn	Total
	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Service Category						
Chemical Dependency	1					1
Chiropractic			1			1
Dental	1		2		1	4
Emergency Room				2		2
Hospital	1					1
Pharmacy					1	1
Professional Medical Services	2	1		12		15
Total	5	1	3	14	2	25

Service Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	HP Partially Upheld/Member Partially Denied	Health Plan prevailed	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							
DME-Medical Supplies		1		3	3		7
Dental	1			7	3	1	12
EW Services	1	2		5	1		9
Health Plan Change	1				1		2
Home Care	11	19	5	24	19	4	82
Pharmacy	2	2		10	8	1	23
Professional Medical Services	2	1		13	7	4	27
Therapies/Rehabilitation	1	1		6	1	2	11
Transportation						1	1
Vision Services				1	2	1	4

Total 19 26 5 69 45 14 178

Access Type by Service Category and Outcome

No values were returned for this table.

Total 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	1								1
Chiropractic				1					1
DME-Medical Supplies		1		3		3			7
Dental	2			9		3		2	16
EW Services	1	2		5		1			9
Emergency Room						2			2
Health Plan Change	3	2			1	2	4	2	14
Home Care	11	19	5	24		19		4	82
Hospital	1								1
Pharmacy	2	2		10		8		2	24
Professional Medical Services	4	2		13		19		4	42
Restricted Recipient	2					1			3
Therapies/Rehabilitation	1	1		6		1		2	11
Transportation								1	1
Vision Services				1		2		1	4
Total	28	29	5	72	1	61	4	18	218

Summary of SFHs Closed in Quarter 3 of 2016 by Outcome

Outcome Dismissed 28 Enrollee prevailed 29 HP Partially Upheld/Member Partially Denied 5 Health Plan prevailed 72 Resolved after hearing 11 Resolved before hearing 61 State affirmed 44 Withdrawn 18		
Dismissed 28 Enrollee prevailed 29 HP Partially Upheld/Member Partially Denied 59 Health Plan prevailed 72 Resolved after hearing 61 State affirmed 44 Withdrawn 18		Number of SFHs
Enrollee prevailed 29 HP Partially Upheld/Member Partially Denied 5 Health Plan prevailed 72 Resolved after hearing 61 State affirmed 44 Withdrawn 18	Outcome	
HP Partially Upheld/Member Partially Denied Health Plan prevailed Resolved after hearing Resolved before hearing State affirmed Withdrawn	Dismissed	28
Health Plan prevailed 72 Resolved after hearing 61 Resolved before hearing 61 State affirmed 4 Withdrawn 18	Enrollee prevailed	29
Resolved after hearing 1 Resolved before hearing 61 State affirmed 4 Withdrawn 18	HP Partially Upheld/Member Partially Denied	5
Resolved before hearing 61 State affirmed 4 Withdrawn 18	Health Plan prevailed	72
State affirmed Withdrawn 18	Resolved after hearing	1
Withdrawn 18	Resolved before hearing	61
Wildiawii	State affirmed	4
Total 218	Withdrawn	18
	Total	218

Note:

- 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.

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

Demonstration Year 22 Second Quarter Report October 1, 2016 through December 31, 2016

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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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 second quarter report for the period of October 1, 2016 through December 31, 2016. 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 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 the table below for PMAP+ enrollment activity for the period October 2016 through December 2016.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter December 31, 2016	Current Enrollees (as of data pull on February 7, 2017)	Disenrolled in Current Quarter (October 1, 2016 through December 31, 2016)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	57	35	38
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,252	2,287	803

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
October	2016	42
November	2016	55
December	2016	67

Outreach and Marketing

Education and Enrollment

On October 1, 2013, DHS converted to 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.

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. The work group met in Prior Lake, Minnesota on November 17, 2016. A copy of the agenda is at Attachment A.

Operational and Policy Developments

There were no significant program developments or operational issues for populations covered under this waiver during the quarter ending December 31, 2016.

Budget Neutrality Developments

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

Member Month Reporting

Member months for "MA One-Year-Olds" and "Medicaid Caretaker Adults" for the period October 1, 2016 through December 31, 2016 are provided in the table below.

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

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 C for a summary of state fair hearings closed in the fourth quarter of calendar year 2016.

Post Award Public Forum on PMAP+ Waiver

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. An overview was provided in the fourth quarter report for PMAP+ demonstration year 21. The next public forum is planned for June 2017.

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 comprehensive and dynamic continuous quality improvement strategy integrating all aspects of the quality improvement programs, processes and requirements across Minnesota's Medicaid program. Minnesota has incorporated into its Comprehensive Quality Strategy measures and processes related to the programs affected by this waiver. An initial draft of Minnesota's Comprehensive Quality Strategy was submitted to CMS in February 2015.

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. In November 2016 the evaluation plan was updated to address CMS comments. DHS awaits CMS' feedback on whether it can move forward in implementing the revised plan in the summer of 2017.

State Contact

The state contact person for this waiver is Stacie Weeks. She can be reached by telephone at (651) 431-2151, or fax at (651) 431-7421, or email at stacie.weeks@state.mn.us.

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 Schaefbauer

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

MinnesotaCare Pregnant Women									Attachment B
SFY	Member Mo	РМРМ Сар*	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 2006	19,320 18,757	530.91 573.38	550.77 583.60	10,257,187 10,754,947	10,558,806 10,339,207	82,151 607,367	10,640,957 10,946,574	-383,770 -191,627	11.19% 5.96%
2007	17,125	619.25	591.18	10,754,947	9,532,274	591,739	10,940,574	480,707	1.30%
2007	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 2016	0	1005.88	0.00	0	0	576,070 0	576,070 0	-576,070 0	-100.00%
Minneso	otaCare Child	lren							
SFY	Member Mo	РМРМ Сар*	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 2006	700,204 700,153	176.32 189.29	171.94 179.33	123,457,040 132,533,824	118,715,216 119,376,959	1,676,114 6,184,667	120,391,330 125,561,626	3,065,710 6,972,198	6.29% 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 2016	22,824	323.21	663.89	7,376,978	3,637,507	11,515,426 562,051	15,152,933 562,051	-7,775,955 -562,051	182.51%
Minneso	otaCare Caret	taker Adults							
SFY	Member Mo**	РМРМ Сар*	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	197.33 286.82	62,093,005	80,807,937	0	80,807,937	-18,714,932	8.69%
2002 2003	221,611 236,029	160.42 294.62	294.63	35,551,619 69,538,864	63,562,150 69,540,849	0	63,562,150 69,540,849	-28,010,530 -1,985	45.35% 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	506.79 518.63	229,722,419	183,871,905	14,395,217	198,267,122	31,455,297	19.76%
2014 2015	402,751	618.31 651.08	518.63 394.87	249,026,450	195,225,833	13,652,774 15,669,702	208,878,607	40,147,843	2.34%
2016	334,462	651.08	394.87	217,762,486	116,398,864	15,703,841	132,068,566 15,703,841	85,693,920 -15,703,841	-23.86%
MinnesotaCare Adults without Children (>= 75% FPG)									
SFY	Member Mo**	РМРМ Сар*	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	400.00	418.15	444 040 705	88,168,476	3,573,130	91,741,606		5.14%
2010 2011	283,219 408.016	499.06 530.00	499.06 507.75	141,342,735 216,248,357	137,808,553	3,534,181 5,850,136	141,342,734 207,170,220	1 9,078,137	19.35% 1.74%
DHS	408,016 Reports Forecasts D	ivision	307.75	Z10,Z40,33/	201,320,084 Page 1	J,03U, I 3D	201,110,220	3,010,137	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		597.76		221,586,121	203,451,740		218,046,217	3,539,904	17.48%	
2014	,	634.82		267,680,094		14,214,969	291,462,488	-23,782,395	17.51%	
2015	,	674.18		260,632,196			192,689,731	67,942,465	-27.89%	
2016			.33.13	,00,100	3,. 50,004	24,117,771	24,117,771	-24,117,771	20070	
_5.5						-, ,	, ,	.,,		
MA Or	ne-Year-Olds (Greater Tha	n 133% FPG)			MARALLE - I	T-1-1			
SFY	Member Mo	РМРМ Сар*	РМРМ	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		516.24		3,682,340		0	1,631,891	2,050,449	26.41%	
							, ,	1,522,966		
1998		534.46		3,155,452		0	1,632,486		20.86%	
1999		198.10		1,287,254			1,212,991	74,263	-32.49%	
2000		212.68		1,887,960			1,330,612	557,348	-19.70%	
2001	10,673	228.33		2,436,966		0	1,593,395	843,571	-0.40%	
2002		245.14		2,493,809	1,898,065		1,898,065	595,744	24.98%	
2003		177.25		1,777,818			1,777,805	12		
2004		190.30		5,289,901	4,450,252		4,450,252	839,648	-9.68%	
2005		204.30		7,754,462		56,543	6,641,804	1,112,658	9.30%	
2006		219.34		9,172,054			9,166,974	5,080	25.28%	
2007		235.48		10,313,135			10,438,608	-125,473	8.73%	
2008		252.81		11,520,419	11,625,515	381,705	12,007,220	-486,802	10.55%	
2009		270.38		13,685,981	13,235,184		13,774,134	-88,152		
2010		289.17		15,911,261	14,322,815	669,373	14,992,188	919,073	0.13%	
2011		309.27		17,482,885	13,795,088		14,566,789	2,916,096		
2012		324.42		18,728,527	15,309,617		16,056,815	2,671,712		
2013		340.32		18,688,910		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%	
Currer	nt Waiver MEG	is								
			-4 Th 075	0/ EDO ! -	FDL \					
	`		ater Than 2759		•	Withhold	Total			
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference	PMPM % Change	
2010			255.05		62,004		67,077			
2011	513		356.76		177,735	5,284	183,020		39.88%	
2012			239.48		80,702		90,524		-32.87%	
2013			164.71		51,085	10,846	61,931		-31.22%	
2014	to the second	182.65			122,132		127,858		10.89%	
2015		182.65		96,259	51,535		58,795	37,464	-38.92%	
2016		182.65		112,150			100,861	11,289	47.24%	
2017		182.65		114,301	85,832		92,039	22,262		
2018		182.65		116,664			109,164	7,501	16.20%	
2019	321	182.65	185.26	58,696	51,402	8,133	59,534	-838	8.40%	
MA Pa	rents With Yo	ungest Child	d 18 Years Old	t.		MARAL L I	T-1-1			
SFY	Member Mo**	РМРМ Сар*	РМРМ	PMPM Ceiling	Expenditures	Withhold Payments	Total Expenditures	Difference	PMPM % Change	
2009	6,439		503.09		2,994,428	244,996	3,239,425			
2010			502.11		4,051,903		4,307,107		-0.20%	
2011	,		483.36		4,225,464		4,531,486		-3.73%	
2012		476.54			3,957,623		4,317,884		-1.41%	
2013		476.54			3,650,671	355,691	4,006,362		-6.01%	
2014		476.54			5,384,791	330,723	5,715,514		-4.12%	
2015		476.54		11,491,165	11,412,124		11,805,305	-314,140	14.00%	
2016		476.54		12,392,293	12,574,039	714,173	13,288,212	-895,919	4.38%	
2017		476.54		8,082,962		1,042,455	8,421,875	-338,913	-2.83%	
2018		476.54		8,250,074			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 exp	enditures, all	waiver groups							
	•				MA	MA Parents with Youngest Child				
	MinnesotaCare I	MinnesotaCare	MinnesotaCare I	MinnesotaCare	IVIA					
	MinnesotaCare I		MinnesotaCare I Caretaker Adults			18-Years-Old	Total	Cumulative		
1996	Pregnant Women		Caretaker Adults			18-Years-Old	Total 14,101,991	Cumulative 14,101,991	Tre	nd scenario
1996 1997	Pregnant Women (2,692,881	Children	Caretaker Adults		1-Year-Olds					end scenario Kids
	Pregnant Women 0 2,692,881 2,832,636	Children 9,250,752	Caretaker Adults		1-Year-Olds 2,158,358		14,101,991	14,101,991	PW/Parents	
1997	2,692,881 2,832,636 4,910,528	Children 9,250,752 10,201,710	Caretaker Adults A		1-Year-Olds 2,158,358 2,050,449		14,101,991 15,084,795	14,101,991 29,186,786	PW/Parents	Kids
1997 1998	2,692,881 2,832,636 4,910,528 755,546	9,250,752 10,201,710 19,557,636 10,011,142	Caretaker Adults 7		1-Year-Olds 2,158,358 2,050,449 1,522,966		14,101,991 15,084,795 25,991,130	14,101,991 29,186,786 55,177,916	PW/Parents 5.30%	Kids 4.90%
1997 1998 1999	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261	9,250,752 10,201,710 19,557,636	-3,716,799 -12,354,648		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263		14,101,991 15,084,795 25,991,130 7,124,152	14,101,991 29,186,786 55,177,916 62,302,068	PW/Parents 5.30%	Kids 4.90% cenario
1997 1998 1999 2000 2001	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021	-3,716,799 -12,354,648 -18,714,932		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473	PW/Parents 5.30% Trend so	Kids 4.90% cenario MA Paren
1997 1998 1999 2000 2001 2002	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463	-3,716,799 -12,354,648 -18,714,932 -28,010,530		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109	PW/Parents 5.30% Trend so	Kids 4.90% cenario MA Paren With Your
1997 1998 1999 2000 2001 2002 2003	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Parent With Your Child = 18
1997 1998 1999 2000 2001 2002 2003 2004	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39 -90,686	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770 1,851,798	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339 11,009,137	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Paren With Your
1997 1998 1999 2000 2001 2002 2003 2004 2005	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39 -90,686 -383,770	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155 3,065,710	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319 283,130		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648 1,112,658		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770 1,851,798 4,077,729	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339 11,009,137 15,086,865	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Parent With Your Child = 18
1997 1998 1999 2000 2001 2002 2003 2004 2005 2006	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39 -90,686 -383,770 -191,627	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155 3,065,710 6,972,198	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319 283,130 3,681,467		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648 1,112,658 5,080		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,179 -35,015,364 -3,770 1,851,798 4,077,729 10,467,118	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,479 9,161,109 9,157,339 11,009,137 15,086,865 25,553,984	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Parent With Your Child = 18
1997 1998 1999 2000 2001 2002 2003 2004 2005	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39 -90,686 -383,770 -191,627 480,707	9,250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155 3,065,710	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319 283,130 3,681,467 7,503,999		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648 1,112,658		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770 1,851,798 4,077,729	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339 11,009,137 15,086,865	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Parent With Your Child = 18
1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -39 -90,686 -383,770 -191,627 480,707 824,967	250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155 3,065,710 6,972,198 8,158,083	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319 283,130 3,681,467 7,503,999 4,541,853		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648 1,112,658 5,080 -125,473 -486,802		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770 1,851,798 4,077,729 10,467,118 16,017,316	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339 11,009,137 15,086,865 25,553,984 41,571,300	PW/Parents 5.30% Trend so MA One-Year-Olds	Kids 4.90% cenario MA Parent With Your Child = 18
1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008	Pregnant Women 0 2,692,881 2,832,636 4,910,528 755,546 738,261 4,199,164 8,144,885 -90,686 -383,770 -191,627 480,707 824,967 696,873	250,752 10,201,710 19,557,636 10,011,142 3,933,620 2,672,021 -15,745,463 -1,758 2,155,155 3,065,710 6,972,198 8,158,083 -202,428	-3,716,799 -12,354,648 -18,714,932 -28,010,530 -1,985 -1,052,319 283,130 3,681,467 7,503,999 4,541,853 3,216,530		1-Year-Olds 2,158,358 2,050,449 1,522,966 74,263 557,348 843,571 595,744 12 839,648 1,112,658 5,080 -125,473		14,101,991 15,084,795 25,991,130 7,124,152 -7,125,419 -11,000,176 -35,015,364 -3,770 1,851,798 4,077,729 10,467,118 16,017,316 4,677,590	14,101,991 29,186,786 55,177,916 62,302,068 55,176,649 44,176,473 9,161,109 9,157,339 11,009,137 15,086,865 25,553,984 41,571,300 46,248,890	PW/Parents 5.30% Trend so MA One-Year-Olds	4.90% cenario MA Parent With Youn Child = 18

109,752,447

190,296,264

2,671;*a*gle2:

2012 HS Reparts 14,22 sts Divisto4,879,506

59,873,229

27,513,718

Sum	39,604,788	78,281,206	208,683,767	51,095,922	28,219,156	-3,838,888	402,045,952	
2019					-838	-967,702	-968,540	402,045,952 <= Bottom line cost neutrality
2018					7,501	-1,322,214	-1,314,713	403,014,492
2017					22,262	-338,913	-316,651	404,329,205
2016	0	-562,051	-15,703,841	-24,117,771	11,289	-895,919	-41,268,293	404,645,856
2015	-576,070	-7,775,955	85,693,920	67,942,465	37,464	-314,140	145,007,685	445,914,149
2014	3,173,276	33,068,357	40,147,843	-23,782,395	6,583,868		59,190,950	300,906,465
2013	2,547,552	7,885,440	31,455,297	3,539,904	5,991,058		51,419,252	241,715,515

Total waiver expenditures, all waiver groups

						MA Parents with		
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child		Federal
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	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	, ,	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	-, -,	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		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	, ,	5,177,980	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
- 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

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	Number of SFHs
Area	
Eleven County Metro Area	141
Non-Metro Area	57
Total	198

State Fair Hearings Closed in Quarter 4 of 2016 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

Admin Type by Service Category a	na Outcome					
Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved after hearing	Resolved before hearing	Total
	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Service Category						
Health Plan Change	1			:	2 2	5
Restricted Recipient	2	2	4			8
Total	3	2	4	:	2	13

Billing Type by Service Category and Outcome

Outcome	Dismissed	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
Service Category						
Chiropractic					1	
DME-Medical Supplies				1	1	:
Dental	1					
Emergency Room				2		:
Home Care	1					
Hospital				1		
Pharmacy		1			1	:
Professional Medical Services	5			7		1:
Therapies/Rehabilitation			1	1		
Transportation				1		
Total	7	1	1	13	3	2

Service 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			1		:
Chiropractic			1			1	:
DME-Medical Supplies	2		3		2		
Dental	2		6		3		11
EW Services		1	1			1	;
Emergency Room					2	1	;
Home Care	4	8	11	3	24	5	5
Pharmacy	4		7		8		19
Professional Medical Services	1	2	6		10	4	23
Therapies/Rehabilitation			5		1		
Transportation	13		1		3	4	2
Vision Services			1		1		
Total	27	12	42	3	55	16	155

Access Type by Service Category and Outcome

No values were returned for this table.

Total All Types by Service Category and Outcome

Total All Types by Service Catego	tal All Types 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									
Chemical Dependency	1	1			1			3	
Chiropractic			1				2	3	
DME-Medical Supplies	2		3		3		1	9	

Dental	3		6		3			12
EW Services		1	1				1	3
Emergency Room					4		1	5
Health Plan Change	1			2	2	1		6
Hearing Services			1				1	2
Home Care	5	8	11	3	24		5	56
Hospital					1			1
Mental Health	1		1					2
Pharmacy	4		8		8		1	21
Professional Medical Services	6	2	6		17		4	35
Restricted Recipient	2	2	4					8
Therapies/Rehabilitation			5	1	2			8
Transportation	13		1		4		4	22
Vision Services			1		1			2
Total	38	14	49	6	70	1	20	198

Summary of SFHs Closed in Quarter 4 of 2016 by Outcome

	Number of SFHs
Outcome	
Dismissed	38
Enrollee prevailed	14
Health Plan prevailed	49
Resolved after hearing	6
Resolved before hearing	70
State affirmed	1
Withdrawn	20
Total	198

Note:

- 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.

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

Demonstration Year 22 Third Quarter Report January 1, 2017 through March 31, 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 540 Cedar Street St. Paul, Minnesota 55164-0983

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 third quarter report for the period of January 1, 2017 through March 31, 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 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 the table below for PMAP+ enrollment activity for the period January 2017 through March 2017.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter March 31, 2017	Current Enrollees (as of data pull on May 3, 2017)	Disenrolled in Current Quarter (January 1, 2017 through March 31, 2017)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	37	35	33
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	2,552	2,547	872

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
January	2017	51
February	2017	55
March	2017	63

Outreach and Marketing

Education and Enrollment

On October 1, 2013, DHS converted to 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.

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. The work group met in Prior Lake, Minnesota on February 9, 2017. A copy of the agenda is at Attachment A.

Operational and Policy Developments

There were no significant program developments or operational issues for populations covered under this waiver during the quarter ending March 31, 2017.

Budget Neutrality Developments

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

Member Month Reporting

Member months for "MA One-Year-Olds" and "Medicaid Caretaker Adults" for the period January 1, 2017 through March 31, 2017 are provided in the table below.

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

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 C for a summary of state fair hearings closed in the first quarter of calendar year 2017.

Post Award Public Forum on PMAP+ Waiver

In accordance with the PMAP+ special terms and conditions, paragraph 16, DHS holds public forums to provide the public with an opportunity to comment on the progress of the PMAP+ demonstration. The next public forum is planned for August 2017.

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 feefor-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. In November 2016 the evaluation plan was updated to address CMS comments.

State Contact

The state contact person for this waiver is Stacie Weeks. She can be reached by telephone at (651) 431-2151, or fax at (651) 431-7421, or email at stacie.weeks@state.mn.us.

Attachment A

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

Thursday, February 9, 2017

10:00 am to 3:00 pm

AGENDA

10:00 - 10:15 a.m.

Welcome/Opening Prayer and Introductions

10:15 - 10:30 a.m.

Tribal State Health Care Policy Manual – David Quincy State Plan Amendments/Medicaid Waivers – Jan Kooistra DHS

10:30 - 11:15

Gaps Analysis Study and Tribal Nations - Mary Olsen Baker DHS

11:15 – 11:45 a.m.

Stroke Public Awareness Initiative for American Indians - Claire Fleming

11:45 a.m. – 12:30 p.m.

OSHII Update on Tribal SHIP/Tobacco Evaluator – Chris Tholkes and Ann Zukoski

12:30 – 1:00 p.m.: Lunch

1:00 - 1:45 p.m.

MDH Commissioner Discussion – Ed Ehlinger Legislative Update – American Indian Opiate Overdose Prevention Center for Health Equity Update

1:45 - 2:30 p.m.

Dr. Neil Henderson and Dr. Mary Owens - U of MN Duluth

Tribal Health Directors 2017 Meetings

Thursday, May 11th

Thursday, August 10, 2017 (may change based on approval of a retreat)

Thursday, November 9, 2017

Agenda items for next meeting

Adjourn

MinnesotaCare Pregnant Women

Minneso	otaCare Preg	nant Women							
SFY	Member Mo	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Withhold Payments	Total Expenditures	Difference	PMPM % Change
01 1	Member Mo	тип и оар	. 1411 141	i wii wi ceiling	Experialtures	raymonto	Experientares	Dillerence	i iii iii /o Onange
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

						Withhold	Total		
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	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 Atta	achment B
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	otacare care					Withhold	Total		
SFY	Member Mo**	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	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)

						Withhold	Total		
SFY	Member Mo**	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference	PMPM % Change
2008	186.323		397.72		70.530.235	3.573.832	74.104.067		
	,				-,,	-,,-	, - ,		5 4 407
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)

						Withhold	Total		
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	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)

						withhold	i otai		
SFY	Member Mo	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference I	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

		_				Withhold	Total	
SFY	Member Mo**	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference PMPM % Chang
DHS	Reports Forecasts D	ivision		-	Page 2			

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	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

						MA Parents with				
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child				
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	Cumulative		
1996	2,692,881	9,250,752			2,158,358		14,101,991	14,101,991	Tre	nd 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 so	cenario
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	0.00%	0.00%
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	3 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		-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	<= Bottom line	cost neutrality
Sum	39,604,788	78,281,206	208,683,767	51,095,922	28,219,156	-3,838,888	402,045,952			

Total waiver expenditures, all waiver groups

						MA Parents with		
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child		Federal
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	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					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 DHS Reports Forecasts Division

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.

FY2019 reflects a six month waiver period: July-December 2018.
 FY2019 expenditures reflect the State's obligation to pay back the HMO withhold collected during CY2018.

April 3, 2017

State Fair Hearings Closed in Quarter 1 of 2017 by Metro and Non-Metro Areas

	Number of SFHs
Area	
Eleven County Metro Area	132
Non-Metro Area	40
Total	172

State Fair Hearings Closed in Quarter 1 of 2017 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

Admin Type by octylee dategory and dateome										
Outcome	Dismissed	Enrollee prevailed	Resolved before hearing	Total						
	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs						
Service Category										
Health Plan Change	1		2	3						
Restricted Recipient	2	1		3						
Total	3	1	2	6						

Billing Type by Service Category and Outcome

Billing Type by Service Category a							
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							
Chiropractic					2		2
DME-Medical Supplies			1				
Hospital	1						
Mental Health		1			1		:
Pharmacy					1		
Professional Medical Services	1			1	6		
Therapies/Rehabilitation					2		:
Vision Services						1	
Total	2	1	1	1	12	1	1

0.4	Dismissed	Enrollee prevailed	HP Partially Upheld/Member Partially Denied	Health Plan prevailed	Resolved after hearing	Resolved before hearing	Withdrawn	Total
Outcome								
	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					1			1
Chiropractic				1		1	1	3
DME-Medical Supplies	1	1		2		2		6
Dental	3			5			1	9
EW Services				2		2		4
Home Care	9	11	2	35		10	5	72
Pharmacy	5			4		23	3	35
Professional Medical Services	5	1		3		2	2	13
Therapies/Rehabilitation		1		2				3
Vision Services				1				1
Total	23	14	2	55	1	40	12	147

Access Type by Service Category and Outcome

No values were returned for this table.

Total All Types by Service Category and Outcome

Total All Types by Service Category	Dismissed	Enrollee prevailed	HP Partially Upheld/Member Partially Denied	Health Plan prevailed	Resolved after hearing	Resolved before hearing	Withdrawn	Total
Outcome	Disillissed	Lili oliee prevalled	TIP Partially Ophelumeniber Partially Defiled	riealui Fiaii prevalleu	Resolved after flearing	Resolved before flearing	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					1			1
Chiropractic				1		3	1	5
DME-Medical Supplies	1	1		3		2		7
Dental	3			5			1	9
EW Services				2		2		4
Health Plan Change	1					2		3
Home Care	9	11	2	35		10	5	72
Hospital	1							1
Mental Health		1				1	1	3
Pharmacy	5			4		24	3	36
Professional Medical Services	6	1		3	1	8	2	21
Restricted Recipient	2	1						3
Therapies/Rehabilitation		1		2		2		5
Vision Services				1			1	2
Total	28	16	2	56	2	54	14	172

Summary of SFHs Closed in Quarter 1 of 2017 by Outcome

	Number of SFHs
Outcome	
Dismissed	28
Enrollee prevailed	16
HP Partially Upheld/Member Partially Denied	2
Health Plan prevailed	56
Resolved after hearing	2
Resolved before hearing	54
Withdrawn	14
Total	172

Attachment C

Note:

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

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

Demonstration Year 22 Fourth Quarter Report April 1, 2017 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 540 Cedar Street St. Paul, Minnesota 55164-0983

State of Minnesota Department of Human Services

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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 fourth quarter report for the period of April 1, 2017 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 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 the table below for PMAP+ enrollment activity for the period April 2017 through June 2017.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter June 30, 2017	Current Enrollees (as of data pull on June 30, 2017)	Disenrolled in Current Quarter (April 1, 2017 through June 30, 2017)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	44	35	28
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

Eligibility Month	Eligibility Year	Unique Enrollees
April	2017	48
May	2017	51
June	2017	67

Outreach and Marketing

Education and Enrollment

On October 1, 2013, DHS converted to 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.

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. The work group met in Prior Lake, Minnesota on May 11, 2017. A copy of the agenda is at Attachment A.

Operational and Policy Developments

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

Budget Neutrality Developments

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

Member Month Reporting

Member months for "MA One-Year-Olds" and "Medicaid Caretaker Adults" for the period April 1, 2017 through June 30, 2017 are provided in the table below.

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending
Described on 1 MA One				June 30, 2017
Population 1: MA One-				
Year-Olds with incomes	42	45	44	131
above 275% FPL and at or				
below 283% FPL				
Medicaid Caretaker				
Adults with incomes at or	2,642	2,662	2,668	7,972
below 133% FPL living	,	,	,	,
with a child age 18				

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 C for a summary of state fair hearings closed in the second quarter of 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. The next public forum is planned for August 2017.

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 feefor-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 Stacie Weeks. She can be reached by telephone at (651) 431-2151, or fax at (651) 431-7421, or email at stacie.weeks@state.mn.us.

Attachment A

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.

Case Management Redesign Briefing - Lisa Cariveau and Jennifer Blanchard

2:00 - 2:15 p.m.

Department of Commerce 1332 Waiver - Peter Brickwedde

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

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

Minneso	otaCare Preg	nant Women							
SFY	Member Mo	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Withhold Payments	Total Expenditures	Difference	PMPM % Change
01 1	Member Mo	тип и оар	. 1411 141	i wii wi ceiling	Experialtures	raymonto	Experientares	Dillerence	i iii iii /o Onange
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

						Withhold	Total		
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	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 Atta	achment B
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	otacare care					Withhold	Total		
SFY	Member Mo**	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	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)

						Withhold	Total		
SFY	Member Mo**	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference	PMPM % Change
2008	186.323		397.72		70.530.235	3.573.832	74.104.067		
	,				-,,	-,,-	, - ,		5 4 407
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)

						Withhold	Total		
SFY	Member Mo	РМРМ Сар*	PMPM	PMPM Ceiling	Expenditures	Payments	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)

						withhold	i otai		
SFY	Member Mo	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference I	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

		_				Withhold	Total	
SFY	Member Mo**	PMPM Cap*	PMPM	PMPM Ceiling	Expenditures	Payments	Expenditures	Difference PMPM % Chang
DHS	Reports Forecasts D	ivision		-	Page 2			

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	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

						MA Parents with				
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child				
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	Cumulative		
1996	2,692,881	9,250,752			2,158,358		14,101,991	14,101,991	Tre	nd 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 so	cenario
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	0.00%	0.00%
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	, ,	7,885,440	31,455,297	3,539,904	5,991,058		51,419,252	241,715,515		
2014		33,068,357			, ,		59,190,950	300,906,465		
2015	,		, ,	67,942,465	,		145,007,685	445,914,149		
2016		-562,051	-15,703,841	-24,117,771	,	,	-41,268,293	404,645,856		
2017					22,262		-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	<= Bottom line	cost neutrality
Sum	39,604,788	78,281,206	208,683,767	51,095,922	28,219,156	-3,838,888	402,045,952			

Total waiver expenditures, all waiver groups

						MA Parents with		
	MinnesotaCare	MinnesotaCare	MinnesotaCare	MinnesotaCare	MA	Youngest Child		Federal
	Pregnant Women	Children	Caretaker Adults	Adults w/o Kids	1-Year-Olds	18-Years-Old	Total	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					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 DHS Reports Forecasts Division

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.

FY2019 reflects a six month waiver period: July-December 2018.
 FY2019 expenditures reflect the State's obligation to pay back the HMO withhold collected during CY2018.

April 3, 2017

State Fair Hearings Closed in Quarter 2 of 2017 by Metro and Non-Metro Areas

	Number of SFHs
Area	
Eleven County Metro Area	144
Non-Metro Area	59
Total	203

State Fair Hearings Closed in Quarter 2 of 2017 by Type, Service Category and Outcome

Admin Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved before	Total
	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Service Category					
Health Plan Change	4			4	8
Restricted Recipient	3	1	2		6
Total	7	1	2	4	14

Billing Type by Service Category and Outcome

Outcome	Dismissed	Enrollee prevailed	Health Plan prevailed	Resolved before	Withdrawn	Total
	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs	Number of SFHs
Service Category						
Dental		1	1		1	3
EW Services	1					1
Emergency Room				1		1
Health Plan Change				1		1
Mental Health	1					1
Pharmacy				1	1	2
Professional Medical Services	2			3	1	6
Transportation			1	1		2
Total	4	1	2	7	3	17

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	1							1
Chiropractic				1				1
DME-Medical Supplies	2			5		2		9
Dental	5	1		5		2		13
EW Services				2			1	3
Home Care	10	15	6	39		11	3	84
Hospital						1		1
Mental Health	1	1				1	1	4
Pharmacy	7	2		4	1	10	4	28
Professional Medical Services		1		11		5	3	20
Therapies/Rehabilitation	1			1				2
Transportation	4					2		6
Total	31	20	6	68	1	34	12	172

Access Type by Service Category and Outcome

No values were returned for this table.

Total All Types by Service Category and Outcome

Total All Types by Cervice Catego			1155 4 11 11 1 11/54 1		5	5 1 11 (Marie I	
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	1							1
Chiropractic				1				1
DME-Medical Supplies	2			5		2		9
Dental	5	2		6		2	1	16
EW Services	1			2			1	4
Emergency Room						1		1
Health Plan Change	4					5		5

Home Care	10	15	6	39		11	3	84
Hospital						1		1
Mental Health	2	1				1	1	5
Pharmacy	7	2		4	1	11	5	30
Professional Medical Services	2	1		11		8	4	26
Restricted Recipient	3	1		2				6
Therapies/Rehabilitation	1			1				2
Transportation	4			1		3		8
Total	42	22	6	72	1	45	15	203

Summary of SFHs Closed in Quarter 2 of 2017 by Outcome

	Number of SFHs
Outcome	
Dismissed	42
Enrollee prevailed	22
HP Partially Upheld/Member Partially Denied	6
Health Plan prevailed	72
Resolved after hearing	1
Resolved before hearing	45
Withdrawn	15
Total	203

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.