

## Minutes: Medicaid Services Advisory Committee

Date: 11/10/2020

Time: 12:30 p.m. - 2:30 p.m.

Location: virtual, WebEx

### Participation

Participating members: Robert Marcum, George Klauser, Kate Quale, Bradford Teslow, Stephanie Schwartz, Hodan Guled, Megan Ellingson, Beth McMullen, Samuel Moose, Dr. John Wust, Dr. Jean Balestrery, Dr. Micah Niermann, Lynette Tahtinen

DHS staff: Krista O'Connor, HCA Strategic Development Director

Presenters: Matt Anderson, HCA Assistant Commissioner and Medicaid Director; Amy Seitz, HCA Policy Specialist Child and Teen Checkups Program; Mat Spaan Manager Care Delivery and Payment Reform

### Welcome and announcements

Krista O'Connor opened the meeting by welcoming the members and expressing appreciation for their engagement. Krista acknowledged that members were participating as their schedules allowed, given the impact of increased COVID cases. In addition, Krista welcomed public participants and noted that public comment is welcome and encouraged and should be submitted in writing to [krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us).

Krista reviewed the structure of the Medicaid Services Advisory Committee, the HCA vision, the MSAC purpose and duties and the meeting agenda.

### Member introductions

Krista O'Connor explained that the statute governing the Medicaid Services Advisory Committee requires the committee to be comprised of individuals familiar with the Medicaid programs who represent the following three categories:

- Beneficiaries of caregivers of beneficiaries
- Physicians or providers
- Non-profits or human services organizations

Krista informed the group that there are five seats within each category with one of the five seats reserved for tribal representation. Each seat serves a two-year term, with approximately half of the seats up for appointment each year. Seven seats were recently open with six being filled as follows.

- Robert Marcum (re-appointed)

- Tribal seat (remains open)
- Abdirahman Ahmed, DDS (appointed)
- Dr. John Wust (appointed)
- Megan Ellingson (appointed)
- Hodan Guled (re-appointed)
- Stephanie Schwartz (appointed)

All members, existing and new, provided a brief introduction and explained how they represented their category.

## Updates

HCA Assistant Commissioner and Medicaid Director Matt Anderson provided updates to the group. He explained that the Medicaid and MinnesotaCare programs operate under both federal and state laws and regulations. The COVID pandemic has provided flexibilities for Minnesota's Medicaid program under the Federal Public Health emergency as well as the State COVID peacetime emergency. Minnesota has almost 100 waivers in place, which allow policy changes for continuous enrollment and telemedicine. The Federal PH Emergency is set to expire on January 21, 2021, which is one day after the presidential inauguration. The state peacetime emergency must be renewed every 30 days and is extended via a special session. The current state peacetime emergency expires November 12 and it is expected that the Governor will extend it for another 30 days during special session #6. Minnesota is reviewing the waivers to determine if some should be extended past the COVID pandemic, and is seeking federal approval to keep these waivers in place.

Three resources were provided to members and included:

- Blue Ribbon Commission final report: <https://mn.gov/dhs/hhsbrc/>
  - The final Blue Ribbon Commission report was delivered to the Governor and legislators prior to the October 1, 2020 due date. The report contains 22 strategies that were developed and reviewed by the Commission for consideration. The report is posted on the BRC public site for review.
- Health Affairs blog on applying a racial equity lens to value based care: <https://www.healthaffairs.org/doi/10.1377/hblog20200831.419320/full/>
  - The Health Affairs article discusses value based care, the limited impact it has had on reducing racial health disparities and the need to identify and dismantle structural racism in the medical system.
- CMS fact sheet on Accountable Health Communities: [AHC Model Fact Sheet: First 750,000 Completed Screenings](#)

The Allina Health System received CMS funding to study health related social needs. Allina has implemented a social need screen and is providing navigation services to individuals indicating 1+ social need. During the first 18 months, over 32,000 people were screened and 27% identified one or more social need:

- 60% Food insecurity (most common for patients with Medicaid)
- 49% Housing instability (most common for patients with Medicare)
- 35% Transportation
- 24% Utility costs
- 6% Safety/interpersonal violence

Member Jean Balestrery shared with the group that the National Academies of Medicine recently published a report, "[Health Data Sharing to Support Better Outcomes](#)". She also informed the group that she recently attended a national training on best practices associated with the integration of behavioral and medical health services. She indicated there is research/evidence on place based evidence based practice, which is important as we seek to implement best practices for our Medicaid beneficiaries. Kate Quale expressed concern over access to the flu vaccination for MA & MA/TEFRA families. She also expressed concern over the public charge rule changes and the impact on families who are afraid to apply for health care coverage. Stephanie Schwartz indicated that public charge was invalidated by a federal district court on 11/2 and applies nationwide. John Wust explained that behavioral studies have shown that more people enroll in retirement plans when enrollment is automatic and suggested that enrollment into MA and MinnesotaCare could be automatic with premiums being adjusted with income tax return data.

## Child and Teen Checkups

Amy Zeitz, HCA Policy Specialist with the Child and Teen Check-up (C&TC) Program, provided an overview of the C&TC program, the impact of COVID and the approaches that are being taken to ensure services continue to be provided. Amy explained that Minnesota's C&TC program is the Federal Early, Periodic Screening, Diagnostic and Treatment (EPSDT) program. DHS is responsible for administration and oversight of the program, program policy, provider contracts, and interagency agreement with MDH for their clinical expertise. The goal of the program is to provide preventive well-child services to children aged 0 – 21 years and have an 80% participation rate.

Amy explained that data comparing 2019 immunization rates to 2020 immunization rates showed:

- Routine childhood doses for children age 4-6 years old decreased by 34%
- Routine adolescent doses for children 11-12 years old decreased by 32%
- Put another way, about 50,000 fewer doses have been administered so far in 2020 when compared to the same time frame in 2019.

In order to increase immunizations and well-child services, state agencies and counties are conducting outreach such as social media, flyers, radio and other audio announcements, letter inserts, and text messages. In addition, DHS has instructed providers to bill telemedicine accordingly to make a complete C&TC.

Amy asked members if they have seen decreases in preventive services and if they had suggestions on how to improve rates. Kate Quale mentioned that she is aware of several families postponing well-child care due to the need to use public transportation, and not feeling safe with possible COVID exposure on public transportation. Stephanie Schwartz indicated that UCare shares C&TC information and their importance, and indicated that some plans may also share small incentives for well-child visits.

## Integrated Health Partnerships

Mat Spaan, Manager of Care Delivery and Payment Reform, provided background information on Integrated Health Partnerships (IHPs) and how COVID-19 has affected utilization of services.

Mat discussed:

- The significant drops in utilization from March 2020 - May 2020

- The rebound of service utilization in early Spring 2020; but mentioned it is too early to tell if we will see another drop in utilization and service delivery during the last quarter of 2020
- The current trends showing 4-5% lower overall utilization trends
- The big variation of utilization across service types – for example, dental services are at less than half of their expected levels in March through May

Mat also explained the changes to the IHP program due to COVID, which included the:

- Elimination of the total cost of care risk arrangements
- Continuation of Performance Based Payment (PBP) to support interventions and care delivery changes
- IHP contract extensions by at least one year, which allows 2020 to become sort of an "observation year" rather than a "performance year"

Finally, Mat discussed the impacts COVID has had on the IHP health equity interventions, which include access to mental health services, food insecurity, social risk factors, substance use treatment, housing support and care for pregnant women.

A follow up survey was sent to MSAC members regarding COVID impact on IHPs. Responses were due December 10, 2020. Mat will return to the February MSAC meeting to review responses and provide a status update on COVID impact to IHPs.

## Approach for 2021

Krista O'Connor indicated the 2021 meetings will be held quarterly, on the second Tuesday of the second month of every quarter. Meetings will be held for a two hour time period from 12:30 – 2:30p. She indicated that public comment is encouraged and welcomed and would continue as part of the meeting structures in 2021. She also mentioned that due to COVID public comment was being requested in written format. In order to obtain member interest for 2021 meeting topics, Krista indicated that she would send members a survey for them to provide feedback.

## Public comment

Public comment is accepted in written format and can be sent to [krista.oconnor@state.mn.us](mailto:krista.oconnor@state.mn.us). No public comment was received for the 11 10 2020 meeting.

## Adjourn and next meeting

The Medicaid Services Advisory Committee meeting adjourned at 2:30. The next meeting is scheduled for Tuesday, February 9, 2021, from 12:30 – 2:30 pm, and will be held virtually, via WebEx.

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