

Minutes: Medicaid Services Advisory Committee

Date: 07/09/2019

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

Location: Room 2360, [Elmer Andersen Building](#), 540 Cedar St. Saint Paul, MN 55155

Participation

Participating members: Shannon Bakshian, Dr. Christine Foulkes, Kerri Gordon, Hodan Guled, Bob Marcum, Dominic McQuerry

DHS staff: Deputy Assistant Commissioner Sam Mills, Krista O'Connor

Guest speakers: Mat Spaan, DHS; Sam Mills, DHS

Public: Park Dental, 3M, HealthPartners, Briva Health, Wilder Foundation, Allina, Gillette Children's, AHC, UCare, Altair, CSSC

Welcome and introductions

Krista O'Connor opened the meeting by welcoming the members. Krista also welcomed public participants and noted there was a public comment period at the end of the meeting. Members introduced themselves and the meeting agenda was reviewed. The HCA vision and MSAC purpose and duties were reviewed. Committee members did not have any changes to the May 29, 2019 meeting meetings, which were approved and posted to the MSAC public site. Members completed the official Secretary of State, Oath of Office paperwork.

Membership discussion: Krista O'Connor, Strategic Development Director

The MSAC membership has three categories, comprised of four seats each. The current membership and open seats for each category are as follows:

Beneficiaries/Caregivers	Physicians/Providers	Nonprofit/Human Services
Robert Marcum	Shannon Bakshian	Kerri Gordon
Seat 2: posted	Dr. Christine Foulkes	Hodan Guled
Seat 3: posted	Seat 3: posted	Dominic McQuerry
Seat 4: posted	Seat 4: posted	Seat 4: posted

Open positions were posted on the official Secretary of State's website on or prior to July 1, 2019. Applicants need to submit an application and complete a supplemental survey. Applications will be reviewed in August with appointments made in early September. The review team consists of DHS staff and current MSAC members. Applicants are encouraged to earmark October 8th as the next MSAC meeting. The term for new appointments will be from 10/1/2019 – 9/30/2021.

There is an interest to increase membership representing beneficiaries/caregivers and diverse communities. Committee members encouraged outreach to focus on rural areas in greater Minnesota, counties, Community Action Programs (CAP), and the SUD/MH community.

Members also suggested examining the days and times of the meeting if they impede beneficiaries/caregivers from participating.

Quality follow up

Medicaid Matters Data Dashboard: Sam Mills, Deputy Assistant Commissioner

Sam Mills provided an overview and demonstration of the Medicaid Matters data dashboards which are found at: <https://mn.gov/dhs/medicaid-matters/>. The dashboard contains important statistics and data on Minnesota’s Medicaid and MinnesotaCare programs enrollment, provider payments, and oral health. The dashboards are also available through mobile devices.

Members indicated the following enhancements would be beneficial to consider in future dashboard updates:

- Use of social determinants of health; the number of programs/overlap between individuals on Medicaid and other social support programs (food insecurity, housing, etc.)
- Maps or visual displays showing the need of services and the gaps in available providers (dental, SUD/MH, dental, primary care, etc.)
- Add stories of individuals to personalize the experiences of individuals utilizing services
- Data on specific conditions, such as chronic conditions, diabetes, SUD

Quality survey responses: Krista O’Connor, Strategic Development Director

The July 4th holiday made it challenging for individuals to complete the Quality survey. The due date was extended to July 15th and members were asked to submit responses to Krista O’Connor. Krista will share the results with Committee members via email, and also share the responses with Karolina Craft, DHS Quality Manager.

Member experience: MSAC discussion

Members had a rich discussion on the member experience. The questions and responses are below.

What’s most important to you (our members) regarding the health care experience	What is working well	What needs improvement
<ul style="list-style-type: none"> • Easy access • Multi-channel access • Non-clinical access • Quality care • Simplified understanding of networks, systems, hospitals 	<ul style="list-style-type: none"> • Rich set of coverage benefits for Minnesotans • Comfort in knowing one has insurance • Affordability • Navigators 	<ul style="list-style-type: none"> • Streamlined renewal periods, policies and processes for different programs (MA and MinnesotaCare) – some families have different family

<ul style="list-style-type: none"> • Availability and support of navigators who understand the system and can easily provide assistance • Ensuring adequate transportation • Cultural competence of provider community 	<ul style="list-style-type: none"> • ACA expansion • Integration and coordination of services – person centered care (HCH, CCBHC, MH/SUD/PCP) • Tools to allow enrollment on the spot in hospitals, etc. • Attention and commitment to disparities 	<ul style="list-style-type: none"> members enrolled in different programs causing confusion • Stability of enrollment on medical assistance (staying enrolled once coverage is in place) • Integration and coordination of services – person centered care (HCH, CCBHC, MH/SUD/PCP) • Streamline differences in county administered services/process • Streamline differences in health plan process • Care management • Care coordination • Health care literacy, health care 101 • Education on patient responsibility (\$), copays • Copays are confusing – multiple copays for one visit (example physician, labs, x-rays, etc.) • Use of SDOH alongside medical care • Attention and commitment to disparities • Workforce diversity
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The next generation of Integrated Health Partnerships: Mat Spaan, Care Delivery and Payment Reform Manager

Mat Spaan provided foundational information about the current Integrated Health Partnership (IHP) program and explained the ongoing commitment to continued innovation that supports improved population health, increased access, increased beneficiary and provider satisfaction, improved clinical quality and health outcomes, and sustainability of the Medicaid program. DHS anticipates that the next generation of the IHP model will coordinate with other Medicaid purchasing strategies and timelines and will focus on the seven county metro area, and the Medicaid and MinnesotaCare families and children population.

The model will enhance the enrollee experience, use performance measures to prioritize patient outcomes, and offer provider systems flexible payment for care coordination and service delivery.

MSAC members communicated they found the model as a new and positive way to leverage the dollars. Members also indicated it would be necessary to educate potential beneficiaries, stakeholders, counties, navigators, payers, CACs, on how the model is different from the current managed care options and the fundamentals of how to access care within the model. One member raised the concern that the MN Health Records Act may prevent the model from being successful in fully coordinating care and services and accomplishing the goals of the model.

DHS completed a request for public comment (RFC) on the evolution of the Integrated Health Partnership model and received responses from 74 different organizations and individuals. The summary responses are posted online and can be found at: [Summary Responses](#)

Public Comment

Public comment is taken at all Medicaid Services Advisory Committees. Several individuals attended the MSAC from community and stakeholder organizations and provided the following public comments on changes that are needed to improve the member experience:

- The priority should be on creating healthier populations.
- Streamline and make transparent computer systems – DHS, MDH, county, MNsure, MinnesotaCare.
- Streamline programs – sometimes kids are on MA and others are on MinnesotaCare with different renewal dates and processes, timelines, etc.
- Streamline copay for clinic visits, pharmacy, and eyeglasses across the system – some clinics/pharmacies collect, others don't which causes confusion and uncertainty on payment requirements.
- Dental access is difficult with long waits for service.
- Simulated case studies should be used to demonstrate and bring to life real examples of how people access coverage and services and the challenges/barriers they experience with access and/or SDOH. Case studies allow opportunity to examine how the systems work and provide opportunities for discussion.
- Does DHS involve employers in discussion? Would it be helpful since many individuals on assistance are working or transitioning into insurance offered by an employer?

Adjourn and Next meeting

The Medicaid Services Advisory Committee meeting adjourned at 2:30. The next meeting is scheduled for October 8, 2019, 12:30 – 2:30 pm, Elmer Andersen Building, room 2360.

This information is available in other forms to individuals with disabilities. For individuals with a disability who need a reasonable accommodation to access this document, please contact Krista O'Connor at 651-431-7297. TTY users can call the Minnesota Relay Service, 711 or 1-800-627-3529. For the Speech-to-Speech Relay, please call 1-877-627-3848.