

MINNESOTA MEDICAID FACTS

Who is covered in Minnesota's **Medicaid Program?**

ELIGIBILITY GROUPS

FFS¹

MCO 1-4

Undocumented



Children (0-18 years)

Foster Care

Parents and Other Caretaker Relatives

Pregnant Women

Aged, Blind, and Disabled Adults

Dual Eligibles

Disabled Children

Newly Eligible Adults

Non-Citizens**







Intellectual and

- ** Qualified Non-Citizens are subject to a 5-year waiting requirement, except for
- +Eligible for inpatient hospital or nursing facility care only.

Important News

January 2017 - The Centers for Medicare & Medicaid Services (CMS) offers to extend Minnesota's dual-eligible demonstration waiver by two years, until 2020, in order to better evaluate the impact of the program.

February 2017- An 84-page legislative audit report concludes that Minnesota does not have enough surveillance on how the \$2.4 billion it spends annually on Home and Community-Based Services (HCBS) are being allocated. The report highlighted that there was not enough oversight on expenditures and qualifications of home health care workers, and that the program was not fulfilling its intention of providing enrollees with more independence.6

that more competition in the marketplace will decrease



Do Medicaid health plans provide coverage?8





- Blue Plus
- HealthPartners
- Hennepin Health
- Itasca Medical Care (IMCare)
- Medica
- Metropolitan Health Plan
- PrimeWest Health
- South Country Health Alliance
- UCare
- * Excludes ACO options.



Medicaid Medical Director's Network

The state of Minnesota implemented the Opioid Prescribing Improvement Program (OPIP) under a State Innovation Model (SIM). The program integrates social determinants of health by looking at cultural and ethnic disparities and other social outcomes.

How has Minnesota's Medicaid program engaged in Managed Care? **SECTION 1115 WAIVERS**⁹

Minnesota Reform 2020 was created to combine the Long-Term Care Realignment proposal and the Reform 2020 proposal. The combined program provides access to home and community-based services

increases community integration, and reduces pending approval.

APPROVAL: 10/18/2013

EFFECTIVE: 10/18/2013

EXPIRATION: 6/30/2018

The Minnesota Prepaid Medical

Assistance Project Plus was created to of the federal poverty level (FPL)

> APPROVAL: 12/22/2009

> **EFFECTIVE:** 1/1/2010

EXPIRATION: 12/31/2018

Minnesota Spousal Impoverishment - An initial application was submitted that was deemed incomplete by CMS.

Status: Incomplete

The Minnesota Urban Indian Health Board would increase As of June 2018, the waiver was still pending.

Status: Pending







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How is Minnesota meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Minnesota's Health Care Home is a Patient-Centered Medical Home (PCMH) that involves primary care providers, families, and patients who work in partnership to improve health outcomes and quality of life for individuals with chronic or complex health conditions. The Health Care Homes in relation to certification standards. The program ensures that: 26

- Minnesotans receive team-based, coordinated, patient-centered
- Increased care coordination and collaboration between primary care clinicians and community resources while improving population health and health equity.

The Integrated Health Partnerships (IHP) demonstration waiver, an accountable care organization

deliver higher quality and lower-cost health approaches to care and payment.10



Mental Health & Substance Use Disorder

Covered services include:

Alcohol and drug use services: 18

- Nonresidential and residential treatment Hospital inpatient treatment
- Service coordination

- Care management and coordination

- Individual and family supports
 Referral to community supports

Early Intensive Developmental and Behavioral Intervention (EIDBI) services for medically necessary treatment to individuals under the age of 21 on Medical Assistance (MA) with autism spectrum

- Individual treatment plans
- Coordinated care
- InterventionsFamily or caregiver training and counseling

- Mental health targeted case management - Outpatient mental health services

- Physician services Health and behavioral and interventions Inpatient visits

 - Psychiatric consultations and

Covered drug therapies: ²² methadone,



Family Planning

Covered services include:11

- Contraceptive services and supplies
- Family planning counseling and supplies

- Laboratory examination and tests
- Testing of sexually transmitted infections (STIs)



- Various birth control methods
- Diagnosis and treatment of sexually transmitted diseases found
- Transportation to and from a provider of family planning services

Women's Health

- -Doula services limited to childbirth education and support services including emotional and physical support 13
- -BRCA genetic mutation testing for breast and ovarian cancer
- -Medically necessary hysterectomy services¹⁴ -Obstetric services including prenatal care, enhanced prenatal care for at-risk pregnancies, delivery, postpartum, and newborn care¹⁵ -Freestanding birth center services including:
 - Labor and delivery
 - Routine lab services - First postpartum visit

-The Sage Screening Program provides free breast and are un/underinsured. If in need of treatment, women may be eligible for Medicaid coverage. 17



Oral Health 23

Covered services for children and pregnant women:

- Oral evaluations
- Dental radiographs
- Preventive and restorative services
- Endodontics (one tooth per lifetime)
- Orthodontics (children through
- Dentures
- <u>Periodo</u>ntics
- Anesthesia

Covered services for non-pregnant adults:

- Preventive and restorative services
- Endodontics (one tooth per lifetime)
- Oral and IV sedation
- Diagnostic services

- Dental radiographs
- Palliative care









Timeline

Federal Minnesota President Johnson signs Social Security 1965 Amendments of 1965, creating Medicaid as public health program for the poor. 1966 Minnesota adopts the Medicaid program.²⁴ Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement 967 for children enrolled in Medicaid. Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities. Home and Community-Based Services (HCBS) 1981 waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments. Children and pregnant women 1984 Minnesota establishes a Prepaid Medical Assistance become mandatory Medicaid eligibility groups. Program (PMAP), a managed care program that 1985 allows mandatory enrollment into non-profit HMOs and rural health programs in the Minneapolis area.²⁵ Children up to age 6 and pregnant women 1989 up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded. Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; Minnesota introduces MinnesotaCare, offering coverage eligibility phased in from 1990 through 2002. for individuals who are ineligible for PMAP but who also 1993 do not have access to private health insurance.² MinnesotaCare converts to a prepaid managed care Balanced Budget Act of 1997 allows Medicaid program and later merges with PMAP. PMAP and to be delivered through managed care organizations; MinnesotaCare provide acute, primary, specialty, long-State Children's Health Insurance Program (CHIP) term, and behavioral health services to children and 1996 created; states now have option to provide coverage low-income adults.25 for uninsured children in low-income families Minnesota introduces the Minnesota Senior Health 1997 1997 above FPI. Options, which provides coverage for acute, specialty care, long-term services and supports, behavioral health, Olmstead decision allows expanded pharmacy benefits, and nursing facility stays up to 180 days in the capitation rate.²⁵ HCBS coverage for persons with disabilities. Minnesota creates the Special Needs Basic Care (SNBC), offering Medicaid coverage for acute care services, behavioral health, and some nursing facility care (100 days).25 Expands MinnesotaCare eligibility for adults without children to 250 % of the federal poverty level (FPL) and parents with annual incomes up to \$57,500.²⁶ The state introduces Minnesota Senior Care Plus 2008 (MSC+), providing acute care and long-term services and supports to dual eligibles as well as Affordable Care Act (ACA) expands Medicaid elito Medicaid-only beneficiaries.²⁵ 2010 gibility to adults with incomes up to 138 percent FPL. Legislation is passed to create Accountable Care 2010 Organizations (ACOs) to test alternative health care National Federation of Independent Business delivery systems.²⁸ 2012 v. Sebelius decision makes Medicaid Minnesota authorizes Medicaid expansion to cover expansion optional for states. eligible adults up to 138% of the federal poverty level 2013 (FPL) under the Affordable Care Act (ACA).²⁷ 2014 ACA implementation begins. Minnesota begins the first phase of its ACO program referred to as Integrated Health Partnerships (IHP).²⁸ MinnesotaCare transitions to a Basic Health Program 2016 under the ACA.27 31 states and the District of Columbia (DC) 2017 IHP 2.0 begins and creates a new opportunity for Patient-Centered Medical Homes (PCMHs) and health homes to have expanded Medicaid since passage of the ACA. 2018 participate. The state explores ways to increase the organization's level of financial responsibility. Beneficiaries will choose to be in a next generation IHP or an MCO.29

