MINNESOTA MEDICAID FACTS

Who is covered in Minnesota’s Medicaid Program?

ELIGIBILITY GROUPS

<table>
<thead>
<tr>
<th>FFS</th>
<th>MCO 1-4</th>
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<tbody>
<tr>
<td><strong>Undocumented Immigrants</strong></td>
<td><strong>Children (0-18 years)</strong></td>
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<td><strong>Current &amp; Former Foster Care</strong></td>
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<td></td>
<td><strong>Children</strong></td>
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<td><strong>Parents and Other Caretaker Relatives</strong></td>
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<td><strong>Pregnant Women</strong></td>
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<td><strong>Aged, Blind, and Disabled Adults</strong></td>
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<td><strong>Dual Eligibles</strong></td>
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<td><strong>Disabled Children</strong></td>
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<td><strong>Newly Eligible Adults</strong></td>
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<td><strong>Qualified Non-Citizens</strong></td>
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<td><strong>Incarcerated +</strong></td>
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<td><strong>American Indians/Alaskan Natives</strong></td>
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<td><strong>Intellectual and Developmental Disabilities</strong></td>
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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.

Before February, for-profit insurers were prohibited by law to operate as health maintenance organizations. Because of rising premiums, the state lifts the prohibition, hoping that more competition in the marketplace will decrease premiums.

Do Medicaid health plans provide coverage?  

**YES**

- 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?

SELECTION 115 WAIVERS

<table>
<thead>
<tr>
<th>Minnesota Reform 2020</th>
<th>The Minnesota Prepaid Medical Assistance Project Plus</th>
<th>Minnesota Spousal Impoverishment</th>
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<td>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 (HCBS) needed to support independence, increases community integration, and reduces reliance on institutional care. The Alternative Care (AC) program and Community First Services and Supports (CFSS) program are authorized under this waiver. An extension request was submitted on 08/07/2017 and as of June 2018, was still pending approval.</td>
<td>created to cover infants ages 12-23 months with family incomes between 275% and 283% of the federal poverty level (FPL) through a prepaid capitated managed care model.</td>
<td>An initial application was submitted that was deemed incomplete by CMS.</td>
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<tr>
<td><strong>APPROVAL:</strong> 10/18/2013</td>
<td><strong>APPROVAL:</strong> 12/22/2009</td>
<td><strong>Status:</strong> Incomplete</td>
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<td><strong>EFFECTIVE:</strong> 10/18/2013</td>
<td><strong>EFFECTIVE:</strong> 1/1/2010</td>
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<td><strong>ExPIRATION:</strong> 6/30/2018</td>
<td><strong>ExPIRATION:</strong> 12/31/2018</td>
<td><strong>Status:</strong> Pending</td>
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The Minnesota Urban Indian Health Board would increase enrollment of American Indians living in urban areas into the Medicaid program, representing an increase in financial resources dedicated to the Indian Health Board. An application was submitted for approval on 05/22/2017. As of June 2018, the waiver was still pending.

**Status:** Pending

www.MedicaidInnovation.org
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 program uses performance measurements for the evaluation of Health Care Homes in relation to certification standards. The program ensures that:

- Minnesotans receive team-based, coordinated, patient-centered care;
- 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 (ACO) model, strives to deliver higher quality and lower-cost health care through innovative approaches to care and payment.

**Family Planning**

Covered services include:

- Consultation, examination, and medical treatment
- Contraceptive services and supplies
- Family planning counseling and supplies
- HIV blood screening and counseling
- Genetic counseling and infertility services
- Laboratory examination and tests
- Prescriptions for the purpose of family planning
- Testing of sexually transmitted infections (STIs)
- Voluntary sterilization

The Minnesota Family Planning Program (MFP) covers family planning services, including related supplies, for low-income adults who otherwise are ineligible for Medicaid.

- Family planning office visits and education
- Various birth control methods
- Sterilizations
- Diagnosis and treatment of sexually transmitted diseases found during a family planning visit
- Transportation to and from a provider of family planning services

**Women’s Health**

Covered services include:

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

- The Sage Screening Program provides free breast and cervical cancer screening for low-income women who are un/underinsured. If in need of treatment, women may be eligible for Medicaid coverage.

**Oral Health**

Covered services for children and pregnant women:

- Oral evaluations
- Dental radiographs
- Preventive and restorative services
- Endodontics (one tooth per lifetime)
- Orthodontics (children through age 20)
- Dentures
- Extractions
- Periodontics
- Palliative care
- Anesthesia

Covered services for non-pregnant adults:

- Oral evaluations
- Preventive and restorative services
- Endodontics (one tooth per lifetime)
- Extractions
- Oral and IV sedation
- Diagnostic services
- Dental radiographs
- Periodontics
- Dentures
- Palliative care
- Behavioral management

**Mental Health & Substance Use Disorder**

Covered services include:

Alcohol and drug use services:

- Nonresidential and residential treatment
- Hospital inpatient treatment
- Service coordination

Behavioral Health Home services:

- Care management and coordination
- Comprehensive transitional care
- 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 disorder (ASD) and related conditions:

- Comprehensive evaluations
- Individual treatment plans
- Coordinated care
- Interventions
- Family or caregiver training and counseling

Mental health services:

- Crisis services
- Mental health targeted case management
- Outpatient mental health services
- Rehabilitative mental health services
- Physician services
  - Health and behavioral assessments and interventions
  - Inpatient visits
  - Psychiatric consultations and management

Covered drug therapies:

- Methadone, naltrexone, acamprosate, and disulfiram

www.MedicaidInnovation.org
President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement 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) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

Children and pregnant women become mandatory Medicaid eligibility groups.

Children up to age 6 and pregnant women 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; eligibility phased in from 1990 through 2002.

Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.


ACA implementation begins.

31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

Minnesota adopts the Medicaid program.

Minnesota establishes a Prepaid Medical Assistance Program (PMAP), a managed care program that allows mandatory enrollment into non-profit HMOs and rural health programs in the Minneapolis area.

Minnesota introduces MinnesotaCare, offering coverage for individuals who are ineligible for PMAP but who also do not have access to private health insurance.

MinnesotaCare converts to a prepaid managed care program and later merges with PMAP. PMAP and MinnesotaCare provide acute, primary, specialty, long-term, and behavioral health services to children and low-income adults.

Minnesota introduces the Minnesota Senior Health Options, which provides coverage for acute, specialty care, long-term services and supports, behavioral health, pharmacy benefits, and nursing facility stays up to 180 days in the capitation rate.

Minnesota creates the Special Needs Basic Care (SNBC), offering Medicaid coverage for acute care services, behavioral health, and some nursing facility care (100 days).

Expands MinnesotaCare eligibility for adults without children to 250% of the federal poverty level (FPL) and parents with annual incomes up to $57,500.

The state introduces Minnesota Senior Care Plus (MSC+), providing acute care and long-term services and supports to dual eligibles as well as to Medicaid-only beneficiaries.

Legislation is passed to create Accountable Care Organizations (ACOs) to test alternative healthcare delivery systems.

Minnesota authorizes Medicaid expansion to cover eligible adults up to 138% of the federal poverty level (FPL) under the Affordable Care Act (ACA).

Minnesota begins the first phase of its ACO program referred to as Integrated Health Partnerships (IHP).

MinnesotaCare transitions to a Basic Health Program under the ACA.

IHP 2.0 begins and creates a new opportunity for Patient-Centered Medical Homes (PCMHs) and health homes to 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 MCCO.