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

Demonstration Year 27
Annual Report
July 1, 2021 through June 30, 2022

Submitted to:

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services

Submitted by:

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State of Minnesota
Department of Human Services

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ATTACHMENTS

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 annual report for the period of July 1, 2021, through June 30, 2022. 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 over 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.

On June 29, 2020, a request to renew the PMAP+ waiver for an additional five year period was submitted to CMS. On December 21, 2020, CMS approved a temporary extension of the PMAP+ waiver through December 31, 2021. On December 9, 2021, CMS approved a second extension request through December 31, 2022, in order to allow the state and CMS to continue working together on approval of the extension of this demonstration.

Enrollment Information

Please refer to Attachment A for PMAP+ enrollment activity for the period July 1, 2021 through June 30, 2022.

Outreach and Marketing

Education and Enrollment

DHS uses 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.

Assisters and navigators are also available to assist people (via phone, virtual, or in-person meetings) with the eligibility and enrollment process. Contact information is available on the MNsure website. MNsure has a navigator grantee outreach program that provides statewide activities to help individuals with enrollment.

Applicants and enrollees who receive Medical Assistance through fee-for-service may 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

DHS contracts with managed care organizations (MCOs) in each of Minnesota's 87 counties. 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.

Additional Information about Managed Care Plans and State Contracts

The following information is about the managed care plans the State contracts with to provide PMAP+ services. This information is provided in accordance with item 28 of the special terms and conditions for the PMAP+ §1115 waiver.

28(a)(i) A description of the process for managed care capitation rate setting.

Minnesota uses both state-set rates and competitive bidding to arrive at appropriate rate ranges for the Families and Children contract. Rates continue to reflect the influence of both previous years bidding results and subsequent adjustments. For all areas, the actuaries consider factors including but not limited to health care inflationary trends, morbidity (changing age/illness of the population), and changes in benefits. The State then sets the rates using emerging MCO encounter, financial and other information at a level that meets budget projections and is expected to produce appropriate access and quality of care. The PMAP capitation rates are risk adjusted. The methodology for developing rate ranges was provided to all MCOs. MCOs had opportunity to review and respond to the methodology.

28(a)(ii) The number of contract submissions, the names of the plans, and a summary of the financial information, including detailed information on administrative expenses, premium revenues, provider payments and reimbursement rates, contributions to reserves, service costs and utilization, and capitation rate-setting and risk adjustments methods submitted by each bidder.

A graphic representation of the MCO service areas and information about the number of plans under contract in each county for PMAP and Minnesota Care can be found at Health Plan Service Areas.

28(a)(iii) Annual managed care plan financial audit report summary.

Attachment B contains a summary of the MCO audited financial statements for 2020, by public program product (PMAP, MinnesotaCare), including a comparison of medical and administrative expenses to premium revenue.

28(a)(iv) A description of any corrective action plans required of the managed care plans.

The Annual Technical Report (ATR) is an evaluation of MCO compliance with federal and state quality, timeliness and access to care requirements. The report is published on the DHS site at Managed Care Reporting. The report summarizes the results of the independent external quality review of Minnesota's publicly funded managed care programs. Chapter 3 of the ATR presents MCO-specific performance, including strengths, opportunities for improvement and recommendations identified during the external

quality review process. Chapter 4 of the ATR presents improvement recommendations from the previous year's external quality review and includes a discussion on how effectively each MCO addressed the recommendations. The Minnesota Department of Health's managed care licensing examination and the on-site triennial compliance assessment is used by the external quality review organization along with information from other sources to generate the ATR. The most recent results from the managed care licensing examinations and the triennial compliance assessment can be found on the Minnesota Department of Health web site at Quality Assurance and Performance Measurement.

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 unduplicated number of people identified as American Indians who were enrolled in Medical Assistance during calendar year 2021.

Medical Assistance Enrollees who are American Indian
Calendar Year 2021

Population	Enrollees
Families and Children	37,226
Disabled	4,519
Elderly	1,634
Adults with no Children	14,1879
Total	57,568

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. During the period of July 1, 2021 through June 30, 2022 (PMAP demonstration year 27) the work group met on: August 19, 2021; November 18, 2021; February

24, 2022; and, June 21, 2022 (the June meeting was rescheduled from May). The agendas for each of these meetings included waiver status updates, including PMAP+ and are attached; See Attachment C.

Operational and Policy Developments

There were no significant program developments or operational issues for populations covered under this waiver during demonstration year 27 (ending June 30, 2022).

Budget Neutrality Developments

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10. DHS also provides quarterly budget neutrality status updates, including baseline and member months data, using the budget neutrality monitoring tool provided through the performance metrics database and analytics (PMDA) system.

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 D for a summary of state fair hearings closed in quarters one through four of PMAP+ demonstration year 27.

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.

DHS held a post award public forum on April 29, 2022, to provide the public with an opportunity to comment on the progress of the PMAP+ demonstration. The forum was delayed and held virtually via teleconference due to the social distancing requirements presented by COVID-19. A notice was

published on the DHS Public Participation web site on August 28, 2020 informing the public of the date, time and location of the forum. There was one member of the public in attendance at this forum, a college student. The next public forum is planned for November 2022.

Quality Assurance and Monitoring

Comprehensive Quality Strategy

Minnesota's quality strategy is comprehensive and includes continuous quality improvement strategies in all aspects of the quality improvement programs, processes and requirements across Minnesota's Medicaid managed care program. Minnesota has incorporated into its quality strategy measures and processes related to the programs affected by this waiver. The current version of the quality strategy can be accessed on the DHS website at Managed Care Reporting.

The quality strategy is developed in accordance with 42 C.F.R. §438.340, which requires the state Medicaid agency to have a written strategy for assessing and improving the quality of health care services offered by MCOs.

The quality strategy assesses the quality and appropriateness of care and services provided by MCOs for all managed care program enrollees. It incorporates elements of current DHS/MCO contract requirements, State licensing requirements (Minnesota Statutes, Chapters 62D, 62M, 62Q), and federal Medicaid managed care regulations (42 C.F.R. Part 438). The combination of these requirements (contract and licensing) and standards (quality assurance and performance improvement) is the core of DHS' responsibility to ensure the delivery of quality care and services in managed health care programs. DHS assesses the quality and appropriateness of health care services, monitors and evaluates the MCO's compliance with state and federal Medicaid and Medicare requirements and, when necessary, imposes corrective actions and appropriate sanctions if MCOs are not in compliance with these requirements and standards. The outcome of DHS' quality improvement activities is included in the Annual Technical Report by a contracted external quality review organization.

The quality strategy will evolve over time as the external quality review activities continue. DHS intends to review the effectiveness of the quality strategy.

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 the state Medicaid agency 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:

- Determination of compliance with federal and state requirements,
- Validation of performance measures, and performance improvement projects, and
- 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 managed care organization (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 for Minnesota Health Care Programs enrollees. Part of the EQRO's charge is to identify areas of strength and weakness and to make recommendations for change. Where the ATR 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 EQRO follows up on the MCO's response to the areas identified in the past year's ATR. The ATR is shared with all MCOs under contract and other interested parties and is available upon request. The ATR is published 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.

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 Michelle Long. She can be reached by telephone at (651) 431- 2224 or by email at michelle.long@state.mn.us.

ATTACHMENT A

Please refer to the following tables for PMAP+ enrollment activity for the period July 1, 2021 through September 30, 2021.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter September 30, 2021	Current Enrollees (as of data pull on November 9, 2021)	Disenrolled in Current Quarter (July 1, 2021 through September 30, 2021)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	55	55	25
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	3,805	3,832	997

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
July	2021	16
August	2021	19
September	2021	23

Please refer to the following tables for PMAP+ enrollment activity for the period October 1, 2021 through December 31, 2021.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter December 31, 2021	Current Enrollees (as of data pull on February 3, 2022)	Disenrolled in Current Quarter (October 1, 2021 through December 31, 2021)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	61	65	26
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	3,938	4,067	1,009

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
October	2021	15
November	2021	15
December	2021	18

Please refer to the following tables for PMAP+ enrollment activity for the period January 1, 2022 through March 31, 2022.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter March 31, 2022	Current Enrollees (as of data pull on May 2, 2022)	Disenrolled in Current Quarter (January 1, 2022 through March 31, 2022)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	62	64	12
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	4,146	4,187	982

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
January	2022	10
February	2022	18
March	2022	26

Please refer to the following tables for PMAP+ enrollment activity for the period April 1, 2021 through June 30, 2022.

Demonstration Populations (as hard coded in the CMS 64)	Enrollees at close of quarter June 30, 2022	Current Enrollees (as of data pull on August 2, 2022)	Disenrolled in Current Quarter (April 1, 2022 through June 30, 2022)
MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL	73	38	97
Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18	4,286	4,319	684

Pregnant Women in a Hospital Presumptive Eligibility Period

Eligibility Month	Eligibility Year	Unique Enrollees
April	2022	11
May	2022	18
June	2022	23

2021 Health Plan Financial Summary*
by Product (in thousands $)
Minnesota Public Programs Only

	BluePlus	HP	Itasca	Medica	Henn Health	PrimeWest	SCHA	Ucare	All Plans
PMAP									
Premium Revenues (line 8)	$2,117,664	$967,494	$53,082	-$9	$269,366	$222,445	$131,921	$1,742,873	$5,504,836
Medical/Hospital Expenses (line 18)	$1,866,273	$843,510	$45,648	-$126	$246,006	$203,163	$120,334	$1,578,966	$4,903,773
Administrative Expenses (lines 20-21)	$228,432	$63,638	$4,205	$0	$28,236	$14,316	$11,609	$140,896	$491,333
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$22,959	$60,346	$3,229	$117	-$4,876	$4,966	-$22	$23,011	$109,731
Net Investment gain (or loss) and other (line 27 & 29)	$0	-$381	$12	$0	-$388	$58	$0	$9,329	$8,631
Net Income (loss) before taxes (line 30)	$22,959	$59,966	$3,240	$117	-$5,264	$5,024	-$22	$32,340	$118,361
Ratios:									
Medical Loss Ratio	88.1%	87.2%	86.0%	1330.5%	91.3%	91.3%	91.2%	90.6%	89.1%
Administrative/Revenue	10.8%	6.6%	7.9%	1.0%	10.5%	6.4%	8.8%	8.1%	8.9%
Contribution to Reserves	1.1%	6.2%	6.1%	-1231.5%	-1.8%	2.2%	0.0%	1.3%	2.0%
UW Gain/Prem Revenue	1.1%	6.2%	6.1%	-1231.5%	-1.8%	2.2%	0.0%	1.3%	2.0%
MinnesotaCare									
Premium Revenues (line 8)	$204,511	$144,403	$4,143	$0	$13,384	$19,549	$12,672	$223,708	$622,370
Medical/Hospital Expenses (line 18)	$180,983	$131,996	$3,993	-$9	$12,473	$18,582	$11,970	$201,939	$561,928
Administrative Expenses (lines 20-21)	$20,157	$10,021	$328	$0	$1,608	$1,563	$1,098	$18,127	$52,903
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$3,371	$2,386	-$178	$9	-$698	-$596	-$396	$3,642	$7,539
Net Investment gain (or loss) and other (line 27 & 29)	$0	-$372	$1	$0	-$19	$5	$0	$1,290	$905
Net Income (loss) before taxes (line 30)	$3,371	$2,013	-$177	$9	-$717	-$591	-$396	$4,932	$8,444
Ratios:									
Medical Loss Ratio	88.5%	91.4%	96.4%	0.0%	93.2%	95.1%	94.5%	90.3%	90.3%
Administrative/Revenue	9.9%	6.9%	7.9%	0.0%	12.0%	8.0%	8.7%	8.1%	8.5%
Contribution to Reserves	1.6%	1.7%	-4.3%	0.0%	-5.2%	-3.1%	-3.1%	1.6%	1.2%
UW Gain/Prem Revenue	1.6%	1.7%	-4.3%	0.0%	-5.2%	-3.1%	-3.1%	1.6%	1.2%
MSHO									
Premium Revenues (line 8)	$341,125	$208,419	$14,795	$462,340	$0	$66,136	$52,187	$622,400	$1,767,403
Medical/Hospital Expenses (line 18)	$301,811	$183,548	$14,547	$400,174	$0	$60,044	$48,339	$548,523	$1,556,986
Administrative Expenses (lines 20-21)	$9,974	$11,558	$1,166	$23,465	$0	$2,537	$3,416	$51,496	$103,611
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$29,341	$13,313	-$918	$38,702	$0	$3,555	$432	$22,381	$106,807
Net Investment gain (or loss) and other (line 27 & 29)	$25,884	$950	$3	$11,401	$0	$17	$3	$7,496	$45,754
Net Income (loss) before taxes (line 30)	$55,225	$14,264	-$914	$50,103	$0	$3,572	$435	$29,877	$152,561
Ratios:									
Medical Loss Ratio	88.5%	88.1%	98.3%	86.6%	0.0%	90.8%	92.6%	88.1%	88.1%
Administrative/Revenue	2.9%	5.5%	7.9%	5.1%	0.0%	3.8%	6.5%	8.3%	5.9%
Contribution to Reserves	8.6%	6.4%	-6.2%	8.4%	0.0%	5.4%	0.8%	3.6%	6.0%
UW Gain/Prem Revenue	8.6%	6.4%	-6.2%	8.4%	0.0%	5.4%	0.8%	3.6%	6.0%
MSC+									
Premium Revenues (line 8)	$83,955	$35,550	$4,272	$91,142	$0	$16,398	$12,778	$194,431	$438,527
Medical/Hospital Expenses (line 18)	$70,190	$31,279	$3,759	$85,049	$0	$14,388	$9,864	$175,974	$390,503
Administrative Expenses (lines 20-21)	$2,599	$2,458	$336	$6,624	$0	$950	$862	$16,526	$30,354
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$11,166	$1,814	$176	-$530	$0	$1,061	$2,053	$1,931	$17,670
Net Investment gain (or loss) and other (line 27 & 29)	$0	$426	$1	$2,516	$0	$4	$2	-$21	$2,927
Net Income (loss) before taxes (line 30)	$11,166	$2,239	$177	$1,986	$0	$1,065	$2,054	$1,910	$20,597
Ratios:									
Medical Loss Ratio	83.6%	88.0%	88.0%	93.3%	0.0%	87.7%	77.2%	90.5%	89.0%
Administrative/Revenue	3.1%	6.9%	7.9%	7.3%	0.0%	5.8%	6.7%	8.5%	6.9%
Contribution to Reserves	13.3%	5.1%	4.1%	-0.6%	0.0%	6.5%	16.1%	1.0%	4.0%
UW Gain/Prem Revenue	13.3%	5.1%	4.1%	-0.6%	0.0%	6.5%	16.1%	1.0%	4.0%
SNBC (MA Only)									
Premium Revenues (line 8)	$0	$136,651	$0	$159,355	$43,867	$32,338	$25,554	$533,325	$931,090
Medical/Hospital Expenses (line 18)	$0	$119,247	$0	$152,237	$39,937	$28,368	$20,543	$476,906	$837,239
Administrative Expenses (lines 20-21)	$0	$8,759	$0	$18,137	$3,799	$1,581	$1,752	$43,245	$77,273
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$0	$8,645	$0	-$11,019	$131	$2,388	$3,258	$13,174	$16,577
Net Investment gain (or loss) and other (line 27 & 29)	$0	-$172	$0	$7,323	-$63	$8	$3	$6,771	$13,870
Net Income (loss) before taxes (line 30)	$0	$8,474	$0	-$3,696	$68	$2,396	$3,261	$19,945	$30,447
Ratios:									
Medical Loss Ratio	0.0%	87.3%	0.0%	95.5%	91.0%	87.7%	80.4%	89.4%	89.9%
Administrative/Revenue	0.0%	6.4%	0.0%	11.4%	8.7%	4.9%	6.9%	8.1%	8.3%
Contribution to Reserves	0.0%	6.3%	0.0%	-6.9%	0.3%	7.4%	12.8%	2.5%	1.8%
UW Gain/Prem Revenue	0.0%	6.3%	0.0%	-6.9%	0.3%	7.4%	12.8%	2.5%	1.8%
SNBC (Integrated)									
Premium Revenues (line 8)	$0	$0	$0	$51,229	$0	$2,769	$10,535	$121,344	$185,876
Medical/Hospital Expenses (line 18)	$0	$0	$0	$44,442	$0	$3,759	$11,148	$113,395	$172,744
Administrative Expenses (lines 20-21)	$0	$0	$0	$3,168	$0	$707	$849	$10,006	$14,729
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 24)	$0	$0	$0	$3,619	$0	-$1,697	-$1,462	-$2,057	-$1,596
Net Investment gain (or loss) and other (line 27 & 29)	$0	$0	$0	$1,014	$0	$1	$0	$269	$1,283
Net Income (loss) before taxes (line 30)	$0	$0	$0	$4,633	$0	-$1,696	-$1,462	-$1,788	-$313
Ratios:									
Medical Loss Ratio	0.0%	0.0%	0.0%	86.8%	0.0%	135.8%	105.8%	93.4%	92.9%
Administrative/Revenue	0.0%	0.0%	0.0%	6.2%	0.0%	25.5%	8.1%	8.2%	7.9%
Contribution to Reserves	0.0%	0.0%	0.0%	7.1%	0.0%	-61.3%	-13.9%	-1.7%	-0.9%
UW Gain/Prem Revenue	0.0%	0.0%	0.0%	7.1%	0.0%	-61.3%	-13.9%	-1.7%	-0.9%

*Source: MDH/Health Economics Program analysis of health plan financial data (supplement #1), 2021

All Public Products									
Premium Revenues (lines 8, 19, 30, 41, 52)	$2,747,255	$1,492,517	$76,292	$764,056	$326,617	$359,635	$245,647	$3,438,082	$9,450,102
Medical/Hospital Expenses (lines 9,20,31,42,53)	$2,419,257	$1,309,580	$67,947	$681,766	$298,416	$328,304	$222,197	$3,095,704	$8,423,172
Administrative Expenses (lines 10, 21,32,43,54)	$261,163	$96,433	$6,036	$51,393	$33,644	$21,654	$19,586	$280,294	$770,203
PDR change (line 22)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Gain (loss) from operations (Line 11,22,33,44,55)	$66,836	$86,504	$2,309	$30,897	-$5,442	$9,676	$3,864	$62,083	$256,728
Net Investment gain (or loss) and other (line 27 & 29)	$25,884	$451	$17	$22,254	-$470	$94	$7	$25,134	$73,370
Net Income (loss) before taxes (line 30)	$92,721	$86,955	$2,326	$53,151	-$5,913	$9,770	$3,871	$87,216	$330,098
Ratios:									
Medical Loss Ratio	88.1%	87.7%	89.1%	89.2%	91.4%	91.3%	90.5%	90.0%	89.1%
Administrative/Revenue	9.5%	6.5%	7.9%	6.7%	10.3%	6.0%	8.0%	8.2%	8.2%
Contribution to Reserves	2.4%	5.8%	3.0%	4.0%	-1.7%	2.7%	1.6%	1.8%	2.7%
UW Gain/Prem Revenue	2.4%	5.8%	3.0%	4.0%	-1.7%	2.7%	1.6%	1.8%	2.7%
Investment Income	$25,884	$451	$17	$22,254	-$470	$94	$7	$25,134	$73,370
Total contribution to Reserves	$92,721	$86,955	$2,326	$53,151	($5,913)	$9,770	$3,871	$87,216	$330,098
Percent	3.4%	5.8%	3.0%	7.0%	-1.8%	2.7%	1.6%	2.5%	3.5%

*Source: MDH/Health Economics Program analysis of health plan financial data (supplement #1), 2021

Tribal and Urban Indian Health Directors Meeting
WebEx Link

Join from the meeting link

https://minnesota.webex.com/minnesota/j.php?MTID=mf822fcf5b20d48c95df0d5db5a25a8b7

QUARTERLY MEETING
Thursday, August 19, 2021
9:00 am to 3:00 pm
PROPOSED AGENDA

9:00 a.m.

MDH Agenda Items

9:15 – 9:45 am **MDH Commissioner and/or EO Updates**
COVID 19 Status Update
MDH Legislative Policy Update
MDH Budget Updates

9:45 – 10:00 am **Office of Indian Health**
CDC Health Equity Grant Update
21st Century Public Health Infrastructure

10:00 – 10:30 am **Children's Cabinet Update/Discussion**
Legislative Update
IM MM Data Discussion
FIMR Update

10:30 – 10:45 am

10:45 – 11:00 am

11:00 – 11:15 am **Stretch Break**

11:30 – 12:30 **Lunch Break**

DHS Agenda

12:30 p.m. - 1:00 p.m. **Introduction of Assistant Commissioner Cynthia McDonald – Patrick Hultman**

1:00 p.m. – 2:00 p.m. **Four Walls Discussion**

- Arc of the Four Walls Initiative – Krista O'Connor
- Background – Patrick Hultman
- Four Walls Overview – Lauren Yates
- Discussion - All

2:00 p.m. – 2:30 p.m. **HIV Grant Making to Tribes - Mariah Wilberg**

Starting the conversation about intent to offer non-competitive HIV grants to Tribes with combined funding from the MDH/DHS HIV program

2:30 p.m. - 2:45 p.m. **SPA/Waivers – Patrick Hultman**

Announcement and updates – open

Legislative Summit with Tribal Nations	Sept 9TH	
CMS call	Sept 17th	10 a.m.-11a.m.
State/Tribal Healthcare Financing Workgroup	August 25th	11 a.m. - 1 p.m.

Health Care Administration COVID-19 updates with Providers and Community groups

Tribal Health Directors 2021 Meeting Dates:

Thursday, November 18 – in-person @ The Link Meeting Center at Shakopee (if conditions allow)

Time and Location - TBD

Tribal and Urban Indian Health Directors Meeting
WebEx Link

Join from the meeting link

https://minnesota.webex.com/minnesota/j.php?MTID=m32664ca3e351ae4bd69aa07127716d02

QUARTERLY MEETING
Thursday, November 18, 2021
9:00 am to 1:00 pm
PROPOSED AGENDA

9:00 -9:15 am	**Welcome opening and roll call**	
9:15 – 10:00 am	**MDH Commissioner Jan Malcolm** • **Statewide marketing of COVID 19 and AI** • **MDH/MDE COVID 19 Superintendent Regional Coops Meeting**	
10:00 – 10:15	**NIHB & GLIHB Updates**	**Sam Moose**
10:15 -11:15	**DHS Agenda Items** • **DHS HIV Grants to Tribes** • **MDH DIS Grants to Tribes**	 **Mariah Walberg** **Mariah Norwood**
11:15 – 12:15	**MMIW-related Psychological Autopsy**	**Jon Roesler**
12:15 – 1:00 pm	**21st Century Public Health Update**	**Chelsie Huntley & Kim Milbrath**
	Office of American Indian Health • **Public Health Grants to Tribes**	**Jackie Dionne**

Announcement and updates – open

Tribal Health Directors 2022 Proposed Meeting Dates (last Thursday of the month, except in November):

Thursday and Friday, February 24 & 25
Thursday and Friday, May 26 & 27
Thursday and Friday, August 25 & 26
Thursday and Friday, November 17 & 18 (third Thursday)

Time and Location - TBD

Tribal and Urban Indian Health Directors Meeting
WebEx Link

Join from the meeting link

https://minnesota.webex.com/minnesota/j.php?MTID=m5e1ed8df8b0cc6a4000c247aade34456

QUARTERLY MEETING
Thursday, February 24, 2022
9:00 am to 3:00 pm
AGENDA

9:00 -9:30 am	**Welcome opening and roll call**	
DHS Agenda Items		
9:30– 9:45 am	**DHS Assistant Commissioner Updates – Cynthia McDonald Tentative**	
9:45 – 10:00 am	**ARPA Funds – Mary McGurran, Kristin Krull**	
10:00 – 10:15 am	**Mash-ka-wisen Counselor Licensing - Neerja Singh, Don Moore**	
10:15 – 10:30 am	**Tribes as Processing Entities Update - Vern LaPlante, Tammy Smith**	
10:30 – 10:45 am	**Four Wall update/SPA - Patrick Hultman, Vern LaPlante**	
10:45 – 11:00 am	**Tribal TCM funds - Vern LaPlante, Melorine Mokri, Ben Ashley-Wurtmann**	
11:00 - 11:20	**ICHIRP - Dr Chomilo**	
11:20 -11:30	**SPA/Waiver update - Patrick Hultman**	
11:30 to Noon	**NIHB & GLIHB Updates**	**Sam Moose**
Noon – 12:30	**Lunch Break**	
MDH Agenda Items		
12:30 – 1:00	**Commissioner Jan Malcolm (invited)**	
1:00 – 1:15	**Material Mortality Data**	**Karen Fogg Alina Kraynak**
1:15 – 1:30	**Healthy Kids Minnesota Program**	**Jessica Nelson**
1:30 – 1:45	**Suicide Prevention: 988**	**Tanya Carter**

1:45 – 2:00	**21st Century Public Health Update**	**Chelsie Huntley & Kim Milbrath**
2:00 – 2:30	**Office of American Indian Health** • **Public Health Grants to Tribes**	**Jackie Dionne**
2:30 – 3:00 pm	**Announcement and updates – open** • **Council of State and Territorial Epidemiologist (CSTE) Tribal Epidemiology Subcommittee. Genelle Lamont (MDH)**	

Tribal Health Directors 2022 Proposed Meeting Dates (last Thursday of the month, except in November):

Thursday and Friday, February 24 & 25
Thursday and Friday, May 26 & 27
Thursday and Friday, August 25 & 26
Thursday and Friday, November 17 & 18 (third Thursday)

Time and Location - TBD

Tribal and Urban Indian Health Directors Meeting
HYBRID (In-Person or Remote)
Location: Shakopee Tribe – "The Link Event Center"
WebEx Link

Join from the meeting link

https://minnesota.webex.com/minnesota/j.php?MTID=m32664ca3e351ae4bd69aa07127716d02

QUARTERLY MEETING
Tuesday, June 21, 2022
9:00 am to 3:00 pm
PROPOSED AGENDA

9:00 – 9:15 am	**Welcome opening/prayer and roll call**	
9:15 – 9:30 am	**MDH Commissioner Jan Malcolm** • COVID 19 Report Card • Legislative Updates	
9:30 - 10:00 am	**Assistant Commissioner Dr. Brooke Cunningham**	
10:00 – 10:15 am	**Introduce CFH Division Director Noya Woodrich**	
10:15 – 10:30 am	**Office of American Indian Health** **Introduce new staff** **Update on Tribal HE Grants**	
10:30 - 10:45 am	**Opioid Overdose Data – Preliminary 2021**	
10:45 – 11:00 am	**IDEPC Disease Updates**	**Mariah Norwood**
11:00 – 11:15 am	**MDH Suicide Prevention Update**	**Tanya Carter** **Luther Talks**
11:15 – 11:30 am	**MDH Regional Health Equity Networks**	**Shor**
11:30 – Noon	**NIHB & GLIHB Updates** **Announcements** **Public Health Corps** **UMN PH Internship**	**Sam Moose** **All**
Noon – 12:30 pm	**Lunch Break**	
12:30 – 3:00 pm	**DHS Agenda Items** ***To be presented by Vern LaPlante**	

Tribal Health Directors 2022 Proposed Meeting Dates (last Thursday of the month, except in November):

Thursday and Friday, February 24 & 25
Thursday and Friday, May 26 & 27
Thursday and Friday, August 25 & 26
Thursday and Friday, November 17 & 18 (third Thursday)

Time and Location – Hybrid

Third Quarter 2021 – Managed Care Ombudsman CMS Report

State Fair Hearings Closed in Quarter 3 of CY 2021 by Metro and Non-Metro Areas

Area	**n**
Eleven County Metro Area	93
Non-Metro Area	50
Total	**143**

State Fair Hearings Closed in Quarter 3 of CY 2021 by Type, Service Category and Outcome

Outcome	Dismissed	Enrollee Prevailed	HP Prevailed	Remand to MCO	Resolved after hearing	Resolved bf Hearing	State Affirmed	With-drawn	Total
Service Category	n	n	n	n	n	n		n	n
Substance Use Disorder	1								1
Elderly Waiver		1							1
Chemical Dependency						1			1
Chiropractic						2			2
DME-Medical Supplies		1	3					1	5
Dental	6		11	1	1	9		1	29
Emergency Room						1			1
Health Plan Change	3					2	2	1	8
Health care		2	1			4			7
Hospital	1					2			3
Mandatory Participation							1	1	2
Mental Health			1					1	2
Pharmacy	5	3	7			10		2	27
Prof Medical Services	12	4	6			19		1	42
Restricted Recipient	3	1	3			2			9
Vision Services	1					1		1	3
Total	**32**	**12**	**32**	**1**	**1**	**53**	**3**	**9**	**143**

Summary of SFHs Closed in Quarter 3 of CY 2021 by Outcome

Outcome	**n**
Dismissed	32
Enrollee Prevailed	12
Health Plan Prevailed	32
Remand to MCO	1
Resolved after hearing	1
Resolved before hearing	53
Withdrawn	3
Total	**143**

Fourth Quarter 2021 – Managed Care Ombudsman CMS Report

State Fair Hearings Closed in Quarter 4 of CY 2021 by Metro and Non-Metro Areas

Area	**n**
Eleven County Metro Area	103
Non-Metro Area	48
Total	**151**

State Fair Hearings Closed in Quarter 4 of CY 2021 by Type, Service Category and Outcome

Outcome	Dismissed	Enrollee Prevailed	HP Prevailed	Provider write-off	Resolved after Hearing	Resolved bf Hearing	Withdrawn	Total
Service Category	n	n	n	n	n		n	n
Substance Use Disorder	1							1
Transportation	1							1
Chiropractic	1							1
DME – Medical Supply	1	4	3			1		9
Dental	8		8			4		20
Emergency Room						2		2
Health Plan Change			2			7		9
Home Care	2	4	3			4		13
Hospital	1					2		3
Mental Health			1					1
Pharmacy	4	2	2		1	12	1	22
Prof Medical Services	12	2	5	1		34		54
Restricted Recipient	1	4	2			2		9
Therapies/Rehab	1					1	1	3
Vision Services	2		1					3
Total	**35**	**16**	**27**			**69**	**2**	**151**

Summary of SFHs Closed in Quarter 4 of CY 2021 by Outcome

Outcome	**n**
Dismissed	35
Enrollee Prevailed	16
Health Plan Prevailed	27
Provider write-off	1
Resolved after hearing	1
Resolved before hearing	69
Withdrawn	2
Total	**151**

State Fair Hearings Closed in Quarter 1 of CY 2022 by Metro and Non-Metro Areas

Area	**n**
Eleven County Metro Area	83
Non-Metro Area	54
Total	**137**

State Fair Hearings Closed in Quarter 1 of CY 2022 by Type, Service Category and Outcome

Outcome	Dismissed	Enrollee Prevailed	HP Prevailed	Resolved bf Hearing	State affirmed	Withdrawn	Total
Service Category	n	n	n	n		n	n
Chemical Dependency				1			1
Chiropractic	1						1
DME-Medical Supplies	1		1	1			3
Dental	6	1	7	6		1	21
Elderly Waiver	1						1
Emergency Room	1						1
Health Plan Change	2	1		10	6	1	20
Home Care	1	1	5	2		1	10
Hospital	1			1			2
Mental Health		1		1		1	3
Pharmacy	10	2	2	15		1	30
Prof Medical Services	6	2	8	11			27
Restricted recipient	6	2	2				10
Transportation						1	1
Urgent care	2						2
Vision services				4			4
Total	**38**	**10**	**25**	**52**	**6**	**6**	**137**

Summary of SFHs Closed in Quarter 1 of CY 2022 by Outcome

Outcome	**n**
Dismissed	38
Enrollee Prevailed	10
Health Plan Prevailed	25
Resolved before hearing	52
State Affirmed	6
Withdrawn	6
Total	**137**

State Fair Hearings Closed in Quarter 2 of CY 2022 by Metro and Non-Metro Areas

Area	**n**
Eleven County Metro Area	104
Non-Metro Area	65
Total	**169**

State Fair Hearings Closed in Quarter 2 of CY 2022 by Type, Service Category and Outcome

Outcome	Dismissed	Enrollee Prevailed	HP Prevailed	Resolved bf Hearing	State Affirmed	Withdrawn	Total
Service Category	n	n	n	n	n	n	n
Chemical Dependency	1			2			3
Chiropractic	1			1		1	3
DME-Medical Supplies	3	2		1			6
Dental	4		5	3			12
Elderly Waiver						1	1
Health Plan Change	8	1	1	13	6	1	30
Home Care	1	2	3	4		2	12
Hospital	1			3			4
Mental Health	4			1		1	6
Pharmacy	10	1	4	22		1	38
Prof Medical Services	12	2	4	21			39
Restricted Recipient	2	2	1	1			6
Transportation	3			1			4
Urgent Care	3						3
Vision Services		1		1			2
Total	**53**	**11**	**18**	**74**	**6**	**7**	**169**

Summary of SFHs Closed in Quarter 2 of CY 2022 by Outcome

Outcome	**n**
Dismissed	53
Enrollee Prevailed	11
Health Plan Prevailed	18
Resolved before hearing	74
State Affirmed	6
Withdrawn	7
Total	**169**