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

**Demonstration Year 28**
**Annual Report**
**July 1, 2022, through June 30, 2023**

**Submitted to:**

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

**Submitted by:**

Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

State of Minnesota
Department of Human Services

This document may be reproduced without permission.

# Table of Contents

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, 2022, through June 30, 2023. This report provides an update on the status of the PMAP + operation.

# Introduction

## Background

The PMAP+ section 1115 Waiver has been in place for over 30 years, primarily as the federal authority for the MinnesotaCare program, that provides 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 some other 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' 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 age18 who are not full-time secondary school students; and
- Provide Medical Assistance benefits to pregnant women during the period of presumptive eligibility.

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 temporary extension request through December 31, 2022. On December 27, 2022, CMS approved a third temporary extension of the PMAP+ waiver through June 30, 2023.

CMS' letter with the third extension (dated December 27, 2022) included a revision to the special terms and conditions that sunset Minnesota's authority to disburse certain graduate medical education (GME) funds under waiver authority. Minnesota accepted the special terms and conditions in a letter to CMS dated January 23, 2023, to continue the waiver. Additional information about the GME change is in the Operational and Policy Development section of this report.

On March 23, 2023, the State requested a waiver under section 1115 to extend the reasonable opportunity period for citizenship documentation during the COVID-19 public health emergency unwinding period. In a letter dated May 4, 2023, CMS approved the request as an amendment to PMAP+ .

On May 10, 2023, the State requested that CMS waive restrictions at 42 CFR §440.167 prohibiting legally responsible relatives from rendering personal care services, a policy waived during the COVID-19 public health emergency under an 1135 waiver. On July 31, 2023, CMS approved the request under PMAP+ waiver for the period of March 1, 2020, to November 11, 2023.

On June 15, 2023, CMS approved a fourth temporary extension of the PMAP+ waiver with an expiration date of September 30, 2023. Because there were no revisions to the STCs, a letter of acceptance from Minnesota was not required.

# Enrollment Information

Please refer to Attachment A for PMAP+ enrollment activity for the period July 1, 2022, through June 30, 2023.

# 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 and MCOs had an 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 provides a summary of the MCO audited financial statements for 2021 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. The ATR presents MCO-specific performance, including strengths, opportunities for improvement and recommendations identified during the external quality review process. The ATR also 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 2022.

**Medical Assistance Enrollees who are American Indian**
**Calendar Year 2022**

| Population | Enrollees |
|---|---|
| Families and Children | 38,388 |
| Disabled | 4,626 |
| Elderly | 1,742 |
| Adults with no Children | 15,853 |
| Total | 60,609 |

**Tribal Health Workgroup**
The quarterly Tribal and Urban Indian Health Directors workgroup was formed to address the need for a regular forum for formal review of topics between tribal leadership and state employees. The workgroup meets quarterly and is regularly attended by Tribal and Urban Indian Health Directors, Tribal Human Services Directors, and representatives from the Indian Health Service, the Minnesota Department of Health and DHS.

During this PMAP+ reporting period, the workgroup met on August 25, 2022, November 4, 2022, March 9, 2023, and May 25, 2023. The agendas for each of these meetings included waiver status updates, including PMAP+. See Attachment C.

# Operational and Policy Developments

During demonstration year 28 GME payments identified under the waiver were discontinued and two amendments were approved. One amendment permits extension of the reasonable opportunity period for citizenship documentation and the other permits legal responsible caregivers to provide personal care attendant services. Both of the amendments are time limited and have authorities related to the public health emergency.

1. Graduate Medical Education

The special terms and conditions in CMS' award letter (received December 27, 2022) to temporarily extend the waiver through June 30, 2023, ended Minnesota's authority to disburse graduate medical education (GME) funds included under the PMAP+ waiver authority. The GME payments attributable to state fiscal year 2022 were made in April 2023 and claimed on the CMS-64 report (for the quarter ending June 30, 2023) as a prior quarter adjustment per CMS' guidance. On June 6, 2023, CMS notified DHS via email that the *Minnesota Report of Graduate Medical Education Expenditures for State Fiscal Year 2020* was approved.

2. Reasonable Opportunity Period

As stated above on March 23, 2023, the State requested a waiver under section 1115 to extend the reasonable opportunity period for citizenship documentation during the COVID-19 public health

emergency unwinding period. The State used a streamlined template provided by CMS. In a letter dated May 4, 2023, CMS approved the request as an amendment to PMAP+ for a period of 15 months starting retroactively to the beginning of the State's unwinding period. There were no changes to the PMAP+ STCs related to this amendment.

3. Legally Responsible Caregivers

As stated above, on May 10, 2023, the State requested that CMS waive restrictions at 42 CFR §440.167 prohibiting legally responsible relatives from rendering personal care services, a policy waived during the COVID-19 public health emergency under an 1135 waiver. The request applied to recipients covered under Minnesota's section 1115 waivers. During the review process, CMS required the authority for recipients covered under Minnesota's Reform 2020 section 1115 waiver (Project Number 11-W-00286/5) to be separated and the State submitted an Appendix K request for that waiver. See Minnesota's Reform 2020 waiver (Project Number 11-W-00286/5) report covering this period for more details. During this reporting period, the amendment request is pending.

# 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 MCO issues should they have a concern. 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 28.

# 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.

In the State's last PMAP+ annual report, a public forum was planned for November 2022 which would have applied to waiver demonstration year 27 (July 1, 2021 – June 30, 2022). Due to issues related to the public health emergency and state staffing, the public forum for demonstration year 27 was not held. In a conference call, CMS staff informed the State that it was not necessary to hold another forum to cover demonstration year 27 because the purpose of the forums is to receive public feedback about operations in that period.

A public forum for demonstration year 28 (July 1, 2022 – June 30, 2022) was held on Aug. 22, 2023. Notice of the forum was published on the DHS webpage on July 19, 2023, informing the public of the date and time of the forum and instructions on how to join the forum. Both in-person and remote participation was supported. There were no public attendees.

# 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 (ATR) by a contracted external quality review organization.

### 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 licensing 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.

On May 25, 2023, DHS received CMS comments on the *PMAP+ Draft Final Evaluation Report* submitted to CMS on August 11, 2022. DHS responded on June 14, 2023, to CMS' comments. DHS stated in the response that for the temporary extension periods (currently ending September 30, 2023), the evaluation of the GME components of the waiver will be included in the revised Final Evaluation Report. The remaining components of the PMAP+ waiver will be evaluated as provided under the waiver's five-year extension, once approved. In a call with CMS and DHS staff on June 14, 2023, CMS agreed with this plan.

## State Contact

Christina Samion
Federal Relations
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

651-431-5885
christina.samion@state.mn.us

Please refer to the following tables for PMAP+ enrollment activity for the period July 1, 2022, through September 30, 2022.

| **Demonstration Populations (as hard coded in the CMS 64)** | **Enrollees at close of quarter September 30, 2022** | **Current Enrollees** (as of data pull on November 3, 2022) | **Disenrolled in Current Quarter** (July 1, 2022 through September 30, 2022) |
|---|---|---|---|
| MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 49 | 53 | 13 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 4,479 | 4,4,98 | 1,155 |

### Pregnant Women in a Hospital Presumptive Eligibility Period

| **Eligibility Month** | **Eligibility Year** | **Unique Enrollees** |
|---|---|---|
| July | 2022 | 15 |
| August | 2022 | 21 |
| September | 2022 | 20 |

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

| **Demonstration Populations (as hard coded in the CMS 64)** | **Enrollees at close of quarter December 31,22** | **Current Enrollees** (as of data pull on February 2, 2023) | **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 | 43 | 45 | 24 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 4,521 | 4,565 | 1,239 |

### Pregnant Women in a Hospital Presumptive Eligibility Period

| Eligibility Month | Eligibility Year | Unique Enrollees |
|---|---|---|
| October | 2022 | 21 |
| November | 2022 | 20 |
| December | 2022 | 11 |

Please refer to the following tables for PMAP+ enrollment activity for the period January 1, 2023, through March 31, 2023.

| **Demonstration Populations (as hard coded in the CMS 64)** | **Enrollees at close of quarter March 3, 2023** | **Current Enrollees** (as of data pull on May 5, 2023) | **Disenrolled in Current Quarter** (January 1, 2023 through March 31, 2023) |
|---|---|---|---|
| MA One-Year-Olds with incomes above 275% FPL and at or below 283% FPL | 52 | 51 | 11 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 4,613 | 4,646 | 1,178 |

### Pregnant Women in a Hospital Presumptive Eligibility Period

| Eligibility Month | Eligibility Year | Unique Enrollees |
|---|---|---|
| January | 2023 | 13 |
| February | 2023 | 17 |
| March | 2023 | 17 |

Please refer to the following tables for PMAP+ enrollment activity for the period April 1, 2023, through June 30, 2023.

| **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 | 63 | 26 | 75 |
| Medicaid Caretaker Adults with incomes at or below 133% FPL living with a child age 18 | 4,701 | 4,639 | 1,322 |

### Pregnant Women in a Hospital Presumptive Eligibility Period

| **Eligibility Month** | **Eligibility Year** | **Unique Enrollees** |
|---|---|---|
| April | 2023 | 14 |
| May | 2023 | 13 |
| June | 2023 | 14 |

## 2022 Health Plan Financial Summary*
## by Product (in thousands $)
## Minnesota Public Programs Only

| | BluePlus | HP | Itasca | Medica | Henn Health | PrimeWest | SCHA | Ucare | UHC | All Plans |
|---|---|---|---|---|---|---|---|---|---|---|
| **PMAP** | | | | | | | | | | |
| Premium Revenues (line 8) | $2,088,778 | $1,204,785 | $61,499 | $14,771 | $375,562 | $263,487 | $154,131 | $2,414,944 | $0 | $6,577,956 |
| Medical/Hospital Expenses (line 18) | $1,710,417 | $1,010,144 | $50,257 | $12,685 | $322,239 | $222,645 | $131,070 | $2,008,504 | $0 | $5,467,961 |
| Administrative Expenses (lines 20-21) | $292,628 | $78,068 | $4,634 | $8,778 | $33,841 | $14,785 | $11,946 | $211,678 | $0 | $656,358 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Net Gain (loss) from operations (Line 24) | $85,733 | $116,573 | $6,608 | -$6,693 | $19,481 | $26,058 | $11,116 | $194,761 | $0 | $453,637 |
| Net Investment gain (or loss) and other (line 27 & 29 | $0 | -$395 | $16 | $1,278 | -$4,704 | $576 | $0 | $5,071 | $0 | $1,841 |
| Net Income (loss) before taxes (line 30) | $85,733 | $116,177 | $6,624 | -$5,415 | $14,777 | $26,634 | $11,116 | $199,832 | $0 | $455,478 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 81.9% | 83.8% | 81.7% | 85.9% | 85.8% | 84.5% | 85.0% | 83.2% | 0.0% | 83.1% |
| Administrative/Revenue | 14.0% | 6.5% | 7.5% | 59.4% | 9.0% | 5.6% | 7.8% | 8.8% | 0.0% | 10.0% |
| Contribution to Reserves | 4.1% | 9.7% | 10.7% | -45.3% | 5.2% | 9.9% | 7.2% | 8.1% | 0.0% | 6.9% |
| UW Gain/Prem Revenue | 4.1% | 9.7% | 10.7% | -45.3% | 5.2% | 9.9% | 7.2% | 8.1% | 0.0% | 6.9% |
| **MinnesotaCare** | | | | | | | | | | |
| Premium Revenues (line 8) | $183,226 | $165,768 | $4,053 | $2,590 | $14,513 | $18,268 | $13,378 | $256,186 | $190,327 | $848,309 |
| Medical/Hospital Expenses (line 18) | $148,062 | $148,206 | $4,081 | $1,999 | $12,684 | $17,676 | $13,430 | $214,771 | $141,362 | $702,272 |
| Administrative Expenses (lines 20-21) | $26,134 | $11,649 | $305 | $2,053 | $1,657 | $1,580 | $1,046 | $22,417 | $21,930 | $88,771 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | -$350 | -$350 |
| Net Gain (loss) from operations (Line 24) | $9,030 | $5,913 | -$333 | -$1,461 | $171 | -$988 | -$1,099 | $18,998 | $27,385 | $57,617 |
| Net Investment gain (or loss) and other (line 27 & 29 | $621 | -$231 | $1 | $299 | -$183 | $40 | $0 | $910 | $1,081 | $2,538 |
| Net Income (loss) before taxes (line 30) | $9,651 | $5,682 | -$332 | -$1,162 | -$12 | -$948 | -$1,099 | $19,908 | $28,466 | $60,154 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 80.8% | 89.4% | 100.7% | 77.2% | 87.4% | 96.8% | 100.4% | 83.8% | 74.3% | 82.8% |
| Administrative/Revenue | 14.3% | 7.0% | 7.5% | 79.3% | 11.4% | 8.6% | 7.8% | 8.8% | 11.5% | 10.5% |
| Contribution to Reserves | 4.9% | 3.6% | -8.2% | -56.4% | 1.2% | -5.4% | -8.2% | 7.4% | 14.4% | 6.8% |
| UW Gain/Prem Revenue | 4.9% | 3.6% | -8.2% | -56.4% | 1.2% | -5.4% | -8.2% | 7.4% | 14.2% | 6.8% |
| **MSHO** | | | | | | | | | | |
| Premium Revenues (line 8) | $356,572 | $247,939 | $14,423 | $493,906 | $0 | $71,656 | $56,558 | $718,049 | $0 | $1,959,103 |
| Medical/Hospital Expenses (line 18) | $303,050 | $210,556 | $13,417 | $429,833 | $0 | $64,657 | $50,074 | $631,019 | $0 | $1,702,606 |
| Administrative Expenses (lines 20-21) | $18,770 | $13,918 | $1,081 | $41,474 | $0 | $3,833 | $3,187 | $59,541 | $0 | $141,805 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Net Gain (loss) from operations (Line 24) | $34,753 | $23,464 | -$75 | $22,599 | $0 | $3,166 | $3,296 | $27,490 | $0 | $114,692 |
| Net Investment gain (or loss) and other (line 27 & 29 | $11,992 | -$745 | $4 | $5,651 | $0 | $157 | $357 | $5,097 | $0 | $22,512 |
| Net Income (loss) before taxes (line 30) | $46,745 | $22,719 | -$72 | $28,250 | $0 | $3,323 | $3,653 | $32,586 | $0 | $137,204 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 85.0% | 84.9% | 93.0% | 87.0% | 0.0% | 90.2% | 88.5% | 87.9% | 0.0% | 86.9% |
| Administrative/Revenue | 5.3% | 5.6% | 7.5% | 8.4% | 0.0% | 5.3% | 5.6% | 8.3% | 0.0% | 7.2% |
| Contribution to Reserves | 9.7% | 9.5% | -0.5% | 4.6% | 0.0% | 4.4% | 5.8% | 3.8% | 0.0% | 5.9% |
| UW Gain/Prem Revenue | 9.7% | 9.5% | -0.5% | 4.6% | 0.0% | 4.4% | 5.8% | 3.8% | 0.0% | 5.9% |
| **MSC+** | | | | | | | | | | |
| Premium Revenues (line 8) | $90,954 | $50,873 | $4,910 | $122,206 | $0 | $17,486 | $14,677 | $248,600 | $0 | $549,706 |
| Medical/Hospital Expenses (line 18) | $73,393 | $41,506 | $4,708 | $99,508 | $0 | $15,181 | $11,360 | $210,958 | $0 | $456,614 |
| Administrative Expenses (lines 20-21) | $7,278 | $3,304 | $368 | $5,197 | $0 | $1,240 | $892 | $21,812 | $0 | $40,091 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Net Gain (loss) from operations (Line 24) | $10,283 | $6,063 | -$166 | $17,501 | $0 | $1,064 | $2,426 | $15,830 | $0 | $53,002 |
| Net Investment gain (or loss) and other (line 27 & 29 | $565 | -$312 | $1 | $498 | $0 | $38 | $276 | $0 | $0 | $1,066 |
| Net Income (loss) before taxes (line 30) | $10,848 | $5,751 | -$165 | $17,999 | $0 | $1,103 | $2,702 | $15,830 | $0 | $54,068 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 80.7% | 81.6% | 95.9% | 81.4% | 0.0% | 86.8% | 77.4% | 84.9% | 0.0% | 83.1% |
| Administrative/Revenue | 8.0% | 6.5% | 7.5% | 4.3% | 0.0% | 7.1% | 6.1% | 8.8% | 0.0% | 7.3% |
| Contribution to Reserves | 11.3% | 11.9% | -3.4% | 14.3% | 0.0% | 6.1% | 16.5% | 6.4% | 0.0% | 9.6% |
| UW Gain/Prem Revenue | 11.3% | 11.9% | -3.4% | 14.3% | 0.0% | 6.1% | 16.5% | 6.4% | 0.0% | 9.6% |
| **SNBC (MA Only)** | | | | | | | | | | |
| Premium Revenues (line 8) | $0 | $163,380 | $0 | $190,731 | $54,275 | $35,631 | $27,714 | $587,333 | $0 | $1,059,064 |
| Medical/Hospital Expenses (line 18) | $0 | $148,306 | $0 | $162,058 | $46,464 | $29,702 | $24,432 | $527,965 | $0 | $938,927 |
| Administrative Expenses (lines 20-21) | $0 | $10,111 | $0 | $9,359 | $4,089 | $1,977 | $1,680 | $47,204 | $0 | $74,421 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Net Gain (loss) from operations (Line 24) | $0 | $4,962 | $0 | $19,314 | $3,722 | $3,953 | $1,602 | $12,164 | $0 | $45,716 |
| Net Investment gain (or loss) and other (line 27 & 29 | $0 | -$86 | $0 | $756 | -$677 | $78 | $403 | $3,624 | $0 | $4,098 |
| Net Income (loss) before taxes (line 30) | $0 | $4,876 | $0 | $20,070 | $3,044 | $4,031 | $2,005 | $15,787 | $0 | $49,814 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 0.0% | 90.8% | 0.0% | 85.0% | 85.6% | 83.4% | 88.2% | 89.9% | 0.0% | 88.7% |
| Administrative/Revenue | 0.0% | 6.2% | 0.0% | 4.9% | 7.5% | 5.5% | 6.1% | 8.0% | 0.0% | 7.0% |
| Contribution to Reserves | 0.0% | 3.0% | 0.0% | 10.1% | 6.9% | 11.1% | 5.8% | 2.1% | 0.0% | 4.3% |
| UW Gain/Prem Revenue | 0.0% | 3.0% | 0.0% | 10.1% | 6.9% | 11.1% | 5.8% | 2.1% | 0.0% | 4.3% |
| **SNBC (Integrated)** | | | | | | | | | | |
| Premium Revenues (line 8) | $0 | $0 | $0 | $52,209 | $0 | $4,852 | $11,153 | $173,152 | $0 | $241,366 |
| Medical/Hospital Expenses (line 18) | $0 | $0 | $0 | $49,974 | $0 | $5,720 | $11,129 | $150,769 | $0 | $217,591 |
| Administrative Expenses (lines 20-21) | $0 | $0 | $0 | $1,584 | $0 | $537 | $780 | $15,220 | $0 | $18,122 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Net Gain (loss) from operations (Line 24) | $0 | $0 | $0 | $650 | $0 | -$1,405 | -$756 | $7,164 | $0 | $5,654 |
| Net Investment gain (or loss) and other (line 27 & 29 | $0 | $0 | $0 | $148 | $0 | $11 | $0 | $47 | $0 | $206 |
| Net Income (loss) before taxes (line 30) | $0 | $0 | $0 | $799 | $0 | -$1,394 | -$756 | $7,211 | $0 | $5,860 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 0.0% | 0.0% | 0.0% | 95.7% | 0.0% | 117.9% | 99.8% | 87.1% | 0.0% | 90.1% |
| Administrative/Revenue | 0.0% | 0.0% | 0.0% | 3.0% | 0.0% | 11.1% | 7.0% | 8.8% | 0.0% | 7.5% |
| Contribution to Reserves | 0.0% | 0.0% | 0.0% | 1.2% | 0.0% | -28.9% | -6.8% | 4.1% | 0.0% | 2.3% |
| UW Gain/Prem Revenue | 0.0% | 0.0% | 0.0% | 1.2% | 0.0% | -28.9% | -6.8% | 4.1% | 0.0% | 2.3% |

*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) | $2,719,530 | $1,832,744 | $84,885 | $876,413 | $444,350 | $411,381 | $277,611 | $4,398,265 | $190,327 | $11,235,506 |
| Medical/Hospital Expenses (lines 9,20,31,42,53) | $2,234,921 | $1,558,719 | $72,463 | $756,057 | $381,387 | $355,580 | $241,495 | $3,743,986 | $141,362 | $9,485,970 |
| Administrative Expenses (lines 10, 21,32,43,54) | $344,809 | $117,051 | $6,388 | $68,446 | $39,588 | $23,952 | $19,532 | $377,872 | $21,930 | $1,019,567 |
| PDR change (line 22) | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | -$350 | -$350 |
| Net Gain (loss) from operations (Line 11,22,33,44,55) | $139,799 | $156,974 | $6,034 | $51,910 | $23,375 | $31,849 | $16,585 | $276,407 | $27,385 | $730,318 |
| Net Investment gain (or loss) and other (line 27 & 29 | $13,178 | -$1,769 | $22 | $8,631 | -$5,565 | $900 | $1,035 | $14,747 | $1,081 | $32,260 |
| Net Income (loss) before taxes (line 30) | $152,978 | $155,205 | $6,056 | $60,541 | $17,810 | $32,749 | $17,621 | $291,154 | $28,466 | $762,578 |
| *Ratios:* | | | | | | | | | | |
| Medical Loss Ratio | 82.2% | 85.0% | 85.4% | 86.3% | 85.8% | 86.4% | 87.0% | 85.1% | 74.3% | 84.4% |
| Administrative/Revenue | 12.7% | 6.4% | 7.5% | 7.8% | 8.9% | 5.8% | 7.0% | 8.6% | 11.5% | 9.1% |
| Contribution to Reserves | 5.1% | 8.6% | 7.1% | 5.9% | 5.3% | 7.7% | 6.0% | 6.3% | 14.4% | 6.5% |
| UW Gain/Prem Revenue | 5.1% | 8.6% | 7.1% | 5.9% | 5.3% | 7.7% | 6.0% | 6.3% | 14.2% | 6.5% |
| | | | | | | | | | | |
| Investment Income | $13,178 | -$1,769 | $22 | $8,631 | -$5,565 | $900 | $1,035 | $14,747 | $1,081 | $32,260 |
| Total contribution to Reserves | $152,978 | $155,205 | $6,056 | $60,541 | $17,810 | $32,749 | $17,621 | $291,154 | $28,466 | $762,578 |
| Percent | 5.6% | 8.5% | 7.1% | 6.9% | 4.0% | 8.0% | 6.3% | 6.6% | 15.0% | 6.8% |

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

**ATTACHMENT C**

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

Join Zoom Meeting
https://zoom.us/j/99148189430?pwd=dGRINXhmVTJhRVRGbllrZktBRHdBZz09

Meeting ID: 991 4818 9430
Passcode: TRBf2P

**QUARTERLY MEETING**
**Thursday, August 25, 2022**
**9:00 am to 3:00 pm**
**PROPOSED AGENDA**

**9:00 – 9:30 am** **Welcome opening/prayer and roll call**

**9:30 – 11:30 am** **DHS Agenda Items**

- **Council on Economic Expansion** – Commissioner Jodi Harpstead (10-15 min)
- **Medicaid State Plan Updates** – Patrick Hultman (5 min)
- **Four Walls Update** – Julie Marquardt and Patrick Hultman (10-15 min)
- **Medicaid Policy Changes Impacting Tribes**, Operation Swiss Watch (OSW) 14 – Vern LaPlante and Angie DeLille (10-15 min)
- **Medicaid Decision Making Initiative,** Operation Swiss Watch (OSW) 12 — Krista O'Connor (10-15 min)
- **Racial Equity Report**—Dr. Nathan Chomilo (10 min)
- **Opioid Summit**— "The Sum Is Greater Than Its Parts. Minnesota SUD Summit" Sept 27-28 in Fortune Bay Tower, MN (5 min)
- **Next Steps** – Vern LaPlante (5 min)

**11:30 – 12:30 pm** **UMD Native American Into Medicine – Dr. Mary Owens**
**MDH HPCD Strategic Plan Invite – Melanie Peterson-Hickey**
**NIHB Updates/Announcements**
**GLIHB Updates/Announcements**
**GLITEC Updates/Announcements**
**IHS Updates/Announcements**

**12:30 – 1:00 pm** **Lunch Break**

**1:00 – 3:00 pm** **MDH Agenda Items**

- **MDH Executive Office Updates – AC Mary Manning (30 mins)**
  - **COVID 19/MPX**
  - **Legislative Update**
  - **MDH Tribal Nations Consultations visits**

- **Office of American Indian Health (30 mins)**
  - Policy and Budget Proposals for SFY ’23
  - CDC Health Equity Grants
  - CDC Workforce Infrastructure Grants

- **MDH Maternal Mortality Report – Noya Woodrich (20 mins)**

- **SACIMM National Mtg at SMSC – Ed Ehlinger (15 mins)**

- **MDH Childhood VAX input/feedback meeting invite (15 mins)**

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

**Thursday and Friday, November 17 & 18 (third Thursday)**

**Time and Location – Hybrid**

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

***Join in Remotely***
Microsoft Teams meeting
Log-in is in calendar meeting invite

**Thursday, November 4, 2022**
**9:00 am to 3:00 pm**
**AGENDA**

**9:00 – 9:30 am** **Welcome opening/prayer and roll call**

**MDH Agenda Items**

**9:30 – 10:00 am** **OAIH Grant Updates – Jackie Dionne and OAIH staff**
**CDC HE Grant Updates – Jackie Dionne and OAIH staff**
**Red Star International Contract**
**Workplan and Budget**
**CDC Vaccination Implementation Grant**
**CDC Strengthening the PH Workforce Grant**

**10:00 – 11:00 am** **Office of American Indian Health Updates– Dr. Brooke Cunningham**

**11:00 – 11:30am** **MDH Data Vision and Roadmap Project – Jessie Shmool and Jackie Dionne**

**11:30 – 12:15** **MDH Commissioner Jan Malcolm**
**COVID 19 Soft Landing/Surge Preparedness**
**SFY '23 Legislative Proposal**
**Draft MDH TCP Updated**
**Joint Powers Agreement**

**12:15 – 12:30 pm** **NIHB Updates**
**GLITEC Updates/Announcements**
**IHS Updates/Announcements**

**12:30 – 1:00 pm** **Lunch Break**

**DHS Agenda Items (on back)**

**1:00 – 3:00 pm**

- **Welcome and Introduction to Afternoon Session (Vern LaPlante, Office of Indian Policy/Melorine Mokri, Federal Relations)**

- **Medicaid Waivers and State Plan Amendments (Patrick Hultman, Deputy Medicaid Director)**

- **Update on Four Walls (Julie Marquardt, Deputy Assistant Commissioner and Assistant Medicaid Director, Health Care)**

- **COVID-19 Public Health Emergency (PHE) Unwinding: Communications Toolkit (Mehgan Lee, Communications)**

- **Substance Use Disorder (SUD) Summit (Jen Sather, Behavioral Health)**

- **MnCHOICES Revision Launch (Heidi Hamilton, Disability Services)**

- **DHS Legislative Proposals**
  - **Child and Family Services (Jennifer Sommerfeld)**
  - **Health Care (Ann Bobst)**
  - **Disability Services, Behavioral Health, Housing (Kristy Graume)**
  - **Older Adults (Nicole Stockert)**

- **Closing Remarks (Vern LaPlante, Office of Indian Policy/Melorine Mokri, Federal Relations)**

**Tribal Health Directors 2023 Proposed Meeting Dates (last Thursday of each quarters month, except Nov 2023):**

**February 23-24, 2023**
**May 25-26, 2023**
**August 17-18, 2023**
**November 16-17, 2023**

**Time and Location – Hybrid**

*Tribal and Urban Indian Health Directors Quarterly Meeting*

***Join us Remote only***
Microsoft Teams meeting
Log-in is in calendar meeting invite

**Thursday, March 9, 2023**
**9:00 am to 3:00 pm**
**AGENDA**

**9:00 – 9:15 am** **Welcome opening/prayer and roll call**

**DHS Agenda Items**

**9:15 am – 11:00 am** **Morning Session Opening Remarks** – Vern LaPlante, Indian Policy Director and Patrick Hultman, Deputy Medicaid Director
**Medicaid State Plan Amendment and Waiver Activities** – Patrick Hultman, Deputy Medicaid Director
**Four Walls Update** – Julie Marquardt, Deputy Assistant Commissioner and Deputy Medicaid Director
**Medicaid Continuous Coverage Unwinding Communications, Outreach, and Data** – Karen Giusto, Mehgan Lee, and Kevan Edwards, Health Care Administration
**Community Engagement** – Dr. Nathan Chomilo, Medicaid Medical Director
**Operation Swiss Watch 14: Medicaid Policy Changes Impacting Tribes** – Angie DeLille, Deputy Director, Office of Indian Policy
**Re-invigorating Tribal Long Term Support Services Workgroup** – Vern LaPlante, Director, Office of Indian Policy
**Morning Session Closing Remarks**

**MDH Agenda Items**

**11:00 to Noon** **MDH Commissioner Dr. Brooke Cunningham**

**Noon – 12:30 pm** **Lunch Break**

**12:30 – 1:00 pm** **Health Protection Bureau – Assistant Commissioner Dan Huff**

**1:00 – 1:30 pm** **GLITEC Drinking Water Testing Program – Will Funmaker & Jacob Riemer**
**NIHB Updates – Sam Moose**
**Indian Health Services Updates**

**1:30 – 2:00 pm** **Syphilis update – Dr. Nick Lehnertz**

**2:00 – 2:30 pm** **Office of American Indian Health Updates**
- **Hiring process for OAIH Director**
- **Policy Updates – IDEPC JPA;**
- **MDH Updated Tribal Consultation Policy**
- **OAIH Grant Updates**
  - **Tribal Public Health Block Grant update**
  - **Tribal COVID 19 Vaccine Implementation update**
  - **Tribal Public Health Infrastructure update**

**Tribal Health Directors 2023 remaining meeting dates (last Thursday of each quarters month, except Nov 2023):**

**May 25-26, 2023**
**August 17-18, 2023**
**November 16-17, 2023**

**Time and Location – Hybrid**

*Tribal and Urban Indian Health Directors Quarterly Meeting*

Microsoft Teams meeting
Log-in is in calendar meeting invite

**Thursday, May 25, 2023**
**9:00 am to 3:30 pm**
**AGENDA**

**9:00 – 9:15 am** **Welcome opening/prayer and roll call/networking**

**MDH Agenda Items**

**9:15am – 9:40 am** **MDH Tribal Liaison & Office of American Indian Health Updates**

- **OAIH newly hired Director, Darin Prescott**
  - **(Start date June 1, 2023)**
- **MDH Tribal Liaison; Interim TL, job posting and hiring process**
- **Grants Update for OAIH (Elizabeth Magnuson)**
  - **Vaccine grant (supplement #4) extended to June 2025**
  - **MDH Tribal Public Health Infrastructure (TPHI) extended to June 2024. Remote training offered**
  - **MDH Workforce Infrastructure Grant**
    - **$1.5 Million to be spend by 2027**
  - **Tribal Public Health Block Grant – start date July 1**
    - **MCH, EHDI, EP, TANF and Flexible (General) Fund**

**9:40am – 10:00 am** **Update from Chelsey Huntley, Kim Milbrath, and Kris Rhodes**

**10:00 – 10:15 am** **Introduction of Cedar Savage – IDEPC Tribal Liaison**

**10:15 – 10:30 am** **OERAC Opiate Funding Discussion – Dana Farley and Darin Prescott**

**10:30 - 11:00 am** **Mayo Clinic "Ways of Knowing" TBI project**

**11:00 –12:00 pm** **UMD School of Medicine – Mary Owen and Amanda Dionne**
**Mayo Clinic WAYS Program**

**12:00 – 12:30 pm** **NIHB updates – Sam Moose**
**GLIHB/GLITEC updates– Will Funmaker**
**Indian Health Services updates**

**12:30 – 1:00 pm Lunch Break/Networking**

**DHS Agenda Items**

**1:00 – 3:30 pm**

- **Opening Remarks** – Vern LaPlante, Office of Indian Policy Director/Melorine Mokri, Deputy Federal Relations Director
- **Legislative Update** – Julie Marquardt, Interim Assistant Commissioner and State Medicaid Director
- **Four Walls Update** – Melorine Mokri, Deputy Federal Relations Director
- **Medicaid Waiver and State Plan Amendments** – Patrick Hultman, Deputy Medicaid Director
- **Medicaid Managed Care and Access to Medicaid Services Proposed Rules** – Patrick Hultman, Deputy Medicaid Director
- **Unwinding Continuous Medicaid Coverage: Text Messaging Campaign** – Meghan Lee, Communications Manager
- **Closing Remarks** – Vern LaPlante, Office of Indian Policy Director/Melorine Mokri, Deputy Federal Relations Director

**Tribal Health Directors 2023 remaining meeting dates (last Thursday of each quarters month, except Nov 2023):**

**August 17-18, 2023**
**November 16-17, 2023**

**Time and Location – Hybrid**

**Managed Care Ombudsman Report**
**Minnesota Prepaid Medical Assistance Program Plus (PMAP+)**
**Annual Report for July 1, 2022 – June 30, 2023**

I. 2022 Calendar Quarter 3 (July 1, 2022 – Sept. 30, 2022) Manage Care Ombudsman

Q3 2022 – Fair hearings closed by metro and non-metro areas

| Area | n |
|---|---|
| **Eleven County Metro Area** | 114 |
| **Non-Metro Area** | 77 |
| **Total** | **191** |

Q3 2022 - Hearing summary: All types by service category and outcome

| Outcome | Dismissed | Enrollee prevailed | HP Partially Upheld/Member Partially Denied | Health Plan prevailed | Remand to MCO | Resolved before hearing | State affirmed | Withdrawn | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Service Category** | **n** | **n** | **n** | **n** | **n** | **n** | **n** | **n** | **n** |
| **Chemical Dependency** | | | | 1 | | 1 | | | **2** |
| **Chiropractic** | | | | | | 1 | | | **1** |
| **DME-Medical Supplies** | 2 | | | 1 | | 4 | | | **7** |
| **Dental** | 6 | 1 | | 11 | | 4 | | 2 | **24** |
| **Emergency Room** | 1 | | | | | 2 | | | **3** |
| **Health Plan Change** | 3 | 1 | | | | 10 | 12 | 1 | **27** |
| **Home Care** | 4 | | 1 | 4 | 1 | 2 | | | **12** |
| **Hospital** | 2 | | | | | 1 | | | **3** |
| **Mandatory Participation** | | | | | | 1 | | | **1** |
| **Mental Health** | | | | | | 3 | | | **3** |
| **Pharmacy** | 4 | 4 | | 3 | | 19 | | 3 | **33** |
| **Professional Medical Services** | 16 | 4 | 1 | 6 | | 28 | | 9 | **64** |
| **Restricted Recipient** | 2 | 2 | | | | 2 | | 1 | **7** |
| **Vision Services** | | | | 1 | | 3 | | | **4** |
| **Total** | **40** | **12** | **2** | **27** | **1** | **81** | **12** | **16** | **191** |

Q3 2022 - Summary of closed hearings by outcome

| Outcome | n |
|---|---|
| **Dismissed** | 40 |
| **Enrollee prevailed** | 12 |
| **HP Partially Upheld/Member Partially Denied** | 2 |
| **Health Plan prevailed** | 27 |
| **Remand to MCO** | 1 |
| **Resolved before hearing** | 81 |
| **State affirmed** | 12 |
| **Withdrawn** | 16 |
| **Total** | **191** |

II. 2022 Calendar Quarter 4 (Oct. 1, 2022 – Dec. 31, 2022) Manage Care Ombudsman

Q4 2022 - Hearings closed by metro and non-metro areas

| Area | n |
|---|---|
| **Eleven County Metro Area** | 106 |
| **Non-Metro Area** | 63 |
| **Total** | **169** |

Q4 2022 - Hearing summary: All types by service category and outcome

| Outcome | Dismissed | Enrollee prevailed | Health Plan prevailed | Resolved after hearing | Resolved before hearing | State affirmed | Withdrawn | Total |
|---|---|---|---|---|---|---|---|---|
| **Service Category** | **n** | **n** | **n** | **n** | **n** | **n** | **n** | **n** |
| **Chemical Dependency** | | | | | 1 | | | **1** |
| **Chiropractic** | | | 2 | | | | | **2** |
| **DME-Medical Supplies** | 3 | 2 | 1 | | 7 | | | **13** |
| **Dental** | 6 | 2 | 15 | | 4 | | | **27** |
| **Health Plan Change** | 1 | 1 | | | 5 | 2 | 1 | **10** |
| **Home Care** | 9 | 2 | 4 | 1 | 6 | | | **22** |
| **Hospital** | | | | | | | 1 | **1** |
| **Mental Health** | 1 | 1 | 1 | 2 | 1 | | | **6** |
| **Pharmacy** | 11 | 2 | 7 | | 21 | | 3 | **44** |
| **Professional Medical Services** | 10 | 1 | 2 | 2 | 10 | 1 | 1 | **27** |
| **Restricted Recipient** | 6 | 2 | 3 | | 1 | | | **12** |
| **Transportation** | | | | | | | 1 | **1** |
| **Vision Services** | 1 | | | | 1 | | 1 | **3** |
| **Total** | **48** | **13** | **35** | **5** | **57** | **3** | **8** | **169** |

Q4 2022 - Summary of closed hearings by outcome

| Outcome | n |
|---|---|
| **Dismissed** | 48 |
| **Enrollee prevailed** | 13 |
| **Health Plan prevailed** | 35 |
| **Resolved after hearing** | 5 |
| **Resolved before hearing** | 57 |
| **State affirmed** | 3 |
| **Withdrawn** | 8 |
| **Total** | **169** |

III. 2023 Calendar Quarter 1 (Jan. 1, 2023 – Mar. 31, 2023) Manage Care Ombudsman

Q1 2023 - Hearings closed by metro and non-metro areas

| Area | n |
|---|---|
| **Eleven County Metro Area** | 104 |
| **Non-Metro Area** | 57 |
| **Total** | **161** |

Q1 2023 - Hearing summary: All types by service category and outcome

| Outcome | Dismissed | Enrollee prevailed | HP Partially Upheld/Member Partially Denied | State Affirmed | Health Plan prevailed | Resolved before hearing | Withdrawn | Total |
|---|---|---|---|---|---|---|---|---|
| **Service Category** | **n** | **n** | **n** | | **n** | **n** | **n** | **n** |
| **Chemical Dependency** | | | | | | 1 | | **1** |
| **DME-Medical Supplies** | 1 | 2 | | | 1 | 4 | 2 | **10** |
| **Dental** | 4 | | | | 14 | 1 | 2 | **21** |
| **EW Services** | | | | | | 1 | 1 | **2** |
| **Health Plan Change** | 10 | 2 | | 3 | | 13 | | **28** |
| **Home Care** | 5 | | 1 | | 3 | 4 | 2 | **15** |
| **Hospital** | 1 | | | | 1 | | | **2** |
| **Mental Health** | 2 | | | | | | | **2** |
| **Pharmacy** | 5 | | | | 2 | 23 | 5 | **35** |
| **Professional Medical Services** | 6 | 3 | | | 7 | 12 | 6 | **34** |
| **Restricted Recipient** | 4 | 1 | | | 2 | | | **7** |
| **Therapies/Rehabilitation** | | | | | 1 | | | **1** |
| **Transportation** | | | | | | 1 | | **1** |
| **Vision Services** | 1 | | | | 1 | | | **2** |
| **Total** | **39** | **8** | **1** | **3** | **32** | **60** | **18** | **161** |

Q1 2023 - Summary of closed hearings by outcome

| Outcome | n |
|---|---|
| **Dismissed** | 39 |
| **Enrollee prevailed** | 8 |
| **HP Partially Upheld/Member Partially Denied** | 1 |
| **Health Plan prevailed** | 32 |
| **State Affirmed** | 3 |
| **Resolved before hearing** | 60 |
| **Withdrawn** | 18 |
| **Total** | **161** |

IV. 2023 Calendar Quarter 2 (Apr. 1, 2023 – June 30, 2022) Manage Care Ombudsman

Q2 2023 - Hearings closed by metro and non-metro areas

| Area | n |
|---|---|
| **Eleven County Metro Area** | 110 |
| **Non-Metro Area** | 48 |
| **Total** | **158** |

Q2 2023 - Hearing summary: All types by service category and outcome

| Outcome | Dismissed | Enrollee prevailed | HP Partially Upheld/Member Partially Denied | Health Plan prevailed | Resolved before hearing | State affirmed | Withdrawn | Total |
|---|---|---|---|---|---|---|---|---|
| **Service Category** | **n** | **n** | **n** | **n** | **n** | **n** | **n** | **n** |
| **Chemical Dependency** | | | | | 1 | | | **1** |
| **DME-Medical Supplies** | 2 | 1 | | 1 | | | | **4** |
| **Dental** | 2 | 1 | | 11 | 4 | | 2 | **20** |
| **EW Services** | 1 | | | | | | | **1** |
| **Health Plan Change** | 2 | | | | 14 | 10 | 2 | **28** |
| **Home Care** | 4 | 3 | 2 | 5 | 4 | | 1 | **19** |
| **Hospital** | | | | | 2 | | 1 | **3** |
| **Mental Health** | | 1 | | 2 | 3 | | 2 | **8** |
| **Pharmacy** | 11 | 4 | | 4 | 21 | | 3 | **43** |
| **Professional Medical Services** | 1 | 8 | | 6 | 4 | | 4 | **23** |
| **Restricted Recipient** | 2 | 1 | | 2 | 2 | | | **7** |
| **Vision Services** | 1 | | | | | | | **1** |
| **Total** | **26** | **19** | **2** | **31** | **55** | **10** | **15** | **158** |

Q2 2023 - Summary of closed hearings by outcome

| Outcome | n |
|---|---|
| **Dismissed** | 26 |
| **Enrollee prevailed** | 19 |
| **HP Partially Upheld/Member Partially Denied** | 2 |
| **Health Plan prevailed** | 31 |
| **Resolved before hearing** | 55 |
| **State affirmed** | 10 |
| **Withdrawn** | 15 |
| **Total** | **158** |