Parsons, Ken V (DHS)

From:	Parker, Pamela J (DHS)
Sent:	Friday, June 28, 2013 1:30 PM
To:	Hudson, Mark J (DHS)
Cc:	Zimmerman, Marie L (DHS); Leitz, Scott D (DHS); Golden, James I (DHS); Backstrom, Carol S (DHS); Breen, Chandra F (DHS)
Subject:	RE: MCO Value Report Draft
Attachments:	Copy of Managed Care Seniors Reimbursement Summary 2010 - 2012.xlsx

I also have to add that it is not clear which services for which populations are included in the cost figures cited, and to what they are being compared. Are seniors long term care costs included in the figures cited? What data from what years did the report include? MSHO/MSC+ and SNBC costs are somewhere near $1 billion a year. If seniors MLTSS costs and disabled are included it will raise the average costs of managed care compared to other states, many of which have not include them in managed care. This really should be clarified.

Also it appears that for some items quality scores from the special needs programs may be included (eg the study on the disability programs) and for others (selected HEDIS data chart) they may not be. MSHO CAHPs scores have generally been higher than the other products and could bring up the overall scores. Again, we need to be clear about what is included and what is not.

From: Parker, Pamela J (DHS)
Sent: Friday, June 28, 2013 11:46 AM
To: Hudson, Mark J (DHS)
Cc: Zimmerman, Marie L (DHS); Leitz, Scott D (DHS); Golden, James I (DHS); Backstrom, Carol S (DHS); Breen, Chandra F (DHS)
Subject: RE: MCO Value Report Draft
Importance: High

Mark, this is not a bad report but is very confusing to me and I fear it will lead to some wrong conclusions about the programs I manage. I was led to believe that the Special Needs Managed Care Programs were not a part of this study and I was not interviewed for the study. But the report does mention these programs and I can't find mention that the report is explicitly focused on Families and Children products and that MSHO, MSC+ and SNBC are therefore not described. Yet, in several sections it talks about elderly or people with disabilities and complex populations (e.g. measurement, care coordination). It also cites the value of care coordination and similar programs in other states which serve these groups. Yet there is no description of the activities that go on in our Special Needs Programs or of the fact that we have integrated Medicare/Medicaid programs for those groups so it give no credit to all of the elements we have built into those programs.

The report goes on to cite care coordination as one of the values of managed care and talks about consumer satisfaction with the plans on this element but states that Minnesota does not have explicit enough requirements and expectations around care coordination. This is certainly not true of our Special Needs Programs which are nationally recognized precisely for those requirements. But the legislature and others reading the report are unlikely to pick up on the fine distinctions of the various products so I believe the lack of clarity of the scope of the report could lead to unfair conclusions that we don't have adequate care coordination requirements for seniors or people with disabilities in MSHO, MSC+ and SNBC. Further, care coordination is a federal requirement in our Managed Long Term Service and Supports (MLTSS) programs (MSC+/MSHO) and of Medicare Advantage Special Needs Plans, so this lack of clarity could also raise issues about our compliance with CMS Medicare and Medicaid requirements.

There are similar issues with discussion of payment reforms, even though we are ahead of the whole country here in having payment reform models operating within our integrated programs that span both Medicare and Medicaid and primary, acute and long term care.

To correct this we should make it clear one way or the other. Either the special needs populations and managed care programs are part of the study and related care coordination and payment reform activities and contract requirements should be described and acknowledged for these groups, or it should be explicit that they are NOT included in the scope of the report while acknowledging that MN is a leader in these programs and MN programs for those groups do address many of the things the report concludes are the strengths of managed care.

I may have additional technical comments next week, but this is my main concern thus far. Thanks for the opportunity to comment.

om: Hudson, Mark J (DHS)
Sent: Wednesday, June 26, 2013 10:33 AM
To: Golden, James I (DHS); Leitz, Scott D (DHS); Zimmerman, Marie L (DHS)
Cc: Cell, Rachel H (DHS); Berg, Ann M (DHS); Breen, Chandra F (DHS); Parker, Pamela J (DHS); Marquardt, Julie A (DHS); Lloyd, Robert J (DHS); Gibson, Karen M (DHS); Schirle, Karen L (DHS); Backstrom, Carol S (DHS); Prasek, Ginny M (DHS)
Subject: MCO Value Report Draft

Attached you will find the first draft of the Value report for managed care. Many of you helped with PCG staff on this effort. Jim asked that I forward a copy to you for comments. We will work on getting time to discuss comments. Please review and send me issues that we should address. If you have questions feel free to call me. If you will be out for several days let me know so we can get together to identify your issues early and include the impact ect. Thanks for reviewing. This is the draft as delivered without any
edits.