

## Rothermel, Paul J (DHS)

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**From:** Parker, Pamela J (DHS)  
**Sent:** Wednesday, August 28, 2013 7:52 PM  
**To:** Breen, Chandra F (DHS)  
**Subject:** Fw: PCG Comments  
**Attachments:** MN MC Study Report Draft Final 08262013 (TRACKED) PJP.docx

**Importance:** High

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**From:** Parker, Pamela J (DHS)  
**Sent:** Thursday, August 29, 2013 12:48 AM  
**To:** Hudson, Mark J (DHS)  
**Cc:** Maruska, Deb (DHS); Kvendru, Sue R (DHS); Zimmerman, Marie L (DHS); Backstrom, Carol S (DHS)  
**Subject:** PCG Comments

This report is very upsetting. Please see my comments in track changes. It includes many misleading and inaccurate statements for seniors and disabled.

For example, they state that MN has more seniors on Medicaid than most states. The report link below shows that the average is about 10% nationally and we are lower than that in MN being closer to 8%. They cite enrollment of dual eligibles as a reason that costs are high, but then don't clarify that managed care costs are actually lower than for FFS for duals in MN and that costs are not high because of managed care, they are higher because we include LTC benefits in managed care. They don't mention that MN has been a leader in serving dual eligibles under integrated Medicare Medicaid programs, it looks as if we just have this high cost bunch of duals and we do nothing to manage them. They cite MN as having generous Medicaid benefits that are rare in other states and actually state that LTC benefits are more expensive, when MNs long term care benefits have actually lowered more expensive long term institutional costs in MN. They make it sound like HCBS were rarely provided by other states in 2008 when most states provide HCBS. They cite the value of care coordination but don't describe the additional care coordination provided under our seniors and disabled programs. There is no clear source of data cited for most of these statements, they just come out of the blue and are not supported by anything in the report. I could go on and on.

If you are in charge of this contract, I request that you require them to meet with me and clarify some of these points since they have never spoken to me and this impacts the programs I manage.

This seems like very shoddy research. Are we going to accept and publish a product like this?

<http://kff.org/medicaid/fact-sheet/the-medicaid-program-at-a-glance-update/>