

Parsons, Ken V (DHS)

From: Drucker, Jeremy D (DHS)
Sent: Wednesday, September 25, 2013 12:00 PM
To: Johnson, Charles E (DHS); Leitz, Scott D (DHS); Golden, James I (DHS); Knutson, Katie M (DHS)
Subject: Re: PCG Report

Works for me

From: Johnson, Charles E (DHS)
Sent: Wednesday, September 25, 2013 04:38 PM
To: Drucker, Jeremy D (DHS); Leitz, Scott D (DHS); Golden, James I (DHS); Knutson, Katie M (DHS)
Subject: RE: PCG Report

I'm not sure the message is dramatically different – just flows differently. I'm not that sure that I'll use the phrasing "interesting historical picture" but rather just make the underlying points about how this examination is not relevant to our current MCO cost picture. (Although now having read the report it seems to add very little value or new information.) I view Cindy's construction to be more of how to tell the story in 5 minutes and the talking points more organized on how to respond on the specific issues addressed by the report.

Chuck Johnson
Deputy Commissioner for Policy and Operations
Minnesota Department of Human Services
[REDACTED]
[REDACTED]

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From: Drucker, Jeremy D (DHS)
Sent: Wednesday, September 25, 2013 10:44 AM
To: Leitz, Scott D (DHS); Golden, James I (DHS); Johnson, Charles E (DHS); Knutson, Katie M (DHS)
Subject: Re: PCG Report

This is a little different message than we had before. Are we ok going with it?

From: Jesson, Lucinda E (DHS)
Sent: Tuesday, September 24, 2013 03:42 PM
To: Drucker, Jeremy D (DHS); Leitz, Scott D (DHS); Golden, James I (DHS); Johnson, Charles E (DHS); Knutson, Katie M (DHS)
Subject: RE: PCG Report

As I think through the report, here is what I would emphasize:

- This report is an interesting historical picture, comparing managed care and FFS five years ago. Since then, we have introduced health care homes into our FFS system, payment reform through our first-in-the-country Medicaid ACO models into both MC and FFS, and transformed managed care contracting, savings hundreds of millions of dollars. A better national comparison is found in the report released last week which finds that Minnesota is ranked number four in the country when it comes to providing health care to low-income people.
- Our Medicaid system is more expensive than many states primarily because our legislature has wisely chosen to provide more benefits, especially benefits for seniors and people with disabilities. (give home and community based services examples.) The fact that we pay for these items, reflects our values—that caring for the vulnerable is a priority in our state.
- We are concerned with the report’s suggestion that, in 2008, the state was not receiving optimal value for its spending on children’s health. We will update this analysis and, if this is the case, work quickly with the health plans to correct this.
- We must get “more health for our dollar” moving forward. And as the report implicitly recognizes, neither a managed care nor a fee for service system, alone, will support the payment reform needed to do so. [can cite to p. 13/14 section on alignment with payment reforms] Which is why we should not simply choose between these two systems. Instead, we must change both systems and move toward paying for improving health, not just paying for services. That has been core to our smarter purchaser strategy the last two years and will be our mantra moving forward as well.

Other things we should emphasize? Corrections? Cindy

From: Drucker, Jeremy D (DHS)

Sent: Tuesday, September 24, 2013 9:40 AM

To: Leitz, Scott D (DHS); Golden, James I (DHS); Johnson, Charles E (DHS); Jesson, Lucinda E (DHS); Knutson, Katie M (DHS)

Subject: PCG Report

Importance: High

Please see the attached communications plan.

I am told we will get a final PCG report at noon today. At that point we can start the notifications.

Jeremy Drucker

Director of Public Affairs

Minnesota Department of Human Services

Voice: [REDACTED]

Email: [REDACTED]

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