



Minnesota Department of **Human Services**

December 3, 2014

Buddy Robinson, Co-Coordinator
Greater MN Health Care Coalition
47 Park Street North
Mora, MN 55101

Dear Mr. Robinson:

I am responding on the behalf of Commissioner Jesson to your letter dated October 31st. The Department of Human Services (DHS) is always interested in hearing feedback on how we can continue to improve upon the significant changes we've made to reform our managed care contracting process. Our goal is to ultimately provide better services and improve health outcomes of our enrollees while providing a better value and transparency for the state through our managed care contracts. We appreciate the Greater Minnesota Health Care Coalition support in our reform efforts.

Below we have addressed the questions outlined in your letter. I'm asking DHS staff copied on this letter to follow up on items where you have a specific request for data or information.

Status of DHS paid claims data. In general, your notes capture our discussion of the paid amount submitted through the encounter claims received by DHS from the managed care organizations (MCOs). DHS continues to improve the quality of the encounter data and the paid amounts included on those claims. Although we do not yet have enough history to use this information for the purposes of setting the base rates for managed care, we use these amounts for other purposes in managed care rate setting such as comparing against what financial data the MCOs submit to DHS and to calculate the impact of legislative and other benefit changes.

Based on the results of the ongoing encounter data quality improvement process and the reconciliation of the MCO data, DHS will determine prior to the release of the 2016 managed care statewide request for proposals (RFP) whether it can shift to using this data to a greater extent in managed care rate setting. DHS is interested in ensuring that both data streams – MCO submission of financial information and encounter data received by DHS – continue to be reconciled and accurate. It's important to recognize however, that there are services that MCOs provide where the payment may not occur on a traditional claim. Therefore DHS must have a process for receiving information that cannot be provided on encounter in order to complete whole picture of services provided by the MCOs to Minnesota Health Care Program enrollees.

As it relates to the input process for the 2016 procurement, DHS is interested in receiving feedback on the development of that RFP and recently posted a request for comment on the DHS website due Monday, December 8, 2014. We strongly encourage GMHCC to provide feedback through that process.

Regarding the classification of the paid claims data, that is currently classified in Minnesota Statutes 256B.69, subdivision 9c, as nonpublic as defined under Minnesota Statutes section 13.02. It is not classified as trade secret information.

Data Privacy Study. As you mention in your letter, DHS is charged with studying changes to the Minnesota Data Practices Act as it relates to government entities contracting with health plans or health service providers to perform a government function. As part of this study, DHS will consult with state agencies and interested stakeholders by issuing a Request for Information (RFI) in the State Register. Any interested party may comment on the change in law using this process which we anticipate being posted soon and we encourage GMHCC to participate in that process. The study must also consider potential economic impact of these changes on the health care marketplace. DHS may consult with a health economist to study this aspect of the report. Anyone with questions may contact Patrick Hultman via email at patrick.hultman@state.mn.us.

Dental Reimbursement. We appreciate the comments supporting the recommendations that came out of the DHS report on the dental program. We are committed to improving access to dental care for enrollees and to that end, we are continuing discussions with legislators and members of the dental community around needed changes to the dental program. These discussions include changes to rates, how to improve the administration of the dental program (including consideration of a single administrator), and how to promote quality and improve outcomes in oral health for public program enrollees.

Thank you again for providing feedback and for your time in meeting with DHS staff.

Sincerely



Marie Zimmerman
Health Care Policy Director

Cc: Julie Marquardt
Patrick Hultman
Karen Schirle

Nathan Moracco
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