## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 a.m.</td>
<td>Welcome and agenda review</td>
</tr>
<tr>
<td>9:10 a.m.</td>
<td>Review and discussion of Commission approach</td>
</tr>
<tr>
<td>10:10 a.m.</td>
<td>Overview of submitted strategies</td>
</tr>
<tr>
<td>10:30 a.m.</td>
<td>Break</td>
</tr>
<tr>
<td>10:40 a.m.</td>
<td>Strategies for development and Commission consideration</td>
</tr>
<tr>
<td>11:40 a.m.</td>
<td>Public comment</td>
</tr>
<tr>
<td>11:55 a.m.</td>
<td>Wrap-up and next meetings</td>
</tr>
</tbody>
</table>
Review and Discussion of Commission Approach
The Commission is Charged to Create an Action Plan

The statute charges the Commission to create an action plan that will, at a minimum, include strategies to:

1. **Transform the health and human services system** to a) improve program efficiencies, b) produce savings, and c) promote better outcomes for all Minnesotans;

2. **Increase administrative efficiencies and improve program simplification** within health and human services public programs, including: examining the roles and experience of the State, counties and tribes in delivering services, and identifying any conflicting and duplicative roles and responsibilities among the health and human services agencies, counties, and tribes;

3. Identify evidence-based strategies for addressing the significant cost drivers of State spending on health and human services, including the medical assistance program, in order to **reduce health and human services expenditures with net savings of $100M in the next biennium** (July 1, 2021 – June 30, 2023);

4. **Reduce waste** in administrative and service spending in health and human services through, including but not limited to misuse and overuse of health care services, fraud reduction, and improved program integrity; and

5. **Advance health equity** across geographies and racial and ethnic groups, in part, by addressing disparities in access, and disparities in outcomes
Values & Principles

• Discussed at first meeting

• Key Values & Principles:
  • Bipartisan approach
  • Focus on equity
  • Access – including educating about availability of service, and ensuring choice
  • Focus on health and wellbeing over the long term
  • Use data in development of strategies; and reward quality performance
  • Fiscal responsibility – including reducing waste and increasing value

• Impact for strategy development
What We Have Heard from Commission Members

• There is *a lot* to get done in a short amount of time!

• Legislators will have trouble participating in Thursday meetings during session (February to May).

• It is important to engage the public and consumers.

• It is surprising how hard it is to meet $100M savings that is “bookable” for legislative purposes.

• Commission Members want to be involved, but........ there are so many strategies to review and it is time-consuming and difficult to prioritize.

• A central challenge: empowering the Commission, but not overwhelming members, while providing technical support by agency staff.
Check in with Commission members

- Feedback from Commission members
- Feedback from stakeholders, constituents, communities
Proposed Approaches for Commission Consideration

• Informed by discussions during the prior Commission meetings and Commission member communications to Commission staff since the last meeting, the co-chairs propose a series of process changes.

• These changes are intended to support the Commission in performing its assigned duties. These proposals are described on the following slides:
  • Meeting schedule and structure
  • Strategy development options
  • Equity review
  • Public engagement
How We Propose Scheduling and Structuring Future Meetings

• In the Metro area

• Six hours in duration, with provision of lunch. Longer meetings will permit:
  • Adequate time for thoughtful strategy review
  • Provision of background information provided at each meeting to help Commission members place the day’s strategy review in context
  • Time to hear from interested stakeholders regarding the strategies being discussed by the Commission

• Held on Fridays during session (mid-Feb to mid-May)
Strategy Review Approach

Strategy submissions were due by November 3rd. We have received about 15 additional strategies since then.

What has happened since:

• Review of strategies by Commission, State staff and Bailit Health
• Invitation for initial strategy prioritization offered to Commission members

What comes next?

• Commission discussion of priority strategies, groupings, themes
• Development of the selected strategies for Commission consideration
• Present the developed strategies to the Commission beginning on December 19th, and then almost every other week through May. We must adhere to this schedule to complete our assigned task.
Why prioritize?

Many strategies have been submitted. There is neither sufficient staff time to develop all of the proposals, nor Commission time to comprehensively review all of the proposals.

For this reason, it is necessary to select those proposals that appear most promising for investment of staff resources in strategy development.
Criteria for Strategy Prioritization (Adopted on 11/7)

Strategies should:

• possess a high probability of achieving the aim of the defined focus area that the proposal strategy addresses;

• be subject to the influence of government action;

• be feasible to implement, both administratively and politically;

• advance health equity, or at a minimum, not contribute to health inequities or disparities, nor negatively impact individual and community health status, consumers in private marketplaces, quality of care, or access to necessary care, and

• not result in benefit reductions.
1. How would members like to participate in the strategy development work going forward?

2. If you want to participate, for which of the five focus areas?
• **Equity**: As part of the Commission's work, Commission staff will conduct an equity review process for each of the priority strategies prior to presentation to the Commission. This work will be in addition to development of equity-specific strategies.

• **Engagement**: Commission staff will work with The Improve Group to design and implement an engagement strategy, including outreach to and engagement with beneficiaries, communities, counties, and tribes.

➢ Are any Commission members interested in working with agency staff to plan and/or conduct these activities?

➢ The engagement strategy will be brought back to the full Commission for review and discussion.
Calculating the $100M in Savings for BRC Purposes

• On 11/7, MMB staff presented how savings are calculated through the legislative process and would thus be counted towards the $100 million charge for the Blue Ribbon Commission.

• In summary, savings are calculated when:
  • A law change results in direct impacts to state spending, and
  • There is a data-based foundation for calculating the direct impacts.

• Savings are not counted when the data available cannot anticipate direct impacts to state spending (for example, secondary impacts).
Strategy ideas received from the following sources

- Commission Members
- Ballit Health
- DHS, MDH and Other State Staff
- General Public
- Stakeholder Organizations
Strategy Highlights: Address Significant Cost Drivers – Older Adults & Persons with Disabilities

Most Prevalent Strategy Themes

• Care Management
• Improve Community Services
• Medicare Payment Reform
• MnCHOICES
• Waiver Reimagine

Other Strategy Themes

• Palliative Care
• Prevention
• Training
### Most Prevalent Strategy Themes
- Chronic Illness Care
- Behavioral Health Care
- Preventive Services
- Expansion of Covered Services
- Payment Reform

### Other Strategy Themes
- Covered Populations
- Data Analysis
- Data Exchange
- Health Behavior Incentives
- Maternity Care
- MCO and IHP Management
- Multi-stakeholder Collaboration
- Oral Health
### Most Prevalent Strategy Themes
- Covered Services
- Eligibility
- Program Coordination
- Technology

### Other Strategy Themes
- Audit
- Battery Recycle
- Claims
- Foster Care
- Investigation
- MSOCS
- Quality Measures
- Transparency
**Strategy Highlights:**
Reduce Waste, Including Fraud and Abuse

### Most Prevalent Strategy Themes

- Claims
- Fraud
- Program Integrity
- Technology
- Third Party Liability (TPL)
- Waste
- Workforce

### Other Strategy Themes

- Eligibility
- Prior Authorization
- Program Coordination
- Transportation
Strategy Highlights: Advance Health Equity

Most Prevalent Strategy Themes

• Access/eligibility (range of services)
• Community health workers
• Oral health

Other Strategy Topics

• Alzheimer’s Disease
• Case management
• Child support
• Children
• Community paramedics
• Coverage expansion
• Criminal justice
• Direct support professionals
• Early childhood education
• Health literacy
• IHS and tribal services
• Maternal health
• Medication therapy management
• Mental health services
• MnCHOICES
• MNsure applications
• Persons with disabilities
• Provider technical assistance
• Retirement savings
• State and county governance
• Syringe services
• Telepresence
• Training
• Workforce
Strategy Highlights:
Transform the Health and Human Services System

Most Prevalent Strategy Themes

• Services for persons with disabilities
• Administrative systems reform
• Services for older adults
• Payment reform
• Child welfare
• Delivery system reform
• Health information
• Social determinants of health

Other Strategy Themes and Topics

• Financing care for seniors
• Civil commitment
• Eliminate or replace MCOs
• Cost growth target
• Integrated delivery of human services
• Integrated LTSS model
• Several other strategy focus areas offered once
BREAK
Strategies for Development and Commission Consideration
The Ask of Commission Members

• Commission members received the full raw data containing all of the submitted strategies.

• Commission members were asked to review the submissions and identify:
  • Priority strategies for further discussion and development
  • “Top ten” strategies upon which they would want the Commission to focus

• Thirteen Commission members were able to submit identified priorities by the 12/2. Thank you to those who did so – it took a significant effort!
• Responses reflect a majority of Commission members, but not all.

• Because there were so many strategies from which to select, and in some cases multiple similar strategies, it may be helpful to focus on the broad strategy categories of greatest interest rather than on the individual strategies.
  • Nonetheless, we will share the individual strategies of greatest interest to the respondents.

• It is uncertain whether the strategies of highest interest will produce the required $100M savings for the next biennium.
Broad strategy categories of greatest interest to Commission members

1. Eligibility: 45 ("votes" for strategies identified as addressing eligibility policy)
2. Payment Reform: 41
3. Pharmacy: 32
4. MnCHOICES: 21
5. Program Coordination: 16
6. Chronic Illness Care: 15
7. Technology: 12
8. Eliminate or Replace MCOs: 11

These eight categories not only captured the most priority votes, but also the most “top 10” votes. The only exception was Oral Health, which received eight priority votes, but four “top ten” votes.
1. **Strategy #322** (8 priority votes)
   
   **Title:** MN DHS Strategic Planning 2018-2020
   
   **Strategy:** Define “wellbeing” so that DHS can assess how its services attainment of wellbeing by the people it serves.

2. **Strategy #16** (7 priority votes)
   
   **Title:** Utilize value-based payment agreements with drug manufacturers to reduce the costs of prescription drugs.
   
   **Strategy:** The State would implement value-based payment strategies with prescription drug manufacturers.
3. **Strategy #388** (7 priority votes)
   
   **Title:** Value-based Reimbursement for Nursing Facilities (VBR)
   
   **Strategy:** Redesign the quality incentive by retaining the important feature of a value-based reimbursement system of paying more for higher quality and less for low quality while at the same time slowing down the rate of increased spending.

4. **Strategy #15** (6 priority votes)
   
   **Title:** Increase oversight of PBM pricing
   
   **Strategy:** Use the Interagency Council of Pharmaceuticals to jointly develop strategies to limit pricing strategies that drive up the costs of prescription drugs by PBMs licensed in Minnesota.
5. **Strategy #192** (6 priority votes)

**Title:** Reduce Skyrocketing Rx Prices

**Strategy:** Support policies that can stop price gouging by drug manufacturers, including: (1) an Rx Affordability Board which sets an upper payment limit on how much government and private sector payers can pay for certain drugs; (2) enhancing the authority for the Attorney General to stop price gouging of unconscionable price increases and (3) allow the State to negotiate the cost of prescription drugs for people on all public programs.

6. **Strategy #205** (6 priority votes)

**Title:** Regulate pharmaceutical prices in Minnesota

**Strategy:** Pass SF 353, establishing a pharmaceutical pricing review and oversight board in our state.
7. **Strategy #49** (5 priority votes)

**Title**: Improving Health Care Delivery for Individuals Transitioning out of Jail or Prison

**Strategy**: Medicaid should be suspended, rather than terminated, during incarceration and care coordination during incarceration should be negotiated into managed care contracts.

8. **Strategy #100** (5 priority votes)

**Title**: Expediting the Waiver Reimagine initiative and realigning decision-making authority from the Lead Agencies to DHS

**Strategy**: Further the Waiver Reimagine concept which works to combine the populations served through four existing HCBS waiver programs into two.
9. **Strategy #133** (5 priority votes)

**Title:** Program Process Improvements

**Strategy:** Review the process of Medicaid eligibility determination and service authorization and identify process improvements that can create savings.

10. **Strategy #138** (5 priority votes)

**Title:** Reduce MA eligibility assessment

**Strategy:** Currently, MA eligibility for people with disability has to be established every 6 months. Reducing this to an assessment every 1-2 years for those with lifelong disabilities such as intellectual and developmental disabilities would reduce burden on the individual, reduce costs and simplify the system.
11. **Strategy #105** (5 priority votes)

**Title**: Increasing access of home and community-based services for older adults

**Strategy**: Additional support for services which produce an increase in social connectedness and access to community supports, such as Caregiver Services, Companion Services and Respite type care would reduce health care costs. Directly funding community-based providers and lowering administration costs would increase access for these services. Allowing more flexibility within the funding to include for evaluation of service impact and effectiveness is also an important strategy.
12. **Strategy #140** (5 priority votes)

**Title:** Flat Rates coupled with Reinvestment – Health Care

**Strategy:** Move to global payments (flat rates) for costs Minnesota is currently absorbing. Do not pay for sub-optimum care. Reinvest funds to prevent future escalating costs and improving statewide health.

13. **Strategy #275** (5 priority votes)

**Title:** Pilot Hospital Global Payments

**Strategy:** Pilot a selection of hospitals to receive global payments from the state for all services provided.
• No strategy received more than two “top ten” votes from the thirteen responding Commission members.

• Fifteen strategies received “top 10” designation from two or more Commission members.
Strategies to Address Significant Cost Drivers - Older Adults & Persons with Disabilities (4+ votes)

1. **Strategy #388**: Value-based Reimbursement for Nursing Facilities
2. **Strategy #100**: Expediting the Waiver Reimagine initiative and realigning decision-making authority from the Lead Agencies to DHS
3. **Strategy #138**: Reduce MA eligibility assessment
4. **Strategy #105**: Increasing access of home and community-based services for older adults
5. **Strategy #6**: Fraud, Waste, and Abuse Prevention Enhancements
6. **Strategy #13**: Decrease preventable hospitalizations, particularly for those who are disabled or utilize long-term care services
7. **Strategy #41**: Improve Access to Community-based Living and Care to Nursing Home Residents Under Age 65
8. **Strategy #99**: Investing in new strategies and mandatory trainings for using technology
9. **Strategy #72**: MnCHOICES Assessment Process
10. **Strategy #189**: Improve Health Outcomes by Creating Efficiencies in the Elderly Waiver Program
11. **Strategy #381**: End Disability Waiver Rate System Transition Grants
12. **Strategy #383**: Reduce the Absence and Utilization Factor in DWRS for Day Services
Strategies to Address Significant Cost Drivers - Health Care (4+ votes)

1. **Strategy #16**: Utilize value-based payment agreements with drug manufacturers to reduce the costs of prescription drugs
2. **Strategy #15**: Increase oversight of PBM pricing
3. **Strategy #192**: Reduce Skyrocketing Rx Prices
4. **Strategy #140**: Flat Rates coupled with Reinvestment (global payments)
5. **Strategy #205**: Regulate pharmaceutical prices in Minnesota
6. **Strategy #1**: Support for Socially and Medically High Risk Populations: Chronic Disease Self-Management Programs
7. **Strategy #9**: Utilize episode-based payment as a means to pay for maternity care services in the Medicaid program
8. **Strategy #14**: Import prescription drugs from Canada for use in state-funded prescription drug benefits
9. **Strategy #50**: Expansion and Sustainable Funding of Medical Respite for Homeless Adults in Minnesota
10. **Strategy #12**: Measure and then take action on reducing the overuse and misuse of health care services
11. **Strategy #70**: Medication reconciliation and management
1. **Strategy #133**: Program Process Improvements (eligibility determination and LTSS service auth)
2. **Strategy #49**: Improving Health Care Delivery for Individuals Transitioning out of Jail or Prison
3. **Strategy #2**: Evaluate Opportunities for Coordination Across Health Care Services Programs
4. **Strategy #3**: Evaluate Opportunities to Improve Administration of State, County and Tribally-Administered Health and Human Services Programs
5. **Strategy #5**: Evaluate Opportunities to Align and Streamline Eligibility Processes Across Programs
6. **Strategy #31**: Public Health Care Eligibility Technology System
7. **Strategy #35**: Simplify and Streamline Health and Human Services Programs
8. **Strategy #104**: A new approach to a technology-based MnCHOICES assessment process
9. **Strategy #141**: Increase Access and Maintain Residents Eligibility by Improving Communications
10. **Strategy #206**: Remove Medical Assistance from the METS System
11. **Strategy #48**: Improving Access to MN-IT
Focus on Strategies to Reduce Waste, Including Fraud & Abuse (3+ votes)

1. **Strategy #66**: Expedited Kinship
2. **Strategy #407**: Reduce cost of pharmaceuticals by utilizing state leverage
3. **Strategy #145**: Consolidation of the State’s HIV Prevention and Care Administration
4. **Strategy #63**: Re-evaluate layers of managerial positions
5. **Strategy #153**: Reduce waste in administrative and service spending in health and human services
6. **Strategy #215**: Amendment to Medical Transportation Reimbursements
Strategies to Advance Health Equity (3+ votes)

1. **Strategy #27**: Whole School, Whole Community, Whole Child
2. **Strategy #416**: A review of the state plan and how it relates to tribal services provided
3. **Strategy #168**: Investing in children's health
4. **Strategy #404**: Improve health equity by improving our ability to account for the impact of upstream investments
5. **Strategy #64**: Community Paramedics Poised to Advance Health Equity
6. **Strategy #88**: Expanded Statewide Access to Person-Centered Services through a Single, Inter-Operable, Secure, Low-Cost Telepresence Network
Strategies to Transform the Health and Human Services System (4+ votes)

2. Strategy #275: Pilot Hospital Global Payments
3. Strategy #405: Develop a budget tool that accounts for cost-offsets in spending across program areas and across time
4. Strategy #374: Establish Targets or Caps on Health Care Spending for Minnesota Health Plans and Providers
5. Strategy #364: Rural Hospital Global Budgets
7. Strategy #67: Delivering better healthcare through outreach to people who have trouble accessing care due to mental illness, homelessness or other challenges and restructuring Medical Assistance with Primary Care Case Management
8. Strategy #122: Recommendations from the MN Council of Health Plans
Proposed Next Steps

• Review the strategy submissions, prioritizing those for development and presentation with consideration of:
  1. Commission member expressed interest
  2. Fit with Commission-approved criteria discussed earlier in the meeting

• Selection of strategies for development and presentation will be facilitated by Bailit Health, working with appropriate state agency staff, and interested Commission members.

• Selection of strategies for development will not indicate State agency advocacy or endorsement or support.

• State staff will develop strategies in a technical assistance capacity. Development will include conducting an equity review and documenting the findings.

• Bailit Health Team will present developed strategies to Commission with state subject matter experts available for Q & A.

• Commission members will have an opportunity to review and discuss all priority strategies prior to conducting a final vote in September, 2020 for inclusion of strategies into the action plan.
December 13: Health Equity Webinar, 9am-10:30am

December 19: BRC Meeting #6; 9:00am-3:00pm
Focus:
• Overview/background on Disability and Support Services
• Cost Savings Strategies for Disability and Support Services

January 16: BRC Meeting #7, 9:00am-3:00pm
Focus:
• Overview/background on Long-term Care
• Cost Savings Strategies for Long-term Care