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Chair Michelle Benson
 Chair Tina Liebling
 HHS Conference Committee Members

May 5, 2021

Thank you for your service and consideration. MACHP and its member County-Based Purchasing (CBP) plans, owned and operated by 22 Minnesota counties and serving more than 86,000 Minnesota Health Care Programs (MHCP) recipients, have the following areas of priority concerns and support.

HOUSE POSITION:

1. PMAP Benefits Carve-Outs – [OPPOSE]

- **Dental Carve-Out:** Article 1, Sect. 13, 23, 48, 49, 57, 58
- **Non-Emergency Medical Transp. Carve-Out:** Article 1, Sect. 6, 14, 15, 28, 29, 31
- **Pharmacy Carve-Out:** Article 1, Sect. 10, 43, 47, 65

These carve-outs fragment care coordination and continuity of care, are based upon unsubstantiated savings claims, and draw resources away from our communities. Dollars are shifted-over to sweeten the dental carve-out proposal. DHS's own maps show that counties where CBP plans operate generally have better dental access rates than other counties. The key to improving access is developing local dental care capacity and locally coordinated access to dental services – neither of which can occur through a statewide administrator. Centralized NEMT is not the solution to a problem where there is lack of supply versus demand in rural areas. We need to develop and adequately fund rural local transportation resources and locally coordinate access to NEMT.

2. Enhanced Asthma Care Services – [SUPPORT] Article 1, Sect. 15, 33, 35

3. Additional 340B Reporting Mandates – [OPPOSE] Article 1, Sect. 45

This data is already being reported, and further reporting mandates add significant administrative time and expenses. What are we trying to discover? Are policy makers aware of data already being reported to DHS, CMS and others?

SENATE POSITION:

1. New uniform credentialing standard – [OPPOSE] Article 1, Sect. 24

Moving from the current NAIC standard of 180 days down to 45 days is a dramatic tightening that will be extremely difficult to meet with proper due diligence since plans face numerous requirements for provider credentialing. It would require additional administrative resources and costs. We were not made aware of this provision until recently, and were not included in stakeholder negotiations. This needs further consideration.

2. Mandate In-State Pharmacies for MA – [SERIOUS CONCERN] Article 1, Sect. 29, 39

We understand and appreciate the effort to keep Minnesota MA dollars in Minnesota. As county owned and operated plans, we have a particular interest in keeping resources here. However, we have serious concerns for access to specialty drugs, and access for members while traveling out-of-state.

