

DELIVERING PUBLIC PROGRAMS THROUGH MANAGED CARE

Blue Cross and Blue Shield of Minnesota (Blue Cross) was chartered in 1933 as Minnesota's first health plan and continues to carry out our mission to pave the way for everyone to achieve their healthiest life. A nonprofit, taxable organization, Blue Cross is the leading health plan in Minnesota, covering nearly 2.5 million members serving all 87 counties in Minnesota.

Minnesota health care programs, including Medical Assistance, MinnesotaCare, our dual-eligible special needs plan, Minnesota Senior Health Options (MSHO), and Minnesota Senior Care Plus, are offered through the Blue Cross nonprofit subsidiary, Blue Plus.



MANAGED CARE:

A type of health care that focuses on reducing costs while keeping the quality and accessibility of care high.

Minnesota is a pioneer in Medicaid managed care. It was one of the first states to adopt the delivery system, prompting 41 other states to follow suit.

Blue Plus: Serving people and communities

Since its inception in 1974, Blue Plus has focused on the pivotal intersection of health equity, public health, and social drivers of health to create healthier people and communities that enhance the vitality of our state. Blue Plus prioritizes:

- Person-centered care through tailored benefits and services that address health, well-being, and underlying social drivers of health;
- Collaborating with counties and community organizations to address health inequities and improve access to care and services; and
- Aligning our goals with the Minnesota Department of Human Services (DHS) to promote better health, fuller lives, and lower costs for Minnesotans to achieve their highest potential.

Blue Plus covers the spectrum of physical, behavioral, dental, wellness, and social needs for members.

The program emphasizes whole person care, including preventive care and disease management, while focusing on addressing social drivers of health, closing gaps in care, and aligning with DHS goals and health priorities of our members.



Blue Plus currently serves more than **323,000** Minnesotans, including:

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|------------------------------|------------|-------------------------|
| • Birthing people and babies | • Seniors | • Children and families |
| • Adults | • Refugees | • Tribal members |



In 2024, Blue Plus Medicaid provided:

18,000

meals through food support

3,800

prenatal care visits

1,900

members with housing support

50,000

well child visits

27,000

rides through nonemergency medical transportation

93,000

minutes of over-the-phone interpreter services in 49 languages

The value Blue Plus provides public programs

Blue Plus provides three crucial assets to Minnesota's government program enrollees: **budget predictability, accountability, and access.**

Integrated benefits

Managed care organizations can integrate benefits, which allow holistic coverage for holistic care. Blue Plus covers dental cleanings and fillings, vision exams and glasses, and treatment for mental health concerns, like substance abuse. Integrating health benefits ensures enrollees are covered for health care needs that go beyond primary care.

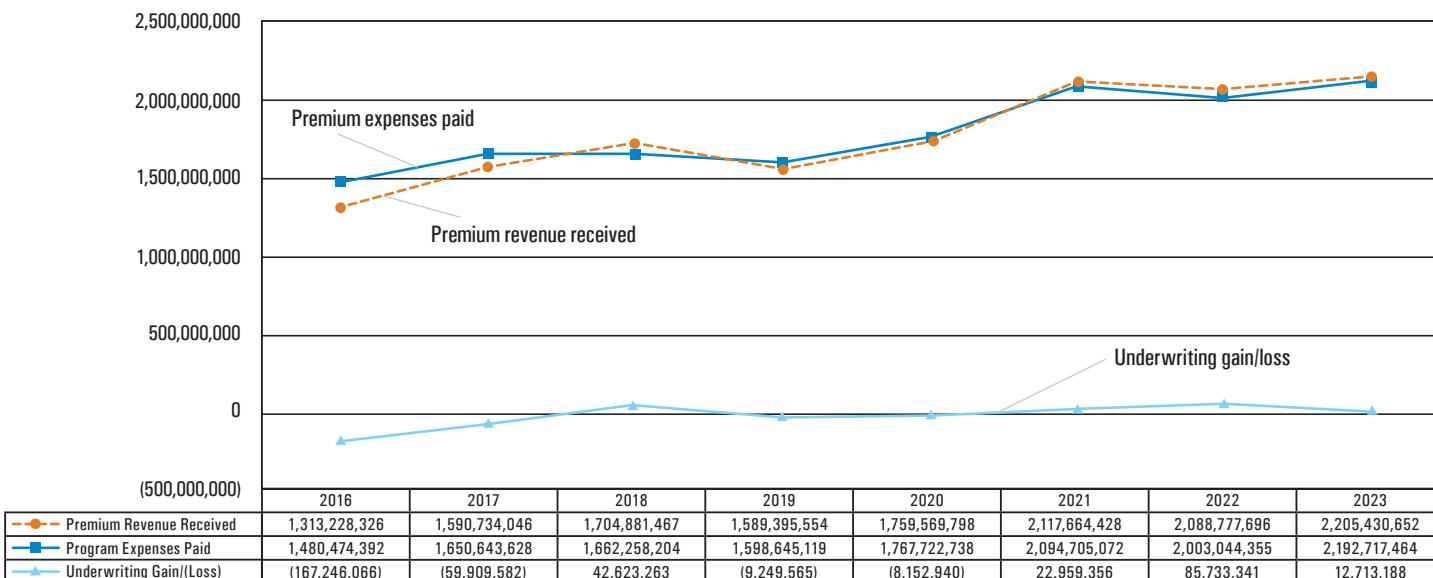


Budget predictability

In a managed care payment system like public programs, prepaid health plans like Blue Plus take on the financial risk so the state can set a health care budget and stick to it.

Blue Plus receives a monthly capitation fee from the state to provide required and supplemental services and benefits, develop programs to improve quality of care, close gaps in care, and fund innovation. **Blue Plus assumes the financial risk of providing the covered services to enrolled members. This means that if public program costs go over the state's budgeted amount, legislators are not required to make up resulting budget deficits.** This provides the state with a consistent level of predictability in health care costs and coverage for members.

Minnesota Families and Children Medical Assistance





Accountability

Blue Plus has systems, programs, and technology in place to meet unique member needs and adhere to state and federal quality and regulatory requirements. By contracting with health plans, Minnesota DHS can meet federal requirements without the need to spend millions of additional dollars to develop new administrative systems.

Blue Cross is also required to follow applicable Medical Loss Ratio limits, which protect Medicaid from unexpected costs by ensuring **85% of the fee goes either directly to patient care or to quality improvement activities.**



Access

Blue Plus maintains a broad statewide network of more than 68,000 Minnesota providers, including 97% of professional health care providers and 100% of hospitals and human service providers from all 87 counties. Our “build global and act local” access strategies support health care systems while meeting members’ health care needs where they live. This includes providing telehealth solutions to expand access to high-demand specialties such as oral health, mental health, and substance use disorders. Our contracted providers care for both commercial and Minnesota health care program enrollees, ensuring public program members have equal access to providers.

Clear, member-friendly communications help members understand their benefits. We connect with them through informative newsletters, education and wellness programs, and a 24/7 toll-free hotline. In addition, we provide help with system navigation and case management for complex care needs.

We also offer the following services directly to our enrollees that coordinate the work of the provider:

- **Care planning:** Eligible members receive care planning services that coordinate both medical and community support.
- **BlueRide transportation:** Staffed by local representatives who understand provider networks, geography and member ride history, this team provides customized ride schedules to and from medical appointments.
- **Dedicated county and community liaison team:** To meet members where they are and provide local solutions, we have a dedicated team that collaborates with counties, community-based organizations, and providers to support community-based care and services, including health fairs, community education, and county-level committees and workgroups.

Reporting and transparency to reduce fraud, waste, and abuse

Blue Plus submits dozens of reports weekly, monthly, and annually to DHS, including biweekly encounter data reports which include the who, what, where, when, and how of each claim. Encounter data reports provide DHS specific information about every Minnesota health care program enrollee’s visit to a health care provider. Our commitment to program integrity and reducing fraud, waste, and abuse is championed across the organization by our Special Investigations Unit, program integrity teams, Enterprise Ethics and Compliance team, and Government Compliance team.



Recognized quality assurance

SecureBlue, our MSHO plan for individuals eligible for both Medicare and Medicaid coverage, received a four-and-a-half-star quality rating by Centers for Medicaid Services in 2024.

Blue Plus is proud to earn top scores for:

- | | |
|--------------------------------------------------------|---------------------------------------------------------|
| • Access | • Rheumatoid arthritis management |
| • Quality of care | • Pain management |
| • Rating of health plan and interpreter service access | • Medication adherence for hypertension and cholesterol |
| • Diabetes blood sugar control | |



Building practices, technologies, and culture to advance health equity

Blue Plus is the first health plan in Minnesota to receive Health Equity Accreditation Plus (HEA+) and is also accredited by the National Committee for Quality Assurance. These high ratings recognize the actionable steps and commitments that Blue Cross has made to provide culturally and linguistically sensitive services that reduce health care disparities. Part of this work includes the diverse workforce Blue Cross has built to ensure services are culturally responsive, address the unique needs of diverse populations, build trust, and improve communication with members.



Ensuring access to routine prenatal care for all members

With a special focus on maternal health, we use our data and partnerships to ensure the early identification of pregnancies. We assess member risk and provide culturally appropriate resources to support healthy pregnancies and thriving infants. Working with a health care professional who has a shared cultural background can make a big difference in health outcomes, especially for pregnant Black, Indigenous, and People of Color individuals who have greater risk of birth complications.



Increasing dental care visits

Of Minnesota's 87 counties, 54 are considered dental shortage areas. Blue Plus has developed and implemented an innovative strategy to improve access to dental care by:

- Working one-on-one with members to link them to dental services and reduce wait times for appointments.
- Investing in dental workforce development, including retention programs, to increase the number of dental professionals.
- Expanding BlueRide services to transport members to dental appointments.
- Supporting community-based events that make dental services available close to home.



Bridging cultural and language barriers

Community Health Workers (CHW) are part of a community-centered approach to bridge gaps in the health care system. CHWs come from the communities they serve and are a vital link between patients and systems of care. This approach lowers health disparities by providing greater access to services, improving cultural competence, building effective systems for chronic disease management, and increasing health knowledge and self-sufficiency of underserved populations.



Increasing mobile clinics

Mobile clinics bring health services to people. This model of care improves access to health services for underserved populations and patients in rural areas.



Training providers

One of the ways Blue Plus aims to improve health equity for members is through cultural competency training for network providers. The required training helps providers learn how to acknowledge and address the systemic biases in health care that impact member care quality and health outcomes.

Contact us

Lin Nelson

Vice President of Public Affairs

651.336.2742 • Lin.Nelson@bluecrossmn.com

Seamus Dolan

Director of Government Relations

952.221.8211 • Seamus.Dolan@bluecrossmn.com