

Fast Facts

JULY HEALTH EQUITY SPECIAL EDITION 2023

News for Providers from HealthPartners
 Provider Relations & Network Management

Health Equity

Supporting our diverse members through pregnancy

The disparities in maternal and infant mortality and morbidity has been widely discussed in recent years. According to a report published by the Minnesota Department of Human Services, U.S Born African American/Black birthing people are 2.8 times more likely to die during pregnancy, delivery or the year post-delivery than non-Hispanic white people. Black people are also more likely to deliver prematurely and have a low-birth-weight baby. Among HealthPartners members, Indigenous birthing people are least likely to get prenatal care early or have a postpartum visit.

HealthPartners has several ways to support pregnant members, and we encourage providers to share them with your patients so they can benefit from all the support their health plan has to offer.

HEALTHY PREGNANCY PROGRAM

Many members, including all Medicaid members, have access to our Healthy Pregnancy Program, a condition management program that offers 1:1 support for our members who are pregnant and at higher risk for negative pregnancy outcomes. RNs offer care coordination, education and support and connection to resources. Some members, including all Medicaid members, qualify for incentives to initiate and complete the program. Members can find out if they are eligible for the program by completing the [healthy pregnancy risk assessment](#).

MY PREGNANCY EXPERIENCE

An online education and support experience available to all HealthPartners health plan members. This information supplements the support received from the Healthy Pregnancy program, but is also available to all members and patients regardless of their participation in the more intensive Healthy Pregnancy Program.

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MY PREGNANCY

Allows members to access personalized information, including information about their health insurance benefits and coverage, patient-friendly videos and blog content written by HealthPartners' pregnancy experts. To facilitate access to culturally humble resources, *My Pregnancy* surfaces community resources for members based on their identified race, language and where they live, in addition to due date and preferences identified in the pregnancy assessment.

We connect members to online educational materials and videos about pregnancy, including information about nutrition, breast feeding, caring for your newborn, mental health and well-being, and pregnancy complications like preeclampsia and gestational diabetes.

WE HAVE AN APP FOR THAT

Our [myHealthyPregnancy app](#) powered by [YoMingo](#) puts important parent education resources and fun extras for every stage of pregnancy, newborn care and more at your patients' fingertips.

The free pregnancy tracker app is available in multiple languages and has tons of features, including:

- Video library
- Appointment tracker
- Baby kick counter
- Contraction timer
- Baby feeding log
- Diaper changing log

PREGNANCY OR NEWBORN NURSE LINE

BabyLine is HealthPartners Nurse Line that is focused especially on pregnancy or newborn-related care and is available 24/7, 365 days a year.

Local: 612-333-2229

Toll free: 800-845-9297

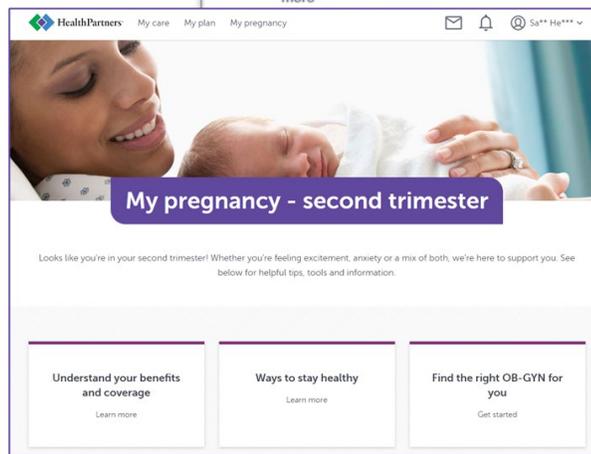
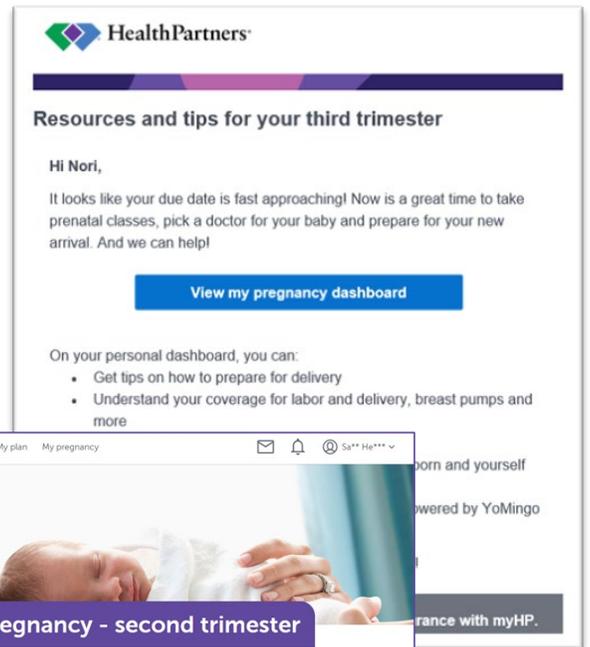
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DOULA SUPPORT

For many, having doula support can have a positive impact on the birth experience and outcomes.

Doulas [have been shown](#) to decrease the likelihood of a c-section and use of medications for pain, and increase satisfaction with their birth experience. A doula is a support person who is trained to provide one-on-one physical, emotional and educational support before, during and after birth. Having doula support for pregnancy and birth can be valuable for anyone, but especially for people of color who experience the worst disparities.

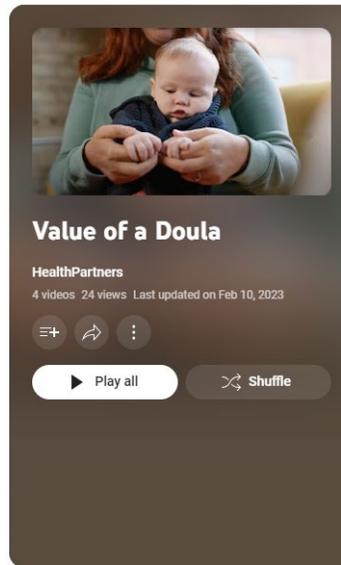
Doulas are a covered benefit for people who get their insurance through Medical Assistance in Minnesota.



Doulas are a covered benefit for people who get their insurance through Medical Assistance in Minnesota. HealthPartners has been working with the community and our doula providers to increase access to members who would benefit from doula support.

Many birthing people and providers are not aware of what a doula is, so we created a video to explain the **value of a doula**. It has been translated into Somali, Spanish and Hmong with subtitles. For more information about how a doula can support your patients, this post – [What are doulas and what do they do?](#) – has more information.

Please share this information with your maternity care teams and your patients. Members who are interested in finding out more can contact Member Services at the number on the back of their card.



- 1  **What are doulas and what do they do?**
HealthPartners • 330 views • 4 months ago
- 2  **Value of a Doula (Somali)**
HealthPartners • 60 views • 4 months ago
- 3  **Value of a Doula (Hmong)**
HealthPartners • 115 views • 4 months ago
- 4  **Value of a Doula (Spanish)**
HealthPartners • 73 views • 4 months ago

Dignity in Pregnancy and Childbirth Act

In 2021 the Minnesota Legislature passed the Dignity in Pregnancy and Childbirth Act requiring all hospitals with obstetric care and birth centers to develop/access continuing education on anti-racism and implicit bias for direct care employees and contractors who routinely care for pregnant/postpartum patients.

The Minnesota Dignity in Pregnancy and Childbirth Project has created a course to meet this requirement. The project is a collaboration between the Minnesota Department of Health, U of M School of Public Health and the U of M Center for Anti-racism Research for Health Equity.

The stated goal of the project is to *empower prenatal care providers with foundational knowledge, insights and skills they need to ensure that Black and Indigenous women and birthing people receive fully equitable patient-centered, respectful, high-quality care, free of bias and discrimination.*

More information on the project and the course is available on their website: [Dignity in Pregnancy and Childbirth Project - Minnesota \(diversityscience.org\)](#)

Health literacy is an equity issue

People of all ages, races, incomes and education levels are affected by limited health literacy. In fact, 9 out of 10 people in the US are not health literate! And people most at risk for experiencing health disparities are also most at risk for struggling to understand the health care system – having low health literacy.

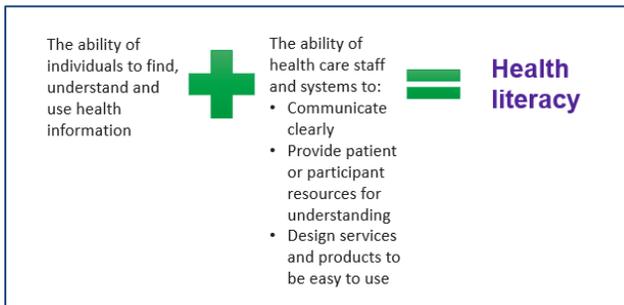
To advance health equity,
we must also address
health literacy.

Information from the National Assessment for Adult Health Literacy shows that as many as 88% of American adults do not have the health literacy skills to make appropriate health decisions. When we talk about equity, we often talk about race or social drivers of health, but we need to apply an equity lens to our health communications too. In short: *To advance health equity, we must also address health literacy.*

WHAT IS HEALTH LITERACY?

The US Department of Health and Human Services (HHS) recently updated their definition of health literacy for Healthy People 2030 to include both individual and organizational definitions.

- **Personal health literacy** is the degree to which individuals have the ability to find, understand and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.



This change makes it clear *it's not just the patient's ability* to understand information presented to them, but also clinicians' responsibility to communicate clearly.

HealthPartners believes that as health care staff, we all have a responsibility to ensure that patients and members understand the information we are giving them.

HOW CAN WE FOLLOW BEST PRACTICES FOR HEALTH LITERACY?

Here are some basic suggestions your health system and clinicians can take to support health literacy.

Tips for easy-to-understand written materials	Tips for spoken communication
<ul style="list-style-type: none"> • Limit medical jargon. • Keep text short and simple. • Focus on 1 to 3 key points. • Emphasize what to DO. • Use clear headings, bullets and lots of white space on the page. • Use an active voice. • Whenever possible, have content and messages reviewed by members of the community they are intended for. 	<ul style="list-style-type: none"> • Use plain language. • Ask "What do you know about [topic]?" and ask permission to fill in the blanks. • Speak slowly and pause after key points. • Provide relatable examples. • Limit how much information you provide and repeat it. • Teach a few things really well—and build on them.
Possible red flags that the patient may not understand	Create a shame-free experience
<ul style="list-style-type: none"> • Making excuses • Not asking questions • Frequently missing appointments • Not adhering to medications or treatment instructions 	<ul style="list-style-type: none"> • Listen • Ask open-ended questions • Smile • Use the teach-back method

By actively using health literacy best practices, we are working toward enhancing health equity.

RESOURCES

- For more information about the updated health literacy definitions and a list of resources on health literacy, visit the [NIH Health Literacy web page](#).
- Explore [Language Resources for Minnesota Health Professionals](#) on the Culture Care Connection website.

Gender affirming health care services

In March 2023 Executive Order 23-03 was issued affirming that Minnesotans have the right to be free from discrimination, including discrimination on the basis of gender identity and gender expression. The Executive Order defines "Gender affirming health care services" as all medical, surgical, counseling, or referral services, including telehealth services, that an individual may receive to support and affirm that individual's gender identity or gender expression and that are legal under the laws of the State of Minnesota.

WHAT DOES THIS MEAN FOR PROVIDERS?

Health care providers may bill HealthPartners for medically necessary gender affirming health care services pursuant to Minn. Stat. 60A.03 Subdivision 2, 62A.02, and 62D.01 Subdivision 2(b). Some self-insured members may not have coverage for all gender affirming procedures. Coverage information can be found at [Coverage criteria policies](#) – search with keyword "gender."

Breast cancer gaps project

Over the last two years, a group of Minnesota breast cancer providers and advocates set out to increase understanding of barriers to African American women in Minnesota getting breast cancer screening and to take action to address it.

The project outlined some of the current reality that is unacceptable related to breast cancer screening that led the group to action: African American women are less likely to develop breast cancer, but more likely to die from it – a lot more likely. The variation in the five-year survival rate for Black women is 20 percent lower than for white women based on 2019 MN Cancer Registry reports. Black women with late-stage breast cancer have a 58 percent survival rate compared to 81 percent for white women. Black women have the highest breast cancer mortality rates of all racial and ethnic groups.

The Gaps Project listened to the community and heard about some of the barriers causing Black women to avoid getting their mammograms. These results were shared broadly with the medical community and others. Using a Community Co-Design process, the project then created several videos to address these barriers and encourage Black women to face their fears and get screened. These videos are available to use in educating your patients.

You can find these [videos](#) and more about the project at: breastcancergaps.org/about-the-gaps-project.

Black women have the highest breast cancer mortality rates of all racial and ethnic groups.

Vaccination blog for parents

COME BACK TO GET CAUGHT UP

Routine childhood immunization rates have decreased throughout the pandemic. According to the Minnesota Department of Health, the rate of children up to date on vaccinations by age two has dropped significantly between 2019 and 2022. This leaves children vulnerable to preventable diseases and puts Minnesota at risk for outbreaks like measles and polio like other areas of the country are experiencing.



This [blog](#), developed by the Minnesota Medicaid health plans in collaboration with the Minnesota Council of Health Plans, explains to parents the importance of making sure children are up to date on their vaccinations and gives an overview of the immunizations recommended by age two.

Parents can read or listen to the information in English, Hmong, Somali or Spanish. There are also printable handouts in all these languages.



Webinar recordings of interest

MEETING THE CHALLENGES OF DIABETES: WORKING WITH NON-ENGLISH SPEAKERS WITH DIABETES

Meeting the Challenges of Diabetes

A diagnosis of diabetes can be overwhelming. When you don't speak the primary language of the health care system, it can be especially daunting to learn about your condition and understand all the recommended steps patients should take to stay healthy. This webinar reviews the basics of working with interpreters, how language and cultural differences impact care, create misunderstandings and jeopardize appropriate follow-through, and common points where misunderstandings can happen. Community Health Workers and Care Coordinators can play a valuable role in reducing these barriers. The presenters will share tips from their years of experience working directly with people with diverse languages and cultures.

IMPLICIT BIAS & THE PURSUIT OF HEALTH EQUITY

Talee Vang, PsyD., LP, Hennepin Healthcare

Implicit Bias & the Pursuit of Health Equity

Implicit bias occurs on an unconscious level. Research suggests that implicit biases affect behaviors more than explicit biases. Research also points to the positive correlation between implicit bias and health disparities. Rooted in psychological theory, research and practice, this webinar focuses on developing a deeper understanding of implicit bias, how it is formed and its impact on health disparities. In addition to increasing awareness of the relationship between implicit bias and health disparities, evidence-based approaches to decreasing implicit bias are presented.

IMPLICIT BIAS IN HEALTHCARE

Dr. Cresta Jones, MD, University of Minnesota

Legal Implications of Perinatal Substance Use

This webinar reviews current state and federal statutes affecting patients affected by perinatal substance use and substance use disorders, a 2021 statute change that affects perinatal substance use reporting, and explores best practices for perinatal care in the context of current state and federal statutes.

RACISM'S ROOTS IN MEDICINE & HOW IMPLICIT BIAS IMPACTS CARE

Dr. Nathan Chomilo, MD, FAAP, FACP

Racism's Roots in Medicine & How Implicit Bias Impacts Care

Implicit biases are associations outside of a person's conscious awareness that lead to a negative evaluation of another person on the basis of irrelevant characteristics such as race or gender. During this presentation, clinicians will learn about how healthcare professionals display implicit biases towards patients, the impact these biases have on patient experience and outcomes, and how to begin to address their own biases to provide better care.

Seeking clinician information on race, language, ethnicity & cultural competencies

HELP SUPPORT DIVERSITY IN OUR COMMUNITY

We have a great opportunity to continue our partnership with you to serve our increasingly diverse members and community.

We're asking clinicians to share information with us, on a voluntary basis, about their race, ethnicity and specific cultural competencies to provide personalized care that member's request. We will use this information to:

- Assist members requesting specific types of provider attributes from HealthPartners Nurse Navigators and Member Services staff.
- Display your race, ethnicity and cultural competencies in our online provider directory, with your permission.
- Ensure our provider network is representative of the diversity within our communities.

Providing this information is optional, but we hope clinicians in your practices will complete the [Clinician Information for Diversity and Health Equity form](#) to support our ethnically, racially and culturally diverse communities.

Please share [THIS LINK](#) to the form with your clinicians so they can complete and submit it, and support the work of these organizations in increasing diversity in medical fields and supporting health equity in our communities. Thank you again for your partnership.

For every form completed, HealthPartners will donate \$1 in charitable donations to one of the following organizations to continue the advancement of provider diversity and health equity in our communities.

- [Diverse Medicine Inc.](#)
- [National Black Nurses Association](#)
- [National Hispanic Health Foundation](#)

Survey: Providing care to patients with disabilities

Please consider taking only a couple minutes to complete the [Disabled Not Disposable Provider Survey](#), sharing your experiences and additional needs to provide quality care to patients with disabilities. Your responses will help build out educational content for a virtual conference centered on providing equitable, quality and dignified care for patients with disabilities. This conference will provide CME credits through Gillette Children's.

Community health worker scholarships now available!

Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes. As critical links between their communities and the health care system, CHWs reduce health disparities; boost health care quality, cultural competence and affordability; and empower individuals and communities for better health.

The Minnesota Community Health Worker Alliance (MNCHWA), in partnership with the Minnesota Department of Health (MDH), is offering 90 scholarships to individuals from diverse communities across Minnesota to complete the Community Health Worker (CHW) Certificate program. The scholarship program aims to strengthen and diversify the public health workforce to better meet the needs of under-resourced communities in Minnesota.

Community Health Worker Scholarships Information

Scholarships awarded may be used to pay for CHW Certificate programs and education-related costs that start in or after August 2023. Students must be accepted to a college offering the CHW Certificate program to receive a scholarship. Scholarships are funded by the Health Resources and Services Administration (HRSA).

INTERESTED IN AN APPRENTICESHIP PROGRAM?

MNCHWA and MDH are also looking for employers interested in the registered apprenticeship program for CHWs. A Registered Apprenticeship Program is a career pathway where employers can develop and prepare their future workforce, and CHWs can obtain paid work experience combined with on-the-job learning and related classroom instruction. CHWs participating in a registered apprenticeship program may also be eligible for a HRSA grant-funded stipend.

Learn more about the [Community Health Worker Training Program](#).

HealthPartners membership language data

HealthPartners members, like the [Minnesota population](#), has a wide diversity of languages spoken. It's important to understand the language needs of our membership to best be able to provide equitable access and quality of care.

See below for our current membership language data breakdown by product.

COMMERCIAL MEMBER LANGUAGE DATA

	2017	2018	2019	2020	2021	2022	2023
English	98.5%	98.5%	98.6%	98.6%	98.6%	98.6%	98.6%
Spanish	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%
Hmong	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Vietnamese	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.1%
Somali	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Cambodian	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amharic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Loatian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Oromo	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Karen	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cantonese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Nepali	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Language	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%

Note: Percentages are calculated excluding unknown members from denominator

MEDICAID MEMBER LANGUAGE DATA

	2017	2018	2019	2020	2021	2022	2023
English	89.5%	89.2%	89.3%	89.6%	89.9%	88.7%	87.7%
Spanish	2.7%	2.8%	2.8%	2.8%	2.8%	2.9%	3.2%
Somali	1.7%	1.8%	1.8%	1.7%	1.6%	1.9%	2.1%
Vietnamese	1.4%	1.4%	1.3%	1.2%	1.2%	1.1%	1.2%
Oromo	0.6%	0.8%	0.8%	0.8%	0.8%	0.8%	0.9%
Hmong	0.8%	0.7%	0.8%	0.8%	0.8%	0.8%	0.8%
Amharic	0.5%	0.5%	0.5%	0.6%	0.6%	0.6%	0.7%
Nepali	0.4%	0.4%	0.3%	0.3%	0.3%	0.3%	0.4%
Mandarin Chinese	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Karen	0.1%	0.1%	0.1%	0.1%	0.1%	0.6%	0.6%
Arabic	0.2%	0.2%	0.3%	0.2%	0.2%	0.3%	0.3%
Russian	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Cambodian	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.2%
Cantonese	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Loatian	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Other Language	0.9%	0.9%	0.9%	0.9%	0.9%	1.2%	1.3%

Note: Percentages are calculated excluding unknown members from denominator

MEDICARE MEMBER LANGUAGE DATA

	2017	2018	2019	2020	2021	2022	2023
English	99.4%	99.4%	99.4%	99.4%	99.3%	99.1%	99.0%
Vietnamese	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%
Spanish	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Hmong	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Cantonese	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Cambodian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Loatian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Amharic		0.0%		0.0%	0.0%	0.0%	0.0%
Somali				0.0%	0.0%	0.0%	0.0%
Oromo				0.0%		0.0%	0.0%
Karen						0.0%	0.0%
Nepali	0.0%						
Other Language	0.3%	0.3%	0.3%	0.2%	0.3%	0.3%	0.3%

Note: Percentages are calculated excluding unknown members from denominator

MSHO MEMBER LANGUAGE DATA

	2017	2018	2019	2020	2021	2022	2023
English	66.5%	66.5%	67.0%	66.9%	68.6%	70.7%	70.4%
Vietnamese	9.7%	9.6%	9.4%	9.2%	8.7%	7.9%	8.0%
Hmong	4.2%	4.1%	3.7%	3.7%	3.6%	3.2%	3.2%
Cambodian	3.4%	3.4%	3.1%	3.0%	2.7%	2.4%	2.5%
Spanish	2.5%	2.4%	2.5%	2.9%	2.8%	2.7%	2.8%
Somali	1.3%	1.3%	1.4%	1.7%	1.7%	1.5%	1.6%
Loatian	1.3%	1.4%	1.4%	1.2%	1.2%	1.1%	1.0%
Cantonese	1.1%	1.2%	1.2%	1.1%	1.3%	1.2%	1.2%
Mandarin Chinese	1.0%	1.3%	1.3%	1.1%	1.1%	1.2%	1.2%
Oromo	0.7%	0.8%	0.8%	1.0%	1.0%	1.0%	1.0%
Russian	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%	0.7%
Amharic	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%	0.8%
Arabic	0.6%	0.6%	0.6%	0.7%	0.6%	0.5%	0.5%
Karen	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%
Nepali		0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Other Language	6.2%	5.8%	5.7%	5.6%	5.0%	4.8%	4.9%

Note: Percentages are calculated excluding unknown members from denominator

RideCare: Medical transportation for Medicaid members*

For some patients, transportation can be a barrier to accessing medical care. HealthPartners' RideCare provides no-cost non-emergency medical transportation to members in HealthPartners PMAP, MSC+, SNBC, MSHO, as well as pregnant women and children in MinnesotaCare.

Through RideCare, eligible members can arrange transportation for medical, dental, behavioral health and urgent care appointments. RideCare can help with Special Transportation Services too. Whether members need a wheelchair, a stretcher-accessible vehicle, or have kids traveling alone, RideCare can help.

For more information or to schedule a ride, members can call RideCare at **952-883-7400** or **888-288-1439 (TTY: 711)**.

*RideCare is not available for members on Commercial or Medicare plans, or non-pregnant members on MinnesotaCare.

HealthPartners Medicaid plans recognized with health equity accreditation



Effective March 16, 2023, the National Committee for Quality Assurance (NCQA) awarded HealthPartners Medicaid plans Health Equity Accreditation status. NCQA awards Accreditation to organizations that meet or exceed its rigorous requirements for health equity.

NCQA's Health Equity Accreditation program provides an actionable framework for helping HealthPartners health plan continuously improve—and prioritize—health equity for the members and communities we serve in the following areas: organizational readiness; race/ethnicity, language, gender identity and sexual orientation data collection; access and availability of language services; practitioner network cultural responsiveness; culturally and linguistically appropriate services; and reducing health care disparities.

Actions taken during our implementation of this framework include, but are not limited to:

- By analyzing quality data, we identified an opportunity to better support Indigenous families during pregnancy and ensure pregnant individuals get needed medical care. One initiative to support better care is offering engaging and culturally relevant resources as part of our My Pregnancy online prenatal education platform.
- In collaboration with other local organizations, we launched a [Cultural Responsiveness webpage](#) that offers cultural and linguistic resources for network providers. The goal of this work is to support culturally informed care and address barriers to health equity for our members by enhancing provider resources.
- We expanded community input by collaborating with the HealthPartners Institute to create a Community Advisory Council for Research and Evaluation. Council members partner with us to understand the needs of the communities we serve and provide input on ongoing and proposed activities to address those needs. This includes providing ongoing feedback on health plan quality improvement activities to address health equity and improve service.

Eliminating disparities requires a long-term commitment. The Health Equity Accreditation creates a guided path to identify and act on opportunities to improve health equity for our members, patients and the community and to accelerate our progress towards that goal.

HealthPartners is committed to doing the hard work needed to eliminate health disparities – looking inward to improve organizational diversity and inclusion efforts, and outward to ensure community voices are heard.

As of April 2023, HealthPartners is one of two plans in the state of Minnesota that have achieved Health Equity Accreditation.

NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) is the most widely used performance measurement tool in health care. NCQA's website ([ncqa.org](https://www.ncqa.org)) contains information to help consumers, employers and others make more-informed health care choices.

NCQA can be found at:

- [ncqa.org](https://www.ncqa.org)
- [Twitter @ncqa](https://twitter.com/ncqa)
- [Facebook](https://www.facebook.com/ncqa)

Resuming Medicaid eligibility redeterminations

GETTING MEMBERS READY FOR RENEWALS: FOR MINNESOTA PROVIDERS

Currently, many people using Minnesota Medicaid for their health insurance are receiving notices that they need to submit proof of eligibility to keep their Medicaid coverage. These notices will go to a monthly cohort of Medicaid recipients determined by the Minnesota Department of Human Services (DHS) with people potentially losing coverage as soon as July 1, 2023, and the process ending May 31, 2024. As you can imagine, this will be a very large and disruptive process that will impact a population that already experiences disparities in health outcomes.

Our goal at HealthPartners is to ensure everyone currently on Medicaid retains some form of coverage at the end of the redetermination process.

- Either they keep Medicaid coverage if they're still eligible
- They enroll in a qualified health plan via [MNSure.org](https://mnsure.org), or
- They move to an employer-sponsored health plan

Ensuring people have health insurance coverage mitigates the risk of hospitals, clinics and pharmacies providing care that may be uncompensated. More information about impacts to providers can be found in the February issue of Minnesota Physician Publishing [Trouble Ahead: Medicaid disenrollments looms](#).

HealthPartners has been preparing for this market disruption for over a year and messaging to our members and patients. We've provided outreach via direct mail, translated materials, email messages, text messages, social media ads, materials in our clinics and hospitals, and recorded voice messages.

Patients trust their clinicians and pharmacists and often are interacting with clinics, pharmacies and hospitals that are close to home. We are asking that you boost the messaging about the resumption of Medicaid eligibility renewals to the patients, families and caregivers you interact with daily.

Please join us in amplifying the following messages to our shared member-patients.

- Awareness. Medicaid renewals are coming.
- Ask them if their address, phone number and email address are up to date so the paperwork can be sent to the correct location and is not lost in the mail.
- Remind them to watch their mail for renewal paperwork.
- Ask them to fill out any forms and return them quickly.
- Encourage them to ask for help. There are many navigator and assister organizations around the state that can help. A list can be found at mnsure.org/help/find-assister/find-navigator.jsp.

Posters, flyers, scripting and letter templates provided by DHS can be modified and used in your clinic, pharmacy and/or hospital locations. Visit mn.gov/dhs/renewmycoverage/communications-toolkits/. Please use these materials to help us spread the word and keep members of our community covered!

If HealthPartners members have any questions, we are here to help. Please direct them to call us at the phone number on the back of their Member ID card.

Thank you for your partnership in this effort!

2023 HealthPartners incentives for Medicaid members

PMAP, MNCARE, SNBC AND MSHO

HealthPartners offers a variety of incentives to our Medicaid members to support good health. These are designed to support good health and reinforce the preventive care that their primary care physician is recommending. We encourage clinics to remind their patients these are available to them. Here is an overview of the different rewards offered to our members. [Learn more on our website.](#)

Families and Children (PMAP and MNCare)	Special Needs Basic Care (SNBC)	Minnesota Senior Health Options (MSHO)
<p>PMAP and MinnesotaCare members are eligible for a variety of incentives, including:</p> <ul style="list-style-type: none"> • \$25 gift card after member completes a health assessment • \$25 gift card after member completes three condition support sessions • \$25 gift card after completing series of vaccines by 2nd birthday and 12th birthday • \$75 gift card after member completes three well-being coaching sessions • \$75 gift card after member completes tobacco cessation classes <ul style="list-style-type: none"> ○ Additional \$125 gift card (\$200 total) for pregnant members 	<p>SNBC members can receive a \$25 gift card for each of the following:</p> <ul style="list-style-type: none"> • Annual primary care visit • Cervical cancer screening 	<p>MSHO members can receive a \$100 gift card for each of the following:</p> <ul style="list-style-type: none"> • Medicare annual wellness visit • Breast cancer screening (mammogram) • Colorectal cancer screening • Osteoporosis bone density test
<p><i>In addition, members on PMAP, MNCare and SNBC are eligible for these healthy family incentives:</i></p> <ul style="list-style-type: none"> • Up to two \$25 gift cards for participation in the HealthPartners Healthy Pregnancy Program • \$25 gift card for completing postpartum visit 3-8 weeks after birth • Free convertible car seat or booster seat and car seat safety education 		
<p><i>In addition, HealthPartners offers fitness and discount programs for all of our Medicaid members.</i></p> <ul style="list-style-type: none"> • Members can get health discounts on eyewear, exercise equipment and more. • Active&Fit Direct provides access to 10,000+ participating fitness centers nationwide. After a one-time \$25 enrollment fee (plus tax), members pay only \$25 a month. • GlobalFit Gym Network 360 includes access to more than 8,000 gyms and fitness studios. It also includes nutrition and health programs, as well as discounts on vitamins, supplements and more. • SilverSneakers® is available exclusively to MSHO members. It includes over 16,000 fitness locations, online and video workouts, and nearby classes. 		
<p>For more information about any of these incentives, members can call the Member Services number on the back of their card.</p>		

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editor: Mary Jones