



Health Services Advisory Council Charter

The Minnesota Department of Human Services (DHS) Health Services Advisory Council (HSAC) was created to advise the agency regarding health services covered under Minnesota Health Care Programs (MHCP) including Medical Assistance and MinnesotaCare. Authority for the development of the Council comes from Minnesota Statutes, section 256B.0625, subd.3c.

Objective

The Council will advise DHS regarding evidence-based decision-making and provide leadership designing health care benefit and coverage policies for Minnesota's publicly funded health care programs.

Guiding Principles

Quality of Care

- Quality of medical care for the patients served by DHS is the primary concern of the agency and this Council.
- The use of evidence will guide this Council and the agency. Scientific evidence will be sought, and conclusions drawn concerning the effect of services on health outcomes.
 - Consideration will be given to available scientific evidence, professional standards, expert opinions, safety, and clinical effectiveness.
 - Decisions are flexible to permit exceptions and take clinical circumstances, improvements in care and changes in literature into consideration.
 - Consensus among the medical community can be used and play a role when no definitive evidence exists or evidence is insufficient at the present time.
- Health care services and technology must improve the net health outcome.
 - A recommendation necessitates good evidence that the procedure is effective in reducing morbidity and mortality: medical benefits must outweigh risks.
 - Services must be as beneficial as any established alternative and improvement must be attainable outside the investigational setting.

Value of Care

- Reasoned and defensible coverage decisions are essential for a fairer and more efficient health care system.
- Cost-effectiveness will guide decision-making. Cost-effective services and technologies are considered to be:
 - At least as effective and less costly than alternatives.
 - More effective and more costly than alternatives, but resultant patient outcomes justify additional expenditure.
 - Less effective and less costly than alternatives, but resultant patient outcomes from the use of more expensive alternatives *do not* justify additional expenditures.

Council and DHS Process

- The process is transparent and public.
- Recommendations made by the Council are subject to agency approval. DHS will communicate with the Council regarding final decisions on all recommendations.
- Recommendations must be practical and feasible, and coverage policy should be equivalent across all delivery systems.

Membership

HSAC membership comprises:

- Seven voting members who are licensed physicians actively engaged in the practice of medicine in Minnesota, one of whom must be actively engaged in the treatment of persons with mental illness, and three of whom must represent health plans currently under contract to serve Medical Assistance recipients.
- Two voting members who are physician specialists actively practicing their specialty in Minnesota.
- Two voting members who are non-physician health care professionals licensed or registered in their profession and actively engaged in the practice of their profession in Minnesota.
- One consumer who shall serve as a voting member.
- The DHS Commissioner's MHCP Medical Director who shall serve as a nonvoting member.

Members of HSAC shall not be employed by DHS, except for the MHCP Medical Director.

Terms and Compensation

- Members shall serve staggered three-year terms, with one-third of the voting members' terms expiring annually. Members may be reappointed by the Commissioner.
- The HSAC will meet nine months per year. Meetings will not be held in June, August and December.
- An honorarium of \$200 per meeting and reimbursement for mileage and parking shall be paid to each committee member in attendance, except the MHCP Medical Director.
- The HSAC does not expire as provided in section 15.059, subd. 6.

Responsibilities

- Attend all meetings. If a member misses two meetings without good reason, the DHS will discuss this with the member and consider appointment of a new member.
- Bring concerns of the community to the attention of the Chair, MHCP Medical Director, and DHS staff.
- Take part in discussions.
- Actual conflict of interest or the appearance of conflict of interest may exist in certain situations. Members should disclose, orally in a HSAC meeting, whenever actual conflict or the perception of conflict of interest occurs. Members will then refrain from the participation in discussion of and voting on motions pertaining to the matter.
Members and guest presenters will also be required to sign a conflict of interest disclosure statement.
- Review the HSAC agenda and information before meetings and prepare comments or questions.
- Review and make recommendations on proposals presented by the department related to clinical issues, evidence based practice guidelines, legislation and other DHS policies in accordance with the guiding principles stated above.