

Effective January 1, 2019

Benefit Change for Enrollees Under Age 65 Enrolled in Managed Care

- People enrolled in Families & Children (F/C) / Single Adults or Minnesota Care Prepaid Medical Assistance Program (PMAP) Personal Care Assistance (PCA) and Home Care Nursing (HCN) **Benefit will Transition to Fee-For-Service (FFS) Authorization and Payment.**
 - A memo announcing the 2019 contract change was distributed to managed care organizations (MCOs), counties and tribal nations in October 2017.
 - MCOs continue to authorize and pay for PCA and HCN services for F/C, Single Adult and MinnesotaCare members through December 31, 2018.
- People who receive PCA or HCN services and are enrolled in F/C, Single Adults PMAP or MinnesotaCare are **NOT** leaving managed care due to this change.
 - Members authorized for PCA and HCN services will continue to receive all other health care services through the MCO.
- Minnesota Senior Health Care Options (MSHO) and Minnesota Senior Care Plus (MSC+) members will continue to have their PCA and HCN services authorized and paid for by the MCO.
 - **The PCA and HCN benefit change for F/C – Minnesota Care members does NOT apply to MSHO or MSC+ members (People over age 65)**

What Enrollees Need to Know

- There's no change in the amount of PCA services the person is eligible for through the end of their current MCO authorization.
 - Dept. of Human Services (DHS) will **honor** all MCO 2018 authorizations through the MCO authorization period, which may run through CY 2019.
- People will remain enrolled in managed care and the health plan will continue to pay for other health care services.
- People can keep the same PCA or HCN provider as long as the provider is an enrolled DHS FFS provider.
- People are now beginning to receive a FFS service agreement authorizing FFS payment for their PCA or HCN services beginning January 1, 2019.
 - The FFS authorization is based on the last assessment completed by the MCO and will be for the length of the MCOs authorization.
- Beginning January 1, 2019 county or tribal nation assessors will authorize PCA services and complete assessments for all authorizations with a begin date of January 1, 2019 or later.
 - County or tribal nation assessors will be contacting individuals to set up the annual assessments.

Enrollee's Next Steps

- When you receive the DHS generated FFS service agreement authorization letter (between now and the end of December 2018) check:
 - The number of units authorized and
 - The name of the current PCA provider
- If the information isn't correct contact your current PCA provider. The provider will need to contact DHS to have the service authorization information updated.
- If all information on the FFS service agreement is correct, you do not need to do anything.
- If you do **not** receive the DHS generated FFS service agreement authorization letter, contact your provider. The provider will need to contact DHS to have the service authorization information updated.
- If you are receiving skilled nurse visit (SNV), home health aide (HHA) or home care therapies continue to work with your MCO on questions regarding these services

What Personal Care Provider Organizations (PCPO) Need to Know

- If a PCA provider does not receive a FFS authorization by December 31, 2018 to continue services previously authorized by the MCO starting January 1, 2019 **OR** a provider finds a discrepancy in the number of units authorized by FFS *or* the length of the authorization is incorrect, the provider should:
 - Fax a [PCA Technical Change Request \(DHS-4074A\)](#) and
 - **Include** a copy of the **MCO authorization** to the Disability Services Division (DSD) Resource Center at **(651) 431-7447**
 - State in the **additional information** section of the **PCA** Technical Change Request (TCR) that **this is part of the F/C – PMAP transition**
- Counties or tribal nation staff are responsible for annual assessments for service agreements that have a **start** date of January 1, 2019, or after.
 - Provider agencies should submit a [Referral for Reassessment for PCA Services \(DHS-3244P\)](#) to the member's tribe or county of residence 60 days before the end date of a service agreement

What Home Care Nursing (HCN) Providers Need to Know

- Home care nursing (HCN) authorizations will transition to the usual FFS process through the medical authorization agent, KEPRO, as described in the [Authorization](#) section of the Minnesota Health Care Provider (MHCP) Manual.
- KEPRO staff will be entering service agreements in MMIS based on the last assessment completed by the MCO for the length of the MCOs authorization.
- DHS will **honor** all MCO 2018 authorizations through the MCO authorization period, which may run through CY 2019.
- HCN providers will continue to assess for HCN services.
- If an HCN provider do not receive an authorization to continue services by December 31, 2018, submit the [MA Home Care Technical Change Request \(DHS-4074\)](#) and a copy of the MCO service agreement via MN-ITS or the KEPRO portal. State in the “Additional Information/Treatment Plan” section “for F/C- PMAP transition.”

Any transition is easier if you Communicate, Communicate, Communicate

- Things to keep in mind to support the transition of PCA and HCN benefit for people under age 65 enrolled in managed care to FFS authorization and payment.
 - Very manual process. There have been multiple communications however people may not get a FFS authorization or may not understand the transition information. It is important all involved continue to actively listen, ask questions, collaborate, and work together.
 - Ultimate goal is for people we serve to get the PCA/HCN services they need and providers get paid for providing the service.