



Expansion of Managed Care for People with Disabilities

Managed Care for People with Disabilities Stakeholder's Group

Updated 3/13/2012

2011 Legislation

2011 legislation (256B.69, subd, 28) requires that adults and children with disabilities receiving Medical Assistance (MA) be assigned to a Special Needs BasicCare (SNBC) health plan unless individuals choose to opt out of enrollment. The legislation states that "the commissioner shall establish enrollment and opt out procedures consistent with applicable enrollment procedures under this subdivision."

- Beginning Jan. 1, 2012, people with disabilities who have MA must be asked to join a health plan participating in SNBC.
- The law provides that people may choose to opt out of enrollment or to disenroll at any time and return to MA fee-for-service (FFS).
- The goal of SNBC is to promote access to primary and preventive care, including coordination with Medicare benefits.
- Under SNBC, most long-term care (LTC) services continue to be provided through MA FFS.
- Approximately 95,000 adults and 17,000 children with disabilities have MA. Due to various managed care exclusions, an estimated 78,216 adults and 11,544 children with disabilities could be affected by the new law.
- Budgeting for the legislation assumed enrollment would be phased in between January and July 2012 and that 50 percent of those asked to enroll would choose to opt out.

Special Needs BasicCare Background

The SNBC managed care program was designed for people with disabilities (including those who are dually eligible for Medicare benefits) with assistance from the Disability Managed Care Stakeholder's group. The legislation continues to require ongoing involvement of the Disability Stakeholder's group in the oversight of the SNBC program.

- SNBC began in 2008, and in December 2011 served about 6,000 enrollees.
- As of March 1, 2012, SNBC served over 21,000 enrollees.
- SNBC currently enrolls adults ages 18 to 64.
- SNBC is delivered through five health plans covering 78 counties.
 - 57 counties have 1 plan option.
 - 20 counties have 2 plan options.
 - 1 county has 3 plan options.
 - 9 counties do not have SNBC plan options currently.
- Three of the SNBC plans are integrated with Medicare through Medicare Advantage Special Needs Plans (SNPs.)
 - South Country Health Alliance (SCHA)
 - Prime West (PW)
 - MHP
- Two of the SNBC plans are Medicaid-only plans and coordinate with Medicare. The enrollee must separately enroll in a Medicare Part D plan if they enroll in SNBC through:
 - Medica
 - UCare

- SNBC covered benefits
 - SNBC includes basic care services (also called State Plan services) including behavioral health services, skilled nurse visits and home health aide services.
 - SNBC covers 100 days of nursing home care for people residing in the community, and the remainder of nursing home care is provided through FFS.
 - SNBC plans are required to cover the health care home benefit for any certified health care home in their network. .
 - SNBC plans also currently provide navigators, care coordinators or care guides to assist SNBC members with accessing benefits.
 - SNBC plans are also required to provide special training to their member services staff around the needs of people with disabilities.

- Not included in SNBC
 - SNBC does not include home and community-based services provided under the Community Alternatives for Children (CAC), Community Alternatives for People with Disabilities (CADI), Brain Injury (BI) or Developmental Disabilities (DD) waivers. Waiver services remain covered under MA FFS for SNBC enrollees (through the county or tribe).
 - SNBC does not include personal care assistance (PCA) or private duty nursing (PDN) services. These services continue to be provided under MA FFS for SNBC enrollees.

Federal Authority

SNBC operates under (1915) (a) of the Social Security Act, which allows States to enroll people into managed care plans through a State Plan Amendment. SNBC is still considered a “voluntary” program under federal regulations due to the opt out provision.

Phase-in enrollment mailings: Each enrollment group is being sent a mailing from DHS approximately 40 to 60 days prior to their specific enrollment date with materials for enrolling in a plan or opting out. The mailing will specify a date by which they must notify DHS that they want to opt out.

Additional information about opting out

- After the Enrollee has received the enrollment letter from DHS, the Enrollee can choose to opt out of SNBC at any time by notifying DHS or the SNBC plan.
- The Disability Linkage Line can also help people opt out before their enrollment date, and can help people to disenroll within their first month of enrollment in SNBC.
- People who have chosen to opt out would receive information annually from DHS about current plan choices and the opportunity to enroll.
- New MA enrollees will be sent information on SNBC, current plan choices and the opportunity to opt out.
- Only the Enrollee or the Enrollee’s guardian or legal representative may make the decision to enroll, opt out, or disenroll.
- Tracking of those who opt out will be maintained by DHS.

SNBC coverage for children delayed

Approximately 11,000 children statewide were to be enrolled in SNBC for coverage beginning July 1, 2012. Enrollment of children is delayed due to the extended timeline for enrolling adults. This information will be updated when available.

Enrollment Processing

- Enrollments are processed at DHS by DHS managed care staff. Counties are not currently involved in enrollments for SNBC. The initial mailings are sent by DHS.
- Health plans do not receive enrollee information until the person has actually been enrolled into SNBC and into that health plan.

Member Materials Development

Current enrollment materials, member materials and program descriptions will be modified to reflect the changes in the program. Additional materials will need to be designed specifically for the addition of children.

Procurement

- DHS will conduct a special procurement this year to add the nine counties without an SNBC health plan to SNBC plans' 2012 contracts for an effective date of July 1, 2012.
- DHS would conduct a special procurement later this year to add children to SNBC plans' contracts.
- Re-procurement for the entire SNBC program will occur in fall 2012 for Jan. 1, 2013.

Contract Amendments and Rates

- Contract amendments will need to be negotiated with the health plans.
- Rates for adults should not need to be adjusted to accommodate this expansion.
- A new set of rates must be developed for children. DHS proposes to use the current Chronic Disability Payment System (CDPS) risk adjustment system for children, but would need to develop separate base rates (based on the most current FFS data) and would need to identify new risk adjustment weights specific to children with disabilities.

Readiness Reviews

While SNBC plans have been serving adults for several years now, they have not enrolled children under age 18. As we have done in the past, we expect to conduct readiness reviews with the plans and to consult with the Stakeholder's group around these reviews and contract requirements for serving children.

Working Together

- DHS has created an Interdivisional SNBC Expansion Team that includes representatives of all divisions involved with care for people with disabilities. This team meets monthly to identify special issues and assist with implementation and communications. Other work teams are meeting as often as needed.
- We have expanded the Disability Managed Care Stakeholders group and established a list serve to replace the current extensive email list as well as updating our website.
www.dhs.state.mn.us/SNBC
- Each SNBC plan must operate a local stakeholders group and is required to respond to their concerns. SNPs have been encouraged to begin adding additional stakeholders representing children to their groups.
- DHS has established several workgroups as part of the Disability Stakeholder's group that meet in between the larger group meetings and are interested in Stakeholder's thoughts about these groups and other options.
- Workgroups:
 - Children with Disabilities in Managed Care: Issues and Readiness Reviews
 - Consumer Education, Involvement and Outreach
 - Evaluation

- Care Coordination and Transitions

Counties, tribes, and health plans are discussing communication improvement strategies to ease transitions so enrollees continue to receive needed services.

- Please check the website for meeting schedules and times.
- DHS has an email notification list that is used to send updated information on the SNBC Expansion and the Dual Demonstration Project. Go to http://www.dhs.state.mn.us/dhs16_163475#.pdf on the DHS website to add your email address to that notification list.