



# DEPARTMENT OF HUMAN SERVICES

Welcome and Introductions

## Special Needs Purchasing

Stakeholder Meeting

Gretchen Ulbee, Manager Special Needs Purchasing

9/25/17

# 1. Welcome and Introductions

- Gretchen Ulbee, DHS

# Welcome

- Thank you for joining us today for the Stakeholders Meeting for Seniors and People with Disabilities in Managed Care
- Following this stakeholder meeting, we review for accessibility and post all meeting materials presented within ten business days to our SNP meeting materials webpage [SNP Meeting Materials Webpage](#)
- During the meeting there will be opportunities to give input. You can also write us at [dhs.snp.stakeholders@state.mn.us]
- Overview of attendees

- Before we begin the official agenda
  - Home care and personal care attendant services work group will be forming – please contact us at [[dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us)]
  - Some health plan PCA networks are changing. DHS is directing health plans to notify affected enrollees and work with them to switch their preferred PCA to an agency that is in network
- One plan is conducting a pilot with Electronic Visit Verification
- DHS Electronic Visit Verification stakeholder meetings are ongoing

# Electronic Visit Verification stakeholder input

DHS is holding public meetings to develop requirements and standards for electronic service delivery documentation of personal care assistance (PCA) and home health services, including electronic visit verification.

- **444 Lafayette Road, St. Paul, MN 55155, room 3148, on the following dates:**

- Oct. 10, from 10:30 to 12:30 p.m.
- Oct. 30, from 2 to 4 p.m.

- **Elmer L. Andersen Building, 540 Cedar St., St. Paul, MN 55101 in room 2370 on:**

- Sept. 28, from 10 a.m. to 12 p.m.

- **Fergus Falls Public Library**, 1505 Pebble Lake Road, Fergus Falls, MN 56537, from 1 to 3 p.m., Sept. 18

- **Kandiyohi County Health and Human Services**, 2200 23rd St. NE, Willmar, MN 56201, from 1 to 3 p.m. Sept. 22

- **Rochester Public Utilities**, 4000 E. River Road, Rochester, MN 55906, from 1 to 3 p.m., Oct. 3

- **St. Louis County Government Services Center**, St. Louis River Room, 320 W. Second St., Duluth, MN 55802, 1 to 3 p.m., Oct. 6

- **Brooklyn Park Library, Mississippi Room**, 8500 W. Broadway Ave., Brooklyn Park, MN 55445, from 1 to 3 p.m., Oct. 11

## 2. Disability Hub MN

- Nicole Scheiber, DHS

# Launching Disability Hub MN

- **An Overview**

- 1. Why We Are Changing Our Name**
- 2. Our Mission, Values, and Vision**
- 3. Our Message to the Public**
- 4. Public Engagement Strategy**
- 5. Planned Launch & How You Can Help**



# Why We are Changing Our Name

- Why We are Changing Our Name

# Why a New Name

- **What:**  
2 year DLL strategic planning effort
- **So what:**  
Person centered re-alignment needed to build effective services that meet people's needs and system demands
- **Now what:**  
A renewed brand to support the DLL evolution

# Stakeholder Findings

- **Over complicated storyline**
  - Vulnerability is heightened during the first interaction with the DLL
    - Who am I talking to?
    - What do you do?
- **Too many competing brands add to complexity, confusion *and expense***
  - Hard to maintain materials
  - No single unifying web presence

## **Elevate a single strong brand**

- Unifies all services under a single brand
- Easier to penetrate the mind
- Easier to sustain over time

**Focus on people's needs, not delivery channel or existing systems**

# Brand Objectives

- **Simplify** the organization to support the needs of people
- Let the brand reflect **person-centered** practices, and the expansive organization
- Build a **unique identity** to reduce confusion and clarify relationships

# Mission, Values, and Vision

- Mission, Values, and Vision

# Mission

- We make it easier for people with disabilities to understand their options, connect to solutions, and engage in possibilities.
- We do this through a network of experts, tools, and partnerships that bridge systems, and focus on helping | live their best life.



# Values

- We focus on the whole person, their unique needs and aspirations
- We address immediate issues as well as identify underlying needs
- We provide in-depth, knowledgeable assistance to overcome complexity and resolve barriers
- We go the distance, building trust through our continued commitment
- We help people see the strength in themselves
- We share what we learn, enabling systems and supports to work better for those we serve
- We reach out to people during critical transitions to help support positive outcomes



- To be a lead innovator at bridging systems, technologies, and services to strengthen people's independence, quality of life, and determination to meet their goals.



# Our Message to the Public

- Our Message to the Public

# Brand Position

- **Making it easier for you to live your best life your way.**

The unique position we wish to occupy  
in our audience's mind.



# Overall Key Messages

- Key Messages

Headline/ Slogan	Your best life, your way.
Signature Statement	<b>Disability Hub MN</b> is a free statewide resource network that helps you solve problems, navigate the system, or plan for your future. Our team knows the ins and outs of community resources and government programs, and has years of experience helping people to fit them all together.
Call To Action	Call or Visit Us Online Today!

# A system of visual elements

Resources  
for providers and  
lead agencies

**Disability**

**HUB**

**MN**

Connect to an expert  
Monday – Friday  
8:30 a.m. – 5:00 p.m.  
1-866-333-2466  
disabilityhubmn.org

**1-866-333-2466**  
[disabilityhubmn.org](http://disabilityhubmn.org)

**Disability**  
**HUB**  
**MN**

Let us help you  
help the individuals  
and families you serve.

Tools and Solutions

- Health** Help with navigating benefits
- Home** Explore housing options
- Work** Make dreams of job a reality
- Community** Access new resources
- Money** Assistance with DBI01
- Advocacy** Stay current on rule changes




**Your best life, your way.**


**Disability Hub MN** is a free statewide resource network that helps you solve problems, navigate the system, or plan for your future. Our team knows the ins and outs of community resources and government programs, and has years of experience helping people fit them all together.



# A New Website

- New Website

Contact Us:  Chat |  1-866-333-2466 |  Email

 **Disability HUB MN**

Welcome to the Hub.  
We can help you plan your best life, your way.

Select Language ▼

My options ▾ My voice My tools Hub partners


## What is the Hub?

Disability Hub MN is a free statewide resource network that helps you solve problems, navigate the system and plan for your future.

At the Hub, we focus on your needs — helping you understand your options, connect to resources and find solutions. We're here to help you get the answers you need. We'll help you think through additional options and identify new paths toward creating the life you want.

[Read more about the Hub](#)

[Watch a video about the Hub](#)



# Public Engagement Strategy

- Public Engagement Strategy

# My Voice: Overview

- Overview

My Voice will have three points of engagement

## **E-mail Updates**

Stakeholders sign up to receive updates about changes and improvements to statewide programs.

## **Online Sharing & Polling**

A more immediate way to engage and gather feedback from stakeholders as well as encourage them to share stories & experiences.

## **Virtual Insight Panel**

A representative sample of populations served by DSD. Available for interviews, focus groups, and surveys – both in-person and virtually.

Entry Points: [disabilityhubmn.org](http://disabilityhubmn.org) & social media



# Disability Hub MN Video

- [Disability Hub MN Video](#)

# Thank You

- [DSD.ResponseCenter@state.mn.us](mailto:DSD.ResponseCenter@state.mn.us)

# 3. Annual Health Plan Selection

- Amy Salazar, DHS

# Annual Health Plan Selection - Overview

- It is time again for Annual Health Plan Selection (AHPS) for enrollees in the State Managed Health Care Programs.
- In order to provide as much time as possible to enrollees to make any changes to their health plan selections, the notices will include the plans DHS anticipates will be available to enrollees in a given county. Health plan choices will become final once contracts are fully executed.
- Each AHPS packet will contain:
  - AHPS notice
  - The appropriate DHS-4858 notice (summary of coverage, cost sharing and limits)
  - Language Block and Civil Rights Notice
  - A return envelope

# Annual Health Plan Selection (AHPS) - timeline

- The estimated schedule for AHPS notices is as follows:

September 18, 2017 – PMAP

September 20, 2017 – MinnesotaCare

September 22, 2017 – MSHO

September 25, 2017 – Seniors

September 27, 2017 – SNBC



# AHPS sample notice – p. 2

Multi Plan Notice\_Final.pdf - Adobe Reader

File Edit View Window Help

Open [Icons] 2 / 2 100% [Icons] Tools Fill & Sign Comment

COUNTY SERVICE AGENCY NAME HERE  
444 LAFAYETTE ROAD NORTH  
COUNTY RETURN ADDR-LN2 HERE  
SAINT PAUL, MN 55155-1111

WKR ID: WRKCARE SVC LOC: ZZZ  
JOHNNY Q PUBLIC2  
444 LAFAYETTE ROAD N  
SAINT PAUL, MN 55155-9999

**ANNUAL HEALTH PLAN SELECTION- page 2**

Case Number: 88888888

**Health Plans in COUNTY-NAME County:**  
MEDICA  
HENNEPIN HEALTH  
BLUE PLUS

**What do I need to do now?**

- To decide on a health plan, you may want to contact your primary care clinic. Ask them if they are part of one of the health plans listed above. You can also look at each plan's primary care network listing (PCNL) to see whether your primary care clinic is part of the health plan. To view a plan's PCNL, go to the web page below and click the link for the plan's PCNL.  
<https://mn.gov/dhs/health-plan-selection/resources/>
- To change your health plan
  - circle ONE of the health plans listed above and return this sheet in the enclosed envelope by **December 1, 2017**
  - or
  - call the MHCP Member Help Desk by **December 1, 2017**, and tell them the plan you want. The help desk's number is 651-431-2670 or 800-657-3739.

**How can I get more information?**  
To get more information, go to the AHPS website at <https://mn.gov/dhs/health-plan-selection/>.

# AHPS notices differ by product

- Seniors AHPS notices direct enrollees to call their worker
- SNBC AHPS notices direct enrollees to call the Disability Hub



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Tools Fill & Sign Comment

Sign In

Export PDF

Create PDF

Adobe PDF Pack

Convert files to PDF and easily combine them with other file types with a paid subscription.

Select File to Convert to PDF:

Select File

Edit PDF

Combine PDF

Send Files

DHS-4858B-ENG 8-17

**m DEPARTMENT OF HUMAN SERVICES**

## Summary of Coverage, Cost Sharing and Limits for Special Needs BasicCare (SNBC)

*Call your health plan for details about a specific benefit*

If you have questions about your health care program, covered services or copays, you can:

- call your worker
- call your health plan
- ask your provider

Your provider must get approval for some health care services before you get them. The services must be medically necessary.

### Medical Assistance (MA) Through SNBC

MA covers the services listed below. These services are covered through your health plan.

### Cost sharing

**People enrolled in Special Needs BasicCare (SNBC) do not pay cost sharing for MA services they get through an SNBC health plan.**

Cost sharing means the amount you pay toward your medical costs. Cost sharing for adults 21 years old or older is as follows:

- \$3.10 monthly deductible
- \$3 copay for nonpreventive visits; no copay for mental health visits
- \$3.50 copay for nonemergency ER visits
- \$3 or \$1 copay for prescription drugs, up to \$12 per month; no copay for some mental health drugs

These people are exempt from cost sharing:

# DHS 4858 Notice of Rights

**Notice About Your Rights**  
for people enrolled in Special Needs BasicCare (SNBC)

**You may enroll, disenroll or change your health plan or clinic at any time.**

- You may enroll or disenroll from Special Needs BasicCare (SNBC) at any time. Your enrollment will begin or end on the first day of the next available month.
- If you disenroll from your SNBC health plan, you may need to choose a Medicare Part D prescription drug plan.
- You may change to a different SNBC health plan if there is more than one choice in your county.
- Call Disability Hub MN at 866-333-2466 for help with any changes listed above.
- If you want to change your primary care clinic, call your health plan.

**You will receive notice of health plan decisions.**

- Your health plan must tell you in writing if it denies, reduces or stops services you asked for or services your doctor ordered.
- If the health plan is stopping or reducing an ongoing service, you may be able to keep getting the service. You must file a health plan appeal or request a state fair hearing within 10 days of the date on the notice from your health plan, or before the service is stopped or reduced, whichever is later.

with the health plan decision. You can ask a relative, friend, provider or lawyer to help with your appeal. Appeal timelines change on January 1, 2018. To appeal a health plan decision dated January 1, 2018, or later, you must appeal to the health plan within 60 days.

- Request a **state fair hearing**.
  - **For a health plan decision dated *before* January 1, 2018:** If you have services that are being denied, reduced or stopped, or you are getting bills that you think your health plan should pay, send a written request for a state fair hearing **within 30 days** after the date on the health plan notice. You have up to 90 days if you have a good reason for filing late.
  - **For a health plan decision dated January 1, 2018, or later:** You must appeal to the health plan first. After you get the health plan's determination, you have 120 days to request a state fair hearing. If you appeal to the health plan and the plan takes more than 30 days to decide your appeal, you may request a state fair hearing without waiting any longer.

You may bring an attorney, relative, friend or advocate to the hearing.

**Mail or fax your request to:**

# AHPS – more questions?

- Check out the form DHS-4858 on e-docs
- Questions may be submitted to:  
[dhs.snp.stakeholders@state.mn.us]

# 4. Case Management Redesign

- Lisa Cariveau, DHS

The Minnesota Legislature directed DHS to redesign Medicaid-funded case management to:

- Increase consumer choice
- Specify and standardize the delivery of services
- Improve quality and accountability
- Streamline funding arrangements

Medicaid-funded case management in Minnesota includes:

- Targeted Case Management (TCM)
  - Adult mental health TCM
  - Children's mental health TCM
  - Vulnerable adult TCM
  - Developmental disability TCM
  - Child welfare TCM
  - Relocation services coordination TCM

- Waivered Case Management
  - Community Alternative Care (CAC)
  - Community Access for Disability Inclusion (CADI)
  - Developmental Disabilities Waiver (DD)
  - Elderly Waiver (EW)
  - Brain Injury (BI)
  - Alternative Care (AC)
  - Rule 185

## Information gathering phase to inform future case management redesign

- Analyze and summarize past work
- Strengthen relationships with partners and stakeholders
- Align DHS leadership



# Planning framework 2017-2019

- Create a **planning infrastructure** to support a long-term, collective approach to case management redesign.
- **Document** the current county, state, and tribal fiscal infrastructure involved in delivering case management services.
- Build upon past work to **solidify a universal definition** of case management **and core set of activities** to include in a base case management benefit.
- Ensure **community and civic engagement** in the development of policies.

# Planning infrastructure

Purpose: Create a co-leadership structure for DHS, counties, and tribes.

Progress:

- Partner teams are meeting regularly
- Finalizing a stakeholder engagement plan
- Sending regular updates via the CM redesign listserv

# Document current financial state

**Purpose:** Document and describe the finances currently associated with administering and providing Medical Assistance-funded case management services.

**Progress:** In the process of choosing a vendor to do the financial analysis.

# Planning infrastructure

Purpose: Create a co-leadership structure for DHS, counties, and tribes.

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- Sending regular updates via the CM redesign listserv

# Document current financial state

**Purpose:** Document and describe the finances currently associated with administering and providing Medical Assistance-funded case management services.

**Progress:** In the process of choosing a vendor to do the financial analysis.

# Universal definition and core set of activities

Purpose: Build upon past work to solidify the definition and core activities of case management.

Progress: Identified where we need more input - specifically,

- People we serve
- Tribes

# Universal definition and core set of activities

## Recommended definition:

Case management is a service that provides a person with access to assessment, planning, referral, linkage, plan monitoring, coordination and advocacy in partnership with the people we serve and their family. A case manager assists with access to and navigation of social, health, education, vocational and other community and natural supports and services based on the person's values, strengths, goals and needs.

# Universal definition and core set of activities

## Recommended core activities:

- Assessment
- Plan
- Referral and linkage
- Monitoring and coordination
- Advocacy



Catalog the following information for case management, care management, and care coordination services:

- Definitions
- Authority
- Financing
- Activities
- Intersection between the services

# Community and civic engagement

Purpose: Ensure that the people we serve, families and caregivers, providers, and other stakeholders are engaged throughout the case management redesign process.

## Progress:

- Working with MN Dept. of Human Rights to develop community engagement plan
- Hiring community engagement coordinator

- Overall next steps
  - Gather and incorporate feedback into the universal definition of case management and core set of activities
  - Choose financial vendor and enter into contract
  - Finalize stakeholder/community engagement plan

# Questions?

- Discussion and questions

# Contact Information

Lisa Cariveau

[Lisa.Cariveau@state.mn.us](mailto:Lisa.Cariveau@state.mn.us)

651-431-5827

## 5. SNBC Dental Access & Improvement Project

- Kathy Albrecht, Medica



# Health Plan Collaborative Committee Members

- **HealthPartners:**

- Patty Graham, Sr. Quality Consultant
- David W. Klein, DDS, Assistant Dental Director
- Michelle Searcy, Manager, Dental Contracting
- Jeff Ogden, Vice President, Dental Plans

- **Hennepin Health**

- Annette Baumann, RN, Quality Department Manager
- Naqwai Davis, Senior Health Care Quality Improvement Specialist

- **Medica**

- Kathleen Albrecht, LISW, Manager, Regulatory Oversight & Improvement
- Sheila Heskin, LICSW, Clinical Improvement Lead

- **PrimeWest Health**

- Jordan Klimek, Quality Coordinator
- Leah Anderson, Dental Services Coordinator

- **South Country Health Alliance**

- Heather Goodwin, Senior Health Services Manager
- Michele Grose, Dental Program Manager
- Julie Stevermer, Senior Quality Manager

- **UCare**

- Jamie Galbreath, Quality Improvement Associate Director
- Emily Eckhoff, Quality Improvement Specialist



# MN Department of Human Services Partners

- Gretchen Ulbee, Manager, Special Needs Purchasing
- Deborah Maruska, Special Needs Purchasing
- Jared Gruepner, Dental Clinics Program Manager
- Dr. Linda Maytan, DHS Dental Policy Director

# Project Background

- Since 2012, the percentage of SNBC adults getting dental care has gone down.
  - 49.22% in 2012
  - 45.89% in 2015
- DHS sent initial project guidelines to Health Plans in July, 2016

# Project Goals

- Project Goals
  - Help SNBC Members find a regular dentist (Dental Home)
  - Increase the number of SNBC members that have dental check ups at least one time per year.
  - Decrease the use of the emergency room for dental problems that could be taken care of in an outpatient dental office.

# Timeline of Key Activities

- Key Dates:

July 2016 – DHS Introduces Project to MCOs

- Health Plans began meeting
- Sub-groups developed and began planning

December, 2016 – Provider Survey

January – April 2017 – Member Surveys

April, 2017- Project Proposal Submitted by Health Plans

May, 2017 – Project Proposal approved by DHS

# Timeline of Key Activities

- Key Dates

September, 2017 – Case Management Intervention Launch

October, 2017 First meeting of Special Needs Dentistry Expert Panel

Q 1 & 2 2018 Develop Training Plan and Tools for Mentoring Project

# Project Interventions

- Project Interventions
  - Case Management
  - Teledentistry
  - Mentoring

# Case Management

- Case Management:
  - Building off existing relationship with Health Plan Care Coordinator/Case Manager
  - Targeted outreach to members who have not utilized dental benefits
    - Resources/Tip Sheets for Care Coordinators
  - Outreach to members who utilized ER for non traumatic dental reasons
  - Case Manager Education/Training

# Provider Mentoring

- Provider Mentoring:

Goal: Increase the population of providers in MN serving SNBC enrollees so they can seek dental care in their community.

- Creation of Expert Panel to advise project
- Create provider toolkit and educational opportunities
- First expert panel meeting: October 9<sup>th</sup>



# Provider Surveys

- Survey Conducted December, 2016/January, 2017
- Ability to currently serve special needs patients
  - >80% had dental chairs that adjust to wheelchair height, have accessible waiting areas and allow service animals
  - About half ask if special accommodation is needed
- Challenges to serving special needs patients
  - A need for more information on special needs dentistry
- Reimbursement is an issue

Sent out in July 2016

Dental Users:

- > 85% have a 'regular' dentist
- 62% were seen by a dentist within a month of wanting an appointment
- > 70% were seen by a dentist for an emergency as soon as wanted
- > 60% gave a rating of 9 or 10

Non-User - What keeps you from seeing a dentist?

- Concerned about having to pay for services that aren't covered
- Difficulty finding a dentist that can work with my disability
- Can't get an appointment when I need it
- Afraid
- Had a bad experience

# Next Steps

- Survey Results Coming Soon
- Continued implementation of Case Management and Mentoring Interventions
- Continued partnership with DCT on Teledentistry pilot
- First progress report due to DHS May, 2018

## 6. Quality-PIPs/QIPs and CAHPS

- Mark Foresman, DHS

# Performance Improvement Projects

- DHS selects a topic and asks the health plans to improve performance in that area.
- Health plans submit proposals which are reviewed by DHS.
- PIPs have the following components:
  - Interventions
  - Baseline Measurement
  - Evaluation of the interventions to measure success
  - Sustainability

# Performance Improvement Projects

- Health plans work on the PIP and submit annual reports to DHS
- The PIP is evaluated on improvements measured by process or outcomes
- **2015-2017 topic:** Reducing Racial and Ethnic Disparities in Depression Management
- **2018-2020 topic:** Preventing Chronic Opioid Use

# Performance Improvement Projects

- PIPs are required by CMS for improving the quality of healthcare.
- PIP interventions are strategies designed to change behavior at an institutional, practitioner, or enrollee level.
- PIPs may also change and improve clinical structures, processes, and/or outcomes of care.
- Interventions must be designed to change the “system” and are expected to have a lasting effect.
- Real changes and improvements in care depend on thorough analysis and implementation of appropriate interventions.



# Quality Improvement Projects

- Quality Improvement Projects (QIPs) are similar and focused on Medicare.
- Current topic: Depression management
- Follow Up After Hospitalization for Mental Illness
- Antidepressant Medication Management
  - The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

# Managed Care Appeals

- Margaret Manderfeld, DHS

# Managed Care Appeals

- There was a major change to federal regulations modernizing the Medicaid managed care regulations. Create alignment of rules governing Medicaid managed care with those of other major sources of coverage, including coverage through Qualified Health Plans and Medicare Advantage plans
- 42 CFR sections 438.400 – 438.424
- New timelines effective January 1, 2018

# Managed Care Appeals

- Changes in timelines only affect managed care appeals. This means any decision made by your health plan about your health care.
- Timelines for appealing any other Medicaid decisions, including enrollment, remain the same.
- Significant changes to all MCO materials already underway
- If you wish to review and comment on changes to materials contact ([dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us) )

# Managed Care Appeals

- Enrollee required to appeal to the health plan first
- Have 60 days from date of the MCO notice 438.402(c)(2)(ii)
- Plans can give you more time if you have a good reason for missing the deadline
- Enrollee has 120 days from the date of the MCO's appeal decision to request a State appeal 438.408(f)(2)

# Managed Care Appeals

## Notice of Denial of Medical Coverage

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<b>Date of Notice:</b>	<b>Date of Authorization Request:</b>
<b>Member Name:</b>	<b>Member Number/ID:</b>
<b>Member Date of Birth:</b>	<b>PMI #:</b>
<b>Provider Name:</b>	<b>Effective Date of Action:</b>
<b>Primary Care Clinic:</b>	<b>First Date of Service:</b>

---

### Your request was denied

We've {Insert appropriate term: denied, stopped, reduced, suspended} the medical services/items listed below requested by you or your doctor [provider].

---

### Why did we deny your request?

## What happens at a health plan appeal?

- Informal process
- You can start an appeal by calling your health plan
- You do not have to talk to a judge
- Can present your information in writing, by telephone or in person
- Can have anyone help you including your provider
- Plan must give you a decision in 30 days or up to 45 if they have requested an extension

## **Continuation of benefits:**

- Within 10 days of the date of the MCO notice or before the effective date of the decision,
- the enrollee can request continuation of benefits only if:
  - Previously authorized service ordered by an authorized provider
  - The original authorization period has not expired



## Exhaustion of remedies:

- If an MCO fails to give you a decision within 30 days (sometimes 45 days) then you do not have to wait for their decision 42 C.F.R. section 438.408
- Enrollee can request a State appeal without waiting any longer.

## What happens at a state appeal hearing?

- Must appeal in writing
- If your provider appeals for you, you must send something in writing saying that it is alright for your provider to appeal
- You may request an expert medical opinion if your appeal is about whether an item or service is medically necessary
- The expert medical opinion is paid for by the state and is provided by a neutral medical professional not connected to the state or your health plan

# Managed Care Appeals

- You can request continuation of benefits if you request a state appeal within 10 days from the date of the health plan decision
- You will receive a notice listing the time of the hearing
- Most hearings are by telephone but you can ask for a face-to-face hearing
- The judge will take testimony from the health plan representatives and from you and any persons assisting you with the hearing

# Managed Care Appeals

- The judge will write a decision and mail it to you
- You will usually receive a decision within 90 days from when you requested an appeal
- If you disagree with the judge's decision you can request reconsideration within 30 days from the date of the decision
- You can request a copy of the recording of the hearing
- You can appeal a state decision to District Court

## What do the ombudsmen really do?

- Take calls from managed care enrollees, DHS staff, legislator inquiries, Commissioner office concerns, other state agencies, county managed care advocates and MCOs.
- Each county has at least one managed care advocate
- Our office provides quarterly training

# Managed Care Appeals

- Ombudsperson shall advocate for recipients enrolled in prepaid health plans through complaint and appeal procedures and ensure that necessary medical services are provided either by the prepaid health plan directly or by referral to appropriate social services. MN Stat. 256B.69, subd. 20).

## Ombudsman for Public Managed Health Care Programs

- You can call, fax, or write our office.
- 651-431-2660 or 800-657-3729 or use your preferred relay service
- Fax: 651-431-7472
- Ombudsman for Public Managed Health Care Programs  
P.O. Box 64249  
St. Paul, MN 55164-0249

# Opportunities for Feedback

## **Please share your feedback on these key initiatives below:**

- PCA Sub-group: [dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us)
- Case Management Redesign: [dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us)
- Dental Feedback: [dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us) or 651-431-2516
- Managed Care Appeals: [dhs.snp.stakeholders@state.mn.us](mailto:dhs.snp.stakeholders@state.mn.us)



## 8. Wrap-up and Next Meeting

- Wrap up
- Next Meeting (December – date to be determined)

# Thank you!

The Special Needs Purchasing Team