SNP Stakeholder Meeting Agenda

1. Welcome and Introductions – Gretchen Ulbee, DHS
2. Medicare Changes – Kelli Jo Greiner, DHS
3. PCA Transition Update – Deborah Maruska, DHS
4. MSHO Model of Care Integration – Sue Kvendru, DHS
5. March: Discuss Stakeholder Best Practices – Gretchen Ulbee
6. Procurement – Pam Olson, DHS
7. Meeting wrap up and next meeting date – Gretchen Ulbee

Agenda Topic 1: Welcome & Introductions

SNP Stakeholder Meeting

December 3, 2018

Gretchen Ulbee, Manager
Special Needs Purchasing

Agenda Topic 2: 2019 Medicare update (Refer to printed presentation)

SNP Stakeholder Meeting

December 3, 2018

Kelli Jo Greiner
Health Care Policy Analyst
SHIP Director, MN Board on Aging

Agenda Topic 3: PCA Transition Update

SNP Stakeholder Meeting

December 3, 2018

Deborah Maruska
Special Needs Purchasing

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.

Effective January 1, 2019
Benefit Change for Enrollees Under Age 65 Enrolled in Managed Care (continued)

- 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.

What Enrollees Need to Know (continued)

- 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.

Enrollee's Next Steps (continued)

- 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, contract 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**

What Personal Care Provider Organizations (PCPO) Need to Know (continued)

- 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.

Agenda Topic 4: MSHO Integrated Model of Care

SNP Stakeholder Meeting

December 3, 2018

Sue Kvendru
Special Needs Purchasing

MSHO Key Features

- Simpler, seamless care for enrollees
- Improved management of chronic conditions, clinical care coordination across primary, acute and long term care and Medicare and Medicaid benefits
- Simplifies access to ALL Medicare A,B, D and Medicaid benefits
- Integrated Medicare and Medicaid member materials and enrollment, providers bill one place for all services
- Care Coordination: Each enrollee assigned a care coordinator or health service coordinator who assists with coordination of primary, acute and LTC services

Summary of Integration Advantage

- All Medicaid and Medicare drugs and services can be coordinated under one delivery system
- Simpler system for duals and families to navigate (one stop shop, one set of materials, single enrollment process, notices, etc versus two)
- Leverages additional benefits (eg care coordination, fitness programs) and/or cost savings
- Influence/leverage appropriate Medicare Part D formularies
- Opportunity to work on improvements in managing underlying chronic care conditions
- CMS and Congress are now requiring States and SNPs to work together to better serve dual eligibles

What this means for MSHO Enrollees

- All MSHO seniors get initial health risk assessment and follow up regardless of setting of care or eligibility for waiver services.
- 98% of enrolled seniors get primary and preventive physician visits.
- All seniors have access to care coordination and navigation assistance regardless of setting of care or waiver status.
- All seniors are reviewed for need for PCA and LTC services
- MSHO leverages Medicare resources for care coordination for MSHO non-EW enrollees.
- Adds focus on improvement of management for chronic conditions.
- Coordinates with Medicare.
- Simpler to get all drugs and other services coordinated through one contact/entity.

Maintaining integration requires navigating impacts from many sources:

- Medicare regulation changes
- Medicaid regulation changes
- State Legislative changes
- DHS Policy changes
- Fully Integrated Dual Eligible Special Needs Plan definition (FIDE-SNP)

Minnesota Managed Care Longitudinal Data Analysis

- Analysis conducted for ASPE/Office of Disability, Aging and LTC Policy by RTI International and the Urban Institute
- Study conducted comparing MSHO and MSC+
- Study period was 2010 - 2012
- Used full Medicaid and Medicare claims for both MSHO and MSC+
- First time full comparison of MSHO and MSC+ conducted
- State has not had Medicare data for MSC+ enrollees in the past to conduct similar study

MSHO/MSC+ Enrollment Analysis Highlights

- MSHO enrollees tended to be:
  - Older
  - Female
  - Have more medical conditions and disabilities
  - Slightly more likely to live in rural areas

- Very few MSHO enrollees ever switched to MSC+ during the year
- But 12.8% of MSC+ enrollees switched to MSHO after the start of the year

MSHO/MSC+ Outcomes Analysis Highlights

MSHO Enrollees were:

- 48% less likely to have a hospital stays and if so, had 26% fewer stays than if in MSC+
- 6% less likely to have an outpatient ED visit and if so, had 38% fewer visits than if in MSC+
- 2.7 times more likely to have a primary care visit, but if so, had 36% fewer visits than in MSC+
- No more likely to have a nursing home admission than in MSC+
- 13% more likely to have any home and community-based service than in MSC+

MSHO/MSC+ Evaluation Conclusions

- Adopting a fully integrated model similar to MSHO may have merit for other states.
- Capitation model represented by the MSHO program is associated with improved patterns of care which has the potential for improving health and health care outcomes for dual eligible.

MSHO/MSC+ Evaluation Conclusions

- Adopting a fully integrated model similar to MSHO may have merit for other states.
- Capitation model represented by the MSHO program is associated with improved patterns of care which has the potential for improving health and health care outcomes for dual eligible.

Agenda Topic 5:
March Meeting: Stakeholder Best Practices

SNP Stakeholder Meeting

December 3, 2018

Gretchen Ulbee, Manager
Special Needs Purchasing

Next Meeting: Stakeholder Meetings Best Practices

- Deeper dive on one topic area: health plan stakeholder meetings/member advisory committees
- Can one meeting act as a member advisory committee and a stakeholder meeting?
- We have received differing input about best practices
- Need for a larger discussion: what are good practices for getting feedback from members on satisfaction with care, problem identification, and suggestions for improving the delivery system?

SNBC Contract Stakeholder Meetings Requirements

SNBC Contract requires:

- The MCO will establish and maintain a local or regional stakeholders group pursuant to Minnesota Statutes, §256B.69, subd. 28(2)(e), and 42 CFR §438.110, and obtain periodic feedback from members on satisfaction with care, problem identification, and suggestions for improving the delivery system. The group must include at least a reasonably representative sample of the LTSS populations, or other individuals representing those Enrollees. This stakeholder group will meet at least twice per year. This process must include a way to use this information to improve access to, and quality of, the care delivered to Enrollees with disabilities. Results of consumer feedback activity mechanisms shall be shared with the STATE as described in section 4.12.2.1(3).

Seniors Contract Stakeholder Meeting Requirements

Seniors contract requires:

- The MCO will establish and maintain a local or regional stakeholders group, consistent with 42 CFR §438.110, to consider issues for the senior population group, and obtain periodic feedback from members on satisfaction with care, problem identification, and suggestions for improving the delivery system. The group must include at least a reasonably representative sample of the LTSS populations, or other individuals representing those Enrollees. This stakeholder group will meet at least twice per year. This process must include a way to use this information to improve access to, and quality of, the care delivered to MSHO/MSC+ Enrollees. Results of consumer feedback activity mechanisms shall be shared with the STATE as described in section 11.4.1(14) below.

Minnesota Statutes and Federal Regulations

- Minnesota Statutes 256B.69, subd 28 (2)(e)

Each plan under contract to provide medical assistance basic health care services shall establish a local or regional stakeholder group, including representatives of the counties covered by the plan, members, consumer advocates, and providers, for advice on issues that arise in the local or regional area.

- Federal Regulations 42 CFR 438.110

(a) General rule. When LTSS are covered under a risk contract between a State and an MCO, PIHP, or PAHP, the contract must provide that each MCO, PIHP or PAHP establish and maintain a member advisory committee.

(b) Committee composition. The committee required in paragraph (a) of this section must include at least a reasonably representative sample of the LTSS populations, or other individuals representing those enrollees, covered under the contract with the MCO, PIHP, or PAHP.

Best Practices

Questions?



Agenda Topic 6: 2020 Managed Care Procurement

Pam Olson| Purchasing and Service Delivery

DEPARTMENT OF HUMAN SERVICES

What is Procurement

What is Procurement?

- How DHS determines which health plans participate in the Medical Assistance and MinnesotaCare programs
- Competitive bid process with technical and/or price components
- DHS issues a Request for Proposals (RFP) for health plans to respond to
- DHS, MDH, and/or counties score the proposals to determine who will be offered a contract

Procurement

Why Do We Re-procure Contracts?

- Competitive procurement required by federal law
- State law requires re-procurement every 5 years
- Ensure highest quality care for the best value
- Managed Care contracts cost over $5 billion annually

Developing the RFP

How is the RFP developed?

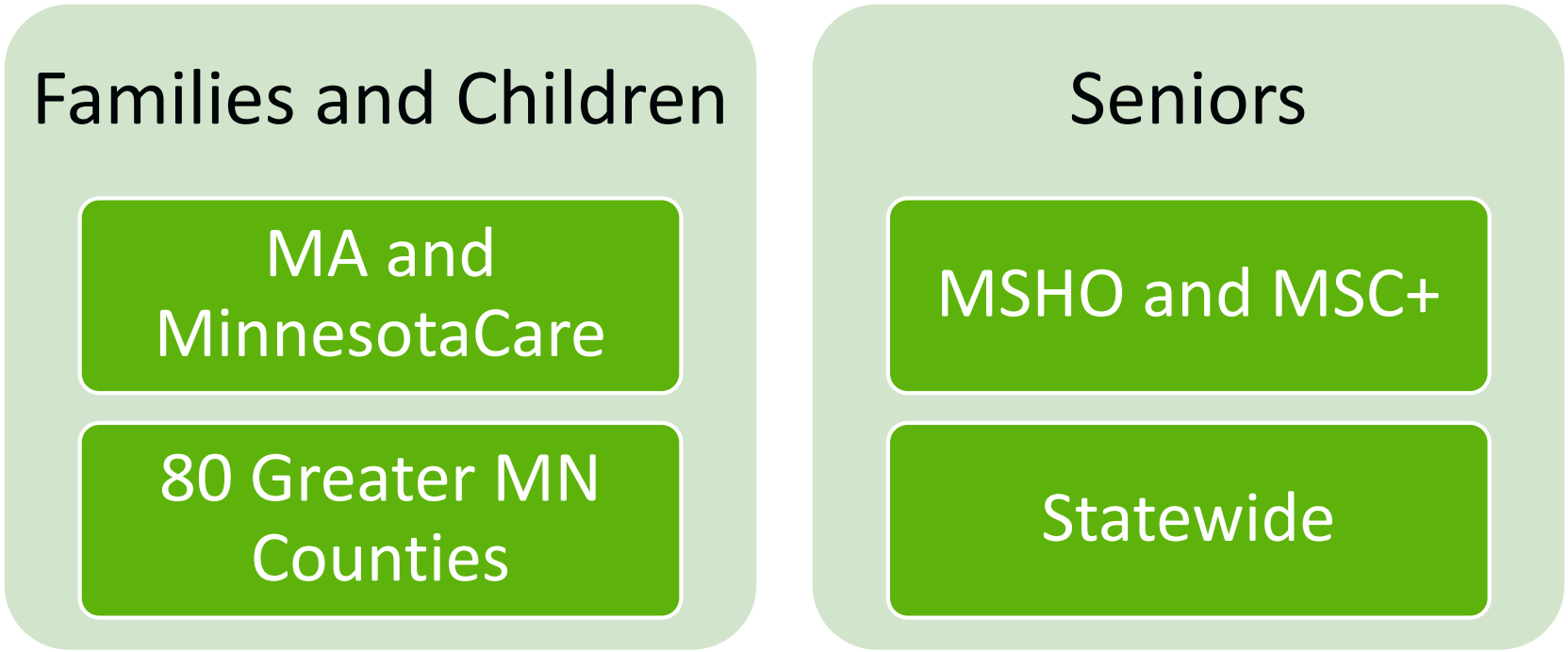
- State of Minnesota legal staff develop contract templates and guidelines for all state contracts
- DHS contracting and MDH staff add to the template to fit health care purchasing needs
- DHS contracting staff meet with counties to develop region-specific questions
- DHS contracting and policy staff develop questions specific to the people, benefits and geographic areas to be covered, as well as criteria by which responses will be scored
- DHS, MDH, and/or counties score the proposals to determine who will be offered a contract

Contract Management

How is Procurement Different than Contract Management?

- Managed care contracting is completed every year. The contract documents the requirements health plans must follow for the year and the rates to be paid.
- DHS Contract Managers work every day to ensure that health plans comply with all contractual requirements.
- Questions asked in the Request for Proposals (RFP) may be informed by past contract management experience.
- Procurement decisions must be made based on the RFP responses.

2020 Procurement



Families and Children RFP

- May include two primary components
  - Technical proposal
  - Price bid

- Technical proposal has several parts including:
  - Operational capacity (DHS)
  - Financial review (DHS/MDH)
  - Required statements (DHS legal)
  - County questions (Counties)
  - State questions (DHS policy)
  - Quality and Program Initiatives (DHS)
  - Network review (MDH and Counties)

- Only contains a technical proposal
- Technical proposal has several parts including:
  - Operational capacity (DHS)
  - Financial review (DHS/MDH)
  - Required statements (DHS legal)
  - State questions (DHS policy)
  - County questions (Counties review)
  - Quality and Program Initiatives (DHS)
  - Network review (MDH and counties)

Seniors RFP

Procurement

Questions?

Agenda Topic 6:
Meeting wrap up and next meeting date

- Meeting wrap up
- SNP Stakeholder Meeting date: Mon. March 11, 2019 at 1pm

Gretchen Ulbee, Manager
Special Needs Purchasing

DEPARTMENT OF HUMAN SERVICES

Thank you!

For questions, please contact Special Needs Purchasing:
DHS.SNP.Stakeholders@state.mn.us

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