



Expansion of Managed Care for People with Disabilities
Managed Care for People with Disabilities Stakeholder's Group
August 30, 2011

2011 Legislation

New 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 now serves about 6,000 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.
- Four of the SNBC plans are integrated with Medicare through Medicare Advantage Special Needs Plans (SNPs.)
 - South Country Health Alliance (SCHA)
 - Prime West (PW)
 - MHP
 - UCareMedica – coordinates with Medicare (must separately enroll in a Part D plan)
- 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 is provided through FFS.

- 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.
- 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.
- 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.

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. The change in the enrollment process requires a routine amendment of the State Plan. SNBC is still considered a “voluntary” program under federal regulations due to the opt out provision.

Summary of DHS Implementation Proposal

DHS intends to phase-in enrollment into SNBC plans as follows:

- **Group One:** Adults 18-64 who are not receiving home and community-based waiver services in Hennepin and counties with one plan choice would be enrolled effective January 1, 2012 unless they have chosen to opt out.
- **Group Two:** Remaining adults who have not chosen to opt out would be enrolled effective March 1 and/or April 1.
- **Group Three:** Children (under age 18) and adults in counties not currently covered by SNBC plans who have not chosen to opt out would be enrolled effective July 1, 2012.

Enrollment exclusions

- DHS intends to apply current managed care enrollment exclusions to SNBC.
- After exclusions are applied, about 78,216 adults and 11,544 children <18 would be eligible to enroll (total 89,860). About 23,659 of the eligible group are receiving services under CAC, CADI, TBI or DD waivers.
- Significant managed care exclusions and the number of people excluded include:
 - people with monthly medical spenddowns (6,304)
 - people with other cost effective insurance or other HMO coverage (5,488)
 - people with only Medicare A or only Medicare B (320)
 - people living in IMD/RTCs (1,036)
- Other small groups such as people with ESRD, terminally ill individuals, torture victims, and American Indians in certain circumstances may be excluded.
- Monthly spenddowns: SNBC currently allows people with some monthly spenddowns to enroll if they voluntarily pay their spenddown each month to the State. This entails a complex manual administrative process. In addition, the spenddown payment policy is not compatible with the assignment process. This policy change would affect new members only.
- TEFRA children: There are about 3,450 children with disabilities receiving MA under TEFRA. Of these about 1,825 meet criteria for other exclusions. The legislation does not provide explicit authority to exclude the remainder of this group. Further discussions about enrollment of children with TEFRA eligibility will take place in the coming months.

Initial communication: DHS will begin sending information Oct. 15 to all current MA enrollees affected by the law. The mailing will include information on SNBC, health plans available in their county, their rights, the opt out process and how to contact the Disability Linkage Line for assistance.

Phase-in enrollment mailings: Each enrollment phase in group also would be sent a mailing 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

- Enrollees can opt out of SNBC at any time by notifying DHS or the SNBC plan.
- 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.
- Tracking of those who opt out will be maintained by DHS.

Proposed Enrollment Process

Group One: Adults without Waiver Services in Hennepin and Counties with a Single SNBC Plan

- This group would be sent their initial materials as outlined above along with information about the plan or plans available in their county in October and would be asked to notify DHS if they choose to opt out by December 15, 2011. For Hennepin, this information would include the SNBC plan to which they would be assigned if they do not make a choice or opt out.
- Assignment to an SNBC plan would not occur for those who opt out.
- If DHS does not receive an opt out form or return an enrollment form with their choice of plan in Hennepin, assignment into the existing SNBC plan will be effective January 1, 2012.

Group Two: Adults in Remaining Counties with Multiple SNBC Plan Choices and Adults with Waiver Services

- Adults in remaining counties with more than one plan choice, who have not already chosen to opt out after the initial mailing in October, would be sent enrollment packets in January. The information would include the SNBC plan to which they would be assigned if they do not make a choice or opt out.
- This group must either opt out or choose a plan by returning the enrollment form to DHS.
- The Disability Linkage line will be available to assist these recipients with plan choices.
- If they do not choose a plan and have not opted out, they will be assigned to a plan as stated in their materials.

Group Three: Children Statewide) and Adults in New SNBC Counties

- A similar information process would occur in April for the proposed July 1, 2012 enrollment date for children and for those residing in the 9 counties currently without an SNBC plan.

Separation of Medicare and Medicaid Enrollment

- Enrollment for Medicare and Medicaid would be separated for this expansion.
- This is necessary because Medicare does not allow for an assignment process into SNPs. (Though Medicare does use an assignment process for Part D enrollments of people with dual eligibility.)
- Assignment of those who do not opt out would be made only for the Medicaid enrollment.
- Those required to enroll under the new legislation for Medicaid would not be required to enroll in the Medicare SNP portion of SNBC but could do so at any time.
- SNBC SNPs can market to SNBC members to provide information about enrollment into the Medicare SNP.

Enrollment Processing

Enrollments will be processed at DHS by DHS managed care staff. Counties are not currently involved in enrollments for SNBC. The initial mailings will be sent by DHS.

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 would conduct a special procurement this fall to add children and the nine counties without an SNBC health plan to SNBC plans' 2012 contracts for an effective date of July 1, 2012. 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.
- 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 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 will be establishing 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.
- We propose to establish several workgroups as part of the Disability Stakeholder's group that will meet in between the larger group meetings and are interested in Stakeholder's thoughts about these groups and other options.
- Suggested workgroups:
 - Children with Disabilities in Managed Care: issues and Readiness Reviews
 - Consumer Education, Involvement and Outreach
 - Evaluation
 - Other??
- Managed Care 101 Training will be offered to those who wish to participate.
- Regional meetings are being set up with counties for communications and to review coordination mechanisms for any changes in care plans for clients transitioning to SNBC.