

Special Needs BasicCare Expansion

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Managed Care Option for People with Disabilities

- **Special Needs BasicCare (SNBC)**
 - A Voluntary Option open to all Medicaid dually eligible and non-dually eligible individuals with disabilities between ages 18-64 who are certified disabled and eligible for Medical Assistance.
 - SNBC emphasis on preventive and primary care.
 - Health plans provide additional care coordination/navigation help.
 - Access to health plans dentists.
 - Access to health plans networks.

Purpose of SNBC

- **To provide additional health care delivery options for people with disabilities by integrating Medicare and Medicaid primary and acute care services.**
- **To improve access to primary and preventive care for people with disabilities.**
- **To improve care for enrollees with chronic conditions.**
- **To coordinate Medicare and Medicaid services.**

How Does SNBC Work?

- **There are no premiums or additional costs for enrolling in SNBC.**
- **Currently people must volunteer to enroll by signing an enrollment form or having their guardians or authorized representatives sign it.**
- **Members can drop out in any month by sending a written request to the State or the health plan (effective the 1st of the next month).**
- **SNBC health plans provide additional navigation assistance and case management to members to help them use the health care system.**
- **SNBC plans are required to assist members to receive primary and preventive care physician visits.**
- **Members will get an initial risk screening and additional assessments to identify health needs.**
- **24 hour RN lines are available for members to call with health issues or**

What are the Special Needs BasicCare Health Plan Options?

HEALTH PLAN	SNBC PROGRAM NAME
Medica	AccessAbility Solution
MHP	Cornerstone Solutions
PrimeWest Health	Prime Health Complete
South Country Health Alliance	Ability Care
UCare	UCare Connect

Is there a difference between SNBC Health Plans?

- **SNBC Health Plans are currently available throughout Minnesota.**
- **Different SNBC Health Plans are available depending upon the county you live in.**
- **There are differences in the benefit set for each SNBC Health Plan.**
- **For more information on the differences between the SNBC Health Plans contact the Disability Linkage Line and the SNBC web site.**
 - www.dhs.state.mn.us/SNBC

Outreach and Marketing

- **Health plans and DHS are responsible for outreach and marketing to potential enrollees**
- **Health plans must follow all CMS and DHS marketing requirements.**
- **All member materials must be reviewed by CMS and DHS.**
- **County staff are not responsible for enrollment and marketing but may be consulted by potential enrollees and may assist them if requested.**
- **County staff should be careful of conflict of interests in providing Part D marketing advice to clients and must not interfere with client choices. Unless they are guardians, counties cannot “disenroll” SNBC members.**

SNBC Expansion 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
 - 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).
- 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.
- SNBC is still considered a “voluntary” program under federal regulations due to the opt out provision.
- People enrolling 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 Revised Implementation Schedule:

January 1, 2012

Enroll adults (Approx. 8700), not on HCBS waivers, in counties currently served by Medica, SCHA and PrimeWest where there is only one plan choice (Counties with no choice of health plan – the person is enrolled in whatever health plan serves that county). The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of November 7th.

Affected counties: Aitkin, Becker, Beltrami, Big Stone, Brown, Cass, Clay, Clearwater, Crow Wing, Dodge, Douglas, Freeborn, Goodhue, Grant, Hubbard, Kanabec, Koochiching, McLeod, Meeker, Lake, Mahnomen, Norman, Otter Tail, Pipestone, Polk, Pope, Renville, Sibley, Steele, Stevens, Traverse, Wabasha, Waseca and Wilkin

February 1, 2012

Enroll adults (Approximately 6300), not on HCBS waivers, in counties served by UCare where there is only one plan choice (UCare is the only health plan choice). The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of December 5.

Affected Counties: Blue Earth, Chippewa, Cottonwood, Faribault, Fillmore, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Redwood, Rock, Watonwan, Winona, Yellow Medicine.

March 1, 2012

Enroll adults on HCBS waivers (CAC/CADI/TBI/DD) in all counties (Approximately 20,628 adults) currently served by SNBC MCOs. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of January 2nd.

Affected Counties: All Counties

April 1, 2012

Enroll all remaining adults (Approximately 41,000 adults not on waivers) in counties with choice currently served by SNBC MCOs. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of February 1st.

Affected Counties: Anoka, Benton, Carlton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Morrison, Pine, Ramsey, Rice, St Louis, Scott, Sherburne, Stearns, Todd, Wadena, Washington, Wright.

July 1, 2012

Enroll all eligible children (approximately 11,000) and adults (Approximately 1900) in the 9 counties currently without SNBC MCO product. The initial mailing notifying people of the managed care program called Special Needs BasicCare (SNBC) and the legislation enrolling them in a SNBC unless they choose not to join SNBC will be sent the week of May 1st^h.

Affected Counties: All Counties

Communications

- **Initial Mailing**

- DHS will begin sending information the week of November 1st to MA adult non waiver recipients living in the single plan counties affected by the law. The mailing will include information on SNBC, the health plan available in their county, their rights, the opt out process and how to contact the Disability Linkage Line for assistance.

- **Second Mailing**

- DHS will begin sending information in December to MA adult waiver recipients living in the single plan counties and to MA adult recipients living in counties with health plan choice affected by the law. The mailing will include information on SNBC, health plan(s) 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 45 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.

- **Future mailings**

- People who have chosen to opt out would receive information annually from DHS about current plan choices and the opportunity to enroll.
- New Medical Assistance enrollees will be sent information on SNBC, current plan choices and the opportunity to opt out or enroll.
- Tracking of those who opt out will be maintained by DHS

Enrollment Assistance

- **Linkage Line: assists Medicare recipients of all ages with problems with their Medicare coverage and with selecting a Medicare Part D plan (SNBC include Medicare Parts A, B & D benefits).**
 - **DLL: 1-800-333-2466**
- **Medicare: answers questions about Original Medicare coverage.**
 - **1-800-633-4227**

Enrollment

- **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.**
 - Initial Mailing Letter
 - Enrollment Form
- **The **Disability Linkage Line** is available for consultation for people seeking help with SNBC enrollment.**
 - **1-866-333-2466**

Enrollment Exclusions

- **DHS intends to apply current managed care enrollment exclusions to SNBC.**
 - 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.
- **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.**

POTENTIAL MANAGED CARE EXCLUSIONS FOR SNBC EXPANSION GROUPS

- **Medical Assistance clients with a current BB (Disabled) exclusion code should be evaluated for another exclusion basis. Please assess for the following exclusions when you review the case:**
 - HH : Private HMO Coverage *see list below
 - Cost Effective Private Health Insurance * includes Champva and TriCare
 - SS : Medical Spenddown *NOT institutional, NOT waiver obligation
 - ZZ – RTC/IMD Resident *RLVA 47, 49, 50, 51, 52, 53 and 54
- **HMOs licensed by the MN Department of Health.**
Blue Plus, HealthPartners, Medica, Preferred One, Sandford Health Plan, Group Health, Ucare , Metropolitan Health Plan (MHP)
- **Medical Assistance clients meeting one of the exclusions above should be updated. Close the BB exclusion for the last day of the prior month and open the new exclusion for the first day of the current month.**

What happens at 65?

- **Enrollees may remain in the SNBC plan when they turn 65, unless;**
 - **They lose MA eligibility for a period of time and a new enrollment needs to be sent the CMS to restart the Medicare coverage.**
 - **They choose to become a participant in the Elder Waiver (EW) program and receive Home and Community Based Services through EW.**
- **Things to consider:**
- **SIS-EW budget allows the recipient to retain more of their income.**
- **EW may not have all the services provided through CAC, CADI, DD or TBI waivers.**
- **The SNBC service area is not the same as the MSC+ or MSHO service area. The same health plan may not be available.**

What if your prescription is not on your copy of the formulary

- **Confirm the health plan does not cover the drug**
 - Call your care navigator/care guide
 - Call member services
- **If the prescription is not covered**
 - Ask your doctor if you can switch to another drug that is covered by the health plan
 - You or your doctor can ask to make an exception to cover your drug
 - If you recently joined the health plan you may be able to get a temporary supply of a drug you were taking when you joined the health plan. Work with member services or your care navigator on the transition.

Temporary Supply of Prescription Drugs

- **Health Plan may provide a temporary supply of a drug that isn't on the health plan formulary or that has coverage restrictions or limits. Health plan may cover a 30 day supply (unless the prescription is written for fewer days). After the health plan covers the temporary [must be a least 30]-day supply, they generally will not pay for these drugs as part of their transition policy again. They will provide you with a written notice after their cover your temporary supply. This notice will explain the steps you can take to request an exception**
- **Exception Process:**
 - **Contact care guide / care navigator**
 - **Contact member services**

Transition Services

The health plan is responsible for care when an enrollee is changing from fee-for-service or from one health plan to another. The plan may develop a transition plan special situations. Contact the plans member services when continuity of care is needed for this type of service, such as;

- **Services previously authorized**
- **At risk pregnancy**
- **Chemical dependency treatment service**
- **Mental health services**

DHS Special Needs Plans

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Minnesota

Special Needs BasicCare

for people with disabilities

Where to Access SNBC on the Web

- The SNBC color map:
 - <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5218-ENG>
- Managed Care Enrollment Figures:
 - http://www.dhs.state.mn.us/main/id_018058
- SNBC website:
 - www.dhs.state.mn.us/SNBC
- Model Contract:
 - http://www.dhs.state.mn.us/dhs16_139481.pdf

Thank You!!

**When Health Care
Improves, Everyone
Wins!**

***Together,
we will make health
care work
for people.***



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