Stakeholders provided valuable feedback during the May 2017 stakeholders meeting. Below is a brief summary of the comments received.

- **New Federal Managed Care Regulations:** Stakeholders were emphatic that people need to know what their rights are under the new federal managed care regulations. If the federal managed care regulations are not reflected in state law, people have to search the federal regulations which is too burdensome. The appeals process in particular has many changes and people will need education.

- **The Annual Technical Review:** DHS contracts with an independent organization, the Michigan Peer Review Organization (MRPO), to review and analyze compliance and performance of Minnesota Health Care Program managed care organizations. The MRPO annually reviews and produces the Annual Technical Review (ATR); a report that assesses the effectiveness and outcomes of contracted managed care organization’s quality improvement programs. Per stakeholder request, a link will be sent out via email to stakeholders for access and review of the ATR and can also be viewed here: Annual Technical Review.

- **Quality and CAHPs:** A stakeholder suggested that everyone should receive a CAHPS survey, not just a sample. The survey should include a question about transportation for people with physical disabilities. A follow-up comment also was noted, stating there is an existing question that can be used in primary care medical home CAHPs.

- **Other suggestions and comments shared by stakeholders include:**
  
  - **Suggestion received:** Services to people with disabilities need to be equivalent to people covered under families and children or seniors contracts.
  
  - **Suggestion received:** There is a need to measure benefits determination and benefits denials for people who are duals. Also suggest a need to measure for people in 1) MSHO, 2) MSC+ and a Medicare plan, 3) MSC+ and FFS Medicare.
  
  - **Stakeholder comment:** Stakeholder shared experience about different coverages in Medicare over time and a desire for more resources to be put into Senior Linkage Line (SLL). DHS staff followed up on this coverage issue after the meeting.
  
  - **Stakeholder comment:** Mental health services are difficult once a person becomes dual because provider qualifications are more stringent under Medicare for mental health counseling. The treating provider may not be able to be paid until the Medicare benefit is exhausted.
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(5.8.17)

- **Stakeholder comment:** People like the integrated MSHO CAHPS, but providers are still surveying as well.

- **Stakeholder comment:** Psychiatry provided by telehealth can be reimbursed for people on Medicaid but it is very difficult for duals.

- **Stakeholder comment:** There was a discussion about coverage differences between Medicare and Medicaid. Stakeholders indicated that it could be more difficult to navigate these coverage differences outside of MSHO.

- **Stakeholder comment:** Please survey providers about our experiences with MCOs in benefits determinations – delays, additional hurdles.

- **Stakeholder comment:** The provider survey should identify challenge points and opportunities and give providers a chance to rate their satisfaction:
  - For example, it would be interesting to look at a claims denial from a provider standpoint. (After three denials – how was the claim paid? What other barriers experienced, and is it better with MSHO integration?)
  - Mental Health has issues with community access and if the provider is not Medicare Certified.

In closing, thank you for your continued interest in Special Needs Purchasing.

The next SNP stakeholder meeting is currently planned for September 2017.

Please check the [SNP Public Meetings](#) webpage to register for our SNP mailing list to learn about upcoming meetings, key announcements and access SNP emails to send us questions that arise.

To view materials presented at previous stakeholder meetings, please refer to our [meeting materials](#) webpage.

Regards,

SNP team