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](mailto: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]
  • 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
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**
• Nicole Scheiber, DHS
• 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
• **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
• 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 people live their best life.
• 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
Vision

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

   The unique position we wish to occupy in our audience’s mind.
### Key Messages

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<thead>
<tr>
<th>Headline/Slogan</th>
<th>Your best life, your way.</th>
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<tr>
<td><strong>Signature Statement</strong></td>
<td><strong>Disability Hub MN</strong> 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.</td>
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<tr>
<td><strong>Call To Action</strong></td>
<td>Call or Visit Us Online Today!</td>
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A system of visual elements
Welcome to the Hub.
We can help you plan your best life, your way.

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**

<table>
<thead>
<tr>
<th>E-mail Updates</th>
<th>Online Sharing &amp; Polling</th>
<th>Virtual Insight Panel</th>
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<tbody>
<tr>
<td>Stakeholders sign up to receive updates about changes and improvements to statewide programs.</td>
<td>A more immediate way to engage and gather feedback from stakeholders as well as encourage them to share stories &amp; experiences.</td>
<td>A representative sample of populations served by DSD. Available for interviews, focus groups, and surveys – both in-person and virtually.</td>
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</table>

**Entry Points:** disabilityhubmn.org & social media
• Disability Hub MN Video
Thank You

• DSD.ResponseCenter@state.mn.us
3. Annual Health Plan Selection

• Amy Salazar, DHS
• 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
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
ANNUAL HEALTH PLAN SELECTION (AHPS)

You can change your health plan each year for anyone listed below. You can choose one of the health plans listed on the back of this letter. For more information about choosing a plan during annual health plan selection (AHPS), go to the AHPS website: https://mn.gov/dhs/health-plan-selection/

To change health plans, you must act by December 1, 2017. See the instructions on the back of this letter. If you change plans, the new health plan will start on January 1, 2018.

Note: AHPS is not the same as the Minnesota Health Care Programs (MHCP) renewal process. If you are due to renew your health care coverage, you will get a separate mailing about that. Follow the directions in that renewal mailing to be sure that your coverage and selected health plan continue.

If your health plan is listed on the back of this letter, and you want to keep the same health plan, you DO NOT have to do anything more with this letter.

If you keep your same health plan, but want to change your primary care provider or clinic, call your health plan member services. The phone number is on the back of your health plan card.

Household members who can change health plans are:

<table>
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<tr>
<th>Case Number</th>
<th>FFNNNNNNN</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Current Health Plan</th>
<th>Program</th>
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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/ahps/health-plan-selection/resources/

- To change your health plan:
  
  1. Circle ONE of the health plans listed above and return this sheet in the enclosed envelope by December 1, 2017.
  2. Call the MCHIP Member Help Desk by December 1, 2017, and tell them the plan you want. The help desk’s number is 651-431-2670 or 800-657-3790.

How can I get more information?

To get more information, go to the AHPS website at https://mn.gov/ahps/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
Summary of Coverage, Cost Sharing and Limits for Special Needs BasicCare (SNBC)

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:
- $310 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:
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]
• 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
Background

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.
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
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.

Progress:
• Partner teams are meeting regularly
• Finalizing a stakeholder engagement plan
• Sending regular updates via the CM redesign listserv
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.
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
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
Next steps

• 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
• Discussion and questions
Lisa Cariveau
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 Scearcy, 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
• 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
• 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
• 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
  • Case Management
  • Teledentistry
  • Mentoring
• 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 9th
• 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)
• 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)
Notice of Denial of Medical Coverage

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<th>Date of Authorization Request:</th>
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<tr>
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<td>Member Number/ID:</td>
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<tr>
<td>Member Date of Birth:</td>
<td>PMI #:</td>
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<tr>
<td>Provider Name:</td>
<td>Effective Date of Action:</td>
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<tr>
<td>Primary Care Clinic:</td>
<td>First Date of Service:</td>
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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?
Managed Care Appeals

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
• 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).
Managed Care Appeals

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
• Case Management Redesign: dhs.snp.stakeholders@state.mn.us
• Dental Feedback: dhs.snp.stakeholders@state.mn.us or 651-431-2516
• Managed Care Appeals: 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