

Seniors and People with Disabilities on Managed Care Advisory Committee Meeting

Special Needs Purchasing Team



Agenda

- Welcome and Introductions
- Updates
 - New Online SNBC Directory
 - New Monthly Special Enrollment Period (SEP) for dual eligible enrollees
 - Program of All Inclusive Care for the Elderly (PACE)
 - SNBC Contract Updates
 - HealthPartners SNBC Closing
- Health Risk Assessment (HRA) Discussion and Feedback
- SNBC Choice Form Feedback
- Advisory Committee Member Questions and Comments
- Public Comment

Welcome!

- Thank you for attending the Advisory Committee for Seniors and People With Disabilities on Managed Care!
- The Advisory Committee meets twice per year, approximately March and November
 - Meetings are held in-person and virtually. Paid parking and coffee/tea/water are offered for those joining us in-person. We ask that you RSVP a few days in advance if you'd like to attend in-person
- The Advisory Committee welcomes anyone who is enrolled in the MSHO, MSC+ or SNBC, their family, friends, caregivers, guardians or others who use these programs
- DHS staff use these meetings to gather input and ideas from members, and to share important updates
- Meetings are open to the public and we encourage attendance from anyone with an interest in these programs. We will hold space for public comment at the end of each meeting.

Special Needs Purchasing (SNP) Team

- Chelsea Georgesen Manager
- Sue Kvendru Seniors Coordinator
- Deborah Maruska SNBC Coordinator
- Tina Tran Operations and MnCHOICES
- Ashley Hilbelink Policy and Communications
- Gaushia Yang Office and Administrative Specialist

New Online SNBC Directory

https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/health-care-programs/programs-and-services/snbc-directory/

Special Needs BasicCare (SNBC) for people with disabilities

Special Needs BasicCare (SNBC) is a voluntary managed care program for people:

- Certified disabled by Social Security Administration (SSA) or State Medical Review Team (SMRT),
- · Ages 18 through 64, and
- . Who have Medical Assistance (MA)
- . If you have Medicare, you must have both Medicare Parts A and B.

This program is managed by health plans at no additional cost to the member. With SNBC, you keep all the benefits of MA, and may get additional benefits like:

- A designated person at the health plan who helps you receive the care and support services you need. This is often
 referred to as a care coordinator or care navigator.
- A 24-hour nurse phone line to answer questions about your health.
- Tips for navigating your healthcare needs.
- The option to join a health plan advisory committee to provide insight to health plans regarding health care needs for people with disabilities.

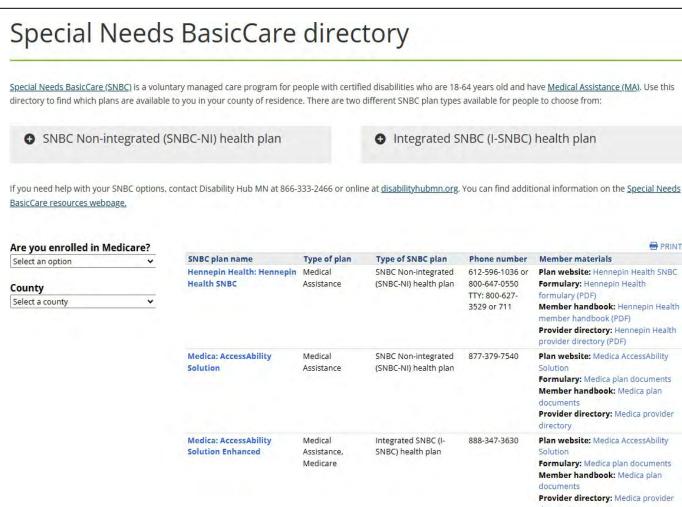
Choose between two SNBC plans

There are two programs for you to choose from within SNBC:

- You can enroll in SNBC for MA and get your Medicare fee-for-service. This is called SNBC Non-Integrated (SNBC-NII) or
- . Combine your MA and Medicare services into one plan. This is called integrated SNBC (I-SNBC).

Currently, Medica, PrimeWest Health, South Country Health Alliance, and UCare offer an option to combine your Medicare and MA into a single package of coverage. To learn more about the integrated coverage, contact the SNBC health plans available in your county, or access the SNBC directory. 53/4/2025

The <u>Guide to SNBC enrollment (PDF)</u> has information about covered services and key things to consider when choosing a



Special Enrollment Period (SEP) changes

- Special enrollment periods or SEPs are time frames in which people can make changes to what Medicare Advantage plan they are enrolled in
- In the past, dual eligibles were only able to make changes on a quarterly basis
- Beginning with February 1, 2025 enrollments, full-benefit dually eligible individuals will be allowed to elect an integrated dual eligible special needs plan (D-SNP) in any month
- Dually eligible and LIS-only eligible individuals will be allowed to elect a standalone prescription drug plan (PDP) in any month
- DHS is interested in hearing how the new SEP is working, if there are any issues, or if this has been a positive change

Program of All Inclusive Care for the Elderly (PACE)

- Program of All-Inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program for the 55+ population, who meet a nursing-home level of care but are living in the community
- Services are provided in a center-based model to help members meet their health care needs in the community
- Doctors, specialists, dentists, OT and PT, and mental health professionals, just to name a few, are offered to members through PACE programs
- Teams of health care providers will work with members to help with their care
- PACE work continues at DHS

PACE Updates

- Has been introduced to the legislature
- Currently seeing a lot of bipartisan interest in the PACE model
- Request for Information (RFI) is now closed as of 2/28 PACE group at DHS will be reviewing the RFI's and will share a summary of these findings with the legislature and public
- Our DHS website on PACE is live! Find it here: <u>Program of All-Inclusive Care for the Elderly (PACE) / Minnesota Department of Human Services</u>
- Sign up for our e-mailing list for PACE updates via the website

HealthPartners SNBC Contract Changes

- HealthPartners informed DHS that they will no longer offer their SNBC program named "Inspire" starting April 1, 2025. The HealthPartners SNBC program will end at midnight on March 31, 2025.
 - HealthPartners will continue to operate as a managed care organization (MCO). Their other contracts for Families and Children and Seniors (Minnesota Senior Health Care Options (MSHO), and Minnesota Senior Care Plus (MSC+)) populations will remain in effect.
- HealthPartners sent letters to their members in late January informing them of the change, and DHS mailed letters in early February for members to select a new health plan or opt-out of SNBC to receive their healthcare as fee-for-service (also called "straight MA")
- HealthPartners SNBC members must choose another care option by March 7, 2025, or they will be assigned to a default health plan.
- Both DHS and HealthPartners have communicated to SNBC members turning 65 during this transition explaining the options they have as seniors

HealthPartners SNBC Contract Changes

- HealthPartners leaving the SNBC program does not change how their members qualify for Medical Assistance. (This change does not affect the member's Medical Assistance eligibility)
- The closing of HealthPartners SNBC program will not impact members':
 - Personal care assistant (PCA)/ Community First Services and Supports (CFSS) or home care nursing (HCN) services. These services continue to be authorized and paid through FFS.
 - Home and community-based waiver services for: Brain Injury (BI), Community
 Alternative Care (CAC), Community Access for Disability Inclusion (CADI) or
 Developmental Disability (DD) waiver.
 - HCBS services are currently authorized by the counties and paid through FFS.

Health Risk Assessment (HRA)

HRA is a:

- Self-reported health care assessment
 - Completed upon initial enrollment into managed care and annually thereafter.
- Survey tool comprising of many healthcare related questions.
 - Includes a broad range of questions covering various aspects of health and wellness.

Purpose of this conversation:

We're inviting members, or their representatives, to volunteer and assist us to review the current initial HRA.

Purpose of the HRA is to identify

Immediate health needs or concerns

 Detect any urgent health issues that require immediate attention and intervention.

Health risks and supports

 Identify potential health risks and provide necessary support to ensure people receive the proper health care they need.

Impact of Disabilities

 Assess how any disability affects their ability to carry out daily activities, participate in health-promoting activities, and access healthcare.

The HRA is conducted

- In person
- Telephone
- Mail
- Or combination of the above

Types of questions included in an HRA

- The HRA includes a wide range of health and wellness habits to help individuals understand their overall health and identify any risks.
 - Health concerns
 - Preventative Screenings
 - Immunizations
 - Day-to-day lifestyle choices
 - Sleep pattern
 - Medication Review
 - Pain Management
 - Emotional health
 - Nutritional Heath

What is done with the information collected in the HRA?

The information from the HRA helps create:

- Personalized Support Plan
 - Developed by the individual and their care coordinator that addresses specific health needs and risks.
 - The plan is created collaboratively, ensuring that the person's preferences, goals, and unique circumstances are considered.
 - The personalized support plan may include targeted interventions and recommendations for preventive care, lifestyle modifications, and necessary treatments.

Benefits of Completing an HRA

- Preventive and Proactive Care
- Personalized Care
- Improved Health Outcomes
- Long-term Health Maintenance
- Personalized education

Your voice is needed in the discussion regarding

- Relevance of the questions
- Questionnaire Length
 - Shorter HRAs (40 questions or fewer) tend to have higher completion rates, however, they might lack detailed information.
 - Longer HRAs (40-80 questions) can provide more comprehensive risk profiles however there is may a drop in completion rates.
 - HRAs with over 80 questions see significant participation decline, and the additional data may not justify the burden on respondents.

Interested in participating?

- Once again we invite people to volunteer and assist us in reviewing the current initial Health Risk Assessment (HRA). If you're interested in participating in this workgroup, please let us know by April 1, 2025 by emailing deb.maruksa@state.mn.us.
- Thank you for considering this opportunity!

An engaging HRA can empower people to take control of their health and make informed decisions.

SNBC Choice Form Feedback

- On February 20, we sent an email requesting feedback on the SNBC enrollment form included in the SNBC enrollment packet, sometimes called the "SNBC Choice Form"
- The form is included with other information, such as the "Guide to Special Needs BasicCare" and other information about health plan options for SNBC, in the packet mailed to people who may be eligible for SNBC
- The form should provide information on a person's options to enroll in SNBC, or to receive their coverage through "straight MA" instead
- We are interested in hearing from members who use the form is it clear? Is it actionable? Is it helpful? What works well and what needs to be improved?
- Feedback can be sent to Ashley at ashley.hilbelink@state.mn.us
 - We are grateful for feedback at any time, but would be particularly interested in receiving your comments by April 1, 2025

Advisory Committee Questions and Comments

- Any Questions?
- Future Agenda items?
- Other feedback?

Public Comments and Questions

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Thank You!

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