Welcome Everyone

Presenter audio is muted until the presentation begins

If you are using your computer speakers and have trouble hearing the volume during the presentation, we recommend participating with a telephone line.

Attendee microphones are muted upon entry.

Teleconference call information is available in the Event info section.
Teleconference call information is available in the Event info section of the WebEx.

Behavioral Health Division SUD Reform
11:30-1:00

Presenters Today:
Managed Care Organization Representatives & the Behavioral Health Division Team
How to participate today

- **For technical difficulties** please send your comments to “Jacob Owens” by selecting his name from the drop down menu in the Q&A section.

- **Questions/Comments:** Utilize the Q & A feature

- **Polling:** Polling feature will be used to gather live feedback

- **Questions for today:** [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us) and put “Joint MCO/DHS webex” in the subject line.

  - Submit questions or comments following the WebEx
  - Request a presentation about SUD reform (e.g. regional provider meetings, provider/county meetings, etc.)
  - Provide suggestions for future WebEx topics
Managed Care Delivery of SUD Reform Services for Medical Assistance

Presenter Today:
Managed Care Organization Representatives and Behavioral Health Division Team
Behavioral Health Division: Team Intros
Managed Care Organization Representatives: Intros
Overview of Presentation

• How are Minnesotans Insured?
• Different Types of Insurance Products
• Who regulates the various products? Why does that make a difference?
• Medical assistance managed care delivery of SUD reform services
How Minnesotans get Health Care

In 2017, out of every 100 Minnesotans,

- **38** get insurance from a self-insured employer
- **34** get insurance from the state and federal government
- **18** get insurance through a fully insured employer
- **6** do not have insurance
- **4** buy insurance on their own
<table>
<thead>
<tr>
<th>Type of Product</th>
<th>At what level does oversight occur?</th>
<th>What regulatory body provides oversight?</th>
<th>Who defines the benefit set?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Insured Employer</td>
<td>Federal</td>
<td>US Dept. of Labor/ MN Commerce</td>
<td>Self Insured Employer</td>
</tr>
<tr>
<td>Fully Insured Employer</td>
<td>State</td>
<td>MN Dept. of Health</td>
<td>State law &amp; Health Plan</td>
</tr>
<tr>
<td>Buy Their Own</td>
<td>Federal/ State</td>
<td>MN Dept. of Health</td>
<td>ACA – State law</td>
</tr>
<tr>
<td>Medicare</td>
<td>Federal</td>
<td>CMS</td>
<td>Federal statute &amp; CMS</td>
</tr>
<tr>
<td>Medical Assistance (Medicaid)/ MinnesotaCare</td>
<td>Federal/ State</td>
<td>CMS/ MN DHS</td>
<td>CMS with MN State Plan amendment</td>
</tr>
</tbody>
</table>
Medical Assistance (Medicaid) and MinnesotaCare (MNCare)

• **What is Medical Assistance (Medicaid)**
  - Medical Assistance (MA) is Minnesota’s Medicaid program for people with low income. (Single adult $16,146)
  - Most people who have MA get health care through an managed care organizations (MCO)s. You can choose a MCO from those serving MA members in your county.
  - Members who do not get health care through a managed care organization get care on a fee-for-service basis, with providers billing the state directly for services they provide.
  - MA is Minnesota's largest health care program and serves children and families, pregnant women, adults without children, seniors and people who are blind or have a disability.

• **What is MinnesotaCare (MNCare)**
  - MinnesotaCare is a health care program for Minnesotans with low incomes. (Individual $24,120 annually)
  - Enrollees get health care services through a health plan. You can choose your MCO from those serving MinnesotaCare enrollees in your county.
  - MinnesotaCare is funded by a state tax on Minnesota hospitals and health care providers, Basic Health Program funding and enrollee premiums and cost sharing.
Fee-For-Service (FFS) vs. Managed Care Organization (MCO)

**FFS**

- DHS enrolls providers directly.
- Providers must be a Minnesota Health Care Program (MCHP) provider to serve recipients.
- People can go to any MCHP provider (Rule 25 Vs. direct access)
- Provider bills the state for services provided.
- People do not need a referral to see a specialist.

**MCO**

- DHS contracts with the MCOs.
- MCOs may contract with the providers, but are not obligated.
- Providers must be an MCO provider to provide services to an enrollee, or receive authorization before providing services.
- Provider bills the MCO for services provided.
- Members must go to MCO contracted providers referred to as “in-network.”
- Members may or may not need a referral to see a specialist.
Managed care organizations are paid a monthly rate to shift the financial incentive to reward investing in care coordination, taking extra time with the sickest people, and working to prevent problems before they become more costly. In fee-for-service, the financial incentive is to provide more services to be paid for more units of care.

- MCOs help direct/manage providers to leverage preventative care, best practices, care protocols, and work to measure improved health outcomes across populations.
- MCOs conduct quality assurance and performance improvements programs, incentives for improving and overseeing care.
- Working with MCOs provides a mechanism for improving coordination between Medicare and Medicaid services.
- MCOs are positioned to coordinate a person whole health care including SUD services.
- MCOs can leverage network access for people who difficulty accessing providers.
- MCOs have flexibility to pay providers and arrange care differently to address access issues where the state cannot.
Benefits of Managed Care

1. Benefit structure development, implementation and education

2. Ensure access to high quality providers through contracting, credentialing, and complaint management

3. Care Coordination, case management for complex & co-occurring conditions, transportation, interpreter services, timely access, and services for those with disabilities

4. Health promotion services such as healthy pregnancy, tobacco cessation, disease management, reduced stigma

5. Utilization management to assure that the service is part of the benefit set, medically necessary and delivered at the least restrictive level of care
The same set of questions are always “asked” as a request or claim is processed:

- Member eligibility – is this a current member?
- Covered benefits – is this a covered service in the benefit set?
- Network provider – is this provider a contracted network provider?
- Medical necessity – is this the least restrictive level or intensity of care available to meet the member’s clinical needs?
- Member liability – how much does the member pay?
Minnesota’s Medical Assistance Managed Care Organizations

• Health Maintenance Organization (HMO) – a non-profit health plan organization which provides comprehensive health maintenance services or arranges for the provision of these services. They are licensed by the Minnesota Department of Health. They work to coordinate with social and other services.

• County Based Purchasing (CBP)- Is a non-profit health plan that is operated by a county or group of counties through a joint powers agreement. The CBP entity purchases or provide health services to Medicaid and Minnesota Care recipients residing in their county(ies). Like an HMO they assume full financial risk for the care of their enrollees. Authorized under MN Statutes 256B.692. CBP are approved by MN Dept. of Health and meet the same standards for service delivery, access and quality as HMO’s. They work to coordinate with social and other services.
MA MCOs

MCO contacts for MHCP providers
Link: MCO Contacts for MHCP Providers
## MN Medical Assistance (Medicaid) Managed Care Products and MNCare

<table>
<thead>
<tr>
<th>Product</th>
<th>Eligible</th>
<th>Program Summary</th>
</tr>
</thead>
</table>
| **Families & Children (FC)**  | Mandatory: Pregnant women, parents, caretakers, children under age 21, adults without children | **Medical Assistance Coverage**  
Expanded coverage for pregnant women, children  
$3 non-preventive visit copay (no copay for mental health visits)  
$1/$3 drug copays ($12/mo. max) |
| **MinnesotaCare Child,**      | Children under 21, Adults Without Children                               | **MinnesotaCare Coverage**  
$15 non-preventive visit copay  
$50 ER/$150 inpatient hospital  
$6/$20 drug copay ($60/mo. max) |
| **MinnesotaCare (MNCare)**    |                                                                          |                                                                                 |
## MN Medical Assistance (Medicaid) Managed Care Products and MNCare

<table>
<thead>
<tr>
<th>Product</th>
<th>Eligible</th>
<th>Program Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minnesota Senior Health Options (MSHO)</strong></td>
<td>Voluntary: Adults over age 65 (dual)</td>
<td>Medicare Parts A &amp; B (medical and drugs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>MSHO Coverage</strong></td>
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<tr>
<td></td>
<td></td>
<td>Elderly Waiver (Nursing Home frailty)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care Coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part D cost sharing only</td>
</tr>
<tr>
<td><strong>Minnesota Senior Care+ (MSC+)</strong></td>
<td>Mandatory: Adults over age 65</td>
<td>Medical Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Medical Assistance Coverage</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elderly Waiver (Nursing facility frailty)</td>
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<td></td>
<td>$1/$3 drug copays ($12/mo. max)</td>
</tr>
<tr>
<td><strong>Special Needs Basic Care (SNBC)</strong></td>
<td>Voluntary: Adults age 18 – 64 with certified disability (dual and non-dual)</td>
<td>Medical Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>SNBC Coverage</strong></td>
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<tr>
<td></td>
<td></td>
<td>PCA, Waiver carved out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care Coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost Sharing waived</td>
</tr>
</tbody>
</table>
How do you contract with an MCO?

• It is a 2 Step Process to enroll as a contracted provider with a Managed Care Organization

1. The first **universal** step is to go through the enrollment process with the Minnesota Health Care Programs to become enrolled as a Qualified Comprehensive Assessor, a Certified Peer Specialist, a Recovery Community Organization or as a Treatment Coordinator.

2. Once that is complete, you need to reach out to each MCO individually and follow the specific processes for their organization. The process is unique for each MCO, as is the timeline. Expect that becoming an in-network provider with an MCO may take several months.
Becoming a Contracted Provider with a MCO

**APPLICATION**
- You apply for a contract with each MCO individually

**CREDENTIALING**
- Once you apply, it initiates a credentialing process, which may include a site audit and review of policies and procedures as well as qualifications
Regarding Rates

Each MCO establishes their own rates for services

When there is a legislated increase it applies to FFS rates and does not always cross over to MCO rates
Credentialing

New Services/Provider Types for 2018*

- Comprehensive Assessment
- Certified Peer Specialist
- Recovery Community Organizations
- Treatment Coordination/Treatment Coordinator

*Withdrawal Management will become part of the benefit set 7/1/2019 or after state plan approval.
AUTHORIZATION PROCESS

Per MCO

- Each MCO has its own unique processes for authorization of services

Key Contact

- Please reference the information sheet to identify the point of contact for how to initiate an authorization
- MCO contacts for MHCP providers
- Link: https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/mcos.jsp

New Services and Providers

- Some of these are unique services with new provider types. MCOs and DHS are working to implement these new services. Please contact the MCO if you need further assistance.
GRIEVANCE AND APPEALS PROCEDURE

• **Grievance Process:**
  - Grievance can be oral or written complaint that an enrollee makes about the MCO or one of the MCOs network providers or pharmacies.
  - The Enrollee, or the Provider acting on behalf of the Enrollee with the Enrollee’s written consent, may file a Grievance on a matter regarding an Enrollee’s dissatisfaction about any matter other than an MCO action. Examples include the quality of care or services provided, rudeness of a Provider or employee, or failure to respect the Enrollee’s rights.

• **Appeals Process:**
  - Filing an Appeal can be an oral or written request from the Enrollee, or the Provider acting on behalf of the Enrollee with the Enrollee’s written request to the MCO for review of an Action. A provider may appeal a utilization review decision to the MCO without the written consent of the Enrollee. An MCO action is a denial, reduction or termination of a service or payment of a service.
  - Enrollees can also appeal to the State but must appeal to the MCO first.
Managed Care vs. Fee-For-Service and Rule 25 (Current)

Managed Care
- Rule 25 Assessment is completed
- MCO reviews and authorizes or processes DTR
- Requestor is notified of outcome
- Claim is paid once services are billed

Fee for Service
- Rule 25 Assessment is completed
- Review Agent reviews and authorizes or processes DTR
- Requestor is notified of outcome
- Claim is paid once services are billed
SUD Treatment Coordination: When Can this Service be billed?

If provided in the context of a 245G residential program while the member is receiving treatment services, this service would NOT be billed separately. Once tx is completed, a 245G program can bill for these services as a stand alone.

If provided by a county, this service can be billed as an independent treatment service.

If provided by an individual who meets the qualifications of 245G, this service can be billed separately.
Certified Peer Specialist: When Can These Services Be Billed?

- These Services cannot be billed separately when the member is receiving treatment services from a 245G residential program by the residential treatment provider. They can however be billed concurrently by an RCO.
- Prior to admission to a licensed treatment program and/or once other treatment services are completed, a 245G program can provide and bill for these services if indicated on the individual treatment plan.
- These services can be billed when provided by a Recovery Community Organization if the provider is an enrolled provider through DHS, has a contract with an MCO, and the service is indicated on the individual treatment plan.
Withdrawal Management

• At this time Withdrawal management is still being developed. Updates will be shared in the future.

• MCO contracting and credentialing will still need to be completed in order to bill for withdrawal management for those on MA MCO when withdrawal management becomes a covered benefit.
Managed Care Contacts/Resources

• There is a link listed on the right side of this slide that has MCO specific information, including the phone number, fax number, and also the contact information or the network contracting group.

• Each MCO has its own internal group that manages the credentialing and contracting processes.

• Link: MCO Contacts for MHCP Providers
Online Resources

- MNHealthplans.org
  - Blue Plus
  - HealthPartners
  - Hennepin Health
  - Medica
  - UCare

- County Based Purchasing Plans
  - Itasca Medical Care
  - PrimeWest Health
  - South Country Health Alliance
Along with many other great presentations at the MARRCH conference October 29 – 31, the MN DHS Behavioral Health and Managed Care staff will provider another opportunity to interface on these topics on October 29, from 3:30pm-5:30pm
Questions

If we were unable to answer your question please use the below resources to assist your question addressed.

DHS Provider Call Center
FFS/MCO Billing Issues
Email: dhs.healthcare-providers@state.mn.us
Phone: Voice: 651-431-2700 or 800-366-5411
TTY: 711 or 800-627-3529

Managed Care Organization
MCO Billing Issues
MCO Provider Network
Link to contacts list: https://mn.gov/dhs/partners-and-providers/contact-us/minnesota-health-care-programs/providers/mcos.jsp

DHS SUD Policy Area
SUD specific clinical policy questions
Email: Patina.Thomas@state.mn.us

County and Tribe
Eligibly- FFS/MCO
Link to contact list: https://edocs.dhs.state.mn.us/lfsrvr/Public/DHS-0005-ENG
Sign-Up! E-MEMO and Website Resources

• Visit our website to sign up for the E-memo to receive updates from the Behavioral Health Division on SUD.

• We are encouraging participants to review the SUD Reform e-memos and website resources available on the website prior to attending the WebEx's. These materials provide information that is helpful to understand reform and its implications.
Ways to Stay Informed

• **Visit our website to:**
  
  • Subscribe for email updates (e-Memo) to receive updates from the Behavioral Health Division on SUD
  
  • SUD Resources and presentations are posted on the SUD Reform Page at our website: DHS Website
  
  • Learn more about substance use disorder policies and procedures, initiatives, workgroups, training and conferences, grant announcements, access forms and more
  
  Look for our “Friday’s Digest” E-memo!

• **We want to hear from you about YOUR substance use disorder system.**
  Send input to: [YourOpinionMatters.DHS@state.mn.us](mailto:YourOpinionMatters.DHS@state.mn.us)
Next SUD WebEx:
November 1\textsuperscript{st}
11:30am-12:30pm
Thank you for joining us
Behavioral Health Division