



Minnesota is a Leader in Combining Medicaid Services with Medicare Services

**Senator Linda Berglin
National Medicaid Conference
June 5, 2006**



SNPs and States

CMS does not require that SNPs coordinate with States

SNPs can serve dually eligible people in a State without a relationship with the Medicaid agency

However, CMS is now actively encouraging cooperation between States and dual eligible SNPs

States are NOT required to contract with SNPs for Medicaid services

However, many States are interested in contracting with SNPs in order to simplify access to all drugs in one plan and to increase linkages between Medicare and Medicaid services

MN SNPs are interested in coordinating with the State for Medicaid services



Minnesota SNPs

In 2006 11 SNPs are operating in MN

All are for dually eligible beneficiaries

10 of them have contracts with CMS and with the State to provide both Medicare and Medicaid services

- 9 participate in MSHO
- 1 participates in MnDHO
- 1 (Ability Care) is independent

AbilityCare focuses on people with disabilities

AbilityCare is sponsored by South Country Health Alliance (SCHA), a County Based Purchasing plan (CBP)

SCHA is seeking a contract with the State for Medicaid services for people with disabilities



SNPs and Part D

Dual eligible SNPs must offer 0 premiums for Part D drugs

CMS subsidizes the costs of drugs and premiums for dually eligible enrollees in SNPs and other Part D plans

CMS will not allow SNPs to waive drug co-pays for duals (federal law)

CMS does not auto-assign dual eligibles to SNPs, people must “actively enroll”

SNPs do not charge premiums for Medicare A/B services beyond what Medicaid is required to pay for Medicare cost sharing



SNPs and People with Disabilities

CMS requires MSHO SNPs to be able to enroll all dual eligible populations (eg people < 65 with disabilities) by 12/07

MSHO SNPs must submit transition plans to CMS to indicate how they will do this by 9/06

SCHA Ability Care SNP already operating (Medicare services only)

Other health plans may be seeking additional SNPs to serve people with disabilities for 2007 and 2008

DHS planning for managed care system for people with disabilities

- DHS Initiative for Disability Managed Care
- Mental Health Initiative

Pending “SNP” Legislation for Disabled <65

- Voluntary enrollment for all disability types “unless otherwise required to enroll in managed care”
- “Basic care” SNP Medicaid contracts including 100 days of NF
- MnDHO allowed to expand after 2008



FINDINGS

DHS and MSHO plans looking at opportunities for coordination of some processes (eg 180 day forms, SNF notices)

Assisted Living workgroup: AL is now over 50% of EW expenditures, plans need education and DHS needs some policy clarification

New MSHO/MSC+ contract on website, oversight added to contracts in coordination with Aging's plan for EW oversight

Too early for findings from MSHO expansion and transition

Previous findings from last MSHO nursing home satisfaction survey found overall MSHO families more satisfied with health plan and physician responses than PMAP



FINDINGS

Plans ARE interested in working with nursing homes and other long term care providers on clinical outcome measures:

Performance Improvement Projects: MSHO PIP Collaborative:

Depression in nursing homes underway:

- Initial review showed 60% screened with appropriate tools and majority of those who screened positive had no documented clinical assessment follow up
- Baseline showed 8% screened within 30 days with 57% of those who were positive assessed within 60 days
- Focus on improving appropriate assessment rates and clinical follow up for those with positive screens
- Goal of 10% improvement with interventions of training and tools to nursing homes, lists of members to care systems for follow up

Diabetes PIP: Also includes improvement of retinal eye exams for people in nursing homes, improvements achieved at higher than expected levels



KEY MnDHO FEATURES

MnDHO available to people with physical disabilities (regardless of mental health status)

Includes Medicare, Medicaid, LTC, CADI/TBI Waivers, some nursing home care

All drug coverage integrated under one card for both Medicare and Medicaid

Voluntary enrollment

Operating since 2001

600+ enrollees in seven county metro area



KEY MnDHO FEATURES

Interdisciplinary team approach includes member services, resource, and housing coordinators with health coordinators, MH and NP consultants

Special clinical initiatives address chronic disability conditions such as UTI, skin integrity

Clinical protocols to intervene quickly to avoid hospitalizations and ER visits which can be difficult for people with disabilities

DD Pilot: UCare sponsors, limited to 120 people served by MORA, extensive contract requirements for inclusion of DT&H and MR-RC waiver services, ICF MR is FFS, began 1/06



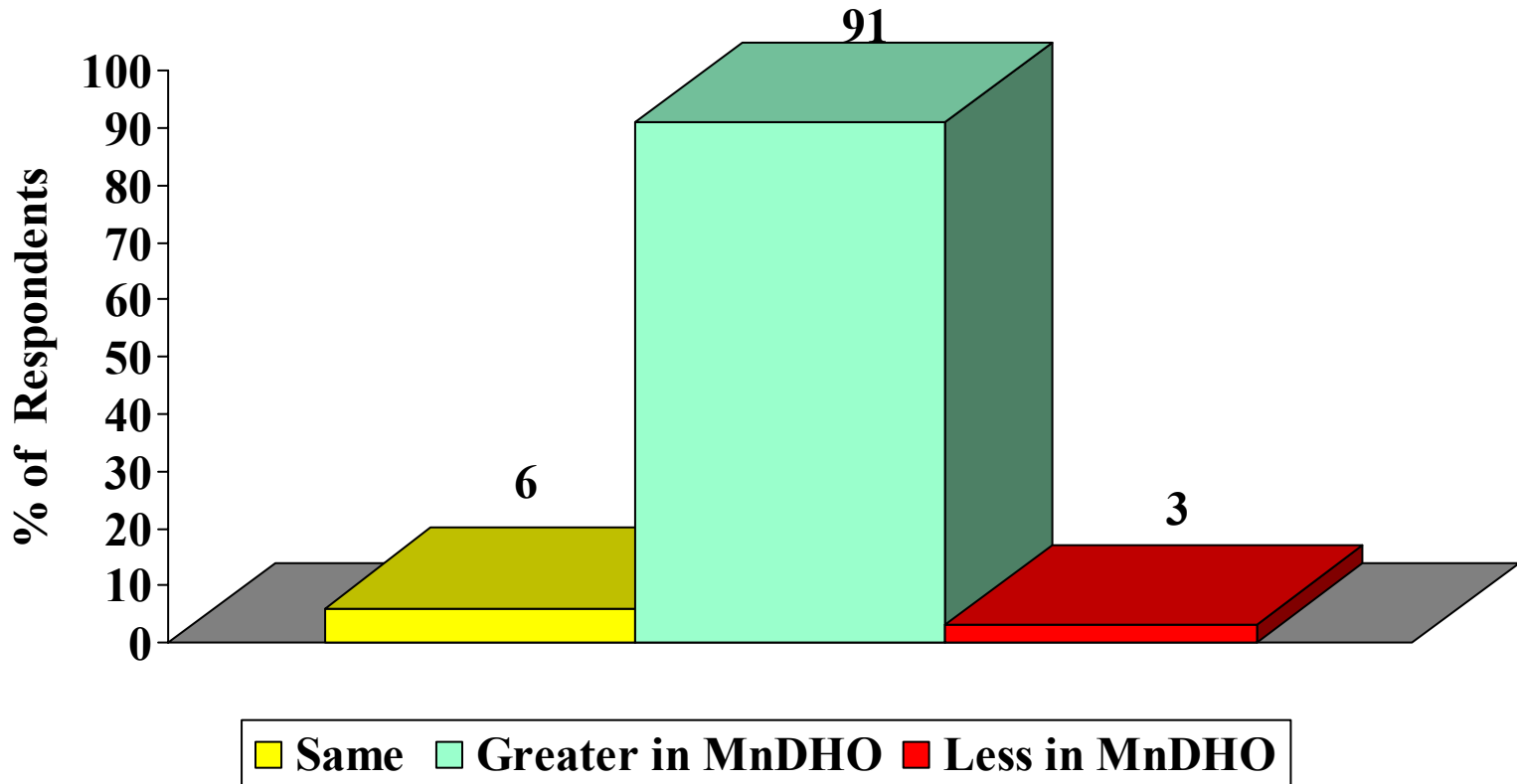
MnDHO EVALUATION RESULTS

Independent MnDHO evaluation shows very high satisfaction, improved access to preventive and other services and improved member involvement in care



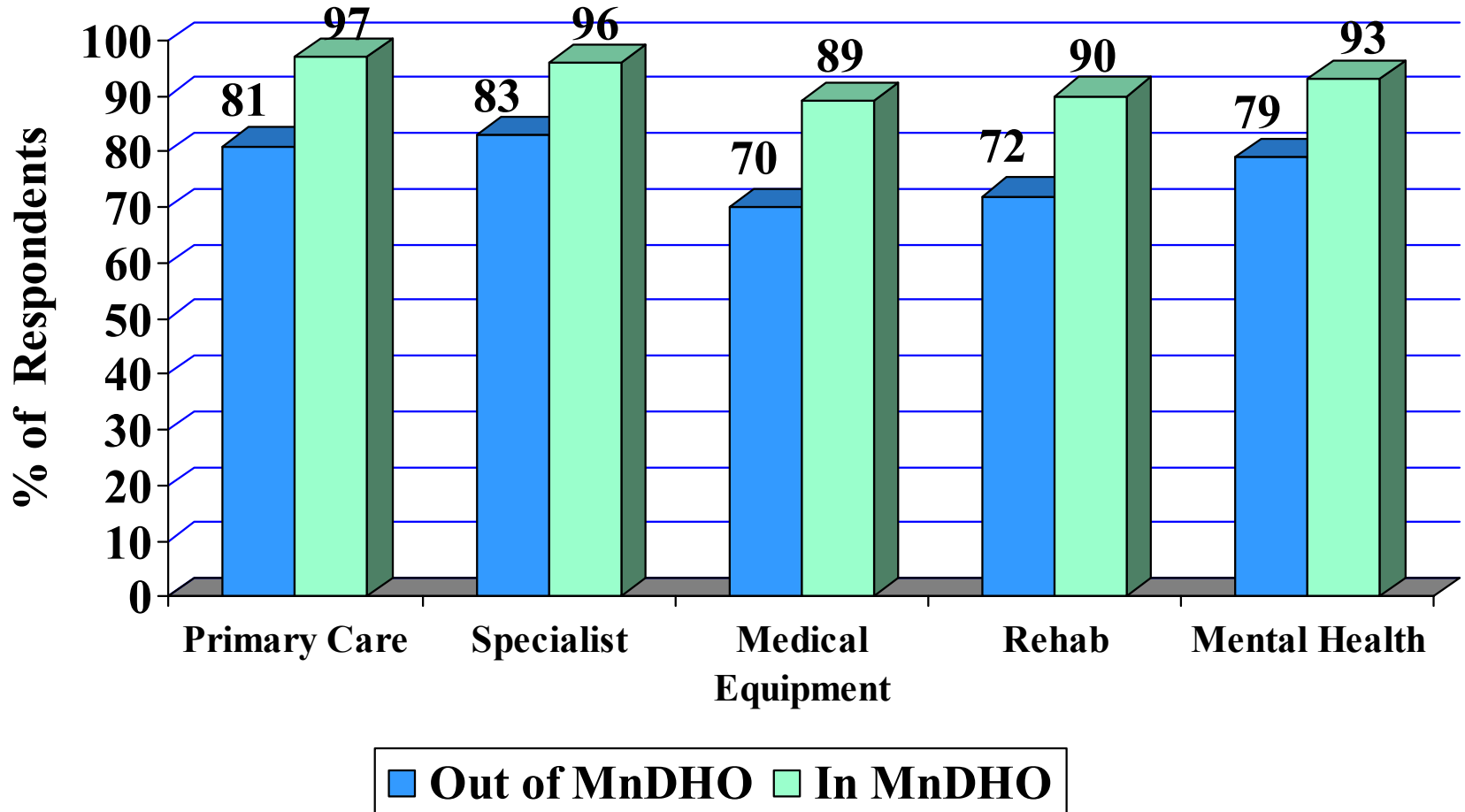
GENERAL SATISFACTION WITH HEALTH CARE SERVICES

Given a 5-point scale ranging from 1 to 5, how would you rate the health care services you have received in the year before / after you enrolled in AXIS/UCare Complete?





ACCESS: Receiving Service Every Time It Is Needed





GENERAL SATISFACTION WITH PRIMARY CARE DOCTORS

Given a 5-point scale ranging from 1 to 5, how would you rate the primary care doctor you saw in the year before / after you enrolled in AXIS/UCare Complete?

