SNP Stakeholder Meeting for Seniors and People with Disabilities in Managed Care

5/31/19

Gretchen Ulbee, Manager of Special Needs Purchasing, DHS

1. Welcome and Introductions

1) Welcome and Introductions - Gretchen Ulbee, Special Needs Purchasing, DHS

- Thank you for joining us

- Overview of agenda

2) Recap of stakeholder input last meeting

At the March 11 meeting, DHS asked for feedback about health plan stakeholder meetings. Here are some of the comments:

- Need to know when health plan stakeholder meetings are held – post on DHS site?

- Health plan stakeholder meetings should have an open door policy

- Idea – post health plan stakeholder meeting times on DHS website

- Health plan stakeholder meetings should have substance and truly listen to people – not just going through the motions

- Hire more people with disabilities at DHS and health plans

- Transportation is a key stakeholder issue to be resolved: can't call after 5 pm for STS, equality and access to care for people with disabilities should mean evening and weekend ride availability for urgent health care needs

4) Transportation and the Regional Transportation Coordinating Councils

Tom Gottfried, Transportation Coordinator, DHS Purchasing and Service Delivery

Greater Minnesota Regional Transportation Coordinating Councils – Program Status May 2019

Tom Gottfried | Transportation Coordinator

Program Overview

The Minnesota Departments of Transportation and Human Services, in collaboration with other state agencies through the Minnesota Council on Transportation Access (MCOTA), are working with local governments and organizations to create Regional Transportation Coordinating Councils (RTCCs) throughout greater Minnesota. Coordination between transportation providers, service agents, and the private sector is a goal to fill transportation gaps, streamline access to transportation and provide individuals more options of where and when to travel, and to overall enhance the individual's traveling experience.

The Minnesota Council on Transportation Access (MCOTA) was established by the Minnesota Legislature in 2010 (Minn. Statute 2010 174.285) to "study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public." The council succeeds the Interagency Committee on Transit Coordination (ICTC), which was established in 2005 by Minnesota Governor Tim Pawlenty.

Please visit the MCOTA website for more information: http://www.coordinatemntransit.org/MCOTA/

MCOTA Partners

Office of the Governor

Minnesota Department of Transportation

Minnesota Department of Human Services

Metropolitan Council

Minnesota Department of Health

Minnesota Board on Aging

Minnesota Department of Commerce

Minnesota Department of Public Safety

Minnesota State Council on Disability

Minnesota Department of Education

Minnesota Department of Employment and Economic Development

Minnesota Department of Veterans Affairs

Minnesota Management and Budget

Minnesota Public Transit Association

University of Minnesota Center for Transportation Studies

MCOTA was established in [Minnesota State Statutes 174.285](#) (2010 session) to *"to study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public."* Regional Transportation Coordinating Councils (RTCCs) were determined to be the best program delivery method, as noted in 2016 MCOTA annual report: *"RTCCs will serve as the primary local drivers for transportation coordination. By its nature, coordination needs to occur at the local level, and RTCCs are a mechanism used successfully in many other states, as referenced in last year's (2015) annual report."*

RTCCs consist of regional (local) stakeholders interested in improving mobility for such as, but not limited to, older adults, individuals with disabilities or special needs, individuals with low incomes, and commuters or individuals that do not have access to transportation that meets their needs. The most successful RTCCs will include representatives from a wide range of agencies of both service providers and agencies in need of service.

Potential RTCC Partners:

RTCC board membership will be as diverse and comprehensive as possible including, but not limited to, representatives from the following:

The region's county of social services

Minnesota Area Agencies on Aging

Workforce development

Chamber of Commerce

Transportation providers (public and private)

Centers for Independent Living

Transportation and human services advocates

Funders of transportation services (public and private)

Minnesota Continuum of Care Coordinators

Human services agencies

Veteran service organizations

Who is eligible to be a RTCC?

Eligible applicants include municipalities, counties, legislatively established transit commissions and authorities, regional development commissions, and potential vendors. (See Minn. Stat. 174.23, subd. 4.)

In 2015, MnDOT and DHS cohosted workshops all over greater Minnesota specifically to help shape the organizing and implementation phases of RTCC development and deployment. MnDOT and DHS developed a draft scope for the RTCCs per those 2015 workshops.

In 2016, MnDOT and DHS and presented that draft for review at seven greater Minnesota workshops. The final draft was then reviewed by MCOTA, and as noted above, RTCCs were determined to be the best program delivery method.

In 2017, MnDOT and DHS Project Management Team (PMT) was formed and developed the application for the two phased approach, Phase I: to plan and organize the individual RTCCs, and Phase II: to implement each RTCCs.

In 2018 through 2020, MnDOT is providing 100% funding of both the Phase I: Planning (7/1/2018-6/30/2019) and Phase II: Implementation (7/1/2019-6/30/2020).

MnDOT released Phase I planning applications in 2017. Nine applications were submitted of the 12 greater Minnesota regions. All nine requests were awarded and under contract by 7/1/2018. To date, eight are on track to complete their planning phase by 6/30/2019.

MnDOT released an additional Phase I planning application to the remaining three greater Minnesota regions late 2018 with a submittal date of 3/31/2019. Three applications were received, are currently under review, and are expected to be awarded in time for 7/1/2019 execution date.

MnDOT also released Phase II implementation applications in early 2019 with a submittal date of 4/12/2019. Eight of the nine have been submitted for review, to be assured of a 7/1/2019 execution date.

Phase I – Planning: Awarded 7/1/2018 – 6/30/2019

Organization	Number of Counties
Arrowhead RDC	7
East Central RDC	5
Headwaters RDC	5
Mid Minnesota RDC	5
Northwest RDC	7
Region 5 RDC	5
Three River Community Action, INC.	11
St. Cloud APO	4
West Central Minnesota Communities Action, INC.	9
TOTAL	**58**

Phase I - 2nd Release: Request Pending 7/1/2019 – 6/30/2020

Organization	Number of Counties
Mankato MPO	8
Prairie Five Community Action, INC.	5
United Community Action Partnerships, INC.	9
TOTAL	**22**

Phase II – Implementation: Request Pending 7/1/2019 – 6/30/2020

Organization	Number of Counties
Arrowhead RDC	7
East Central RDC	5
Headwaters RDC	5
Mid Minnesota RDC	5
Northwest RDC	7
Region 5 RDC	5
Three River Community Action, INC. (not submitted)	Pending (11)
St. Cloud APO	4
West Central Minnesota Communities Action, INC.	9
TOTAL	**47**

May – December 2019

The MnDOT and DHS Program Management Team (PMT) will review and make final recommendations for the pending three planning Phase I proposals and for the eight pending implementation Phase II proposals by May 31, 2019.

This will position the three planning projects and eight implementation projects for 7/1/2019 start dates.

These past few months, the focus has been on the greater Minnesota RTCCs. This will continue as south central MN (greater Mankato area), southwestern MN and west central MN begin their planning processes, and the eight implementation projects hire staff to begin the deploying their respective plans.

July –June 2020

As the RTCC projects mature, MCOTA (MnDOT and DHS) will provide technical assistance and developmental guidance to diversify and strengthen the projects local partnerships and to implement final development and deployment of two of the following:

- Transportation Management Coordination Centers (TMCCs) or

- Regional Volunteer Driver Program Committees (RVDPCs) or

- Vehicle sharing programs, and

- At least two projects from their 2017 local coordination transportation plans

MCOTA will also provide assistance to the six metro area Transportation Coordination Assistance Projects (TCAP), as they are at various stages of development (New for 2019: Hennepin and Anoka counties) and deployment (3-4 year deployments: Dakota and Carver/Scott counties).

MCOTA will facilitate to include more state agencies into the RTCC and TCAP deployment efforts specifically Health, Commerce, DEED and Education.

Thank You!

Thank you!

Tom Gottfried

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4.CMS Integrated Appeal Notice Testing

Sue Kvendru, Special Needs Purchasing, DHS

- CMS will reach out to MSHO and SNBC integrated members

- CMS wants to interview people about the appeals notice

5. Happy Birthday Project

Gretchen Ulbee, Special Needs Purchasing, DHS

- A person's 65th birthday is often the time to make important choices about DHS health care and Medicare

- We have been sending letters to people on SNBC for two years. We are now working on letters for all people who have a choice of managed care at age 65. Letters will be sent three months in advance.

- Goal is to help people understand their choices and encourage people to choose MSHO where it works for them. PCA is covered under managed care in MSC+ and MSHO. People with a medical spenddown may have a short time to enroll in MSHO or may not be able to enroll in managed care.

- Would you like to review and comment? Please send an email to DHS.SNP.Stakeholder@state.mn.us.

6. MSHO Default Enrollment

Gretchen Ulbee, Special Needs Purchasing, DHS

DHS is seeking stakeholder comments about adopting MSHO default enrollment. Under new CMS regulations, a person may be automatically enrolled or "default enrolled" into MSHO at age 65. This is only possible if the following three things are true:

- Three months before turning age 65, the person is enrolled in a DHS health plan that has an MSHO plan in that county,

- The person did not have Medicare prior to age 65. (This is to avoid disrupting the part D plan a person may have chosen.)

- The person must not have a medical spenddown

Would you like to comment? Please send an email to DHS.SNP.Stakeholder@state.mn.us.

6. Default Enrollment, cont.

Possible reasons to support default enrollment include:

- MSHO is convenient because Medicare and Medicaid is coordinated through the same health plan. Consumers and providers like MSHO.

- A study showed that people have better care outcomes in MSHO. A CMS study showed that people have fewer hospitalization and emergency room visits on MSHO. They are 2.6 times more likely to see their primary care doctor.

- Default enrollment will allow more people to enroll in MSHO at age 65 without delay. Under current rules, people are auto enrolled into an MSC+ plan or put on FFS and sent a managed care packet. It takes effort to enroll in MSHO.

- People will be notified three months prior to default enrollment and can opt out of default enrollment into MSHO or select a different MSHO plan if they wish.

- If a person does not opt out, the person will have an extra opportunity to change Medicare plans (also called a SEP) after they are default enrolled into MSHO.

6. Default Enrollment, cont.

Possible reasons to oppose default enrollment include:

- If the opt out form is not returned, the enrollment into the MSHO plan is made automatically. DHS consumers prefer choice.

- Default enrollment would apply to people who are enrolled in SNBC prior to age 65 if they do not have Medicare and do not have a medical spenddown. Current letters would be sent to SNBC enrollees if they have Medicare or a medical spenddown. SNBC stakeholders have consistently emphasized choice.

Would you like to comment? Please send an email to DHS.SNP.Stakeholder@state.mn.us.

7) Wrap Up and Next Meeting

Gretchen Ulbee, Special Needs Purchasing, DHS

Thank you

For questions or comments, or to subscribe to Special Needs Purchasing email updates, please send an email to Special Needs Purchasing:

DHS.SNP.Stakeholders@state.mn.us