



**Managed Care:  
Helping Address  
Health Needs of  
Refugees**

# OUTLINE

- Minnesota Health Care Programs
  - Fee-for-Service
  - Managed Care
- Benefits of Managed Care
- Managed Care and Collaboration to Serve the Community
- Tools and Resources for the Community and Providers
- MN Council of Health Plan Partners



# ENTERING THE SYSTEM

- Applications for State Health Programs are taken and processed at the county level
- If determined not eligible for Medicaid, forwarded to the state for MNCare
- If eligible for Medicaid (also called Medical Assistance or MA in Minnesota), eligibility retroactive for three months
- MOST people *must* choose a health plan – will be on “straight MA” until health plan chosen or assigned (some exceptions)
- If people don’t choose a health plan, they will be randomly assigned to one



# FEE-FOR-SERVICE (FFS) “Straight MA”

## How it Works

- DHS contracts with health care providers who agree to accept set reimbursement rates
- MA client goes to MA providers
- Provider bills DHS for services client receives
- DHS pays provider directly
- Provider cannot bill client for covered services, unless co-pay



# MANAGED CARE

## How it Works

- DHS contracts with health plans to provide MA/MinnesotaCare benefits to recipients in certain counties
- DHS pays a monthly premium to health plan (*also known as capitation*) for each enrollee
- MCO must provide at least the same benefit set as FFS MA/MinnesotaCare



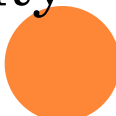
# MANAGED CARE

## How it Works

- Each health plan contracts with providers and sets fee schedules
- Providers bill health plan for services patient receives
- Mandatory health plan enrollment for most MA recipients and for all new MinnesotaCare recipients



# DIFFERENCES BETWEEN MANAGED CARE AND FFS

- Coordination of care
  - Disease management and complex case management
  - Value-added benefits and incentives for clients (*such as health promotion programs*)
  - Incentives for providers (*Pay-for-Performance*)
  - Enrollees receive care from their health plan's designated network of providers
  - Health plans are not required to follow DHS prior authorization requirements, they can set their own
  - Some health plans may require a referral for specialty services
  - Transportation – private providers vs. MNet
- 

# BENEFITS OF MANAGED CARE

- Manage provider networks with stricter credentialing requirements
- Improved access
- Appropriate utilization
- Improved cost efficiencies
- Added services for enrollees
- Oversight of enrollees' care
- Availability of customer service



# BENEFITS OF MANAGED CARE

## (cont)

- Coordination of health care services including mental health and CD
- Assistance from Customer Services to link member to services needed
- Nurse line support for health care questions
- Reimburse for Public Health Nurse services as well as Community Health Worker education services (billed through DHS-enrolled providers)



# HELP YOUR CLIENTS MAKE THE MOST OF THEIR HEALTH PLAN

- Help clients utilize their benefits – know what their benefits are
- Establish a primary care provider
- Value of CONTINUITY OF CARE cannot be overstated
- Know where urgent care is, hours, etc
- Learn about special programs and incentives for health
- Know how to reach Customer Services line and nurse lines



# MANAGED CARE AND COLLABORATION: BENEFITING THE COMMUNITY

- County and Health Plan Partnerships such as:
  - C&TC: Metro Action Group and rural regional C&TC collaboratives;
  - SHIP: serve on Leadership Teams and support various SHIP activities
  - Actively participate in the Interpreting Stakeholder Group to strengthen interpreter training and quality of interpreter services
- Health fairs and other community events
- MH/CD: collaborative approaches to address MH and CD needs and services



# THE BENEFIT TO C&TC OF PMAP AND LPH COLLABORATION

HMOs (now referred to as MCOs) began working with Medicaid under the Clinton Administration's Balanced Budget Act.

- MCOs came into the MN counties that chose PMAP over FFS in the 1990s.
- Ramsey County's participation rate went from 14% in 1998 to 45% in 1999.
- Currently, Ramsey County is at 72%
- Why? Was public health not doing their job before? We were trying, but the PMAPs had the ability to monetarily reward or penalize provider clinics depending on performance.



# CHILD & TEEN CHECKUPS COLLABORATION

- Regionally based work groups (mainly defined by Community Health Services Advisory Committee Regions), *with consultation from the Departments of Human Services and Health*
- Provide C&TC education and outreach to
  - Communities (multilingual newsletters, bookmarks, etc)
  - Providers
- <http://www.co.dakota.mn.us/NR/rdonlyres/12BE6329-9968-4854-9019-0CF8F6B20204/13369/CTCPerinatalSrvsGrid.pdf>



# Other MCO Resources for the Community

- Promote community education through support of language-specific TV and radio programs such as ECHO and TPT
- Provide grants to community-based organizations for health programs serving new arrivals
- Promote the role of Community Health Workers to help clients access services.
- Support providers use of multilingual health resources by financially supporting Exchange web site of resources as well as MN Health Literacy Partnership  
([www.healthliteracymn.org](http://www.healthliteracymn.org))





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### Your Portal

Groups, resources that promote cross cultural care

### Our Latest Translations

From Health Information

CROSS CULTURAL CARE

## Care Tip of the Week

### Webinar: Meet the NCQA Standards

The National Committee for Quality Assurance, which accredits and certifies a wide range of health care organizations, is poised to release its long-awaited Multicultural Health Care standards on March 29, 2010. Get an insider look at the standards, how they were developed, and the implications for health care organizations during a webinar set for noon, Thur., April 1.

The presentation features representatives from NCQA, a leading patient advocacy organization, and a respected health plan who sat on the advisory committee that guided the standards development. Presenters will review what health care organizations are already doing, and what changes will be needed to meet the standards today and as they evolve.

[Sign up here.](#)

FOR EXCHANGE MEMBERS

## Translation Library

## Better Health for Everyone

Reduce disparities that result from:

- Class
- Culture
- Language
- Literacy
- Race
- Spirituality

### Join Us!

Learn more about how to become an

# RESOURCE TOOLS for PROVIDERS

- Refugee Health Assessment information (including transportation program phone numbers)
- Interpreter Services grid
- Health plan contacts for providers
- Current versions on Council Web site
  - [www.mnhealthplans.org/tools/health\\_plans.cfm](http://www.mnhealthplans.org/tools/health_plans.cfm)
- Programs, services, incentives grid for children and pregnant women



# HEALTH CARE COVERAGE:

[www.HealthyKidsMN.org](http://www.HealthyKidsMN.org)

- The Minnesota Coalition for Kids Health Coverage announced the launch of [www.HealthyKidsMN.org](http://www.HealthyKidsMN.org) a statewide resource that aims to connect families with uninsured children to non-profit agencies that can assist them with eligibility requirements and enrollment into state-sponsored health care coverage options



# ABOUT THE MINNESOTA COUNCIL OF HEALTH PLANS

- Association of health plans in Minnesota
- Public Policy
- Government Programs
- Medical Issues Committee
- Community Health Committee

# COMMUNITY HEALTH COMMITTEE MN COUNCIL OF HEALTH PLANS

- Forum for health plan representatives to discuss community initiatives, plan joint activities
- Coordinate health plan representation on numerous partnerships
- Meet with key partners to jointly address public health improvement priorities (statewide, regional and/or local level)

# CONTACT INFORMATION

Health Plan	Public/Community Health
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# DICTIONARY OF TERMS

- **MHCP** Minnesota Health Care Programs
- **MA** Medical Assistance
- **GAMC** General Assistance Medical Care
- **FFS** Fee For Service (*straight GAMC/MA*)
- **PMAP** Prepaid Medical Assistance Program
- **HMO** Health Maintenance Organization
- **MHC** Managed Health Care
- **MCO** Managed Care Organization
- **MHC, MC, Health Plan, HMO, MCO** (*all used for Health Plans and Managed Care*)
- **Provider** used to indicate giver of medical services: dentist, physician, therapist, durable medical equipment, pharmacy, etc.



# DICTIONARY OF TERMS *continued*

- **CMS** Centers for Medicare and Medicaid Services
- **CBP** County Based Purchasing Plans
- **MA-PD** Medicare Advantage Prescription Drug plan
- **MA** Medicare Advantage or Medicaid/Medical Asst.
- **MnDHO** Minnesota Disability Health Options
- **MSC+** Minnesota Senior Care Plus
- **MSHO** Minnesota Senior Health Options
- **SNP** Special Needs Plan
- **PINs** Preferred Integrated Networks
- **SNBC** Special Needs Basic Care

