

**Modified and
updated February
2024**

Housing Stabilization Services Learning Session #3: Building Health Care Partnerships (Part 1-Working with MCOs)

HOSTED BY THE HSS TA TEAM



Housing Stabilization Services TA Team

Our goal is to support agencies and communities in implementing the new Housing Stabilization Services so that people experiencing homelessness get the help they need to achieve housing stability.

Housing Stabilization Services TA Team: Areas of support

Supporting direct service providers

- Medicaid 101 (recorded and posted)
- Medicaid Academy (intro webinar on 11/16)
- Learning Sessions
- One-on-one TA: email hss-tateam@mesh-mn.org

Supporting community-wide systems planning

- Planning
- Facilitation

Website: mesh-mn.org/hssta

Purpose of Learning Sessions

DHS provides the WHAT

Housing Stabilization
Services TA Team helps
with HOW

Each session will include:

- Helpful tips and tools provided by the TA team
- Open Q&A on topic
- Opportunities for sharing experiences across agencies

Today: Working with MCOs

Goals

- Better understand Minnesota's Medicaid Managed Care system
- Refer to tools and additional info
- Opportunity to share experiences among providers

This session is **NOT** a substitute for official guidance from DHS.

Agenda

- I. Purpose and resources
- II. Background information
- III. Housing Stabilization Services and MCOs

Purpose: Why talk about MCOs?

1. MCOs play an important role in Minnesota's Medicaid system.
2. Most people you serve will be enrolled with a health plan.
3. Housing Stabilization Services was designed as a Medicaid service in part to facilitate connections between housing and health care.
4. Because housing is considered a health-related social need (HRSN), MCOs have an incentive to connect with and support community organizations that help people with affordable housing.

MCO Resources

[HSS MCO Contacts](#) (Most up-to-date)

[General MCO information from DHS](#)

[Maps of MCO coverage area](#)

[Ombudsman for public managed health care programs](#)

[General MCO contacts for providers](#)

What is an MCO?

Managed Care Organization or MCO-

- In the past have been called Health Maintenance Organizations
- Historically considered for cost containment, but research finds that coordinating care not only contains costs but also improved health outcomes.

Medicaid Managed Care Organization or MMCO

- Managed Care Organization has a contract with the state to offer Medicaid coverage.
- Often serves a particular Medicaid eligible population, e.g. persons with disabilities
- In Minnesota, the majority of the Medicaid-eligible population is served by MCOs.

MCOs in Minnesota

Certified by the Minnesota
Department of Health (MDH)

MCOs are also referred to as health
plans or prepaid health plans (PPHP)

County Based Purchasing

Allows counties to choose to assume the responsibility for purchasing health services for recipients using locally designed service delivery systems that involve the coordinated efforts of counties, providers, and consumers

DHS contracts with MCO's to manage care for Medicaid enrollees

1. DHS contracts with MCOs to provide health care to eligible people and provides programs to specific populations and specific Minnesota counties.
2. DHS pays the MCO a monthly fee to provide services covered by these contracts.
3. Plans receive a capitated payment for each Medical Assistance enrollee and in return are required to provide enrollees with all MA-covered services (exceptions for “carve out” services, including some home and community-based waiver services and nursing facility coverage).

Prepaid Minnesota Health Care Programs

Minnesota Senior Health Options (MSHO/MS⁺)

People ages 65 or older who are eligible for Medical Assistance (MA) and enrolled in Medicare Parts A and B

Special Needs Basic Care (SNBC)

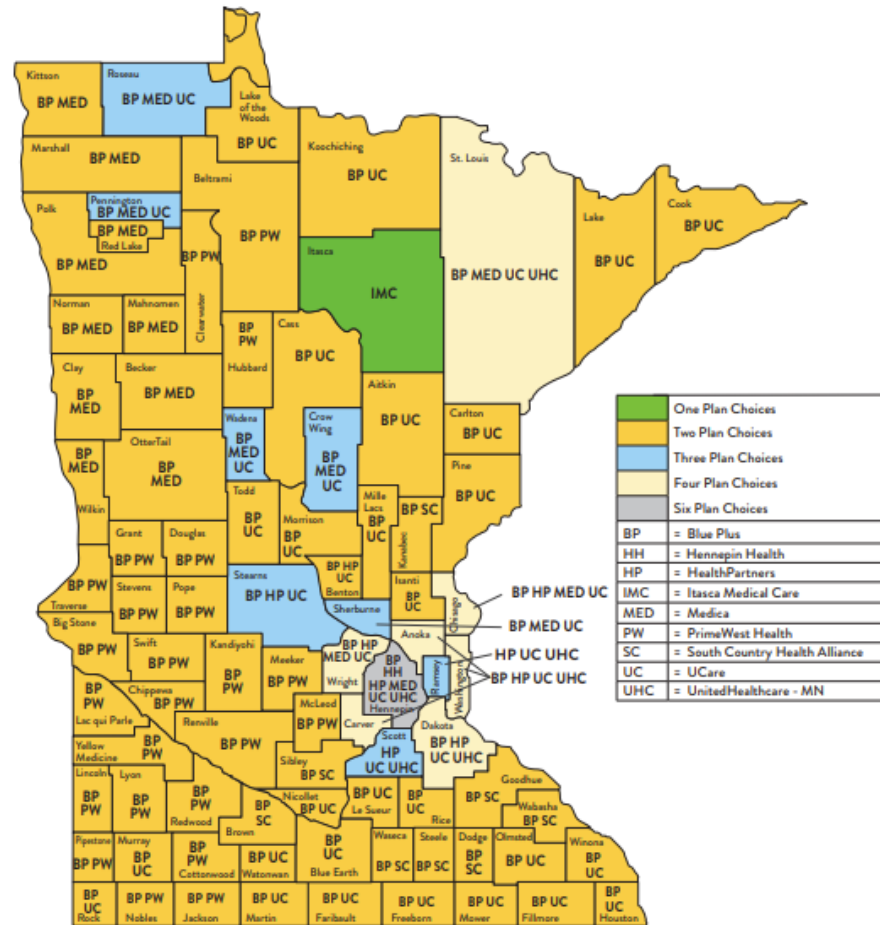
A voluntary managed care program for people with disabilities ages 18 through 64 who have Medical Assistance (MA) and Medicare Parts A and B

Prepaid Medical Assistance Program (PMAP)

Parents and caretakers of a dependent child, pregnant women, low-income adults without a dependent child

Coverage maps

- Health plan choices differ by county and type of program
- This map is showing the options for PMAP participants; other coverage maps can be found [here](#)



Leadership	CEO, CMO, COO, CFO
Fiscal	CFO and Staff—are we living within our budgets/ rates? May include actuarial roles
Compliance	Chief Compliance Officer-are we following all the Medicaid rules and regulations?
Medical affairs	Expertise in best practices in care, develop relationships with medical professionals

MCO Operations (examples)

MCO Operations (examples)

Data and analytics	Do all the other departments have the information they need to make informed decisions?
Provider network development	Does our MCO have the providers we need to serve our members? Are those provider offering quality and cost-effective care? They also support providers to achieve the goals of the MCO.
Clinical care management and utilization management	Day-to-day, are members receiving the care to which they are entitled and that is “medically necessary”?
Member services	The interface with members and where they call for help.

For most medical services, each MCO, makes its own decisions about managing care. HSS works slightly differently

The MCO determines its provider network.

➤ *For HSS, MCOs will work with any provider that has enrolled as a Housing Stabilization Services provider through DHS*

The MCO determines which services require authorization or referral.

➤ *No authorization or referral by the MCO is required for an individual to receive Housing Stabilization Services; DHS determines eligibility.*

The MCO determines its reimbursement rates to providers.

➤ *Most MCOs use the Housing Stabilization Services fee-for-service rates determined by DHS. Some pay a higher rate.*

Providers should confirm with each MCO the current process and payment rates used by the MCO.

FAQs

Do I need to contact the MCOs in my area before I enroll with DHS?

- No; complete the DHS provider enrollment *before* contacting your local MCOs

Will I need a contract with an MCO to bill?

- No, though some MCOs recommend it for efficiency. Most at least require you to complete paperwork to get set up in their systems.

FAQs

How do I bill MCOs?

- Each MCO is set up a little differently.
- They may require you to bill electronically.
- A clearinghouse allows you to submit secure claims electronically to an insurance payer. Each MCO has specific clearinghouses that they work with.
- Minnesota E-Connect is a free clearinghouse established to meet AUC guidelines for MN electronic billing requirements. All providers except Blue Plus accept claims through MN E-Connect. You can use Availity for free to submit claims to Blue Plus.

FAQs

We are an enrolled Housing Stabilization Services provider who is accepting referrals for individuals approved to receive the service. However, we have not completed our enrollment with individual managed care organizations (MCOs). Will we be able to bill MCOs back to the date of the person's eligibility date for services?

- Yes. All MCOs have committed to paying claims as of the provider's DHS enrollment date. For example, if a provider is enrolled with Minnesota Health Care Programs as of September 1, 2020, and accepts a referral for a person approved for Housing Stabilization Services as of September 1, 2020, but a MCO does not approve the provider's enrollment until October 1, 2020, MCOs will allow providers to bill back to the September 1, 2020 date.

MCO Care Coordinator role

Service intensity varies by program and MCO.

- MSHO & MSC+: Each member is assigned social worker or nurse to assess and coordinate all Medicaid, PCA and Elderly Waiver benefits (also Medicare benefits for MSHO).
- SNBC contract requirements require a less intensive model. SNBC CCs do not manage PCA or disability waiver benefits. Some SNBC MCOs offer a SNBC plan that integrates Medicare benefits into SNBC.

Senior care coordinators complete the person-centered plan needed for Housing Stabilization Services eligibility.

- When a person has a senior care coordinator and a Coordinated Care Plan, the Coordinated Care Plan should be uploaded under the “Coordinated Services and Supports Plan” type as the person-centered plan.

Care coordinators are a good contact if you have a question about a particular person’s situation.

Connecting with MCOs for Housing Stabilization Services

Blue Plus

(You do not need to contract with them, but are encouraged to do so)

HealthPartners

(You can submit a contracting form for Medical Services, but you do not need to contract with them to submit a claim for Housing Stabilization Services)

Hennepin Health

(Housing stabilization providers should get set up in the Hennepin Health claims system to coordinate reimbursement for services provided)

IMCare

Medica

(Helpful FAQ)

PrimeWest

(Will reach out if one of their members is found eligible)

South Country Health Alliance

(Providers are encouraged to contract)

UCare

(Fill out form at link)

New for 2023-2024: [United Healthcare](#)

Thank you!



<https://mesh-mn.org/hssta/>



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