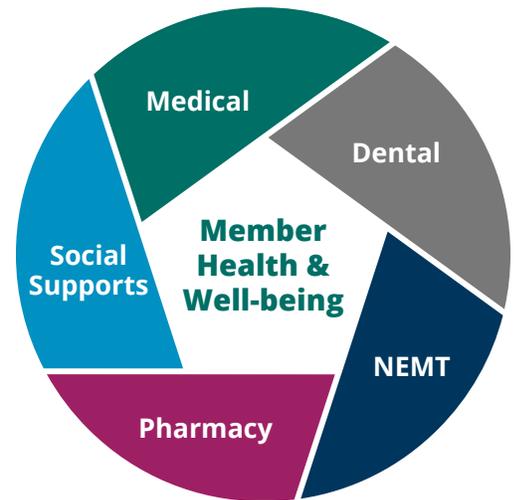


The Managed Care Model

Managed Care Organizations (MCOs) are committed to delivering high-quality care through contracts with the state to manage public program member coverage.

This means delivering care that is timely, coordinated, appropriate and that addresses all aspects of wellness. Managed care, which started in Minnesota in 1985, allows members to tap into a variety of health plan resources. This includes large provider networks, member services, care coordinators, and culturally specific resources that address their medical, dental, transportation, pharmacy and social support needs. Because our resources are all under one hub, MCOs are uniquely situated to support members with complex needs. Focusing on care coordination leads to better outcomes, healthier lives and satisfied members. Today, 40 states have adopted managed care to improve the health and well-being of members. Many people at MCOs are involved in managing care, including case managers, medical directors and pharmacists. Our member stories demonstrate the real-life impact of coordinated care. The current proposals to carve out Medicaid services will fragment this coordination.



Member Stories



Accessing Dental Services

A mother called in looking for a dentist for herself and her 12-year-old child. Her daughter was in pain; one of her molars was making it almost impossible to eat.

- The MCO care coordinator was able to set them both up with appointments to the dentist.
- The mother was also unable to get her daughter to the dentist because of car issues, and she did not know where to turn. The MCO care coordinator was able to set up transportation to and from the office, free of charge, with their transportation benefit.
- The member stated that, as a struggling single mother who was recently laid off, this act of assistance lifted a huge weight off her shoulders. She was very thankful.
- **Because the MCO covers both dental and transportation services, it was easy to help this member with both of these needs. Under the proposed carve-out, the member would need to seek a solution with multiple entities.**

Member Stories



Managing Opioid Use Disorder

MCO identified a member that appeared to have high opioid utilization.

- A care coordinator found that the member was being prescribed over 1000 morphine milligram equivalent (MME) per day from two different providers, a primary care provider and a neurologist. The neurologist did not contract with the MCO and was providing his services for cash payment.
- The coordinator reported this situation to the MCO's Special Investigations Unit for further investigation.
- In a collaborative effort, a medical director worked with the member and the prescribers to discuss the member's treatment plan. This enabled the MCO and the providers to ensure the member was receiving care that was well coordinated and did not result in opioid over-utilization. After the MCO's involvement with this member's care, his MME per day decreased to below 300.
- **When the MCO has access to real-time prescribing data, it is able to see these trends and contact providers to seek clarification. With the proposed drug carve-out, the MCO wouldn't have access to this information to protect the patient.**

Providing Non-Emergency Medical Transportation (NEMT)

A 4-year-old member, living with autism, attended daily treatment at a local daycare facility. A life challenge emerged that made flexibility in transportation arrangements vital.

- His MCO transported him as his mother worked during the day. After his appointments, the driver would take the boy to a daycare facility where his mother would pick him up after work.
- The boy's mother contacted the MCO to share that she and her son were now staying at a woman's shelter and were no longer in the mileage guidelines to use the MCO's NEMT to get to his daily treatment at the facility.
- The MCO care coordination team met with the daycare facility and coordinated a series of rides for the boy each week to ensure his treatment went uninterrupted. Additionally, the MCO placed exceptions in their system to allow additional mileage for this member to be transported to his grandmother's house several days a week after treatment, and to the daycare on the days she was not home.
- Once all the arrangements were made, the care coordinator connected with his mother and grandmother on a conference call each month to review the arrangements, verify there had been no changes, and answer questions.
- **MCOs have long-standing relationships with local providers to find solutions. Carving out the NEMT benefit to a single, outside entity without these relationships will hurt Medicaid enrollees.**



Housing Support and Multicultural Services

A 31-year-old Somali female member had a high-risk pregnancy due to a COVID infection during pregnancy, history of domestic abuse and seizures. She needed housing assistance amid her circumstances.

- She reported she was in a shelter for several weeks because of domestic abuse and needed help finding a new place for her and her six children to live. Upon her request, the MCO provided her with information on subsidized housing and housing assistance agency programs.
- When the MCO followed up, she stated that she received the information, but she could not understand the written materials. A care coordinator worked with this member to get in touch with a Somali-speaking Housing Help Agent, so she could speak with the agent in her own language.
- The member was able to get connected to a housing case manager to apply for subsidized housing and was given information about other housing assistance programs.
- **MCOs provide access to wraparound services that support members beyond just health care. Carving out these services limits the MCO's ability to see beyond health care and help Minnesotans when they need it.**



Blue Cross and Blue Shield of Minnesota | HealthPartners | Medica
Sanford Health Plan of Minnesota | UCare