



<b>Policy Title:</b>	<b>SNBC &amp; Integrated SNBC Members Turning 65</b>
<b>Business Unit:</b>	<b>Markets Growth &amp; Retention</b>
<b>Department:</b>	<b>Medicaid and Special Needs Plan</b>
<b>Approved By:</b>	<b>Director of SPP Products</b>
<b>Approved Date:</b>	
<b>Original Effective Date:</b>	<b>1/10/2017</b>
<b>Review Date(s) (no changes)</b>	
<b>Revision Dates:</b>	<b>12/20/2017, 2/21/19, 6/17/2019, 1/4/2023</b>

#### PRODUCTS AFFECTED

- Special Needs BasicCare (SNBC) – Medica AccessAbility Solution<sup>®</sup>
- Integrated Special Needs BasicCare (I-SNBC) – Medica AccessAbility Solution Enhanced<sup>®</sup>

#### DEFINITIONS

**Integrated Special Needs Basic Care (I-SNBC):** The Minnesota prepaid managed care program, pursuant to Minnesota Statutes, §256B.69, subd. 28 that provides integrated Medicare and Medicaid services to Medicaid eligible people with disabilities who are ages eighteen (18) through sixty-four (64).

**Minnesota Senior Care Plus (MSC+):** means the mandatory Prepaid Medical Assistance Program (PMAP) program for Enrollees age sixty five (65) and over. MSC+ uses § 1915(b) waiver authority for State Plan services, and § 1915(c) waiver authority for Home and Community-Based Services. MSC+ includes Elderly Waiver services for Enrollees who qualify, and one hundred and eighty (180) days of Nursing Facility care.

**Minnesota Senior Health Options (MSHO):** The Minnesota Prepaid Managed Care Program, pursuant to Minnesota Statutes, § 256B.69, subd. 23, that provides Medicaid services and integrated Medicare and Medicaid services for Medicaid eligible seniors, age sixty-five (65) and over. MSHO includes Elderly Waiver (EW) services for Enrollees who qualify, and one hundred and eighty (180) days of Nursing Facility care.

**Special Needs Basic Care (SNBC):** The Minnesota prepaid managed care program, pursuant to Minnesota Statutes, § 256B.69, subd. 28 that provides Medicaid services and/or integrated Medicare and Medicaid services to Medicaid eligible people with disabilities who are ages eighteen (18) through sixty-four (64).

#### PURPOSE:

To outline the responsibilities of the Medica Care Coordinator (CC) in working with current Medica SNBC and I-SNBC members who are nearing 65 years of age. Members will be offered support by their CC to help ensure they understand the options available to them by the Department of Human Services (DHS) and to help ensure a smooth transition to their new program.

#### POLICY:

Counties, Agencies, and Care Systems that provide services for Medica SNBC and I-SNBC members will have a process in place to assist the member's transition to alternate programs when they turn 65.

## **PROCEDURE:**

1. Approximately 90 days prior to a current SNBC or I-SNBC members 65<sup>th</sup> birthday, DHS sends to the member via US mail an enrollment packet and detailed letter stating that the member cannot remain in the SNBC or I-SNBC program after the age of 65 and outlines the members options based on their unique situation. These include:
  - a. Member is dually eligible (also has Medicare) and has an opportunity through the mailer to enroll into a Managed Care Organization's (MCO) Minnesota Senior Health Options (MSHO) program offered in their county.
  - b. Member is not dually eligible (does not have Medicare) and has the opportunity through the mailer to enroll into a Minnesota Senior Care Plus (MSC+) program offered in their county.
  - c. Member is dually eligible and also has a spenddown. They have a one-time only opportunity to enroll into a MCO's MSHO program offered in their county.
  - d. Member is not dually eligible and also has a spenddown. They are not eligible to go into a MCO's MSHO or MSC+ program and will be going to receive their Medical Assistance health care through Fee for Service (FFS).
  - e. Members with a diagnosis of End Stage Renal Disease prior to their enrollment into the SNBC program are only eligible for MSC+.
2. The enrollment packet sent to members by DHS includes information about the available MCO options for MSHO and MSC+ in their county. If the member does not actively choose another MCO, they will be defaulted into Medica's MSC+ program, if offered in their county.
3. The Senior Linkage line is listed in the member letters as a resource for the members if they have questions or require assistance in any part of this process.
4. The Full enrollment report that is sent by the Medica SPP Enrollment team each month will include information on the tab titled "65" of members turning 65 in the next 90 days. This report will serve as notification to the CC of the members turning 65 and the expectation is that it is reviewed and acted upon accordingly. The CC will use the information provided to them in their work with all of their assigned members on the list to help ensure the member has an understanding of the upcoming changes.
5. CC will work with all SNBC and I-SNBC members turning 65 to help ensure a smooth transition for them from the SNBC product to a senior product (MSHO/MSC+) or FFS for those members not eligible for a senior product.
6. CC will review the member's providers and look into whether these providers are in Medica's provider network. This is especially important for members receiving PCA services.

Note: Medica Sales Team staff will be reaching out to all members who are shown to be dually eligible (have Medicare) to provide education about the MSHO program and assist them in enrolling if they are interested.

## **CROSS REFERENCES**

DHS website  
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