

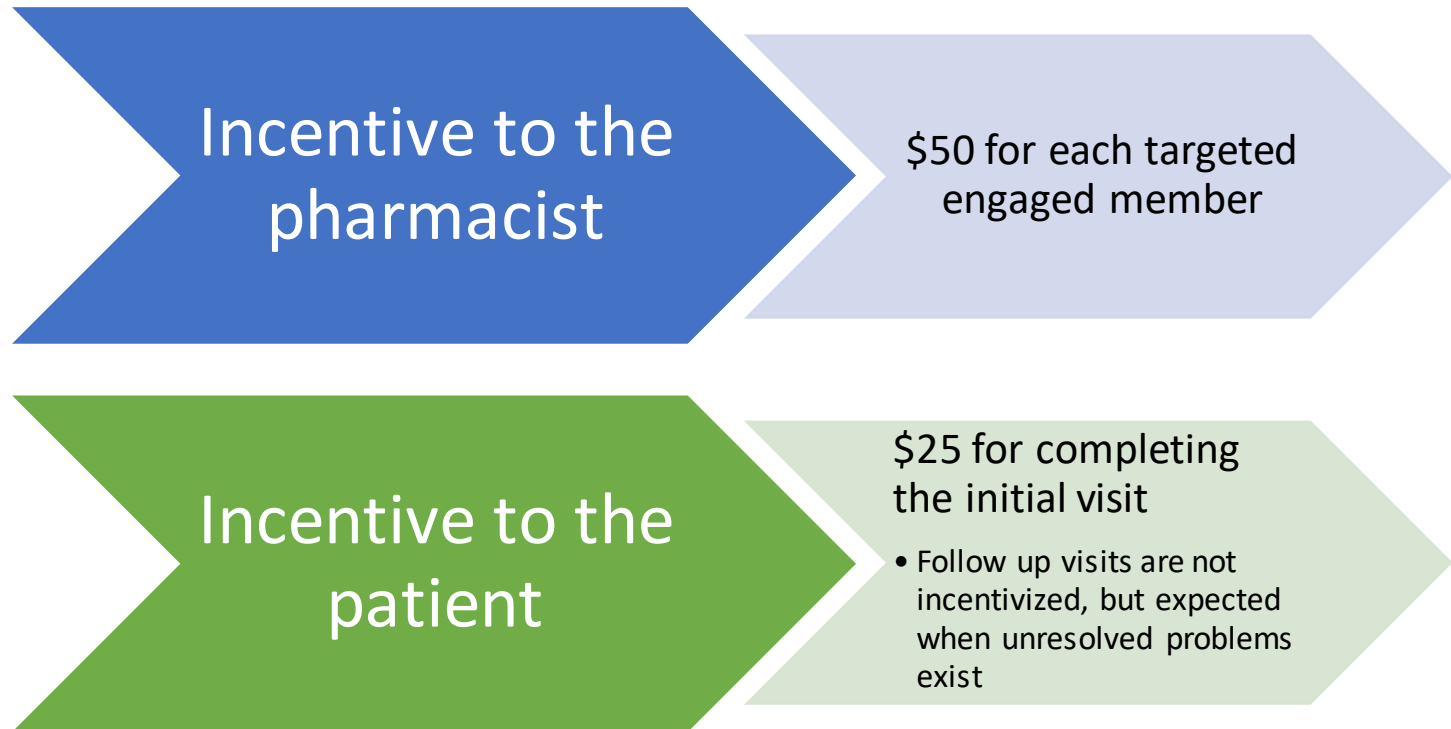


Special Needs BasicCare - MTM Partnership

Training for MTM Providers

For Contract Year 2024

MTM Incentive Payment Structure



Special Needs BasicCare (SNBC)



What is SNBC?

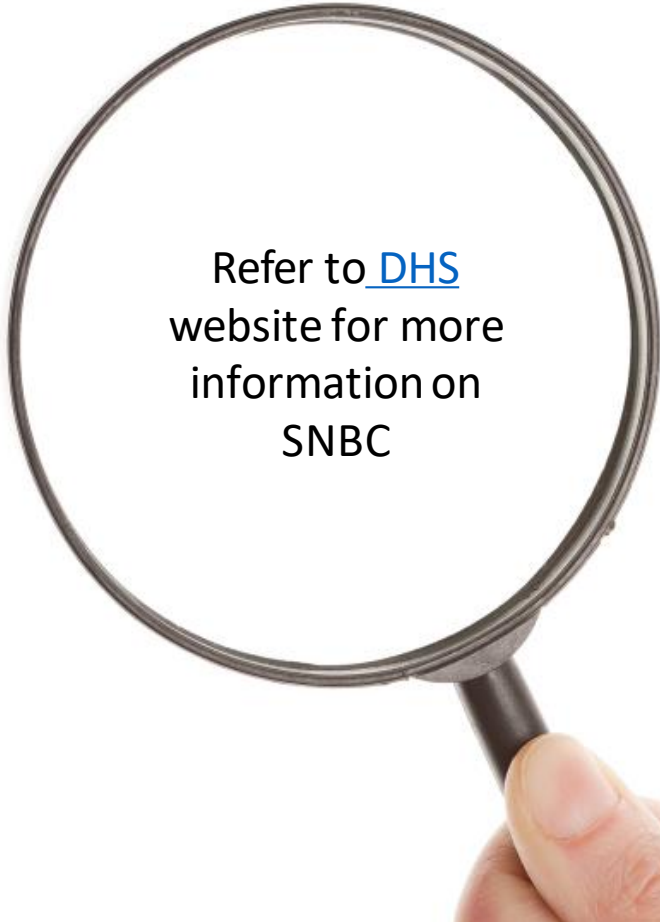
Medicaid Managed Care Plan



Voluntary health plan option for enrollees with a certified disability ages 18 through 64 who have Medical Assistance



About 66,500 enrollees statewide



Refer to [DHS](#) website for more information on SNBC

A magnifying glass is held over the text, highlighting the information. The magnifying glass is black with a silver rim and a black handle. A hand is visible at the bottom right, holding the handle.

Population Characteristics of SNBC members



SNBC Benefit Set

Standard Medicaid Benefits and supports

Comprehensive primary, preventive and acute medical

Hospital

Diagnostic

Therapeutic including rehabilitative

Chemical dependency, behavioral and mental health

Pharmacy

Immunizations

Dental

Eye exam

Home care

Care coordination services

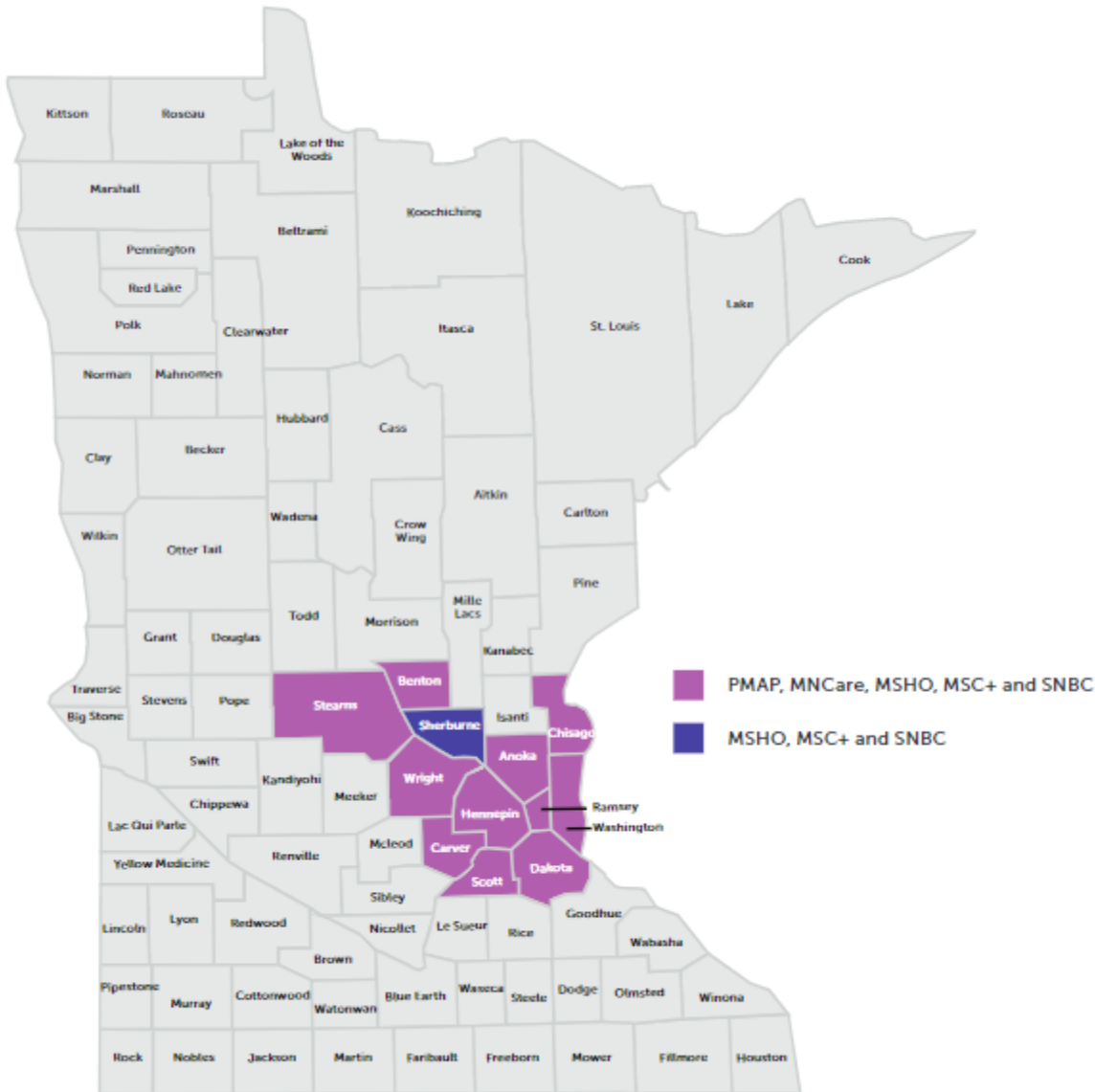
Transportation to and from medical and dental appointments

100 days of nursing home care for people residing in the community

County managed: PCA, disability waiver, private duty nursing



HealthPartners SNBC Inspire



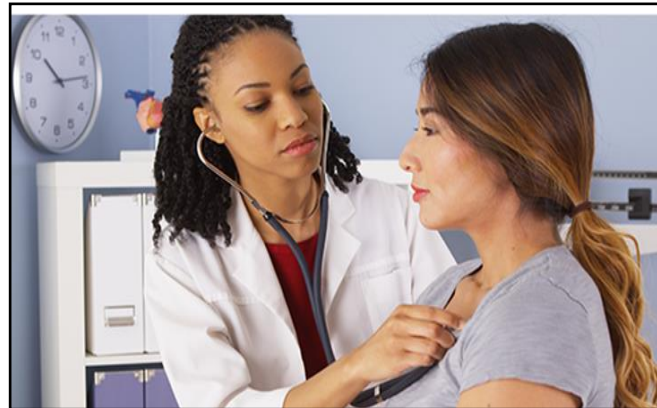
Historical Context



Institutional



De-Institutionalized



Medical Model



Important Concepts for SNBC



MN Olmstead Plan:

The Olmstead Plan is a broad series of key activities our state must accomplish to ensure people with disabilities are living, learning, working, and enjoying life in the most integrated setting.



Person-centered:

A term for healthcare and social services where the primary focus is on an individual's unique preferences, values and needs when planning services and strategies to address healthcare needs.



Self-Directed:

Means that participants, or their representatives, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. Self direction promotes personal choice and control and allows people to choose the level of risk they wish to take.



SNBC Care Coordination



Health Risk Assessments

Member Health
Risk Assessment

To find out if a HealthPartners member has a Care Coordinator, please contact **Member Services** at 952-967-7998 or 866-885-8880

Health Care and
Social Services

County, State,
Federal and Health
Plan Resources



Role of Care Coordination

Every member has access to care navigation services

Initial HRA completed within 60 days of enrollment

Reassessment completed within 365 days of previous assessment

Person Centered Care Plans developed within 30 days of HRA



Care Coordination Challenges

DISCONNECTED?



Importance of Primary Care





Why are we focusing on MTM?



Expectations of MTM provider

Focus on engaging SNBC members

Make care coordination a high priority

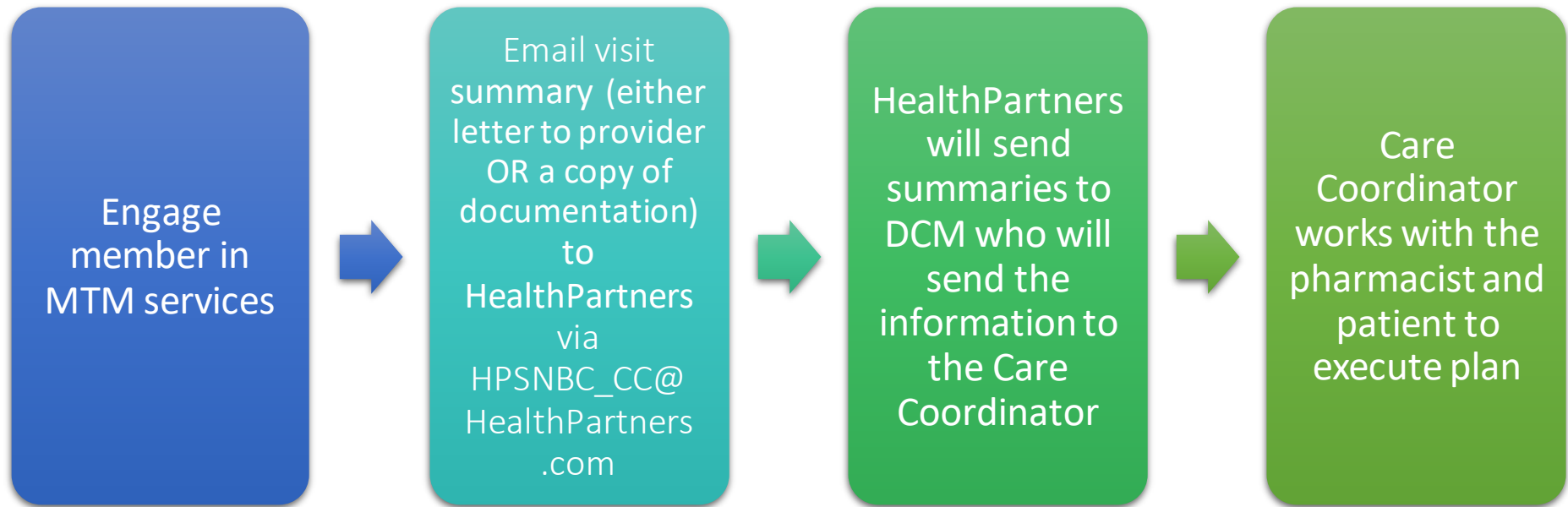
- Share care plans with HealthPartners/care coordinator
- Facilitate establishment of primary care with care coordinator for those patients without an established primary care provider

Submit all required billing information

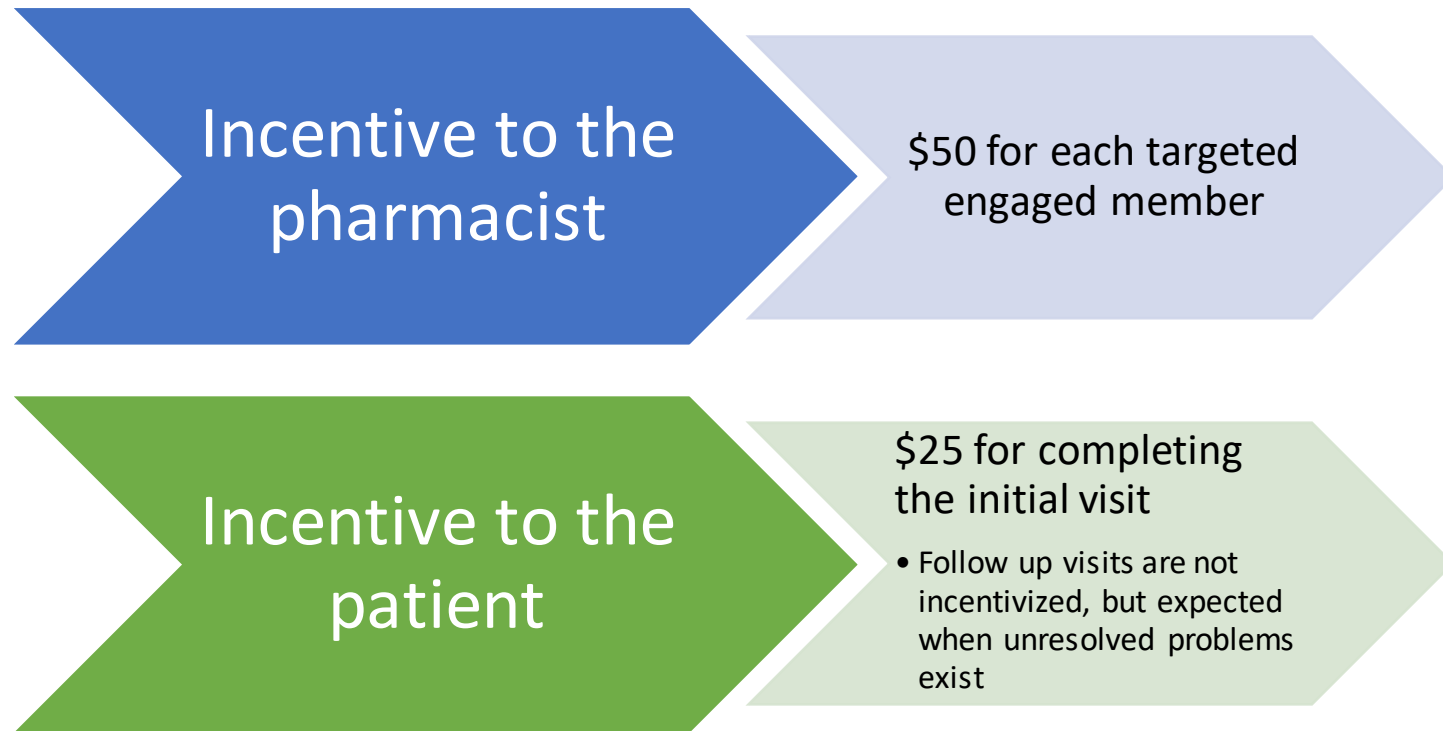
- Incentives will be triggered by claims



SNBC Process Flow



Incentive Payment Structure



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Additional info on [HealthPartners Provider Portal](#)



THANK YOU!

