MANAGED CARE ORGANIZATIONS (MCO) AND MEDICAL ASSISTANCE

What steps do I have to take to enroll or contract with a managed care organization (MCO)?

You will need to contact each managed care organization in your area to inquire about their specific provider enrollment and/or contracting process. To find out more information about managed care organizations, please review the MCO Contacts for MHCP Providers website. Any additional information DHS receives about managed care organizations and Housing Stabilization Services will be posted to DHS' Housing Stabilization Services Policy website.

Can a person be on a Prepaid Medical Assistance Plan, or PMAP, to access Housing Stabilization Services?

Yes, people who are on a PMAP and meet needs-based criteria are eligible for Housing Stabilization Services.

I am a Special Needs Basic Care (SNBC) Care Coordinator. How do I support a person onto Housing Stabilization Services?

SNBC Care Coordinators help connect a person to one of the three assessment pathways (Professional Statement of Need, MnCHOICES/Long-Term Care Consultation Assessment, or Coordinated Entry Assessment) and then help the person locate an enrolled housing consultant in their area using the Minnesota Health Care Programs Provider Directory. Search under Home and Community Based Services "type" and select "Housing Stabilization Services" as the subtype. When the search results display, look for a provider offering "Housing Consultation" as a specialty service. Note that new providers are added regularly, so please visit the page frequently. Alternatively, your agency could enroll as a housing consultant, and your agency could complete the plan and bill for it as a housing consultant.

What happens if a person's managed care organization (i.e. Prepaid Medical Assistance Plan [PMAP]) changes mid-month?

Although a person may request a change in managed care organization mid-month, the change is effective on the first day of the following month. It is the provider's responsibility to review the person's healthcare status and managed care organization enrollment prior to billing for Housing Stabilization Services.

If a person decides to change managed care organizations, or leave a managed care organization and receive Housing Stabilization Services as fee-for-service, what happens to the 150 hours of transition or sustaining service currently in progress?

If a person decides to change managed care organizations (MCO), or switch to/from fee-for-service, the person's 150 hours of transition or sustaining services will start over. For example, if a person is a member with MCO A, and has used 80 hours of transition services, but then switches to MCO B, the person will have a new, 150 hour transition service benefit available under MCO B.

If am supporting someone with a Medical Assistance spenddown. What is my role as a provider in collecting the spenddown amount?

Housing Stabilization Services providers may be required to collect Medical Assistance "spenddowns" from people served. Some people may have incomes higher than the income standard used to determine eligibility for Medical Assistance. When this happens, a person can still qualify for Medical Assistance by "spending down" their income to a level that will allow them to qualify. Spenddowns may look different based upon whether the person is fee-for-service or enrolled with a managed care organization. When a provider submits a claim to be paid under fee-for-service, and a person has a spenddown, DHS deducts the amount the person is required to "spenddown" from the billed amount in the order received until the spenddown is met. The spenddown amount may be spread out over several bills. The provider is then required to collect the unpaid amount from the person served until the spenddown is paid in full. It is important to note that a provider may choose not to recoup the spenddown amount from the person, and if a person has multiple providers, the spenddown is applied to the bill DHS receives first. Under certain circumstances, people with spenddowns can also choose the provider to whom the spenddown should be applied or may pre-pay a spenddown. More information about spenddowns may be located here or via DHS-3017.

What happens when a person loses or closes Medical Assistance? Does the person or provider have to start the enrollment process all over again (new assessment, person-centered plan, and eligibility determination)?

There are edits in the Medicaid Management Information System (MMIS) that do not allow services to be billed if a lapse in Medical Assistance coverage occurs. The provider is responsible to check a person's Medical Assistance eligibility every month and if eligibility has changed, they are responsible to follow-

up with the person and decide if they will continue services with no promise of payment. Many times, Medical Assistance is reinstated with no lapse, but sometimes there can be no payment for that timeframe. Once a person is reinstated on Medical Assistance, Housing Stabilization Services providers can continue to bill under the current year's eligibility review because the assessments are effective for one year (unless there is a change in condition) regardless of Medical Assistance eligibility.

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 DHS enrollment date at this time. For example, this means that if a provider is enrolled with Minnesota Health Care Programs as of September 1, 2020, and accept 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.