

Question/Comment	Answer/Response
Why are members not allowed to default into the MSHO plan if eligible? Why do they need to elect?	DHS policy is they must choose a prepaid health plan to manage their Medicaid benefits. CMS rules state enrollment into a Medicare Advantage plan is voluntary. Because MSHO is a form of Medicare Advantage plan, as of today, enrollment into it is voluntary and must be chosen.
Why even offer the MSC+ plan?	See above. To be eligible for MSHO, enrollees must have both parts Medicare A and B. There are seniors who are not eligible for Medicare so MSC+ is the only option. Also, it's possible that seniors have retirement benefits that could be affected by their enrollment into a Medicare Advantage plan.
If they can't be enrolled with a spenddown, then why are they eligible for MSHO with a waiver obligation?	They are not the same thing. A spenddown impacts MA eligibility. Whereas a waiver obligation is tied to EW services only.
Has there been discussion at Blue Plus about being able to have a designated waiver obligation provider? This is very helpful to the 65+ Members	DHS dictates EW enrollees with a LTC spenddown who are enrolled in a managed care plan cannot use the designated provider option.
So with exclusions, is it a choice for the person to be excluded from MSHO because of a spend down or they are automatically excluded from having MSHO?	If at the time of Medicaid eligibility determination they have an MA spenddown, they cannot enroll into MSHO. For those who are on MSHO then acquire an MA spenddown, they can stay enrolled in MSHO as long as they continue to pay DHS their spenddown each month.
I have a MSHO client. Since the peace time emergency started her income went up . She will now have a spend. Since she is already on MSHO can she keep Secure Blue after the peace time emergency ends.	Yes, see answer above.
When you reach out, do you mail a packet of information, or do you call the member/PR?	Yes, to both. Our first task when receiving a referral is to reach out to the member by phone. If we do not get in touch with them on our first attempt, we mail an enrollment packet. We continue to attempt outreach by phone in the days/weeks following our initial attempts. When listed/known we always attempt to reach out to the auth rep/POA.

<p>Can you talk about the difference in estate recovery for families who had a loved one on MSC+ vs MSHO?</p>	<p>This link has good information about Estate Recovery and the rules/guidelines. There is no specific mention of MSHO vs. MSC+, I assume that the mechanics of the recovery are the same. https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/estate-recovery.jsp#:~:text=Estate%20recovery%20is%20a%20law,after%20an%20MA%20member%20dies</p>
<p>Where is MSHO Referral Form located?</p>	<p>On the SecureBlue MSHO Enrollment page on our website: https://carecoordination.bluecrossmn.com/msho/secureblue-msho-enrollment/</p>
<p>Will BCBS follow up with the care coordinator if they cannot reach the member if the care coordinator referred them for MSHO?</p>	<p>Yes. There may be a delay because we make multiple attempts to contact the member, on different days and various times of day.</p>
<p>When we meet with new MSC+ members we discuss the MSHO benefits. At that time they may decide to enroll with MSHO. What is the smoothest way for the members to enroll as we already have gone thru everything with them? I usually complete the form with FW. Is this best?</p>	<p>If you are in a smaller county with a good working relationship with your financial team, you can definitely assist them with enrolling through their financial worker. For larger counties, it may be quicker to complete the Care Coordinator SecureBlue Referral Form and have our sales team contact the member directly. There is no wrong answer.</p>
<p>Does enrolling in MSHO automatically cancel other part D drug plans? Or is this something members have to do? I have had members who switch to MSHO, but are still paying for other part D</p>	<p>Yes, enrollment into one Part D plan will cancel the member's current Part D plan.</p>
<p>When you reach out to members regarding MSHO enrollment, do you go over all medications to be sure they are covered the same? Do you go over financial information to be sure that MSHO is appropriate? For example if people have certain pensions that require them to pay for some sort of health insurance? Or for someone who has variable income, selling their house, etc. who would likely fall off of MA for a period of time? (pre-covid of course)</p>	<p>Yes, we ask each prospective MSHO member if we can review their medications - some people are not interested in going over their meds, and we respect their preference. We do review their eligibility and inquire about additional coverage that they may have. We have a limited ability to see certain types of coverage (Medicare supplement plans, for example) so we do have to rely on individuals to provide that information.</p>

<p>We have an MSHO member who hasn't paid anything towards her EW Waiver Obligation since the emergency order started and she was opened to EW. She needs other services but we can't secure them for her because providers are not willing to accept no pay. Will she go off MSHO for failure to pay her waiver obligation when</p>	<p>Member can stay on MSHO. If you need assistance with this specific case, please contact your PR Consultant.</p>
<p>You have mentioned that people often have Medicare B, but not Medicare A. Our experience is just the opposite. Are you sure you are not stating "backwards"?</p>	<p>Both situations happen. Many times recent immigrants do not have the work credits (40 credits needed, roughly 10 years of work), so they don't qualify for part A, but they may have gotten part B with assistance from the county. On the other side, many people qualify for part A automatically but fail to enroll in part B (many times because they are leery of the part B premium) - as you know, those folks can reach out to the county to see if they will cover their premium.</p>
<p>Is it beneficial for us to have our MSC+ members complete and sign a DHS-4106C Health Plan Enrollment form and sent it in?</p>	<p>That's another great way to enroll in MSHO, just be sure to check the MSHO box (about halfway down the second page of the document).</p>
<p>How soon is there contact with the member after a Care Coordinator sends in a referral form?</p>	<p>Generally within 2 business days, there may be more of a delay during certain times of the year when more people are looking to transition to MSHO.</p>
<p>What's the best number for a member to contact you to enroll. I do not see it on the BCBS website.</p>	<p>The enrollment options have been added. The numbers to call are 1-866-477-1584 or 651-662-1811.</p>
<p>Does the waiver obligation bill come from Blue Plus or the provider who billed first?</p>	<p>The EW provider who bills first in a month will receive a remittance notifying them how much they are to bill the member for their waiver obligation.</p>

<p>When a client completes the health plan enrollment form. Does it always go into effect the first day of next month? This does not always happen. I assume it is a DHS tape issue?</p>	<p>There are a few different reasons that an enrollment might not go into effect as expected. There may be a DHS error, there may be missing information in the enrollment form, or there may be a timing issue (just enrolled in Medicare and it's not showing up with DHS yet). That said, generally the enrollment will take effect on the first of the following month.</p>
<p>When you review the supplemental benefits of MSHO with potential members, do you know and share which counties do not have access to a particular benefit such as County A doesn't have transportation for groceries so they are aware and can make an informed decision? Thank you.</p>	<p>The sales team does not have knowledge on gaps in service providers in specific counties. All counties have access to all supplemental benefits. If the issue is a lack of providers in your county, please reach out to your PR Consultant if members are having difficulty accessing the benefit.</p>