

Minnesota Value of Managed Care Questions to Consider

- Does this MCO take steps to distinguish itself in order to gain market share in the Medicaid population? How does this MCO do that?

- What impact would it have if MCOs were no longer required to be non-profits? Do you think this benefits or hurts the market in terms of participation, coverage options, and access to services? What would the impacts be on the market, on enrollees, on providers?

- How do you see your organization changing with the introduction of a state health insurance exchange?
 - Will you be offering a plan on the Exchange?

- How do you see your organization changing with the introduction of Medicaid expansion?
 - Do you have the capacity to manage care for a large influx of new Medicaid eligibles?
 - What steps are MCOs taking to prepare for the expansion?

- If Rule 101's requirement were to be removed, how would this change the current landscape?

- What additional services do you offer in addition to current Medicaid required services?
 - Are some of these services included in the EHBs, and will be required post-2014?
 - If so, how will you distinguish yourself in the market?

- What care coordination activities/services do you currently provide?

- Are you currently planning to expand your care coordination and disease prevention services?

- Are there certain areas in Minnesota that you have tried to cover but have been unsuccessful? Are there areas that you are looking to expand to?

- What are the challenges you are facing in expanding in these areas?

- Have you had difficulty securing an ample provider network? What strategies have helped to enlist specialists as providers?

- How, if at all, do you see the Accountable Care Organization model integrating with the present MCOs?

- How do you feel about the number of Medicaid health plans in Minnesota? Do you think the state would benefit from more/less plan options?

- What changes/recommendations would you make for Minnesota's current capitation rate setting process?

- Do you feel that the anticipated care coordination benefits of managed care are being realized?

- What are the major issues with ensuring access to care? Is it contracting with providers? Wait times? Location issues?

- What initiatives are the MCOs taking to deal with emerging issues that the public programs are confronting, such as autism services?

- What are the top reasons why DHS should continue to contract with MCOs?