



## Health Risk Assessment (HRA) Reporting Frequently Asked Questions

#	Question	Answer
1.	Where do I find the template for reporting HRA and care plan data to Medica?	<p>The HRA Completion Report template is posted on the Medica Care Coordination Hub (<a href="https://www.medica.com/care-coordination">https://www.medica.com/care-coordination</a>). It is located on the Care coordination resources page for each product under the Templates, tools, and additional resources section. Click on the Tools and Forms dropdown and scroll down to the Miscellaneous section. The template is titled “2023 Medica CC HRA Completion Report (XLS).”</p> <p><b>Note:</b> You only have to download the template file once. The same file is posted under each product.</p>
2.	How often do I need to send Medica a completed HRA Completion Report?	<p>Please use the HRA Completion Report template to send us your HRA and care plan data monthly. Data for a current month are due by the 15<sup>th</sup> of the following month.</p>
3.	Do I need to report data for all products my organization manages?	<p><b>Effective immediately</b>, you only need to report your HRA and care plan data for MSHO (Medica DUAL Solution®) and Integrated SNBC (Medica AccessAbility Solution® Enhanced) on the HRA Completion Report.</p> <p><b>Note:</b> This is a change from our prior process and what we communicated at the February 27 Lunch &amp; Learn. We are suspending the requirement to report HRA and Care Plan data to Medica for SNBC (Medica AccessAbility Solution®) and MSC+ (Medica Choice Care<sup>SM</sup>) for the time being.</p>
4.	How should I report an HRA and care plan that are completed in different months?	<p>Because a Care Coordinator has 30 days following completion of an HRA to complete a care plan, the HRA and care plan may be completed in different months. In that scenario, you may wait to report the HRA until the month in which the care plan is completed. For example, HRA is completed February 25 and care plan is completed March 10. You may report the February HRA and the March care plan on the March HRA Completion Report that you submit to Medica in April.</p> <p>Alternatively, you can report the February HRA on the February report and the March care plan on the March report. If you choose to do it that way, just remember to carry that member over to the March report so we receive the care plan date.</p>
5.	What care plan date do I report?	<p>Report the date the Care Coordinator completed the care plan associated with the reported HRA date. For care plans associated with Transfer HRAs, report the date the Care Coordinator reviewed the current care plan with the member, as documented on the Transfer HRA.</p>

#	Question	Answer
6.	Should I report Self-Report HRAs on the HRA Completion Report?	No. Do not report Self-Report HRAs. They are not considered a complete/full HRA for purposes of CMS reporting.
7.	What if a member identified as Unable to Reach (UTR) completes an assessment within the next 30 days? Do we report both on separate lines of the report?	Yes. Report the UTR date and the HRA date on separate lines in the HRA Completion Report.
8.	What supporting documentation do I need to submit for UTR members (only required for MSHO and Integrated SNBC)?	<p>If you have any <b>MSHO</b> or <b>Integrated SNBC</b> members who were unable to be reached during the month you are reporting, please send us the following documentation in addition to the HRA Completion Report:</p> <ul style="list-style-type: none"> <li>• The completed Unable to Contact/Refusal Care Plan <u>or</u> case notes showing the dates of the three call attempts; <b>and</b></li> <li>• A copy of the Ongoing No Contact Letter that was sent to the member</li> </ul> <p><b>Remember:</b> You must complete three phone call attempts and send a follow-up letter (the Ongoing No Contact Letter) before considering a member unable to reach</p>
9.	What dates should be documented on the Unable to Contact/Refusal Care Plan if the Care Coordinator makes more than three call attempts to reach the member?	Document the dates of the first three call attempts and the date of the Ongoing No Contact Letter on the Unable to Contact/Refusal Care Plan. Best practice is to continue to try and engage the member to complete an HRA. The Care Coordinator should document all attempts to contact the member in case notes, but you do not need to send us documentation of those additional dates for purposes of HRA reporting documentation.
10.	Do the three call attempts and the follow-up letter have to be completed before the member's HRA due date?	Yes
11.	Do the three call attempts have to occur before sending the follow-up letter?	No. The follow-up letter does not necessarily have to be the last attempt. For example, a Care Coordinator could make two call attempts, mail the follow-up letter, and then make a third call attempt.
12.	What if the member's phone number is not in use?	If the phone number you have for a member is disconnected/not in use, you should attempt to locate updated contact information for the member. Possible sources include the County Financial Worker, Waiver Worker, Primary Care Clinic, Pharmacy, other providers, Provide a Ride/QRyde, and MNITs.

#	Question	Answer
		CMS is clear that there must be three phone call attempts and a follow-up letter to consider a member unable to reach. We understand that it does not make sense to continue calling a disconnected number. If you are unable to locate an alternative number, document that on the Unable to Contact/Refusal Care Plan or in case notes. We plan to seek guidance from CMS on this scenario.
13.	What supporting documentation do I need to submit for Refusal members (only required for MSHO and Integrated SNBC)?	<p>If you have any <b>MSHO</b> or <b>Integrated SNBC</b> members who refused to participate in the HRA process during the month you are reporting, please send us the following documentation in addition to the HRA Completion Report:</p> <ul style="list-style-type: none"> <li>• A copy of the case note with documentation of the conversation with the member or the member’s legal representative during which they declined to participate in the HRA. Make sure the case note documents the date of the conversation.</li> <li>• Remember: The conversation must be with the member or the member’s legal representative (e.g., facility staff cannot decline on the member’s behalf).</li> </ul>
14.	If I schedule an annual HRA with a member that is late (i.e., not within 365 days of the prior assessment), do I still complete a Refusal Care Plan and send the Member Refusal Letter when it is the member’s choice to schedule out?	<p>You do not need to complete a Refusal Care Plan or send the Member Refusal Letter if you have scheduled an HRA with the member. Continue to report these scenarios in MMIS per DHS guidance.</p> <p><b>Note:</b> You may need to complete a UTR/Refusal Care Plan and send the corresponding member letter at a later date if the scheduled HRA does not happen.</p>
15.	Why does Medica ask us to review and validate our reported HRA dates in addition to submitting the monthly HRA Completion Report?	<p>We ask you to review and validate the HRA dates you report for MSHO and Integrated SNBC as a quality check prior to submitting the data to CMS. We want to make sure we are submitting as complete and accurate data as possible. In the past, we asked you to do this annually in Quarter 4. In 2023, we plan to send you the validation reports quarterly so we are not asking you to review a year’s worth of data at one time.</p>
16.	Do we need to continue sending Medica the HRA Completion Report once MnCHOICES launches?	<p>Yes. Please continue to send us monthly HRA Completion Reports for MSHO and Integrated SNBC until further notice. The MCOs are working with DHS to ensure we can receive complete and accurate reporting out of MnCHOICES. We will have a better idea of the functionality once MnCHOICES launches.</p>
17.	Additional questions?	<p>Email the Medica Reg Quality mailbox at <a href="mailto:MedicaSPPRegQuality@medica.com">MedicaSPPRegQuality@medica.com</a></p>