



Quarterly Care Coordination Meeting

September 5, 2023

9 am – 11am

Agenda

SIU – Program Overview

Becky – General Updates

Lisa - Refresher on UTR/Refusal Process

Theresa A. – Community Engagement & Member Advisory Meetings

MBH, Dr. Orth – Depression

Shelley – New Delegate announcement

Shelley – Chore Reminder

Theresa – MnCHOICES Updates

Theresa – How to report a member PHI disclosure

Theresa – Success Story

Shelley – Upcoming Events

General Updates



MA redetermination

Contacting DHS

Supplemental Benefits MSHO

**SNBC Contract requirement,
AccessAbility Survey**

Member transfers (all products)

MSHO/ISNBC – medication refills

General Updates

MA redetermination: Lists being sent out by Medica monthly. Through the end of the year, members will have an additional month from the time of their notice to complete their paperwork, but there is still urgency for members to complete timely as it takes a while for the paperwork to be processed. Thank you for making calls to the members on your list, this is important work.

Contacting DHS: Medica Care Coordinators and Medica contracted Care Coordination delegate agencies are asked not to contact DHS directly with unsolicited questions/comments/feedback related to Care Coordination process. Please send these to the Medica Clinical Liaison team.

Supplemental Benefits MSHO: OTC benefit, Utility Bill Pay and Healthy Foods-A fair amount of members are accessing these benefits, and in your conversation with MSHO members please be sure to mention these. If members are having difficulties accessing them, please refer them to Medica Customer Service.

- OTC= All MSHO members are eligible, is an allowance of \$300 per quarter for over-the-counter items not covered by Medical Assistance
- Utility Bill Pay= Select MSHO members are eligible, members receive a monthly allowance of \$100 to help them pay utility bills.
- Healthy Foods =Select MSHO members are eligible, \$150 per month loaded on their cards available to be used towards payment of certain grocery items.

Benefit Guidelines can be found here:

<https://www.medica.com/care-coordination/msho-resources>

We currently provide you with an indicator as to whether your members meet the criteria for Utility Bill Pay and Healthy Foods and other SSBCI benefits can be found on the Quarterly Impact/Enhanced Care Coordination reports, column titled SSBCI_ELIGIBLE (0=no, 1=yes).

General Updates Continued

SNBC Contract requirement, AccessAbility Survey: Target audience, providers. Watch for a short survey monkey as we are interested in gathering your thoughts about SNBC members and provider access and availability. Using this feedback as well as feedback from members and other advocates we will be completing a survey of providers in 2024. We will keep you informed as to the process and outcome of the provider survey once complete.

Member transfers (all products): This will likely be spoken about in greater detail in a future training and in the monthly newsletter, but please remember that there is a very specific member transfer process that Medica expects to occur. The steps outlined in the policy help to ensure a smooth transition for the member as well as ensure the receiving Care Coordinator has everything they need.



MSHO/ISNBC: 90-day medication refills. Watch for list dropped in Sharefile.



Unable to Reach/Refusal Members Refresher

September 5, 2023

Unable to Reach (UTR) & Refusal Members: Requirements

<p>Unable to Reach</p> 	<ul style="list-style-type: none"> • Complete at least three unsuccessful phone call attempts to reach the member • Send member the Ongoing No Contact Letter • <u>Best Practice</u>: Make call attempts on different days at different times of day
<p>Refusal</p> 	<ul style="list-style-type: none"> • Have conversation with member or someone authorized to speak on member's behalf • Member/authorized representative must <u>explicitly</u> communicate that they do not want to participate in an assessment <u>after</u> being offered the opportunity to do so

Scenarios:

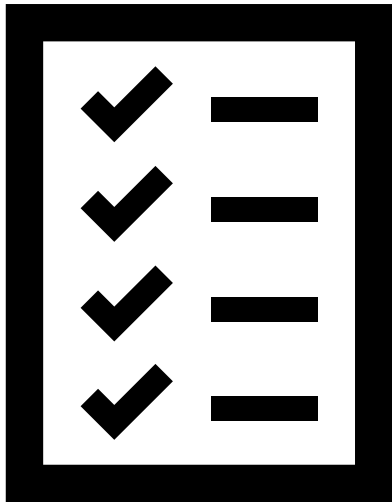
CC is attempting to reach a member to schedule an annual reassessment.

- May 1: First call attempt. No answer.
- May 3: Second call attempt. Member answers but says unable to talk and asks CC to call her back later.
- May 4: Third Call Attempt. No answer. CC mails Ongoing No Contact Letter.
- **Q:** Meet UTR Requirements?
- **A:** Per CMS, no for MSHO and I-SNBC. CC would need to make another unsuccessful call attempt before considering the member unable to reach given the member answered the second call.

CC calls a member to schedule an annual reassessment. Member answers but hangs up after CC introduces herself and before CC invites the member to schedule an assessment.

- **Q:** Meet Refusal Requirements?
- **A:** Per CMS, no for MSHO & I-SNBC. This is not a refusal because the member did not explicitly refuse to participate in the assessment. It can be considered an unsuccessful call attempt under the UTR process.

UTR Members: Documentation Requirements



- All Members:
 - Document dates of the three call attempts and letter
 - Use exact dates – “yesterday” or “last week” not sufficient
 - Where you document depends if working in MnCHOICES (see next slide)
 - Complete and send Ongoing No Contact Letter
- MSHO & I-SNBC Members (additional requirements):
 - Complete the Medica Unable to Contact/Refusal Care Plan (recommended but optional for MSC+ & SNBC)
 - Attempt to identify PCP and send PCP Letter, if known
 - Report the date of the final outreach attempt (third call or letter, whichever is later) on monthly HRA report

UTR Members: Documentation Requirements (cont'd)

<p>Legacy</p>	<p>MSHO & I-SNBC:</p> <ul style="list-style-type: none"> • Document call attempt dates and Ongoing No Contact Letter date on the Medica UTR/Refusal Care Plan • Report date of the final outreach attempt on the monthly HRA report • Send Medica the UTR/Refusal Care Plan and a copy of the Ongoing No Contact Letter with your monthly HRA report <p>MSC+ & SNBC:</p> <ul style="list-style-type: none"> • Document dates of call attempts and Ongoing No Contact Letter in internal documentation system or on UTR/Refusal Care Plan • Use of UTR/Refusal Care Plan recommended but optional for MSC+ and SNBC
<p>MnCHOICES</p>	<ul style="list-style-type: none"> • Document call attempts on UTR/Refusal Care Plan (required for MSHO & I-SNBC) or in MnCHOICES Progress Notes (see next slide) • Create an HRA <ul style="list-style-type: none"> • Complete required fields in “Member Information” section • Complete required fields in “Assessment Information” Section <ul style="list-style-type: none"> • HRA Type: Choose Initial or Annual • HRA Method: Choose Telephone • HRA Date: Enter date of the last contact attempt (third call or letter, whichever is later) • Assessment Results: Choose “Person not located for Health Risk Assessment” from dropdown • Change HRA status to “Complete” • MSHO & I-SNBC: Upload Medica UTR/Refusal Care Plan and Ongoing No Contact Letter to MnCHOICES as attachments

The Medica UTR/Refusal Care Plan includes documentation of the dates of the three call attempts and letter so no need to send us case notes with the same information. If upload in MnCHOICES, we can access directly.

UTR Member Documentation: MnCHOICES

- Create HRA to document date of last outreach attempt (see prior slide for steps)
- Use UTR/Refusal Care Plan (required for MSHO & I-SNBC) **or** MnCHOICES Progress Notes to document other attempts
- For MSHO & I-SNBC: Upload Medica UTR/Refusal Care Plan and Ongoing No Contact Letter as attachments in MnCHOICES

Example of Progress Note Documentation in MnCHOICES

The screenshot displays the 'New Note' form in the MnCHOICES system. The form is titled 'New Note' and is set for a user named 'Ake...' with Person ID '76459'. The form includes the following fields and elements:

- Category***: A dropdown menu with 'General Note' selected.
- Title***: A text input field containing 'UTR Call Attempt'.
- Activity Date***: A date picker showing '08/24/2023'. A red arrow points to this field with the label 'Date of outreach attempt'. Below the date picker, it states 'Format is MM/DD/YYYY'.
- Note***: A rich text editor with a toolbar containing options for Paragraph, Bold (B), Italic (I), Link, Unlink, Text Color, Background Color, Bulleted List, Numbered List, Indent, Outdent, Image, Quote, Table, Video, Undo, and Redo. The note content is: 'Made [first/second/third] call attempt on XX/XX/20XX to member to schedule assessment. No answer. Left voicemail.'

The background shows the MnCHOICES interface with a navigation sidebar on the left containing 'Dashboard', 'Profile', 'Health Information', and 'Progress Notes'. The top navigation bar includes 'HUMAN SERVICES MnCHOICES', 'Search Persons', and various action buttons like 'Contact Form', 'Messages', 'Notifications', 'Queries', and 'Bulk Assign'.

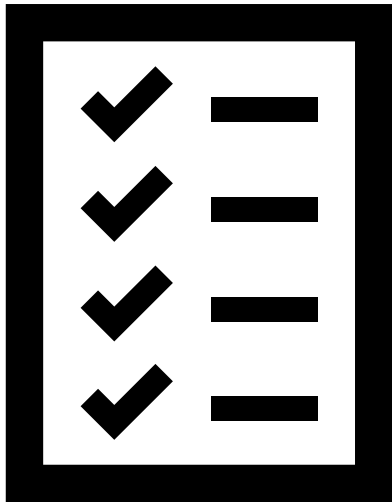
UTR Scenario: Disconnected Number

CC attempts to reach a member to schedule a reassessment. On the first call attempt, the CC learns the member's number has been disconnected. The CC is unable to identify an alternative number for the member. CC mails the Ongoing No Contact Letter and documents the initial call and her attempts to locate an alternative number for the member.



- **Q:** Does the CC have to make two additional calls to a disconnected number to consider the member unable to reach?
- **A:** Medica submitted this scenario to CMS. They stated that the CC “would need to make two more call attempts to a disconnected number before the enrollee can be considered unable to reach for purposes of Part C Reporting.”
- **Note:** This applies to MSHO and I-SNBC members. For MSC+ and SNBC members, if you are unable to locate an alternative number, you do not need to make additional calls to a disconnected number but do need to document your attempts to find alternative contact information for the member.

Refusal Members: Documentation Requirements



- All Members:
 - Document date of the refusal conversation
 - Use exact dates – “yesterday” or “last week” not sufficient
 - Where you document depends if working in MnCHOICES (see next slide)
 - Complete and send Member Refusal Letter
- MSHO & I-SNBC Members (additional requirements):
 - Complete the Medica UTR/Refusal Care Plan (recommended but optional for MSC+ & SNBC)
 - Attempt to identify PCP and send PCP Letter, if known
 - Report the date of the refusal conversation on monthly HRA report

Refusal Members: Documentation Requirements (cont'd)

<p>Legacy</p>	<p>MSHO & I-SNBC:</p> <ul style="list-style-type: none"> Document refusal conversation, including date, and the date of the Member Refusal Letter on the Medica UTR/Refusal Care Plan Report date of the refusal conversation on the monthly HRA report Send Medica the UTR/Refusal Care Plan with your monthly HRA report <p>MSC+ & SNBC:</p> <ul style="list-style-type: none"> Document refusal conversation, including date, and the date of the Member Refusal Letter in internal documentation system or on Medica UTR/Refusal Care Plan Use of UTR/Refusal Care Plan recommended but optional for MSC+ and SNBC
<p>MnCHOICES</p>	<ul style="list-style-type: none"> Document refusal conversation, including date, and the date of the Member Refusal Letter on UTR/Refusal Care Plan (required for MSHO/I-SNBC) or in MnCHOICES Progress Note (see next slide) Create an HRA <ul style="list-style-type: none"> Complete required fields in “Member Information” section Complete required fields in “Assessment Information” Section <ul style="list-style-type: none"> HRA Type: Choose Initial or Annual HRA Method: Choose appropriate option (e.g., telephone or in-person) HRA Date: Enter date of refusal conversation Assessment Results: Choose “Person declined Health Risk Assessment” from dropdown Change HRA status to “Complete” MSHO & I-SNBC: Upload Medica UTR/Refusal Care Plan to MnCHOICES as attachment

New: Document a summary of the refusal conversation on the Medica UTR/Refusal Care Plan. We are updating the Care Plan to label a text box for this purpose. In the meantime, document in the text box labeled “Other”

Refusal Member Documentation: MnCHOICES

- Create HRA to document date of the refusal conversation (see prior slide for steps)
- Use Medica UTR/Refusal Care Plan (required for MSHO/I-SNBC) *or* MnCHOICES Progress Notes to document content of conversation
- For MSHO & I-SNBC: Upload Medica UTR/Refusal Care Plan as attachment in MnCHOICES

Example of Progress Note Documentation in MnCHOICES

The screenshot displays the MnCHOICES interface for creating a new note. The form includes the following fields and content:

- Category***: A dropdown menu with "General Note" selected.
- Title***: A text input field containing "Assessment Refusal".
- Activity Date***: A date picker showing "08/24/2023".
- Date Added**: A table header with a value of "08/24/2023".
- Staff Member**: A table header with a value of "User1963".
- Note***: A rich text editor containing the text: "Spoke with member on telephone on XX/XX/20XX. Offered to schedule Health Risk Assessment. Member said not interested in completing an HRA. Mailed member Refusal Letter."

A red arrow points from the "Date of refusal conversation" label to the "Date Added" field, which contains the date "08/24/2023".

UTR & Refusal Member Documentation: Medica UTR/Refusal Care Plan



- One place to document all relevant information regarding UTR and Refusal members (required for MSHO & I-SNBC)
- Already documenting relevant dates here
- **New:** Start documenting content of refusal conversation here
 - **Current Version:** Document in text box labeled “Other”
 - **Future Update:** Will label this text box specifically for documentation of the refusal conversation



MSHO/ISNBC UNABLE TO CONTACT/ REFUSAL CARE PLAN

Member Name:		Today's Date:	
Member DOB:		Health Plan ID #:	
Care Coordinator Name		Member Phone:	
Care Coordinator Phone:		Assessment Type:	Select One

Care Coordinator Interventions: Member

Care Coordinator will attempt to contact member a minimum of annually or based on reporting, change in condition or admission to facility.

Outcome:

Unable to contact member either by telephone or mail:
 Attempt #1 – Attempt #3 –
 Attempt #2 – Date on-going No Contact Letter Sent:

No valid member contact information is available. What resources were used in attempt to locate member contact info?

Member not responding to calls or correspondence

Other:

Member declines Health Risk Assessment Date of Refusal: Date Refusal Letter Sent:

Care Coordinator will send member Mailed HRA (Required) Date Sent:

Care Coordinator will send Member Leave Behind Document (Required) Date Sent:

Other: Spoke with member on telephone on XX/XX/20XX. Offered to schedule Health Risk Assessment. Member said not interested in completing an HRA. Mailed member Refusal Letter.

Care Coordinator Interventions: Primary Care Physician (PCP)

Refusal Conversations

- The member or someone authorized to speak on the member's behalf must explicitly refuse to participate in the assessment after being offered the opportunity to do so
- This conversation must be documented, including the date and who declined
- Document date and content of conversation either on the UTR/Refusal Care Plan (preferred) or in case notes or MnCHOICES Progress Notes

Scenario:

CC calls a member to schedule an annual reassessment. The member answers the phone but hands it to another person to speak after the CC introduces herself. The person on the phone tells the CC that the member declines to participate in the assessment.

- **Q:** Can this be considered a refusal?
- **A:** Medica submitted this scenario to CMS. They stated “[W]e would consider an enrollee handing the phone to a designated family caregiver as an enrollee providing a refusal to conduct the HRA.”

Given CMS's response, if a member hands a phone to another person and the member is present for the conversation, the CC can consider this a refusal. In other scenarios (e.g., someone other than the member answers the phone and the member is not available), the CC must confirm who is declining on the member's behalf and if they are authorized to do so (e.g., legal representative, responsible party).

Reporting UTRs & Refusals to Medica (MSHO & I-SNBC Only)

- Continue to report UTR and Refusal dates and UTR/Refusal Care Plan dates on your monthly HRA report, even if working in MnCHOICES
- UTR: Report the date of the last outreach attempt (third call or letter, whichever is later)
- Refusal: Report the date of the refusal conversation
- Indicate if it's a UTR or Refusal in the "Type of Current Assessment" field
- If a UTR/Refusal member subsequently completes an assessment, report the assessment date to us, too

Member PMI	Last Name	First Name	DOB	Delegate Name	Date of Assessment	Type of Current Assessment	Assessment Method	Date Care Plan Completed	Name of Care Coordinator	Comments
12345678	Smith	John	1/1/1980	XYZ Delegate	1/1/2018	(Select from Dropdown Box)	(Select from Dropdown Box)	1/1/2018	Jane Doe	

Initial Assessment


Reassessment/Annual

Transfer HRA

Change of Condition

Refusal

Unable to Reach



Questions?

- Email the Reg Quality Mailbox at MedicaSPPRegQuality@medica.com





Community Engagement & Member Advisory Committees

September 5, 2023



Community Engagement

- We are the face of Medica's MN Medicaid program in the community.
- Attend events, health fairs, community gatherings focused on underrepresented or underserved populations.
- Create brand awareness and demonstrate Medica's commitment to the communities we serve.
- Provide resources and information about Medica's products/benefits, community resources, health information to current and prospective members.
- Represent Medica at workgroups and coalitions.
- Build and strengthen relationships with community based organizations throughout our service area.
- **What we don't do:** attend/sponsor galas & fundraisers, general volunteering without a larger strategic purpose.

Member Advisory Committees: Themes and Feedback

- 6 Member Meetings (MSHO/MS C+, SNBC/SNBC-I, F&C) & 2 Community Partner Meetings (Dental & Behavioral Health Equity) – regional and metro
- 2023 Topics:
 - Food Security
 - Dental Care & Access
 - Behavioral Health
 - Health Equity
- Care Coordinators are an important resource to members, and very helpful for providing support and resources
- Members have difficulty understanding their benefits and how to access them.
- Dental care **experience** is as much a barrier as **access** to care. Members have had bad dental experiences, and are fearful of pain and anxious about the care they'll receive.
- Members experience discrimination in accessing health care services due to race/ethnicity, disability, and Medicaid status.
- Food security is a major issue impacting members, particularly after the end of emergency food support in March 2023.
- Members feel providers do not want to see patients on Medicaid due to low rates, and perceive that non-Medicaid patients have shorter wait times and receive better treatment overall.





Member Voices

- “I’ve been treated terribly. It’s like, don’t blame me because I’m disabled or on government insurance!”
- “I have to prove myself to get the right care that I should have automatically.”
- “Once the dentist gets in your mouth, they just do what they want to do and don’t ask if it’s ok.”
- “My care coordinator is the best, she makes Medica a wonderful experience.”
- “If you find a place that is set up as a non-profit, they understand people like us and want to help, they aren’t just worried about the money. Those places are few and far between though.”
- “Everyone should get the care they need, whether they are black, Mexican, or white.”



Care Coordination Updates

September 5, 2023

New Delegate Announcement

Welcome

- We are happy to announce that as of 6/1/2023 we had LSS and Independent Lifestyles join us on the senior side. Both agencies work with Medica SNBC members but now are also working with our senior products.
- As of 7/1/2023 Cook County became a new delegate with us for SNBC.
- Also, as of 7/1/2023 Ridgeview Care System joined us to provide MSHO care coordination.

Chore service overview and auths/Transitional services

Chore Services authorizations and EW transitional services will be submitted to support specialists for entry.

Refer to [Claims Referral Guidelines](#) under tools and forms

Include brief notation about the chore task in Service Description Code column on the Referral Request Form (RRF)

For Transitional Services include current housing setting and setting the member is moving to in the Service Description Code column on the RRF

When sending in the referral form for either service, in the email subject line enter Chore Service or Transitional Service

CC's are **not** to start services until they receive a confirmation email from the support specialist team that the auth has been entered.

**There is a review process for these authorizations prior to entry*

MnCHOICES Access



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We want to thank you for your patience as we continue to onboard delegate staff into the Revised MnCHOICES.

Tips to help with these requests:

- Please use the **“State of Minnesota MnCHOICES Support Plan Request and Authorization Form”**
- Submit your access requests to SNPreferralcommunications@medica.com
 - Include specifics on what you are requesting: Access to the Revised MnCHOICES application, access to MnCHOICES Support Plan (MnCHOICES version 1) for completion of Rate Plans when using the LTCC (legacy) assessment with members receiving residential services, assisted living, or adult foster care, or access to both systems.
 - Fill out form completely and attach to your email
 - Include TrainLink ID
 - For new access to the revised MnCHOICES, please include the specific roles and responsibilities you requesting.

MnCHOICES Access Continued

- If you have not been able to get into “new” Revised MnChoices, you will need to get the email resent to you. Submit that request to: SNPReferralcommunications@medica.com

You can only access the password reset after you have successfully gotten into MnChoices.

- MnChoices Support Plan access & password requests can be emailed to SNPReferralcommunications@medica.com. Please include USER ID, name, and phone number.

Any MnChoices request for new set up will be set up in both the Support Plan and “new” platforms, unless otherwise specified on form.

MnCHOICES FAQ



We have been receiving a number of questions regarding Medica processes with the launch on the Revised MnCHOICES application so we wanted to take this opportunity to answer some of the frequently asked questions. Thank you all for your patience and understanding as we all learn to navigate this change together!

Q: What is Medica's current expectation for Signature Pages?

A: If using the legacy forms (Collaborative Care Plan or SNBC Care Plan), you will continue to follow current process and use the Medica Member Signature Sheet and save in your agency documentation platform. If you are entering in MnCHOICES you should be using the Support Plan Signature Page. You could print the support plan signature page and bring it with you to the visit. Prior to getting the member's signature, review the support plan, including the goals and support plan services, verbally with the member. Document this verbal review and that a hard copy of the agreed upon support plan will be sent to the member. Upload the signed signature sheet into MnCHOICES. Option 2 would be follow current process of mailing the signature sheet to the member with the support plan and asking them to return a signed copy. Medica's expectation is that you make a minimum of two attempts to obtain the signature sheet.

Q: What care plan is required for SNBC Enhanced Care members who are either Unable to be Reached or Refusing?

A: At this time, continue to use the Medica UTR/Refusal care plan. DHS is still in discussion about how that might look in MnCHOICES in the future.

MnCHOICES FAQ continued

Q: What is the date we should be using for “referral date” in MnCHOICES?

A: You should use the date the member enrolled in the health plan for the current product. This is the original effective date field on your roster.

Q: Will CCs be sending out the Medica’s Self Report HRA or MnCHOICES/DHS version of the Self HRA for Ongoing No Contact members?

A: Medica is not using the MnCHOICES mailed HRA. At this time continue to follow the current Medica process using the Medica SHRA/mailed assessment document for UTR/Ref members.

Q: Can Medica provide direction regarding updating support plans in MnCHOICES with transitions, quarterly, & 6 month contacts?

A: In MnCHOICES you should continue to follow the current care plan updating process (eg: after scheduled follow-up visit, transitions, other changes in needs). To revise a support plan during the year between assessments use the revise function in MnCHOICES. Remember to change the status of the care plan to complete after each revision. See the revising a plan section in the MnCHOICES support plan smart guides. Our understanding is the revision function will copy over the current care plan information and you will make updates to that. A new care plan would be created at the time of the reassessment.

Reporting Accidental Personal Health Information (PHI) Disclosure

We understand that accidental PHI disclosure can happen.

Care Coordinators are required to report all security incidents or disclosures of protected health information (PHI) to Medica as soon as possible after discovery.

Please complete this form [Privacy-Security-Incident-Report-Form-for-Medica-Business-Associates.pdf](#) for all suspected or confirmed privacy or security incidents. Please report the incident even if you are unable to provide all requested information so that Medica can begin its investigation. Return the completed form directly to privacy@medica.com. Medica's compliance team will reach out to the delegate/Care Coordinator if additional details are needed.

Success Story



Upcoming Events

Save the date



September 29, 2023 at noon – Advance Care Planning provided by Light of the Legacy



October 10, 2023 at 9am – 10:30am – Delegate Supervisory Meeting



Tentative training in November on the 2024 Supplemental Benefits



Quarterly CC Meeting – December 5, 2023 9am-11am

