June 2023

Medica | CARE COORDINATOR NEWSLETTER

All Products

Auditors Corner: Assessment & Care Plan Timeliness

Care Coordinators (CCs) must complete assessments and care plans with all members in accordance with Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS)-required timelines.

Initial Assessment

Plan/Product	Timeline for Completion	Member Category
Minnesota Senior Health Options (MSHO) members	Within 30 calendar days of enrollment	Non-Elderly Waiver (EW) (Rate Cell A) EW (Rate Cell B) Institutional (Rate Cell D) Transfer
Minnesota Senior Care Plus (MSC +) members **with** Personal care assistance (PCA) or Elderly Waiver (EW) services	Within 30 calendar days of enrollment	Community w/ EW or PCA Transfer
MSC+ members **without** PCA or EW services	Within 60 calendar days of enrollment	Community Non-EW/Non PCA Transfer
Special Needs Basic Care (SNBC)/SNBC Enhanced members	Within 60 calendar days of enrollment	Community Institutional Other Waiver Transfer

- Document the date you receive enrollment from Medica in your case notes. Auditors realize it is not always the first of the enrollment month.

Early Reassessment/Functional Needs Update (EW only)/Requested Assessment

Plan/Product	Timeline for Completion	Member Category
All	Within 20 calendar days of member request or identification of change in needs	All

- To be used if a member has a change in need that cannot be addressed by realigning resources within the person's current support plan.
- If the CC is able to realign resources, the CC must document changes on the care plan and ensure the information is shared with the assessor at the members annual reassessment.
- It is the CC's responsibility to complete early assessments in a timely manner and expedite urgent requests based on the members needs and potential risks if the reassessment is delayed.
- A functional needs update is a remote assessment that can be used to document a change to a person's assessed need(s) any time during the service agreement year. This does not count as a full assessment.
- The CC is required to document the date they receive the member or third-party request or identification of change in needs
- If a request for assessment is coming from a third-party, such as a provider, the CC must contact the member as soon as possible to determine if they would like an assessment. The 20-day timeline starts when the member confirms they want an assessment.

Annual Reassessment

Plan/Product	Timeline for Completion	Member Category
All	Within 365 calendar days of last full assessment (Transfer Health Risk Assessment {THRA} and Functional Needs Assessments are not considered full assessments)	All

- Unable to reach (UTR) and refusals follow the same timelines as initial and annual assessments (e.g., all outreach attempts or the refusal conversation must occur within required timelines).
- If an assessment is attempted but not completed, document a member-related explanation in the case notes.

Care Plan

Plan/Product	Timeline for Completion	Member Category
All	Completed and sent to member within 30 calendar days of the	All, except MSHO/MSC+

date of a completed assessment Institutional members

- If a care plan is not completed, document a member-related explanation in the case notes.

Medica auditors need to verify these activities are occurring timely. This is done by reviewing current and previous assessment dates and verifying that the care plan was **completed and sent** to the member within 30 calendar days of assessment completion. One of the ways the auditor verifies the care plan has been sent to the member is by viewing the Post Visit Letter. This letter includes the date, who it was sent to, and that the care plan was sent. It meets all the required audit elements.

If you have questions about this audit element, please reach out to your auditor or email **MedicaSPPRegQuality@Medica.com.**

Department of Human Services (DHS) Update: Medicaid redeterminations/renewal process

Care Coordinators are the face of "Medica" for our members. You will play an important role in helping your members understand the Medicaid redetermination/renewal process.

For some members, it has been several years since they have gone through the annual Medicaid renewal process and for other members, they are newer to Medicaid coverage and have never gone through the renewal process at all. Considering the vulnerable population, you work with, all members will require some level of assistance which is why your calls to them are so important.

Care Coordinator role with members who are up for renewal:

- Each month, Medica will provide Care Coordination entities with a list of members who are in the current "cohort" of members being mailed renewal packets. You will find these in your miscellaneous Sharefile folder. The file will be called Care Coordinated Products XXXX Renewals (the file name will include the month for which the members on the list have their renewals). It is expected that you review these lists and begin making calls to members quickly. Note that if you work with multiple products, all products for which you provide Care Coordination are on one file.
    - Information related to what is sent by DHS to your member can be found here: **mn.gov/dhs/renewmycoverage/communications-**

toolkits
    - When reading the member grid, note the date in the Column titled “Eligibility Review”. This is the date the member will lose their coverage by if they have not submitted the necessary application and paperwork.
- **Care Coordinators, and/or other staff at your entity who support the Care Coordinators, are required to make outbound calls to members to support them through this process.** The purpose of this communication will be to highlight the importance of the members following the instructions found on the renewal paperwork, and to answer any questions they might have. If the member needs extra help completing the renewal process, Care Coordinators are to assist members as they are able and refer members to resources who can assist.

In addition to the Care Coordinator calls to members, Medica will be sending text messages to members we have cell phone numbers for and emails to members for whom we have an email address. Medica will also be sending DHS approved mailers to provide reminders of the importance of taking action and completing the DHS renewal paperwork they have received. We have also provided information on the Medicaid renewal process to our Member Call Center as well as various vendors who may interact with some of our members to also be aware of the Medicaid Renewal process in the event a member talks to them about this. **These member contacts being done by Medica are in addition to the calls being made by Care Coordinators.**

Thank you for reaching out to your members to assist them with this very important process!

DHS Update: Upcoming Elderly Waiver (EW)/Housing Stabilization Service (HSS) Provider webinar

The Next training for EW providers and HSS providers titled “Setup and Billing for Elderly Waiver and Housing Stabilization Service Providers” is being held on July 19, 11:30 a.m. - 1 p.m. and the registration is found here: **Medica | Provider College Class Registration**

***CC’s do not need to attend unless they are interested. Training will be posted.**

Gaps of Care Campaign reminder

The Gaps in Care Campaign that Medica is running through a vendor called mPulse Health. There will be seven different health promotion campaigns for Care Coordination products MSHO and SNBC-DSNP with one launching each month from April through October. Outreach to eligible members will occur through various communication channels including phone, text, and email. For telephone outreach, mPulse will call members on behalf of Medica from the following phone number: (952) 206-0166. If the call goes to voicemail, a voicemail message instructs the member to call us back at the following toll-free number: (833) 694-0614. Members can also call back at (952) 206-0166. Member outreach began this month for the Dental campaign.

If you are contacted by a member related to a communication, they have gotten from our vendor mPulse related to these projects, please encourage them to accept the assistance offered through mPulse as closing these gaps will result in better health outcomes for the member.

Medica is offering **incentives to MSHO and SNBC-DSNP members** that take specific health actions/close gaps in care on 5 of the campaigns.

Personal Care Assistant (PCA) and Instrumental Activities of Daily Living (IADL)

Did you know that a PCA can do many IADL's that homemakers do? (Check out the PCA Manual Covered Services Section)

A PCA worker **may assist** an adult with the following:

- Accompany to medical appointments
- Accompany to participate in the community
- Assist with paying bills
- Communicate by telephone and other media
- Complete household tasks integral to the PCA services, such as planning and preparing meals and shopping for food, clothing, and other essential items

PCA covered services (state.mn.us)

Referral request responses to Support Specialists

questions

When you are emailing the **referralrequest@medica.com** in response to a question you have been asked, **please remember to attach the (updated) referral request form (RRF)** to your response. If you flag your response as high importance, it will generally be addressed within 1 business day.

New MnCHOICES Training Zone (MTZ)

URL: **https://mnchoices-trn-carity.feisystemsh2env.com/**

- Users should bookmark the new URL
- Usernames: Continue to use your MTZ user name
- Password: Password123#

As you begin practicing in the new MnCHOICES Training Zone (MTZ), you may discover some system functionality that doesn't work as expected. Reminder to reference the DHS "Current functionality and future enhancements" document to determine what is expected in the application. The Current Functionality document is being updated to "version 4" and will be available in the MnCHOICES Help Center once updates are complete. If it is something outside of these known issues, I want to encourage you to bring it to your MnCHOICES mentor(s) to submit Helpdesk tickets. Please don't assume that a ticket has already been submitted for any given issue. DHS will not know about the issues we are running across unless tickets are submitted.

MnCHOICES termination of access for departing staff

When a Care Coordinator leaves your organization, please email **snpreferralcommunications@medica.com** with the Care Coordinator name, User ID, Supervisor, and their last date of employment. Per DHS, requests to terminate their access to MnChoices needs to be completed no more than one day after they leave. If their access is not terminated and they go to a new agency, the Care Coordinator will still have access to their previous members.

Medica Health Outcomes Survey (HOS)

MSHO members may receive a survey in the mail later in July called the Health Outcomes Survey or HOS. The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure survey used in Medicare-managed

care. The goal of the Medicare HOS is to gather valid, reliable, and clinically meaningful health status data from the Medicare Advantage program (Medica MSHO) to use in quality improvement activities, program oversight, public reporting, and improving health. Outcomes of the HOS survey also play a part in the Medicare STAR rating of health plans.

The HOS survey is being sent to some, not all, MSHO members to gather information about their health and well-being. This survey is developed by the Centers for Medicare and Medicaid Services (CMS). CMS and Medica are committed to monitoring the quality-of-care Medicare beneficiaries receive. This survey includes general questions about a member's overall health and more detailed questions about Activities of Daily Living. There are 2 versions of the HOS survey, a standard version and a modified (shorter) version referred to as the HOS-M.

In your Sharefile Misc folder, we will be dropping a MSHO member listing today. This member listing reflects the MSHO members who may receive this survey. We are asking that the Care Coordinator or another staff on the team who works with members, attempt to contact the members on your list and use the talking points included with this email. Note: July 17th is the last day that calls can be made to members mentioning the HOS survey.

Calls to all members are preferred, but if you are needing to prioritize this work the ranking information may be helpful. We recognize that Care Coordinators are also being asked to make outbound calls to members related to Medicaid Renewals/Redeterminations. Both outbound call campaigns are important to members and to Medica. We are asking that you do your best to complete the HOS survey outbound calls as this survey provides valuable information to CMS and Medica pertaining to the members we have on the MSHO program.

Office Hours

We have decided to discontinue the office hours due to lack of participation. If in the future there is interest, we can revisit how these would best benefit our delegates.

Our last office hours for MSHO/MSC+ were 6/14/23 and the last office hours for SNBC/SNBC Enhanced will be 6/28/23.

Welcome New Delegates!

Please help us in welcoming Medica's newest SNBC county delegate, Cook County as well as Lutheran Social Services (LSS) & Independent Lifestyle as our newest MSHO/MSC+ delegates. We are so happy to have you on our team!

Upcoming July Meetings

IDT consults – July 19th, 2023, 9-12pm

Minnesota Senior Health Options (MSHO) + Minnesota Senior Care (MSC+)

MSHO Added Benefit Spotlight: Foundation Learning Online Courses

Members with certain chronic conditions may be eligible for a supplemental benefit for the chronically ill (Special Supplemental Benefit for the Chronically Ill - SSBCI).

Life skills courses include subjects like practical math and safe online browsing. Members may request course enrollment via a secure website and will receive confirmation if approved. Once enrolled, members can access their secure account anytime from a computer or device.

We're here to help

Call or email, whichever works best for you.

Call us at 1-888-906-0971 (TTY:711)

Email us at **MedicaCCSupport@medica.com**.

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