
All Products December Care Coordination Meeting

December 8, 2020 9am – 11am

AGENDA

	PRESENTER	TOPIC
	PJ	Public Health Emergency and Health Equity
	Sheila	Diabetes PIP
	Sheila	Survey
	Kathy	Regulatory Updates
	Threasa/Deb	Bridging Update
	Joy/Shelley	DTR's/closing waivers/temp increase to PCA and CDCS
	Shelley	PAS Update
	Shelley	Updated IDT Process
	Shelley	QRyde Implementation Update
	Shelley	Member Date of Death reporting requirement
	James	2021 Added Benefits Overview
	Angie	CHW Benefit Guideline
	Angie	Food RX Benefit Guideline

COVID-19 Public Health Emergency

PJ Mitchell, Senior Public Policy Analyst

Federal Public Health Emergency

- The U.S. Department of Health and Human Services declared a PHE on [January 31, 2020](#)
- Most recently renewed the PHE [effective October 23, 2020.](#)
- Will be in effect until January 21, 2021 unless otherwise modified by the Secretary of HHS (anticipated to be renewed for another 90-days).

State Peacetime Emergency EO

- Governor Walz issued Executive Order (EO) 20-01 and declared a peacetime emergency on March 13, 2020
- Peacetime Emergency was most recently extended via EO 20-97 on [November 12, 2020](#)
- Will need to be extended again on December 14, 2020 (legislature will be called for a special session)

So, what does it mean?

- Allows state (DHS and other agencies) additional flexibility to make temporary changes or waive certain requirements with streamlined approval from CMS
 - Examples:
 - Telehealth flexibilities
 - Modification of licensure requirements
 - Coverage of certain treatments that may not traditionally be covered (EUA)
- Certain federal provisions are also tied to the period of public health emergency
 - Examples:
 - Continuity of Medicaid eligibility/coverage
 - Certain coverage provisions related to treatment and testing for COVID-19

What happens when the Public Health Emergency ends?

- Celebration and panic!
- Flexibilities will need to “unwind”
 - Certain flexibilities have been extended with “off-ramps” in state law; others may be extended permanently through legislation
 - Some do not have an off-ramp - winding down will take a lot of collaborative effort from state, county partners, health plans, and other partner

Health Equity at Medica

PJ Mitchell, Senior Public Policy Analyst

What's happening at Medica related to Health Equity?

- Ongoing work related to Diversity, Equity, and Inclusion efforts as an organization
 - Recently hired a Senior Director of Diversity, Equity, and Inclusion (Alex Tittle, Sr.)
 - Looking at internal processes and further developing our DEI roadmap
- Focused efforts in Health and Physician Services to reduce disparities and promote equity
- Broader investments in our communities
- External collaboration

Health and Physician Services Health Equity Committee

- *Definition:* Health equity holds that no person be disadvantaged from achieving this potential, as a result of barriers that exist due to racism, sexism, or discrimination based on other social or demographic factors such as socioeconomic status or geographic region

Disparities Reduction

- Population health approach to reduce health disparities among our members
 - Use data to assess our population(s)
 - Identify gaps and needs
 - Define and implement interventions
 - Measure outcomes

Promoting Equity

- Continued partnerships focusing on Social Determinants of Health
- Subgroup efforts on policies, process, and data

2021 New Diabetes Performance Improvement Project

Goals of the PIP

- Improve management of diabetes in MSHO, MSC+, SNBC, ISNBC members
- Work to close the diabetes health disparity gaps existing between Caucasian members and members of other racial, cultural and ethnic groups within the populations
- HEDIS® Diabetes Measure focusing on blood pressure control

Examples of Medica Interventions

- SCREENRX® Program via Express Scripts
- Medica Disease Management Program
- Increase use of 2021 Supplemental Benefits that nicely align with diabetes management
- Care Coordination

MSHO - SNBC - ISNBC Member Survey Results

2020

2020 Survey Process

- **Same survey format was used in 2020, 2019, 2018, 2017.**
- **Sample size was 100 members per delegate and 120 per Care System**
- **Sample pulled from members who had a completed HRA in 2019 or early 2020.**
- **Surveys mailed August 7, 2020; window was closed for responses October 12, 2020. Left survey out longer due to COVID.**

Satisfaction Survey

Instructions: For each statement, please fill in the circle for the answer that best describes your opinion. If you don't know, please choose "Not Sure" and use the space at the bottom of the page to provide feedback.

Medica Care Coordinator	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
1. I know how to contact my Medica Care Coordinator.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am able to reach my Medica Care Coordinator when I need to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My Medica Care Coordinator listens to me and pays attention to what is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My Medica Care Coordinator explains things in a way that I can understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The information provided by my Medica Care Coordinator has helped me manage my health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My Medica Care Coordinator has helped me take steps to maintain or improve my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel my Medica Care Coordinator has a good understanding of my individual needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Satisfaction

8. Overall, how satisfied are you with the Medica Care Coordination Program and the services you receive?
(1 = Not at all satisfied; 10 = Extremely satisfied)

Not at all satisfied	1	2	3	4	5	6	7	8	9	10	Extremely satisfied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please use this space for any additional comments about your experience or how we can improve our Care Coordination services for you. If you need more space, please use the back of this page.

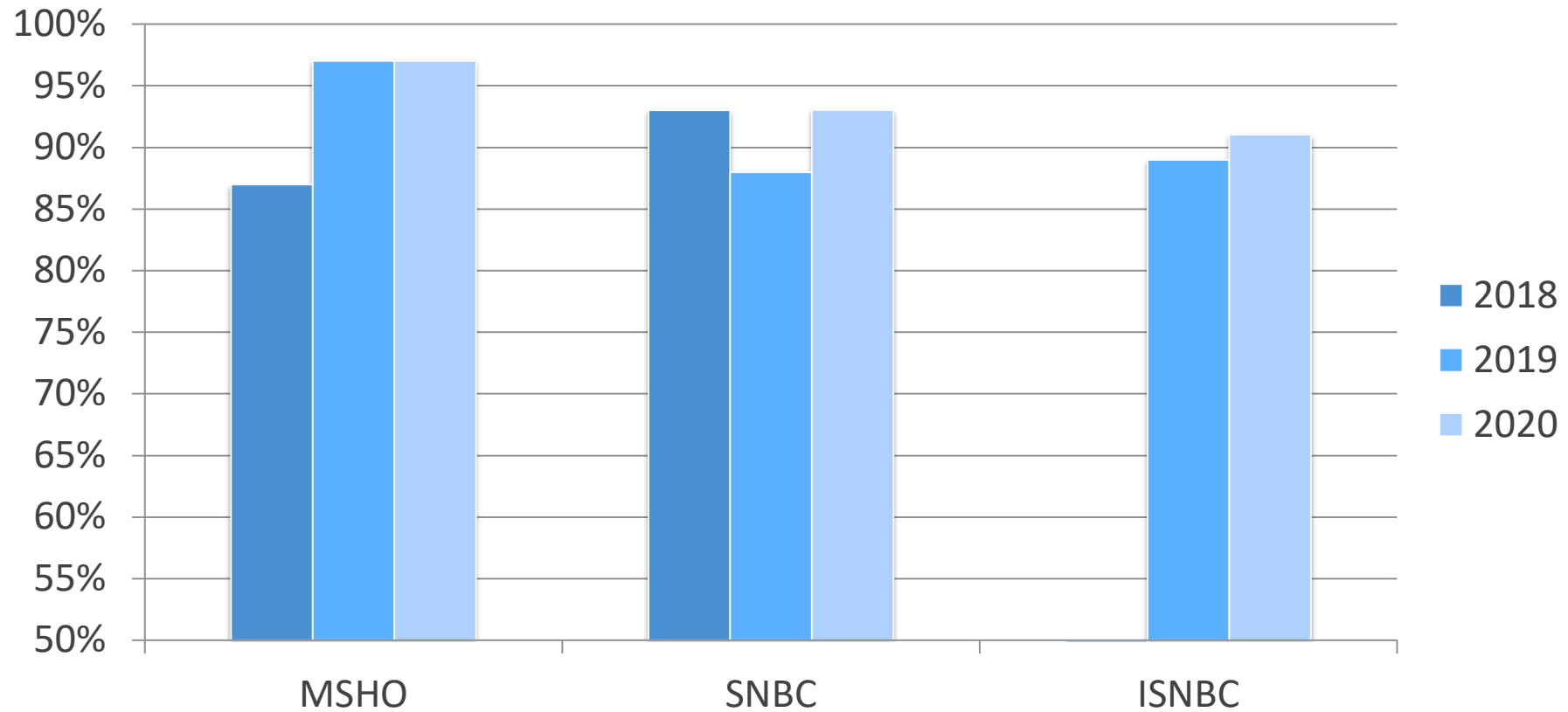
- **1539 Surveys mailed**
- **30 Care Coordination Delegates – 100 members selected (120 for Care Systems)**
- **2020 Overall Response rate : 26%**
 - 2019 - 25%**
 - 2018 - 26%**

- **1434 Surveys mailed**
- **14 Care Coordination Delegates – 100 members selected (120 for Care Systems)**
- **2020 Overall Response rate : 13%**
 - 2019 - 15%**
 - 2018 - 14%**

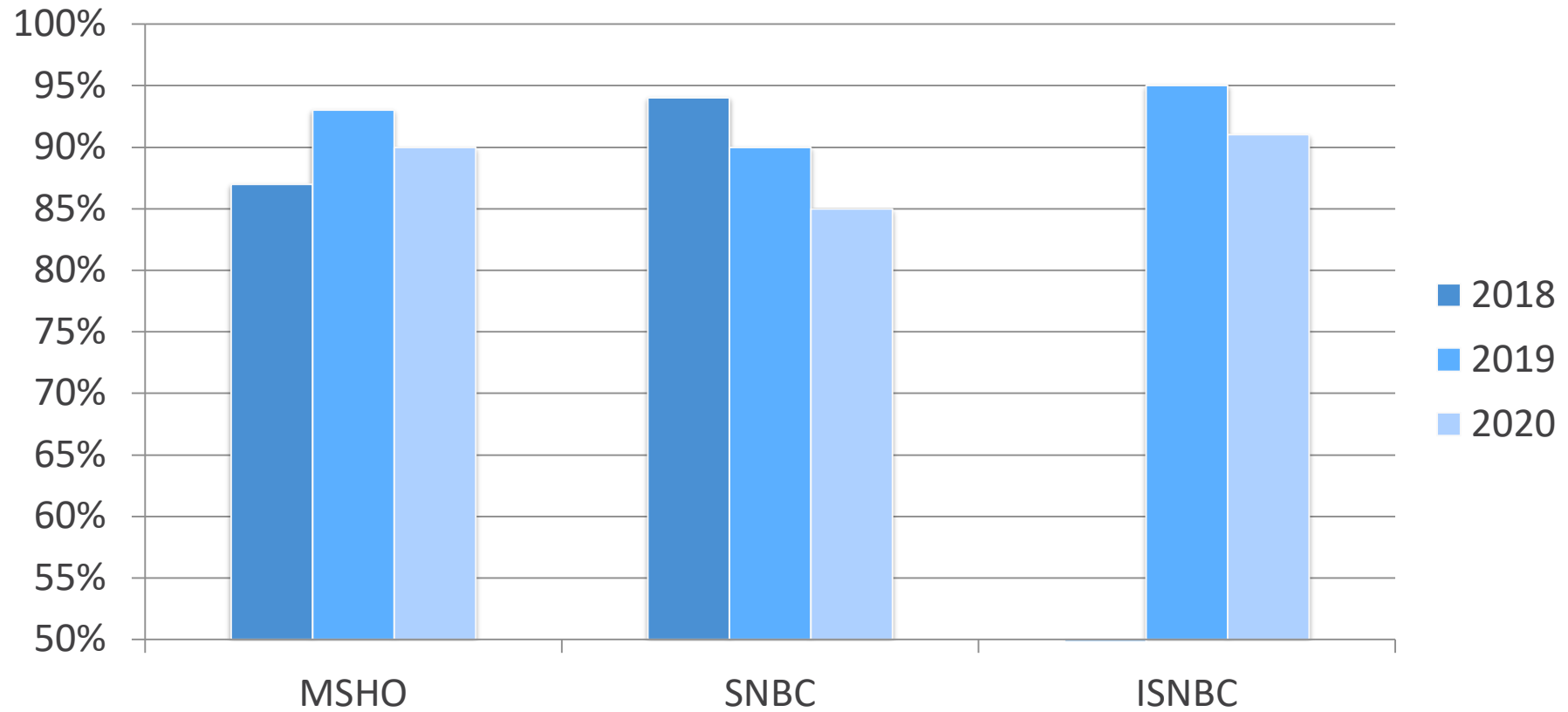
ISNBC/ AccessAbility Solution[®] Enhanced

- **586 Surveys mailed**
- **14 Care Coordination Delegates – Survey sent to all 586 members enrolled**
- **2020 Overall Response rate : 20%**
2019 – 19%

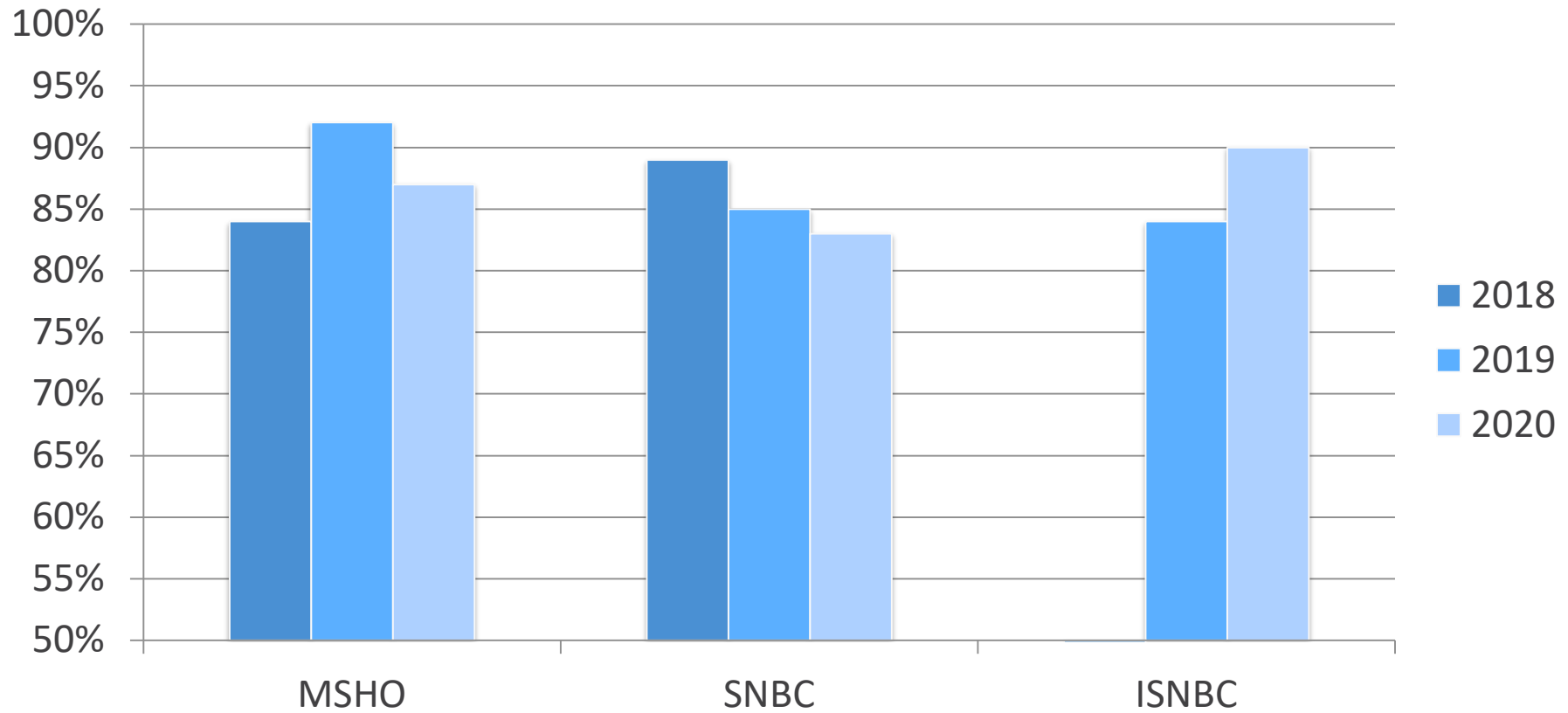
Overall, how satisfied are you with the Medica Care Coordination Program and the services you receive?



I know how to reach my Care Coordinator



I am able to reach my Medica Care Coordinator when I need to



Member Comments

Feedback Themes

Care Coordinator	Not enough CC contact,CC changed too often, don't know who CC is, miss in person visits, very few mentioned COVID impact
Benefits	Confused about benefits, feel like they get varied information, want DME items, want dental implants
Transportation	Only positive about transportation! No negative comments

Some Member Comments

My Care Coordinator is absolutely wonderful! He is knowledgeable, a great listener, explains things clearly. Just the best.

I love my Care Coordinator xxxx. He has helped me for the past 8 years and is always available and so knowledgeable. I am sure I would not be doing as well as I am without my Care Coordinator.

I am sure I would not have lived as long as I have without my Medica Care Coordinator. Helping me to get the care I need is priceless. Please do not change anything. If it ain't broke, don't fix it!

Thanks Medica. Thanks for the care and free rides. I am grateful for all of your services.

Quality Regulatory Updates

Kathy Albrecht

Regulatory Reminders and Updates

- HRA Timeliness and Engagement
 - Reminder about the importance of attempting to engage members in the HRA process
 - We understand that the COVID-19 pandemic makes this an even greater challenge
 - Reminder that for Unable to Contact, CMS requires three phone calls and a follow-up letter
 - Take credit for your work, make sure you report all your completed HRA's to Medica via the monthly report and complete MMIS entry per DHS guidelines.

- MDH Audit – Preliminary Results

Care Coordinator Qualifications – MSHO/MSC+

- MSHO/MSC+:
 - Registered Nurse
 - Licensed Social Worker
 - County Social Worker evaluated under the Minnesota Merit System
 - Physician Assistant, Nurse Practitioner or Physician.

Care Coordinator Qualifications – SNBC/SNBCI

- Registered Nurse, Licensed Social Worker, County Social Worker evaluated by the Minnesota Merit System, Physician Assistant, Nurse Practitioner or Physician.
 - In lieu of these requirements, an individual with specialized expertise working with people with disabilities may be allowed to act as a Care Coordinator if they have a four-year degree in a closely related field and two or more years of experience in home and community based services.
- Medica must approve non SW/RN individual's qualifications before they can function in a Care Coordinator capacity. Send resume and information to Regulatory Quality at: MedicaSPPRegQuality@medica.com
- At a minimum, CC must be supervised by an RN, SW, NP or Physician.

Care Coordination Updates

Shelley Lano and Joy Boser

DTR's and closing the waiver – MSHO/MSD+

Participation in LTSS programs cannot be terminated

- In general, people must remain eligible for waiver programs throughout the national COVID-19 emergency period. As such, DHS requires lead agencies to maintain continued coverage under the recently issued CMS guidelines. ***Please refer to bulletin #20-56-06 COVID-19: Participation in LTSS Programs Cannot be Terminated for additional details.***

Additionally, Bulletin [#20-56-06](#) includes the following instruction:

- **Admission to an institutional setting**
- Waiver and AC policy requires lead agencies to close LTSS programs after a 30-day stay in an institution. Continue to follow established policy and procedures to close LTSS when an admission is 30 days or longer.
- Per process, please remember to close the waiver and complete a DTR to end services when a member enters a nursing facility for 30 days or longer.

Temporary increase of PCA and CDCS – MSHO/MS C+

- DHS has notified Medica of a temporary PCA rate increase for the dates of service December 1, 2020 through Feb 7, 2021 that was approved through the legislature during one of the recent special sessions.
- The temporary increase equals the current state set rate for PCA services rate + 8.4%.
- Medica will be making the needed adjustments on the claims side, therefore nothing is needed from the CC.
- Do not adjust EW members service plans or budget due to the temporary increase
- The increase should not be calculated when the member's service plan cost is over the EW cap
- Additionally, MN health care programs will temporarily waive the restriction on family members to provide and receive payment for PCA services.
 - This waiver is intended to reduce the spread of COVID-19 by reducing the need for additional PCA providers to enter the home during the pandemic.
 - The anticipated dates of this allowance are also 12/1/2020 to 2/7/2021
 - DHS notified PCA providers to inform recipients of this temporary change

Temporary increase of PCA and CDCS – MSHO/MS C+

- For all EW CDCS (T2028) claims for dates of service 12/1/2020 – 2/7/2020, pay an additional 8.4%. This applies to all service categories.
- Do not adjust the EW enrollees' service plan or budget due to the temporary increase. The increase should not be included when calculating whether the person's service plan cost is over the CDCS budget.
- DHS is providing instructions to Financial Management Service (FMS) agencies. FMS agencies will work with each CDCS enrollee to determine how the enrollee will spend the increased funds, within the parameters of the legislative requirements. The FMS must also maintain documentation showing how the funds were spent.
- Following the period of the temporary increase, DHS will provide instructions to FMS providers and MCOs to address any unused funds generated as a result of the add-on process.

PAS for members on the DD waiver- SNBC

- DHS corrected bulletin number 19-25-02 (now 19-25-02R) in regards to the PAS process related to SNBC members on the DD waiver. We have attempted to capture these changes on the document that was sent out with the messaging on 9/30/2020. All changes were in red.
- Bulletin 19-25-02R, Attachment A, pages 18-20, highlight duties of the Health Plan Care Coordinator compared to the others (FFS, county/tribe waiver workers). Always refer to the DHS webpage for the current bulletins.
 - https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-312940

SNBC/ISNBC on a DD waiver

- For members on the DD waiver:
 - The Care Coordinator completes the OBRA level 1 (DHS# 3426) annually and with change of condition reassessments.
- For member entering a SNF/NF/Swing Bed:
 - The SLL forwards the PAS to Medica and to the county of financial responsibility for DD waiver participants
 - The Care Coordinator sends the PAS and current OBRA form to the SNF/NF/Swing Bed facility
 - The Care Coordinator completes the MMIS entry using DHS Form # 3427T.
 - Care Coordinator is to work collaboratively with the DD waiver case manager and be involved in discharge planning.

Note: The waiver worker will complete additional entry into MMIS related to the OBRA Level II and DD screening document.

IDT Process Update - ALL

- New opt-in process starting 1/1/2021
- IDT will remain on the 3rd Wednesday of the month
- IDT Team will block out the day for case consultations
- Delegates will sign-up for a designated time to review cases – this is an opt-in process
- IDT schedule will be housed in Sharefile.
- Time slots will be 30 mins per case.
- Delegates can sign up for a maximum of 2 time slots or 1 hour
- If choosing an hour, delegates can review up to 3 cases total (however, 2 is likely more doable depending on the complexity of the case(s))
- IDT may still ask for a delegate to review certain cases, if so, the delegate will be asked to go into Sharefile and sign-up for the time of their choosing
- The schedule will be pulled one week prior to the IDT meeting which will allow for SBAR's to be completed and the clinical liaison to reach out to each delegate who signed up to confirm their time.
- Once confirmed, SOC's will be sent out to each delegate, along with the login or webex information for their meeting time

QRyde Implementation - ALL

- Thank you to all that submitted their user lists to be entered into the QRyde system
- Training via e-learning for Care Coordinator Delegates will be moved to January 2021
- Once CC's have completed training we will ask the leads to resubmit the grid they initially submitted for onboarding, adding a column which will list the date each CC completes the training.
 - This will be required before CCs can set-up rides
 - Lists can be submitted to the MedicaCCSupport@medica.com email box
- The goal is to have CC's begin setting up rides in February 2021.

Reporting of a member's death reminder - ALL

- DHS had begun requiring health plans to report members date of death to them when we learn of this from various sources such as calls that come into Customer Service, facility claims submitted or care coordinator notification.
- We are asking that care coordinators complete the yellow highlighted columns of the grid (sent out in November) and return to Medica when you learn of a member's passing. You do not need to complete the grey columns as Medica will fill this information in on your behalf. Also, you do not need to place members on this grid when you are informed of a member's death from the TERMS tab on the Medica Full Enrollment report.
- As a delegate, we are asking that you either gather this information from your care coordinators and submit the form back to us as you become aware of a members death, or gather this information and submit the grid back to Medica by the last business day of each month. Delegates were notified of this new process on November 16, 2020.
- **All grids with member information are to be emailed to SPPEnrollmentQ@medica.com**
- **FUTURE PLANS:** Medica plans to create an online form where you can input all of the required information rather than using an excel grid. Once this online form is available for care coordinators use, we will communicate this to you.

2021 Added Benefits and Benefit Guidelines

James Bremer and Angie Kluempke

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