



**Unable to Reach & Refusal Members
Frequently Asked Questions & Scenarios
Last Updated: October 2023***

FAQs

#	Question	Answer
1.	What is required to count a member as a refusal?	The member or someone authorized to speak on the member’s behalf must explicitly communicate that the member does not want to participate in an assessment** after being offered the opportunity to do so. See scenarios below for examples.
2.	What is required to count a member as unable to reach?	A member may be considered unable to reach after three unsuccessful phone call attempts to reach the member and mailing of the Ongoing No Contact Letter. See scenarios below for examples of what does and does not constitute an unsuccessful call attempt. Best Practice Note: It is best practice to make the call attempts on three different days at various times of the day.
3.	How do I report refusal and unable to reach members to Medica (only required for MSHO & Integrated SNBC (I-SNBC))?	For the time being, please continue to report all refusal and unable to reach dates (and Unable to Contact/Refusal Care Plan dates) for MSHO and Integrated SNBC (I-SNBC) members on your monthly HRA Completion Report. Continue to report these dates to Medica even if you are documenting a refusal or unable to reach date in MnCHOICES.
4.	What date do I report on the monthly HRA Completion Report for a MSHO or I-SNBC unable to reach member?	Report the date of the last attempt to reach the member. This will be the date of the third call attempt or the date of the Ongoing No Contact Letter, whichever is later (if they occurred on different days).
5.	What dates should I document on the Unable to Contact/Refusal Care Plan if the Care Coordinator makes more than three call attempts to reach the member?	Document the date 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 assessment. 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 the HRA Completion Report. Note: If the member subsequently completes an assessment, you should also report the assessment date to us (see FAQ #7).

*Processes in MnCHOICES continue to evolve. Medica will communicate updated guidance as applicable.

**For purposes of this document the term “assessment” refers to both a Health Risk Assessment (HRA) and a LTCC or MnCHOICES Assessment

#	Question	Answer
6.	What date do I report on the monthly HRA Completion Report for a MHSO or I-SNBC refusal member?	Report the date of the refusal conversation with the member or a person authorized to speak on the member's behalf.
7.	What do I report if an unable to reach or refusal member later completes an assessment? Do I report both the unable to reach/refusal date and the subsequent assessment date?	Yes. Report both the unable to reach or refusal date and the assessment date. If both happen within the same month, report as separate lines on that month's HRA Completion Report. If they occur in different months, report each on the report for the month in which they occurred.
8.	Do I complete the Medica Unable to Contact/Refusal Care Plan if I'm working in MnCHOICES?	<p>Yes, at this time, please continue to complete the Medica Unable to Contact/Refusal Care Plan for MSHO and I-SNBC members (optional for SNBC and MSC+ members) even if you are working in MnCHOICES. DHS is exploring options for using a MnCHOICES Support Plan for unable to reach and refusal members but has not finalized this process yet. Medica will provide updates on this as we become aware of them.</p> <p>Note: Medica prefers that CCs use the Medica Unable to Contact/Refusal Care Plan as the one place to document all relevant information regarding an unable to reach or refusal member. CCs are already documenting all relevant dates here. They should start documenting the content of the refusal conversation here as well. We are updating the Unable to Contact/Refusal Care Plan to specify where to document this and will post the updated version to the CC Hub. In the meantime, CCs can document the refusal conversation in the text box labeled "Other" that is under the checkboxes indicating the date the member declined to participate in the assessment.</p>
9.	What do I need to do in MnCHOICES for unable to reach and refusal members?	<p>Please complete the following steps in MnCHOICES for unable to reach and refusal members:</p> <ul style="list-style-type: none"> • 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: For refusal members, enter the date of the refusal conversation. For unable to reach members, enter the date of the last outreach attempt (letter or third call) ▪ Assessment Results: For refusal members, choose "Person declined Health Risk Assessment" from dropdown. For unable to reach members, choose "Person not located for Health Risk Assessment." ○ Change HRA status to "Complete"

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10.	What supporting documentation do I need to submit to Medica for unable to reach members (only required for MSHO & I-SNBC members)?	<ul style="list-style-type: none"> • For MSHO & I-SNBC members, upload the Medica Unable to Contact/Refusal Care Plan and relevant letter (Ongoing No Contact or Member Refusal Letter) to MnCHOICES as attachments <p>If working <u>outside</u> of MnCHOICES: If you have any MSHO or I-SNBC 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"> • The completed Unable to Contact/Refusal Care Plan showing the dates of the three call attempts and relevant letters (must be actual dates; “yesterday” or “last week” is not sufficient); <u>and</u> • A copy of the Ongoing No Contact Letter that was sent to the member. <p>If working <u>in</u> MnCHOICES: Upload the Medica Unable to Contact/Refusal Care Plan and a copy of the Ongoing No Contact Letter as attachments in MnCHOICES. We can then access directly in MnCHOICES, so no need to send to us with your monthly HRA Completion Report.</p> <p><u>Note:</u> The date on the Ongoing No Contact Letter should match the date reported on the Unable to Contact/Refusal Care Plan.</p>
11.	What supporting documentation do I need to submit to Medica for refusal members (only required for MSHO and I-SNBC)?	<p>If working <u>outside</u> of MnCHOICES: If you have any MSHO or I-SNBC members who refused to participate in the HRA process during the month you are reporting, please send us documentation of the conversation during which the member or the person authorized to speak on the member’s behalf declined to participate in the HRA (in addition to the HRA Completion Report).</p> <p>The documentation must include both the date of the conversation (“yesterday” or “last week” is not sufficient) and the content of the conversation. You may use either of the following to document the conversation:</p> <ul style="list-style-type: none"> • The Medica Unable to Contact/Refusal Care Plan (preferred); <u>or</u> • A case note <p><u>Note:</u> If you use the Unable to Contact/Refusal Care Plan to document both the date of the refusal and the refusal conversation, remember to summarize the conversation on the care plan. We are updating the Unable to Contact/Refusal Care Plan to specify where to document this and will post the updated version to the CC Hub. In the meantime, you can document the refusal conversation in the text box labeled “Other.” If both the date of the refusal and the conversation are documented on the Unable to Contact/Refusal Care Plan, you do not need to submit a case note with the same information.</p>

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		<p>If working in MnCHOICES: Upload the Medica Unable to Contact/Refusal Care Plan as an attachment in MnCHOICES. We can then access directly in MnCHOICES, so no need to send it to us with your monthly HRA Completion Report.</p> <p>Note: The member must be offered an HRA before they can decline (e.g., hanging up after a CC introduces themselves but has not yet offered an HRA does not count as a refusal – instead, that could be counted as an unsuccessful attempt to complete an HRA (see example scenario below)).</p>
12.	Where do we send unable to reach/refusal documentation?	<p>If working outside of MnCHOICES: Upload the unable to reach/refusal supporting documentation into sharefile at the time you upload your monthly HRA Completion Report (preferred) or send via secure email to the Reg Quality mailbox.</p> <p>If working in MnCHOICES: Upload the supporting documentation as attachments in MnCHOICES.</p>
13.	For unable to reach members, if I complete the Medica Unable to Contact/Refusal Care Plan, do I have to independently document the three call attempts in case notes?	No. Documentation on the Unable to Contact/Refusal Care Plan is sufficient.
14.	For refusal members, where should I document the refusal conversation?	<p>For MSHO and I-SNBC members, Medica prefers that you use the Medica Unable to Contact/Refusal Care Plan to document all relevant information about a refusal member, including the content of the conversation during which the member or authorized representative declined to participate in an assessment. We are updating the Unable to Contact/Refusal Care Plan to label a text box for this purpose. In the meantime, you may document the refusal conversation in the text box labeled “Other.”</p> <p>For MSC+ and SNBC members, you may document the refusal conversation on the Unable to Contact/Refusal Care Plan, in your internal documentation system if working outside of MnCHOICES, or in a MnCHOICES Progress Note if working in MnCHOICES.</p>
15.	If I schedule an annual assessment with a member that is late (i.e., not within 365 days of the prior assessment), do I still complete an Unable to Contact/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 an Unable to Contact/Refusal Care Plan or send the Member Refusal Letter if you have scheduled an assessment with the member.</p> <p>Note: If the scheduled assessment does not happen (e.g., the member does not answer the phone on the scheduled date), you should start the unable to reach process at that time (i.e., complete additional call attempts, send the Ongoing No Contact Letter and complete an Unable to Contact Care Plan). See example scenarios below.</p>

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16.	Do the three call attempts and the Ongoing No Contact Letter have to be completed before the member's assessment due date?	You should complete the three call attempts and the Ongoing No Contact Letter prior to the member's assessment due date to ensure you have time to schedule an assessment if you reach the member. However, if you need to extend the unable to reach attempts past the reassessment date, you should continue the process through completion of all required steps (e.g., three attempts and the letter).
17.	Do the three call attempts have to occur before sending the Ongoing No Contact Letter?	No. The Ongoing No Contact Letter does not necessarily have to be the last attempt to reach the member. For example, a Care Coordinator could make two unsuccessful call attempts, mail the letter, and then make a third call attempt. Report the date of the last attempt (either a call or the letter) on your monthly HRA report and in MnCHOICES, if working in MnCHOICES.
18.	What if a member's phone number is disconnected/not in use? Do I need to make three call attempts to a disconnected number?	<p>Medica sought guidance from CMS on this scenario and they responded that there must be three call attempts (and a follow-up letter) to a member before they are considered unable to reach, even if this means calling a disconnected number three times. See example scenarios below. Note that 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 an alternative number.</p> <p>Reminder: For all members, you should attempt to locate alternative contact information for the member and document your attempts to do so. Possible sources include the County Financial Worker, Waiver Worker, Pharmacy, Primary Care Clinic, other providers, Provider a Ride/QRyde and MN-ITS.</p>
19.	In a disconnected number scenario, can you make all three calls in the same day if you have tried to locate an alternative number and been unsuccessful?	Best practice is still to complete the calls on three different days at three different times. It is possible the member could get additional minutes/time added to their phone.

Unable to Reach/Refusal Scenarios

#	Scenario	Answer
1.	<p>A Care Coordinator (CC) is attempting to reach a member to schedule an annual reassessment.</p> <ul style="list-style-type: none"> • May 1: First call attempt. Member does not answer the phone. • May 3: Second call attempt. Member answers the phone but says she is unable to talk and asks CC to call her back another time. • May 4: Third call attempt. Member does not answer the phone. CC mails member the Ongoing No Contact Letter. <p>Q: Does this meet the three call attempts requirement to consider a MSHO or I-SNBC member unable to reach?</p>	<p>No.</p> <p>Medica submitted this scenario to CMS. They indicated that the CC would need to make another unsuccessful call attempt before considering the member unable to reach given the member answered the second call.</p>
2.	<p>A CC is attempting to reach a member to schedule an annual 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, so she mails the member the Ongoing No Contact Letter.</p> <p>Q: Does the CC need to make two more call attempts to a disconnected number before considering the member unable to reach?</p>	<p>Yes, if trying to reach a MSHO or I-SNBC member (see FAQ #18 above)</p> <p>Medica submitted this scenario to CMS. They indicated 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."</p>
3.	<p>A CC calls a member to schedule an annual reassessment. The member answers but hangs up after the CC introduces herself and before the CC invites the member to schedule an assessment.</p> <p>Q: Can this be considered a refusal?</p>	<p>No.</p> <p>Medica submitted this scenario to CMS. They indicated this would not be a refusal because the member did not provide an explicit refusal to participate. However, CMS would consider this an unsuccessful call attempt under the unable to reach process.</p>
4.	<p>A CC calls a member to schedule an annual reassessment. The member answers the phone but hands it to a family member to speak after the CC introduces herself. The person on the phone tells the CC that the member declines to participate in the assessment.</p> <p>Q: Can this be considered a refusal?</p>	<p>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."</p> <p>Given CMS's response, if a member hands the phone to another person and the member is present for the conversation, the CC can consider this a refusal. In other scenarios (e.g., the member is not present), the CC must</p>

#	Scenario	Answer
		confirm who is declining on the member's behalf and if they are authorized to do so (e.g., legal representative, responsible party).
5.	<p>A CC speaks to a member and they agree to a date and time to complete an HRA. When the scheduled time comes, the member does not answer the phone.</p> <p>Q: Can this be considered a refusal?</p>	<p>No. This is not a refusal because the member did not explicitly decline to participate in the HRA. This would be one unsuccessful call attempt in the unable to reach process. The CC would need to complete two more unsuccessful call attempts and send the Ongoing No Contact Letter before considering the member unable to reach.</p>
6.	<p>A CC is attempting to reach a member to schedule an assessment. A spouse or significant other answers the phone and declines to participate in the assessment on behalf of the member. The member is cognitively intact but was not available at the time of the call.</p> <p>Q: Can this be considered a refusal?</p>	<p>No. In this scenario, the CC would need to talk with the member directly if the spouse/significant other is not the authorized representative and the member was not present during the call.</p>