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# Quarterly CC Meeting

September 8, 2020 – pre-recorded

# AGENDA

| PRESENTER               | TOPIC                                          |
|-------------------------|------------------------------------------------|
| Name                    | Topic                                          |
| Dr. Stacy Ballard       | Ovia Health – SNBC Only                        |
| Bob Hernz and Barb Horn | Special Investigations Unit (SIU) review – ALL |
| Kathy Albrecht          | MOC SNBC Enhanced and Gorman Mock Audit - ALL  |
| Angie Kluempke          | Bridging Benefit Guideline - ALL               |
| Cindy Moe, MBH          | Mental Health in COVID - ALL                   |
| Shelley Lano            | PAS/role of CC - ALL                           |
|                         | ILS Benefit Guideline – MSHO/MS C+             |
|                         | Members passing                                |
|                         | QRyde Introduction – upcoming training - ALL   |
|                         |                                                |

# Regulatory Quality

Model of Care and Gorman Mock Audit

## Updates

- ISNBC MOC
  - approval to move from 30 days to 60 days for ISNBC initial assessments

## Highlights

- Care Plan
  - Developed based on needs identified in HRA and/or other available data sources
  - SMART Goals
- Follow-up Plan
  - Frequency of follow-up and care plan updates should be based on member needs and condition
- Unable to Reach/Refusal Members
  - If Primary Care Physician is known, send PCP letter
  - Update care plan after transition of care
  - Update care plan with known information (from reporting received by Medica such as ECC report, etc)

# Bridging

Member Benefit

## About:

- Bridging uses donated items to provide quality furniture and household goods to individuals who are transitioning out of homelessness and poverty.
- Warehouses are located in Bloomington and Roseville.
- Medica has become a referring agency and created a benefit guideline to help CC's determine when it is appropriate to refer a Medica member.

## Referral Process Overview

- Benefit Guideline
- Client Checklist
- Referral Form



# Care Coordination

Updates

## PAS – CC Role

- Care Coordinators play an important part of the PAS process which includes the work done to ensure members are appropriate for that level of care, referred to as Nursing Facility level of care (NF LOC), completion of the OBRA paperwork when indicated, and when indicated to complete the required work in MMIS which informs DHS as to what members are in the nursing home, as well as allows providers to be paid properly.
- The Care Coordinator completes the OBRA level 1 (DHS #3426) form annually and with change of condition reassessments and keeps this in the member's record.

## PAS – CC Role

- Bulletin 19-25-02, Attachment A, pages 18-20, highlight duties of the Health Plan Care Coordinator compared to the others (FFS, county/tribe waiver workers).
- **PAS dates for MMIS entry:** Health plans use the date the online information was submitted as included on the referral forwarded by the Senior LinkAge Line, (not the date the referral was forwarded by Senior LinkAge Line).
- Essentially, if you receive a PAS, you need to enter it into MMIS or at the very least verify it has been entered, if not by you, by the waiver worker, etc.

## PAS – Obra Level II

- **OBRA Level II referrals-where to send these:** When a member is planning to enter a SNF/NF/Swing bed and based on the OBRA Level I, the member is in need of a Level II, per the bulletin the following applies:
- OBRA Level II referrals for mental health conditions are sent to the county of hospital or clinic location.
- OBRA Level II referrals for developmental disability or related conditions are sent to the county of financial responsibility.

## ILS Benefit Guideline

- Definitions:
  - ILS – Independent Living Skills – No longer covered under EW Code H2015 modifiers U3 and U4
  - ICLS – Individual Community Living Supports – Covered under EW program H2032
- **Effective 10/1** all ILS requests will need to be completed through a BEI.
- Examples:
  - Any new assessments after 10/1 in which CC/member are requesting ILS as part of service agreement
  - Any changes to current service agreements after 10/1 in which CC/member wants to add ILS as a new service

## ILS Benefit Guideline Continued

- CC's will no longer be able to authorize up to 2 hours per month of ILS without a BEI.
- Support specialist will no longer accept referral requests for ILS- CC's will need to follow BEI process as noted above.
- Current ILS authorizations will remain in place through the end of their current authorization time frame.
- Example:
  - Member began ILS 1/1/20 and the service agreement runs through 12/31/20, member will continue to receive ILS as authorized. However at time of new authorization beginning 1/1/21 ILS would need to go through new process of BEI.

## ILS Benefit Guideline Continued

- If the CC has a member who is currently receiving ILS and they have been working with the member to move their services to ICLS without success, Medica will review the request through BEI.
  - Please be sure to submit BEI's within 14 days before current authorization ends.
- If BEI is denied for continued ILS, CC will communicate with member and proceed with DTR
- Medica will be sending list to current CC's of members with current claims that are currently receiving ILS, with the expectation that CC's will work with members to convert to ICLS or plan according for future BEI.

## Reporting a Member's death

- Medica does not ask care coordinators to report anything to us when a member passes away. DHS requires that this information is shared timely with the members Financial Worker, and there is an area of the DHS 5181 to give this update (Section C - Changes). If you continue to see this member on your enrollment lists after reporting the members death to the financial worker, you may need to contact the financial worker again. The financial worker is the only person who can update the members record with this information.
- Link to DHS edoc 5181 here: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5181-ENG>



## Introduction to QRyde

- QRyde is a portal that the CC and member will be able to access to set-up rides for members. This does include EW or non-medical rides.
- CC's will be able to view ride history
- All CC entities will be asked to submit a list of users to the [MedicaCCSupport@medica.com](mailto:MedicaCCSupport@medica.com) mailbox.
- CC introduction to the portal and demo will be on October 6<sup>th</sup> at 9am – this will be recorded
- Follow-up training will come in December before launch 1/1/2021

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