

HealthPartners/Bluestone Care Coordination

December 16th, 2019

Enrollment

- For now, community assignments are capped at 200 members
 - New assisted living members are not counted in the 200 community members
 - You will not be receiving long term care members. If your member admits to long term care, return to HealthPartners.
- New case assignments will be sent to you via current Census Report
- Late enrollment assignments will be emailed to Bluestone's Enrollment Coordinator
- New member transfer documents, if received, will be forwarded to Bluestone's Enrollment Coordinator

- As usual, all transfers from HealthPartners care coordination team will include all transition paperwork which will be sent to your Enrollment Coordinator

Health Risk Assessments

- All waived and PCA MSHO/MSD+ HRAs are completed using the DHS 3428 LTCC Assessment Tool
 - Exception: New members already open to the waiver or receiving PCA. If you are not resetting the waiver span or reassessing PCA, use the DHS 3428H
- All non-waived and SNF MSHO/MSD+ HRAs are completed using the DHS 3428H Health Risk Assessment Tool
 - SNF example: Member is in TCU when HRA is due
- All waived and non-waived PCA Assessments are completed using the DHS 3428 LTCC Assessment Tool and the DHS 3428D PCA Legacy Tool
- New clinical assessment TBD

SNF Admissions

- If member admits to TCU for greater than 30 days, exit them from the waiver in MMIS
- Continue to follow if length of stay is less than 90 days
 - Attend discharge planning conferences
 - Re-open to Elderly Waiver at time of discharge back to their regular setting
- Return to HealthPartners if anticipated length of stay is greater than 90 days
 - This could be at time of admission to SNF if long term care is the plan

Timing of Assessments

- All MSHO members are assessed within 30 days of enrollment
- All MSC+ members open to Elderly Waiver or with PCA services in place are assessed within 30 days of enrollment
- MSC+ Rate Cell A members with no services assessed can be assessed within 60 days of enrollment.
 - Assess MSC+ RCA w/ no services within 30 days of enrollment if that is your internal process
- All MSHO/MSC+ reassessments are completed with 365 days of the previous HRA completion date



Unable to Reach (UTR)

- Includes initials and annual HRAs
- Report UTR assessment outcomes on HRA log
 - Dates of the 3 outreach attempts
 - Date Unable to Reach letter is sent
- Complete UTR Form and retain in member's chart
 - Do not need to send to HealthPartners unless requested
- HealthPartners will reassign members, who were UTR'd or declined their assessment, to an internal HP CC the 1st of the next month after the log is received
- Follow this process for MSHO or MSC+ HRAs

O	P	Q	R	S	T
HRA, Refusal or UTR Date	Care Plan Completed Date	If UTR, Enter 1st Attempt Date	If UTR, Enter 2nd Attempt Date	If UTR, Enter 3rd Attempt Date	If UTR, UTR Letter Sent Date
10/14/2019		9/30/2019	10/3/2019	10/14/2019	10/3/2019

All dates should be less than or equal to **HRA Refusal** date. No outreach attempts after the HRA date.

MSHO Unable to Reach Outreach Form

Instructions: Complete one MSHO Unable to Reach (UTR) Outreach form for each Health Risk Assessment (HRA) when the Care Coordinator was unable to reach a member to complete an initial, annual, change of condition or request for EW services HRA. All sections must be completed.

All outreach attempts and the unable to reach letter are to be completed on different dates and at different times. All outreach attempts and letter sent dates must be documented prior to the HRA date; no outreach attempts are conducted after the HRA date.

Completion of the form is required and needed to support CMS Data Validation/Primary Source Verification requirements. The form is to be retained in the member's chart to ensure outreach attempts, including letter being sent, are clearly documented and identifiable. This form may be requested to support CMS Primary Source Verification.

Outreach Attempt

Date of First Attempt: Time:
 Date of Second Attempt: Time:
 Date of Third Attempt: Time:

Reason for no contact:

- Coverage terminated
- Attempted, Invalid phone number
- Attempted, no ability to leave a message
- Attempted, no response to messages
- Other reason:

UTR Letter Sent to Member

Was UTR letter sent to member? Yes No

Date UTR letter sent to member:

HRA Log

- Complete and return to HealthPartners by the 20th of the following month
- Example: November assessments should be reported back to HealthPartners by December 20th

Care Planning

- Use current version of the MCO Collaborative Care Plan*
- Track and manage EW provider signatures* using letter templates on portal
 - 2 attempts to obtain provider signature within 60 days of care plan completion date
- Retain letters and/or signed care plans in member's chart

*Timing per DHS requirements

Care Transitions

- No change to current process
- Complete and return the MSHO/MS C+ Post Discharge Assessment form via Right Fax (952-853-8744) or email HP_MSHOMSC_CC@HealthPartners.com

Care Team Communications

- Continue to capture and document collaborations and connections with each patient's care team members.
- We can help connect you to care team members, especially for clinics in HealthPartners or Park Nicollet family of care

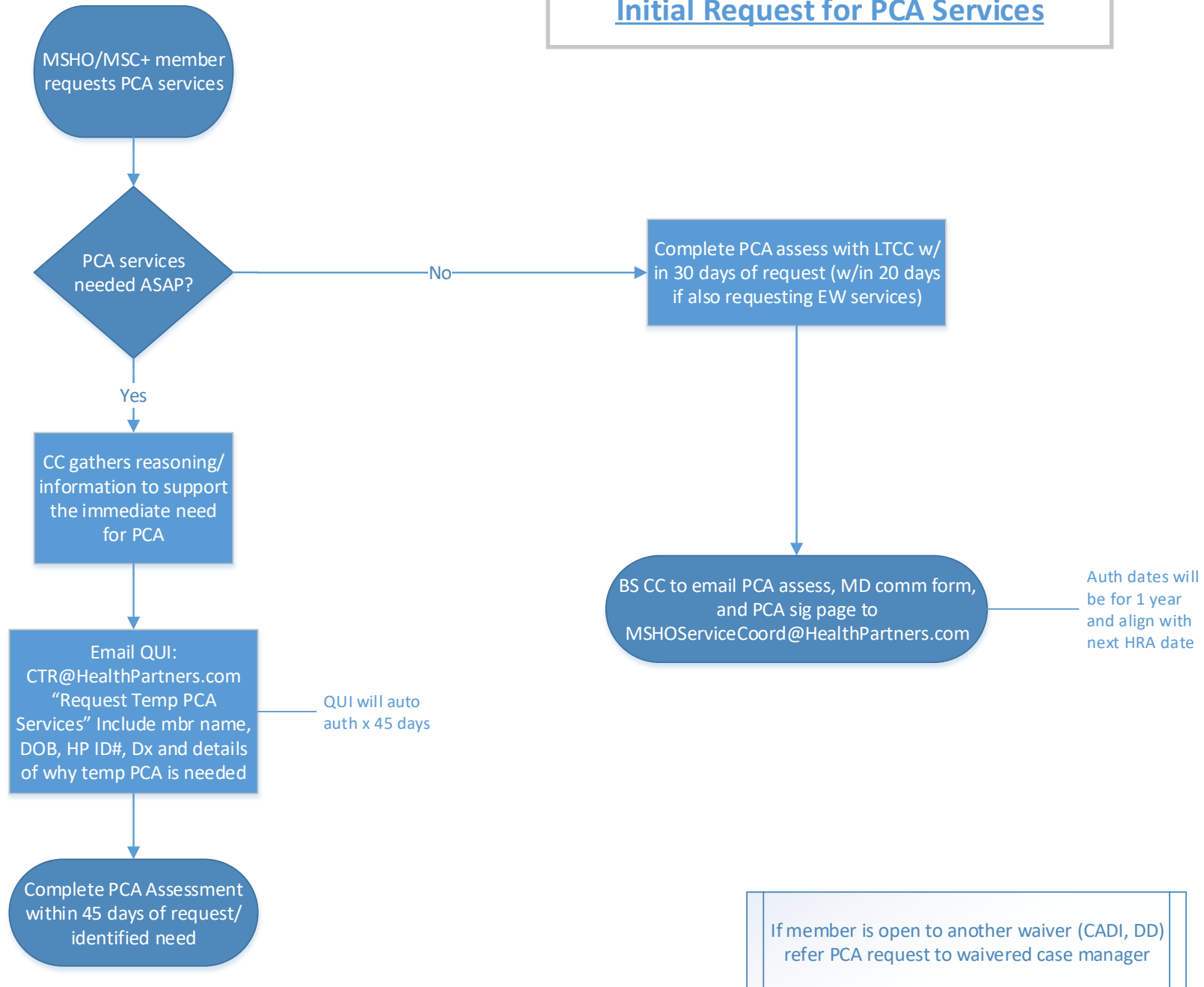
RN working Higher Risk Care Coordination Assignment by Clinic		
RN	Site	General Number
Toni Kohnke	Andover	763-587-4600
Laura Baker	Andover	763-587-4600
Denna Rasmussen	Anoka	763-587-4400
Carrissa Severson	Anoka	763-587-4400
Lori Betz	Anoka	763-587-4400
Tamieka Thunder	Brooklyn Center	763-503-4400

- Medical Director rounds
 - Increased utilization
 - Prolonged LTAC stay
 - High cost

PCA Process

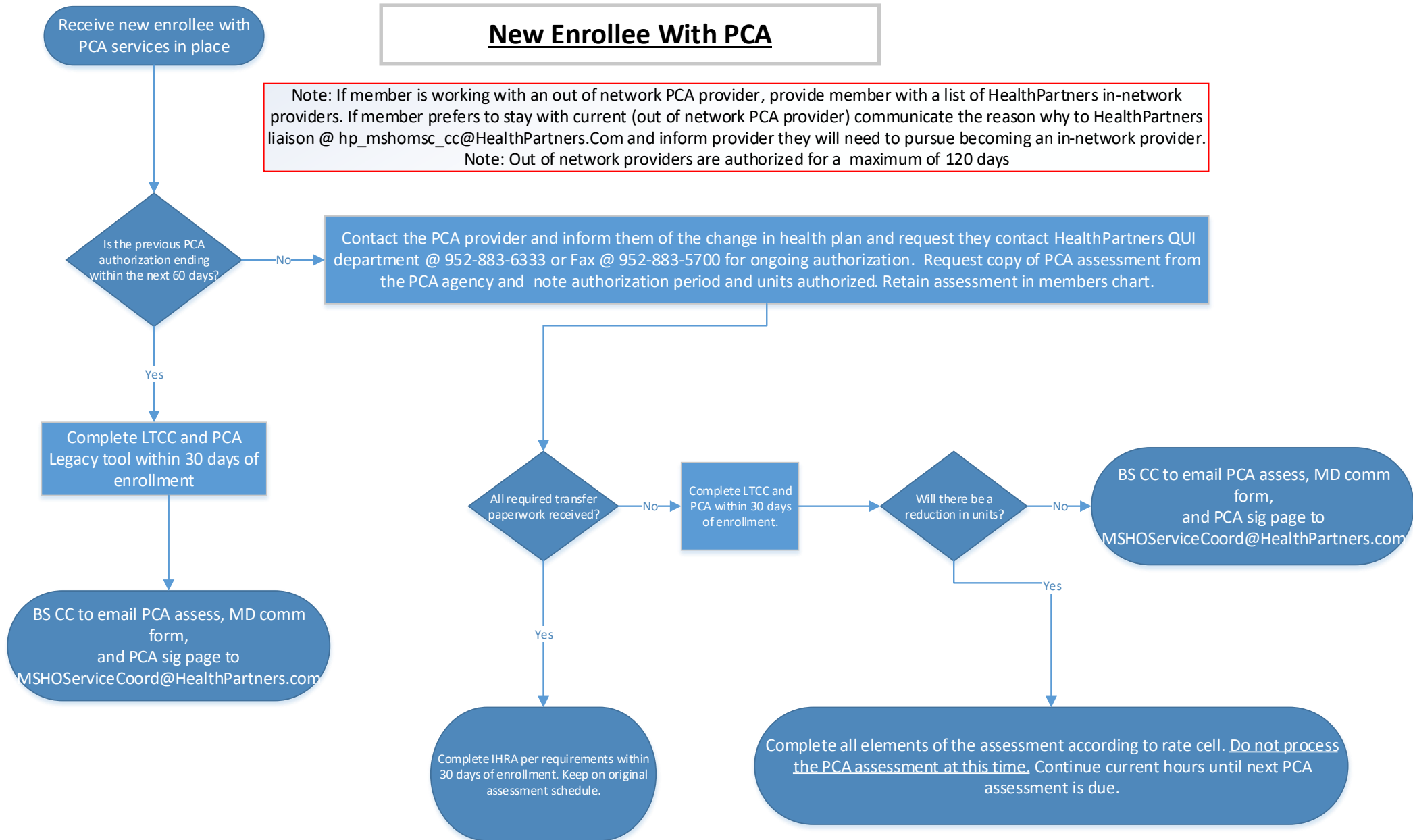
- All PCA Assessments are completed using the DHS 3428D Supplemental Waiver PCA Assessment Form along with the DHS 3428 LTCC.
- We cannot decrease a member's PCA authorization early (with the exception of a member requesting an early reassessment which results in a reduction).
- In some cases the HRA and PCA Assessment will not be aligned therefore, the CC will need to do an additional visit to complete another HRA and a PCA Assessment prior to the end of the initial PCA authorization. This will align the assessments going forward.
- If a new member is working with an out of network PCA provider a maximum of 120 days can be authorized while the member transitions to an in-network provider.

Initial Request for PCA Services



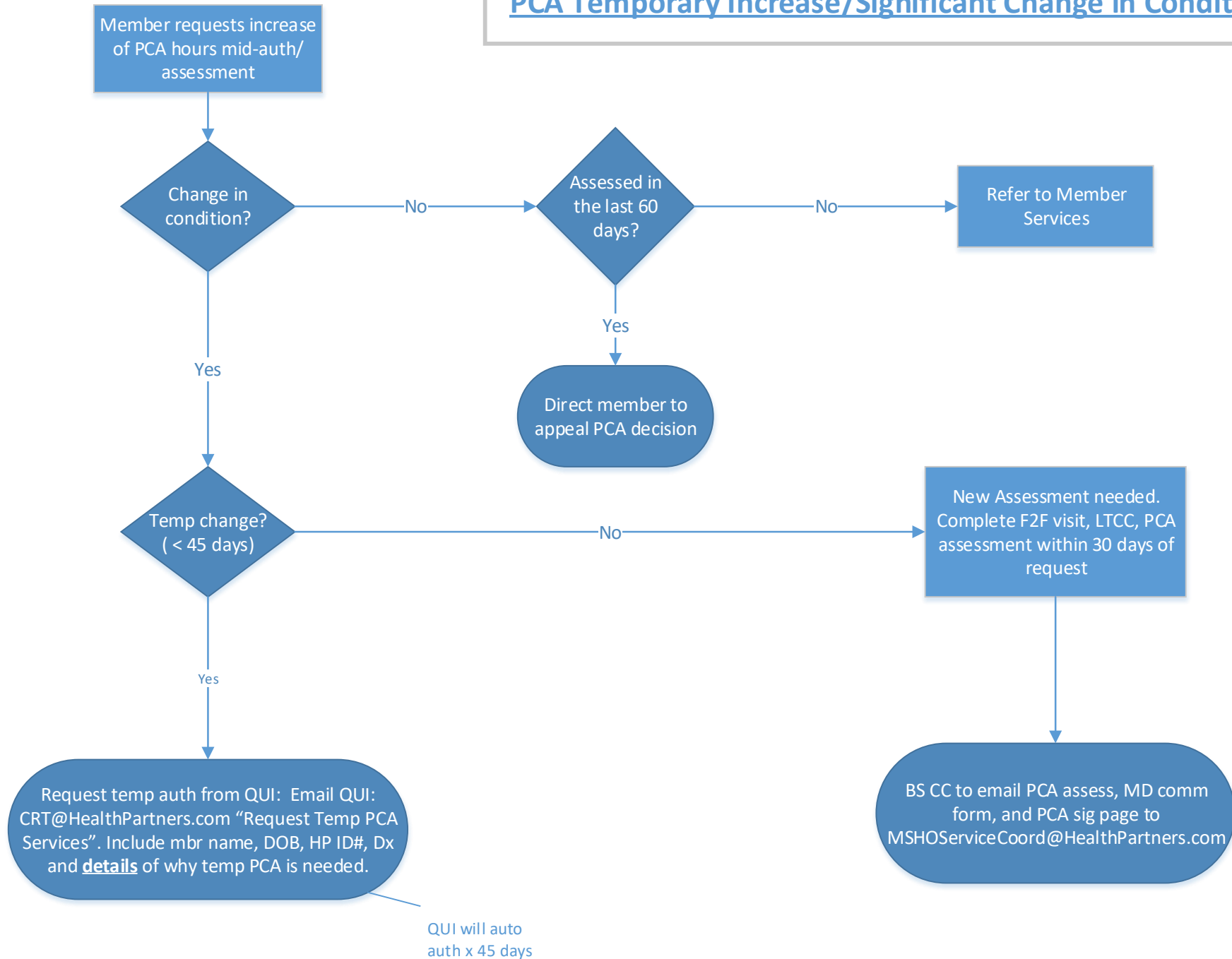
New Enrollee With PCA

Note: If member is working with an out of network PCA provider, provide member with a list of HealthPartners in-network providers. If member prefers to stay with current (out of network PCA provider) communicate the reason why to HealthPartners liaison @ hp_mshomsc_cc@HealthPartners.Com and inform provider they will need to pursue becoming an in-network provider.
Note: Out of network providers are authorized for a maximum of 120 days



PCA assessments must be sent to the member within 10 days of assessment. Please send completed PCA assessment within 7 days of completing to allow HP staff ample time to forward to the member.

PCA Temporary Increase/Significant Change in Condition



MLTSS and/or Community Resources

- Email HP_MSHOMSC_CC@HealthPartners.com for any questions and additional resources
- ICLS and/or cultural specific providers
- Provider network questions
 - When provider is not enrolled with DHS
 - 1x contracts
 - Direct-Delivery Services (formerly Tier 2)
 - Purchased Items Services (formerly Tier 3)

CDCS

- Supervisors to review CSP prior to approval
- Use us as a resource

DTR Form

- Updated form, now 2 pages
- Complete page 1 and email HP_MSHOMSC_CC@HealthPartners.com
- For members transferred to SNF > 30 days, reason for DTR is EW Institutional

CMS Part C Reporting

- In-house tracking of assessment dates
 - Initials
 - Unable to Reach
 - Declines
 - Re-Assessments
 - Unable to Reach
 - Declines
- Need 2019 Year End assessment information on January's HRA log.

CMS Part C

- All assessment regardless of being completed, UTR or Declined need to be captured for CMS reporting and are subject for Primary Source Verification by CMS.
- Primary Source Verification: Evidence of our work. Samples pulled and charting examples sent to CMS
 - Specific
 - Time sensitive

MSHO Supplemental Benefits- 2020

- ILS Benefits are now a supplemental benefit as of 1/1/20
 - Mbr must have a qualifying Dx
 - Continue to submit a BEI and service authorization form for MSC+ and those MSHO members who do not meet the qualified Dx.
- New options for MSHO members with cognitive impairment
 - Animatronic support pet
 - Caregiver supports
 - Caregiver respite
 - Adult day services and transportation
 - Psychotherapy for caregivers
- Readmission Prevention: TBD



HealthPartners Contacts

- QUI:
 - Email: CRT@HealthPartners.com
 - Phone: 952-883-6333
 - Fax 952-883-5700
- Service Coordinator inbox for PCA
 - MSHOServiceCoord@HealthPartners.Com
- Allison's phone number: 952-883-6160
- hp_mshomsc_cc@HealthPartners.Com
 - Do not directly email Allison, her Outlook is not managed when she is off from work and we don't we don't want to miss your message
- Care Coordination Intake Line: 952-883-6983

Upcoming Training Q1 2020

- Cognitive Impairment Model
 - Additional Supplemental Benefits
- Readmission Prevention
- Clinical Questionnaire
- Palliative Care
- DHS LTCC and 4166 changes
- CFSS delayed until 7/2021

Q & A



Thank You!

