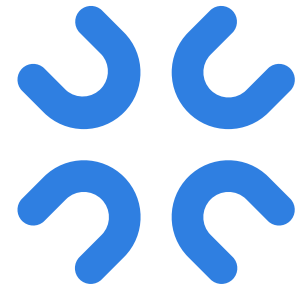




MSC + and MSHO 101

Laying the Foundation for Effective Care Coordination





MSC+ & MSHO Overview



- Plan Descriptions
- Benefits
- Qualifying for MSC+ & MSHO

Regulations, Requirements and Purpose!



- DHS and CMS
- Care Coordination Purpose
- Enrollment and Assignment

Care Coordination Tasks



- Assessment
- Support Planning
- Ongoing Case Management

To Learn More:

Click the link to read more on the subject.
Bookmark link for easy reference.



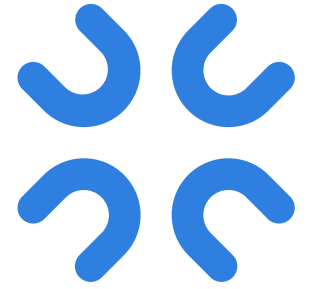


Part Two: Regulators, Purpose, Requirements & Enrollment

The why and how behind care coordination?



How Care Coordination is Regulated



Federal Government (CMS) and State Government (DHS) provide the regulatory guidance for all MSHO and MSC+ health plans.

- ❖ Department of Human Services (DHS)
 - ❖ Examples include, but are not limited to:
 - ❖ Healthcare services provided (medical, dental, hospital)
 - ❖ Frequency of contact
 - ❖ Content of assessment and support plan

- ❖ Centers for Medicare and Medicaid Services (CMS)
 - ❖ CMS requires UCare to develop a Model of Care (MOC). Included in the MOC but not limited to:
 - ❖ Care Coordination expectations
 - ❖ Adequate access to Provider Network
 - ❖ Population description and characteristics
 - ❖ Quality measures and Process Improvement goals



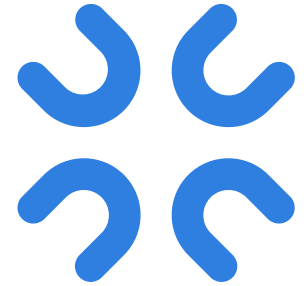


Care Coordinators

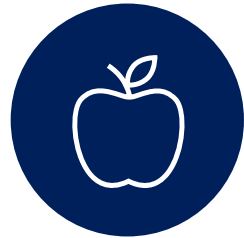
Purpose and Roles



MSC+ & MSHO Care Coordination



Manage Medical Assistance/MA costs: MSC + and MSHO Care Coordinators manage benefits provided by state plan home care services, as well as Elderly Waiver (EW) services and Personal Care Assistance (PCA) for members who qualify



Improve quality of life and clinical outcomes: Care Coordinators help to decrease hospitalizations, improve member's medication adherence, and compliance with scheduled appointments, and close gaps in care – *improve the health of MA recipient*

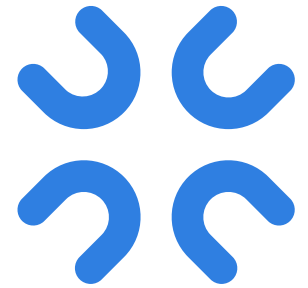


Increase access to services: Care Coordinators assist members in locating medical care providers including PCP, dentist, specialists, and Home and Community Based Supports (HCBS)

Avoid unnecessary expense: Care Coordinators work to reduce member's utilization of the ER for all health issues and guide members to the right care, right time, right place



Roles of the Care Coordinator



Health Educator



Care Coordinators are experts in member benefits and offer relevant resources to improve successful health outcomes by:

- Understanding and assisting members to access health plan benefits and home and community-based services and supports (HCBS)
- Educating members on community resources and making referrals
- Navigating health care systems – understanding when and where to receive care
- Promoting preventative care

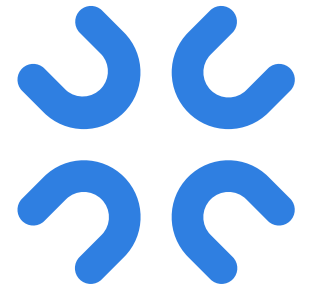
To Learn More:

Care Coordination and Care Management: [Benefits, Perks and Member Handouts](#)

UCare Website: [Health & Wellness](#)



Roles of the Care Coordinator



Building rapport and maintaining a relationship with members is a critical role of a Care Coordinator (CC) for many reasons.

Building Positive rapport leads to:

- Feeling more supported.
- Willingness to share personal information.
- Improved member engagement.
- Trust the recommendations and follow through.
- Feeling comfortable reaching out with questions and concerns throughout the year.

CC's use motivational interviewing skills to address members health status, current risks, and need for intervention.



Care Coordination & Care Management Homepage



Care Coordination and Care Management

Our resources help you work effectively with members. Use the sparks below to view care coordination-related job aids, trainings, member handouts and information about benefits and perks.









To find product-specific tools and forms, select the desired plan from the "Please select" dropdown and click "Select Plan" to explore each category and its contents.

Please select

Select Plan

Find plan specific documents for:

- Forms
- Letters
- Transition of Care
- DTR
- PCC Change
- PCA Authorizations
- And More!

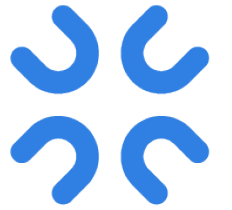
 Alerts & Newsletters News and information for Care Coordinators. Alert - EW Rate Limit Increases 1/1/2024  January 2024 Care Coordination News  View All Alerts and Newsletters	 Benefits, Perks & Member Handouts Links to member benefits, incentives, referral forms and member facing handouts and flyers. Benefits Perks and Member Handouts	 Job Aids & Resources Care Coordination job aids, instructions, resources and provider networks search tools. View Job Aids and Resources
 Model of Care Training Training and attestation for Care Coordinators on the UCare Model of Care. View Model of Care Training	 Policy & Manuals Clinical Care Management policies, guidelines and manuals. Care Management Manual Medical Policy/Medical Necessity Guidelines UCare Provider Manual	 Meetings & Trainings Quarterly meeting schedule and recorded trainings. View Meetings & Trainings

Click the blue banner under each UCare Spark to search:

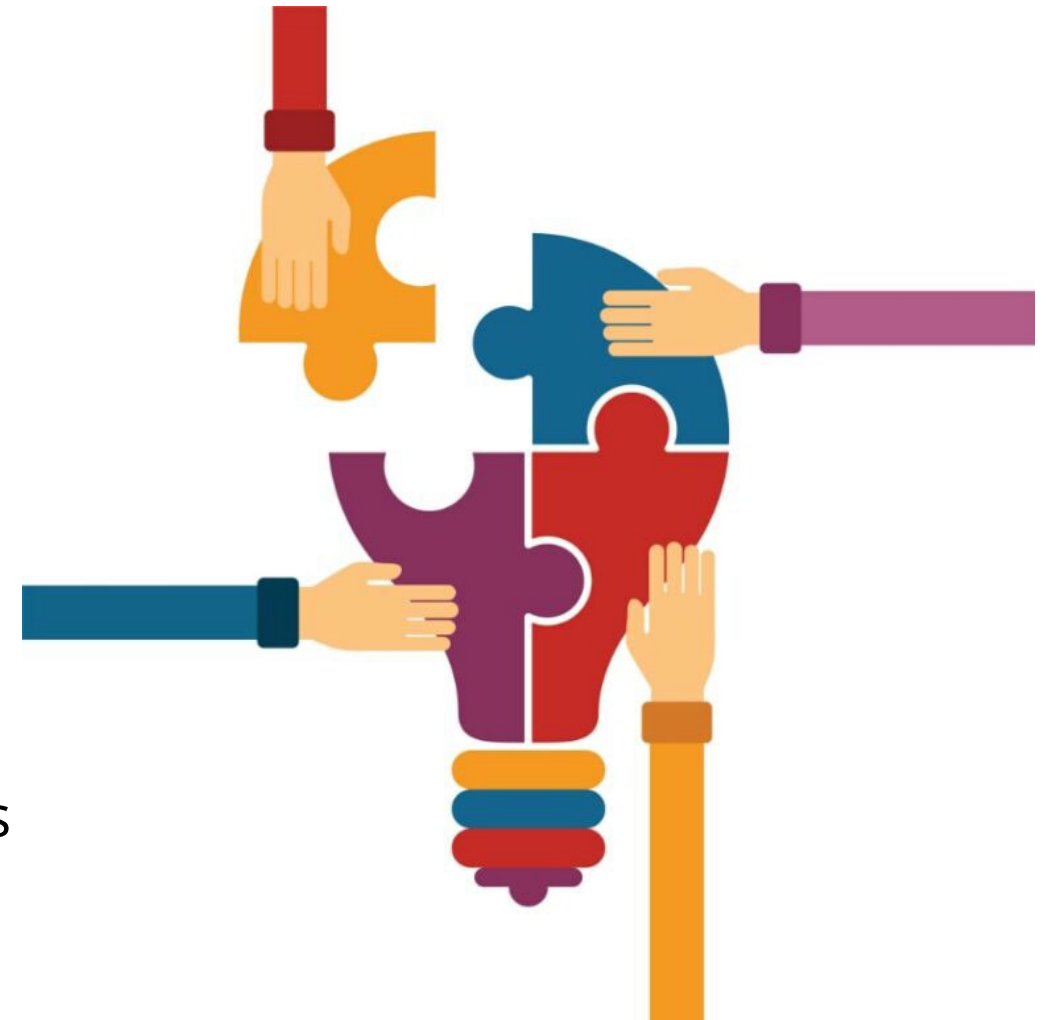
- Newsletters, Benefits, Job Aids and more!



UCare Care Coordination Requirement Grids

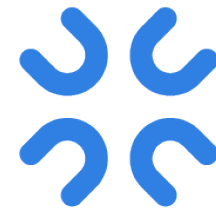


- [UCare Care Coordination and Care Management](#) webpage:
 - Use drop down to select plan type (MSC+ or MSHO)
 - Requirements Grids "drawer"
 - 3 Grids: Community Well (legacy tools), MnCHOICES, and Institutional
- Typically updated in January and July or if significant regulatory changes occur
- Requirements Grids – **Source of Truth**
 - Check requirements grid for answers to policy questions



Requirements Grids are UCare's official Policies and Procedures for Care Coordination





Special Needs Plan Model of Care Training



Model of Care Training

Training and attestation for Care Coordinators
on the UCare Model of Care.

[View Model of Care Training](#)

The MOC provides a high-level look at the population, demographics, goals, and service elements unique to UCare's Special Needs Plans. Every year, care coordinators and medical providers complete the Model of Care training and provide an attestation of completion to UCare.

- New employees **must** complete MOC training within **90 days** of employment
- Located on the UCare Care Coordination and Care Management home page.
- **Attestation:** Once completed, submit the electronic attestation.



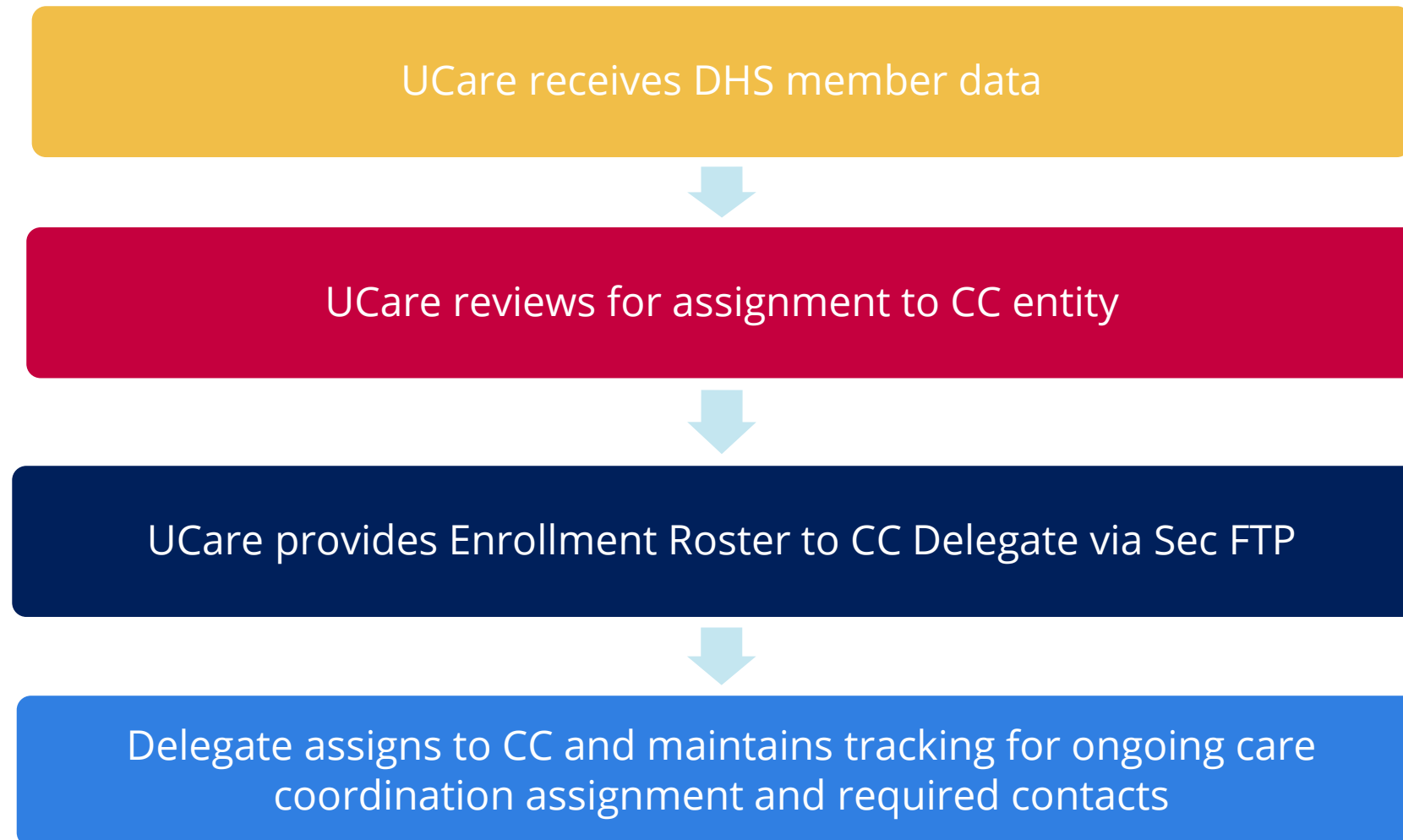
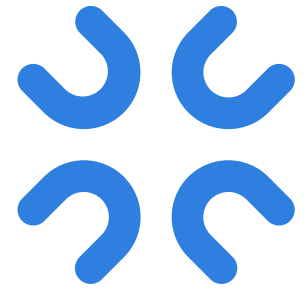


Enrollment and Assignment

How do members get assigned to me?



Monthly Enrollment Rosters



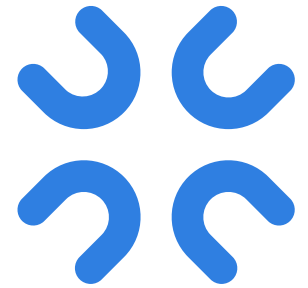
To Learn More:

UCare Training: [Navigating the Enrollment Roster using Excel](#)

Job Aid: [Reconciling Enrollment Rosters](#)



Enrollment Rosters: Changes Tab



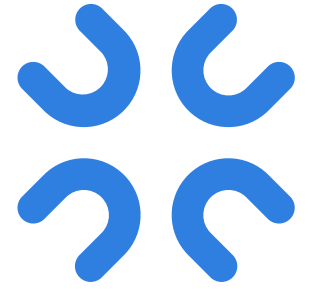
New Members & Product Changes	Transferred Members	Termed Members
New to MSC+ or MSHO	Changing delegates:	Exiting from enrollment due to:
<ul style="list-style-type: none"> Newly enrolled to UCare Product Change: switch plans from MSC + to MSHO or vice versa <ul style="list-style-type: none"> Often time with the same delegate 	<ul style="list-style-type: none"> Had previous Care Coordination with a different delegate i.e.: moves from Polk County to Pine County where they had previous CC 	<ul style="list-style-type: none"> Losing MA eligibility Move to a county where UCare is not available Death Voluntary (i.e., change plans) Spenddown
Action: <ul style="list-style-type: none"> Welcome w/in 10 day of notification via letter or phone 	Action: <ul style="list-style-type: none"> Transfer In: Change in CC Letter w/in 10 days of notification Transfer out: DHS 6037 process 	Action: <ul style="list-style-type: none"> MSC+: Track for 90 days and complete CC activities as needed

To Learn More:

[Job Aid: Letters](#)



Primary Care Clinic Change Process



MSC+ and MSHO members are assigned to counties and care systems based on the member's primary care provider and geographic location.

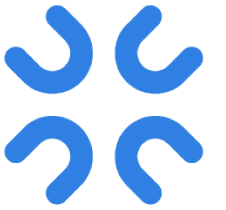
If a member's PCP is verified and requires an update, complete a PCC change request form by the 12th day of the month to reassign to appropriate county or care system.

- Updated PCC will be reflected on 2nd roster posting
- If requested after the 12th day of the month – complete required CC activities

[PCC Change Form](#)



Enrollment Roster: All Tab



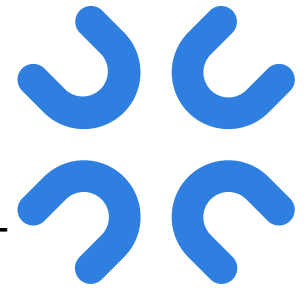
Using the All Tab, care coordinators review members list against internal tracking systems for consistency.

- Using MN-ITS , confirm the member has active coverage with UCare and verify member's address

Discrepancies or incorrect assignments should be reported to CMIntake@ucare.org to research, resolve and if applicable, notify the appropriate delegate of new assignment.



Understanding the 90-Day Grace Period



MSC+: Members removed from the enrollment roster when MA terms. When these members are in their 90-day grace period they appear inactive in MN-ITS.

- Claims are not paid while MSC+/MA is inactive.
 - If MA is reinstated and backdated, medical providers can submit claims retroactively.
 - Care Coordinator must track MSC+ termed members for 90 days.

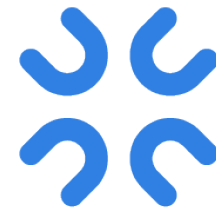
MSHO: Members remain on the enrollment roster because they do not term from health plan, thus do not require additional tracking. They will appear inactive in MN-ITS during their 90-day grace period.

- UCare continues to pay claims for member in the 90-day grace period.
 - Medical providers are responsible for verifying eligibility prior to providing services.
 - Refer to the Care Coordination Enrollment Roster for the future term date.
-

EW Members: **CC to send the DHS 6037 to County by the 60th day if MA is not reinstated.**

All Products: Care Coordination continues during 90-day grace period. CCs monitor member's assessment schedule. UCare requirements are to provide ongoing care coordination elements during the 90-day grace period.





MSC+/MSHO Monthly Activity Logs

- Assessments and Support Plan updates are recorded on the Monthly Activity Log
- Submit logs to UCare by the 10th of the month to assessmentreporting@ucare.org

2024 UCare MSC+/MSHO Monthly Activity Log

Month (Select from the dropdown menu)
 Delegate (Select from the dropdown menu)

Please complete each month. Save each log using file name format Delegate Month Year (example: UCare May 2024)
 Send to assessmentreporting@ucare.org by the 10th of the following month.
 Log all activity completed or reason unable to complete
 See SAMPLE data on rows 14 and 15 (highlighted in light blue)

Member Demographics					
Delegate	Last Name	First Name	UCare Member ID#	DOB	Living Status (Select from the drop down menu)
UCare	Doe	Jane	412345678	1/26/1934	Community
UCare	Doe	John	312345678	10/22/1941	Community

Grid	
Living Status	Type of Activity
Community	Annual
Institutional	Initial
	Product Change
	Significant Health Change
Activity Location	THRA
In-Person	Mid-Year
Televideo (audio and visual)	TOC Care Plan Update
Phone	Refusal
	Unable to Reach

Current Year Activity						Care Coordinator	
Date of Current Activity Completed in 2024	Activity Location in 2024	Type of Current Activity Completed in 2024	Unable To Reach Attempt 1	Unable To Reach Attempt 2	Unable To Reach Attempt 3	Name of Care Coordinator	Comments
1/25/2024	In-Person	Annual				Cindy Ucare	
3/10/2024	Phone	Unable to Reach	3/7/2024	3/8/2024	3/9/2024	Carol Amy	

To Learn More:
 Job Aid: [Monthly Activity Log](#)





Continue to Part Three:

Assessments, Support Plans and Ongoing Case Management

