2022 BLUE PLUS
CARE COORDINATION FALL TRAINING

Government Markets Partner Relations Team

October 25th, 2022

YOUR PR TEAM

From left: Melinda Heaser, Kim Pirkl, Stormy Church, Ricky Vang, Kim Flom, Wendy Schultz

HOUSEKEEPING ITEMS

- All attendees are muted.
- Mandatory training (replaces the in-person Fall CC training)
- Webinar is recorded and will be posted to the Care Coordination website.
- Submit questions in the chat. We will review questions at the end of the training, as time permits.
- Attendance Log: complete and return one log to your Partner Relations Consultant within 2 weeks.

AGENDA

- ❑ 2023 Expansion
- ❑Public Health Emergency
- ❑ Model of Care Training
- ❑ CC Advisory Meetings
- ❑ PHI & Supported Decision Making
- ❑ Member Moments/ CC Success Stories
- ❑ Delegate Performance Reports
- ❑ 2023 MSHO Supplemental Benefits
- ❑ Signify Health
- ❑ DTR Reminders
- ❑ Bridgeview Updates
- ❑ Refusals
- ❑ MnCHOICES
- ❑ Electronic Visit Verification (EVV)
- ❑ Community First Services and Supports (CFSS)
- ❑ Q&A

2023 SERVICE AREA EXPANSION

BLUE PLUS EXPANSION

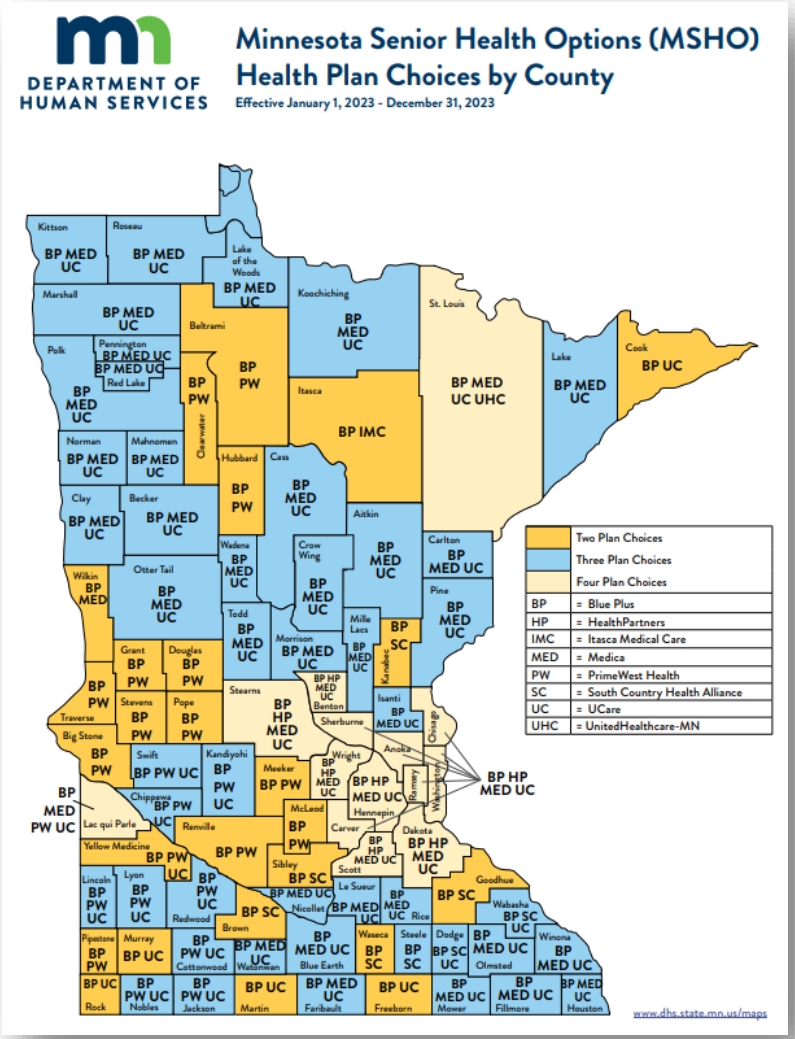
BlueCross BlueShield Minnesota

	Two Plan Choices
	Three Plan Choices
	Four Plan Choices

Starting January 1st, 2023, Blue Plus MSHO and MSC+ will now be serving seniors in all 87 counties!

We are in the process of planning and onboarding new Care Coordination Delegates.

Stay tuned!



Source: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4840-ENG

PUBLIC HEALTH EMERGENCY (PHE)

PUBLIC HEALTH EMERGENCY (PHE)

The Public Health Emergency has been extended until January 11, 2023.

Refer to recent **Renewal of Determination That A Public Health Emergency Exists** for details.

- This means continuous enrollments and other flexibilities will expire no sooner than January 2023.
- Pre-renewal notifications will be sent in December 2022; alerting renewal due in April 2023. The renewal documents will be sent in Feb 2023. Refer to "Medical Assistance (MA) Renewals" in CC Guidelines.
- Reminder: Care Planning documents require signatures.
- CMS would need to issue notification in November 2022 advising on the PHE.

PUBLIC HEALTH EMERGENCY (PHE)

BlueCross BlueShield Minnesota

On June 30, 2022, the following waivers have expired:

- CV.53 – Allowing flexibility for personal care assistance (PCA) service oversight and hours
- CV.89 – Modifying requirements to maintain long-term services and supports (LTSS)
  - Lead agencies must resume obtaining written approval of LTSS documents. Lead agencies must obtain written signatures because verbal or expressed approval of LTSS documents will no longer meet requirements.

The following COVID-19 waivers remain in effect until further notice:

- Allowing LTSS assessments and reassessments to be conducted remotely
- Allowing spouses to provide personal care assistance (PCA) services
- Allowing adult day services to be provided remotely
- Preventing eligibility in LTSS programs from being terminated

PUBLIC HEALTH EMERGENCY (PHE)

BlueCross BlueShield Minnesota

As a reminder, there are 4 exceptions to terminating participation in MA funded home and community-based waiver programs:

- The member chooses to exit the waiver program
- The member moves out of the state
- The member dies
- Admission to institutional setting > 30 consecutive/continuous days

MODEL OF CARE

MODEL OF CARE (MOC) 2022

BlueCross BlueShield Minnesota

SecureBlue MSHO is a Special Needs Plan (SNP) for members dually eligible for both Medicare and Medicaid (D-SNP)

CMS requires that all Special Needs Plans have a Model of Care (MOC) approved by the National Committee for Quality Assurance (NCQA)

MOC addresses MN DHS elements related to MN's Managed Long-Term Care Services and Supports requirements

Annual required MOC training ensures that providers and staff (including Care Coordinators) are educated, aware and will leverage the MOC to deliver care and services to SecureBlue MSHO members.

WHAT IS A MOC?

BlueCross BlueShield Minnesota

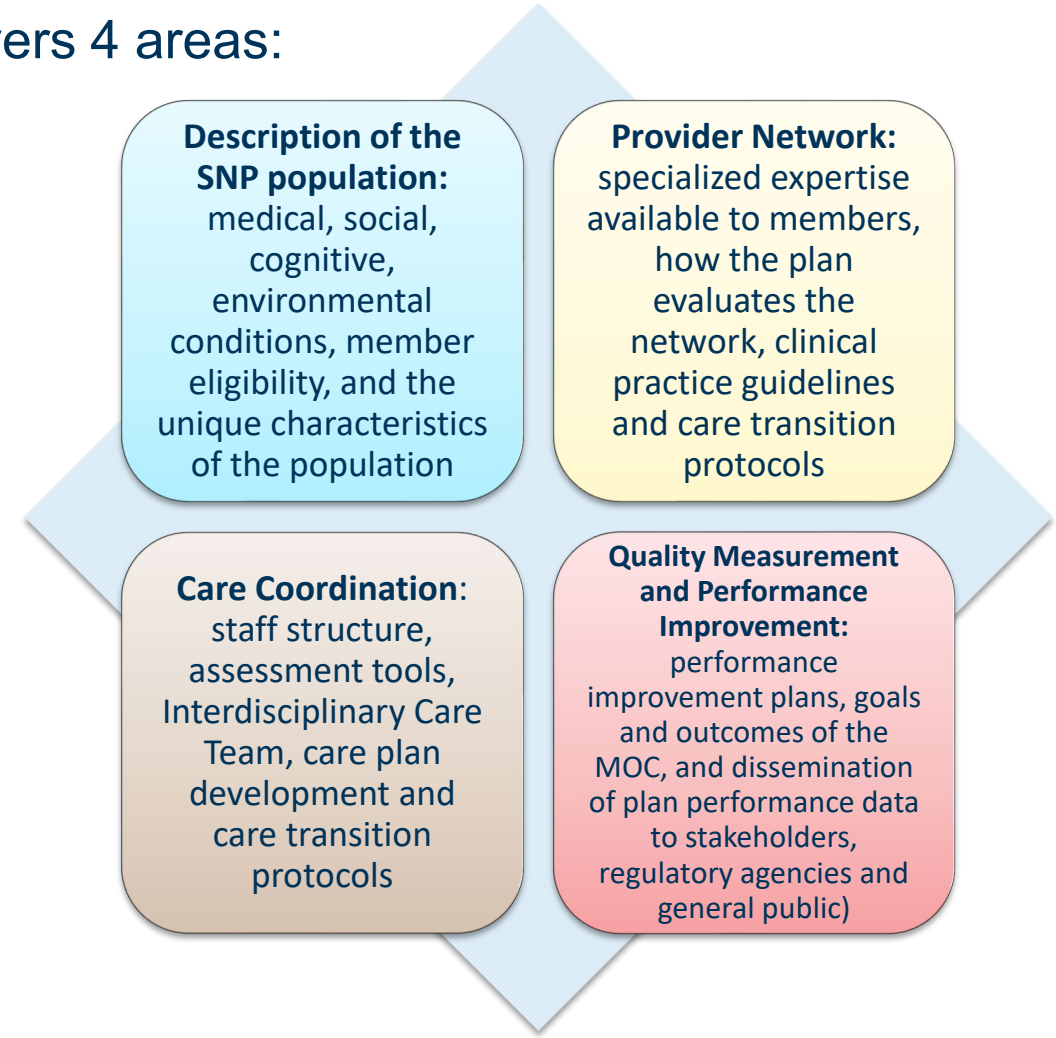
The MOC provides the framework for how the SNP will identify and address the unique needs of its members. It promotes quality, care management, and care coordination processes.

- Goals of the MOC:
  - Ensure access to affordable healthcare services
  - Ensure coordination of care across payers and care settings
  - Improve health outcomes
  - Reduce avoidable hospitalizations
  - Facilitate appropriate use of services
- Submitted to CMS (and DHS) at least every 3 years: SecureBlue MSHO MOC is currently 2021-2023

WHAT IS A MOC?

BlueCross BlueShield Minnesota

The MOC covers 4 areas:



CARE COORDINATOR ROLE IN THE MOC

BlueCross BlueShield Minnesota

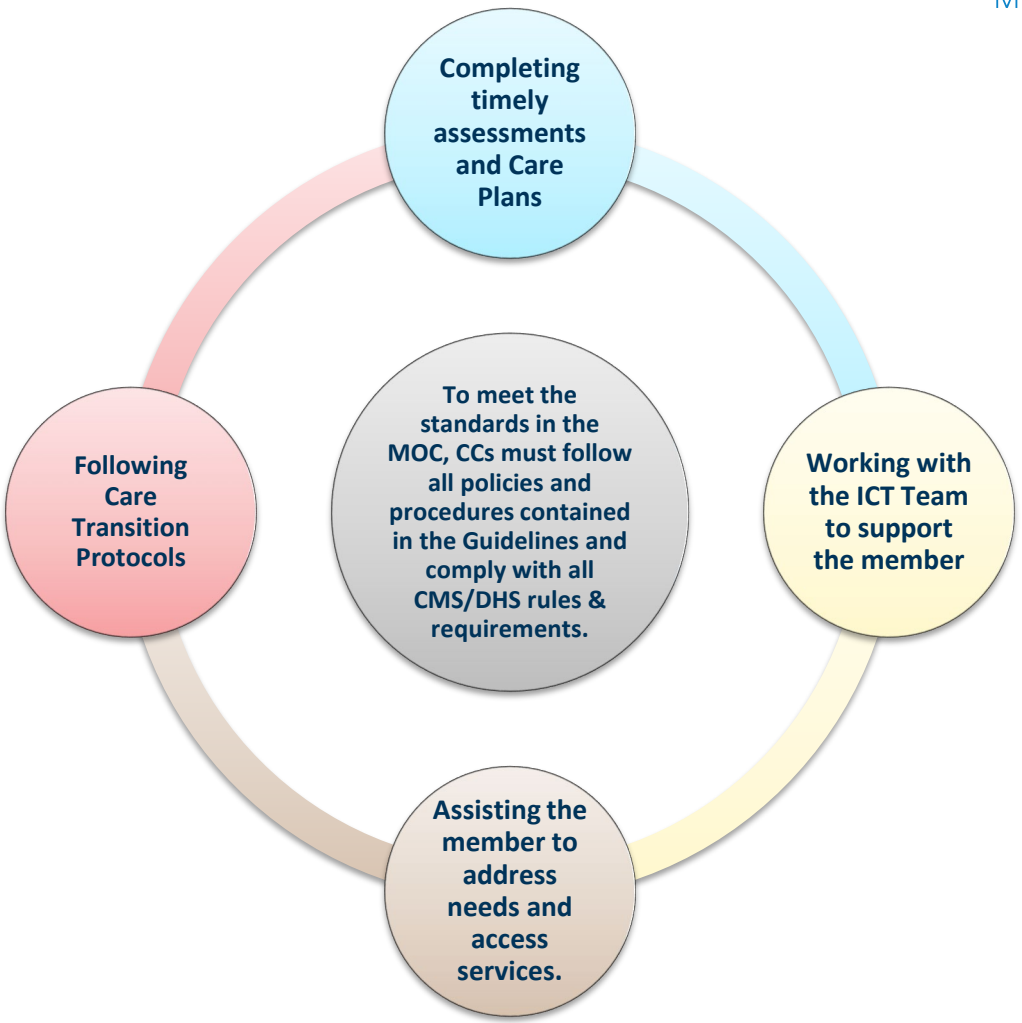
Some examples of the Care Coordination elements in the MOC are:

- *Provide a detailed description of how the organization conducts the initial HRA and annual reassessment.(Element 2B)*
- *Explain how the organization disseminates the HRA information to the Interdisciplinary Care Team (ICT) and subsequently how the ICT uses that information. (Element 2E)*
- *Describe transition protocols for enrollees as they move from different settings of care. The description should include care coordinator roles and responsibilities and protocols for assessments and provision of LTSS. (Element 2F)*

These are all core tasks you do as the Care Coordinator!

CARE COORDINATOR ROLE

Our MOC is the foundation for our CC Guidelines and delivery of our Care Coordination model.



MODEL OF CARE 2022

CMS requires all staff working with our MSHO members complete SNP-MOC training upon hire and annually thereafter:

- Newly hired CC's review the most recent fall training slides.
- CC's who did not attend fall training should review the slides.
- Each Delegate should maintain all records of attendance. Do not send to Blue Plus.

CARE COORDINATION ADVISORY GROUP

2021 SUMMARY IN REVIEW

BlueCross BlueShield Minnesota

Transitions of Care	• Seeking to obtain input for process and documentation of TOC log.
MSHO Supplemental Benefits	• Reviewed 2021 benefits & sought input on process and communication.
Care Coordination Onboarding	• Requested suggestions for new CC Onboarding.
Care Coordination Support and Satisfaction	• What are we doing well and what could be improved?
MnCHOICES	• Overview of status of MnCHOICES and training requirements and readiness.
DME Payor Determination	• Discuss DME Payor Determination process and suggestions.
Pharmacy	• Reviewed forms and resources and solicited topics for training.

2021 STATUS OF SUGGESTIONS

Examples of completed:

- ✓ TOC's: created Provider Quick Points to increase communication with CC's & updated TOC log with feedback including new tool tips.
- ✓MSHO Supp Benefits- added toothbrushes, sensitive toothpaste and denture cleaners to OTC catalog. Adding Music Therapy to 2023 benefits for CL and AFC per request.
- ✓ CC Support and Satisfaction- pharmacy training held 3/2022
- ✓ Pharmacy- Medicare Reimbursement form added to website.
- ✓ CC Onboarding- created CC Website Navigation nugget training.
- ✓ CC Onboarding- updated forms on our CC website will temporarily be in red font.

2021 SUGGESTIONS IN PROGRESS

BlueCross BlueShield Minnesota

Suggestions in progress:

✓MSHO Supp Benefits - resources coming in other languages.

✓Find a Doctor tool – internal discussions on process for updating information.

✓More nugget trainings coming soon per request:

- Care Coordination 101
- T2029 Specialized Equipment and Supplies
- DTR's
- Goal Writing
- Lift Chair Authorization Process
- HRA's
- State Plan Home Care Services
- CDCS
- Transitions of Care
- Nursing Home 101

2022 SUMMARY IN REVIEW

BlueCross BlueShield Minnesota

Caseloads	• to establish how caseloads are determined.
Gaps in Care	• to determine primary gaps in care and potential reasons and/or suggested ideas.
MCO Processes	• suggestions to simplify and streamline Managed Care Organization processes.
Bridgeview	• review of resources, updates & solicited feedback.

**Next meetings are in November.*

2022 STATUS OF SUGGESTIONS

BlueCross BlueShield Minnesota

Examples of completed:

- Added a checkbox reminder on Safe Disposal of Medications discussion to the CCP
- Bridgeview updated to allow users to stay logged in for one hour (vs. 30 minutes)
- TOC: return to usual care setting tooltip added on how to document refusals/UTR. Added optional additional comments page for CC's who prefer to document on the log

Safe Disposal of Medication Discussion	I have discussed safe disposal of medications and was provided supporting documents. ☐ Yes ☐ N/A Comments:

2022 SUGGESTIONS IN PROGRESS

Suggestions in progress:

- ✓Caseloads- hired vendor to assist with determining appropriate caseloads.
- ✓Provide targeted culturally specific training opportunities.
- ✓Reviewing documents/letters to be translated in other languages.
- ✓Bridgeview CC User Guide- updates and revisions coming soon.
- ✓Bridgeview training requested- pre-recorded nugget trainings in progress.

PHI & SUPPORTED DECISION MAKING

WHAT IS PHI?

BlueCross BlueShield Minnesota

Protected health information (PHI) includes:

1. Information related to an individual's past, present, or future physical or mental health or condition, or the past, present, or future payment for the provision of health care to an individual.
2. Information including demographic information that either identifies the individual or provides a reasonable basis to believe that it could be used to identify the individual.
3. Information transmitted or maintained in any form or medium - including orally or on paper

Example:

Information needs to be identifiable for it to be PHI. A member ID number with a date of service and name of a treating provider is PHI. But a date of service and name of provider in the absence of any identifying information (or when the recipient does not know the identity of the subject of that information) is not PHI.

Source: Legal Q&A Training BCBS 7/14/21

WHEN ARE WE ALLOWED TO DISCLOSE PHI TO OTHERS?

BlueCross BlueShield Minnesota

PHI can be released to someone authorized by the member to receive PHI. A member can authorize another person via a written or verbal authorization:

Written

- The authorization must clearly state what information may be released, and to whom.
- Under MN State law, authorization cannot be effective more than one year from signature date and may have a shorter duration noted by the member.

Verbal

- Verbal authorizations are valid only during the phone call/e-visit/on-site visit during which the authorization is made.
- The member making the verbal authorization must have their identity validated, must state what information may be released, and to whom.
- Verbal authorization needs to be documented in case notes.

Source: Legal Q&A Training BCBS 7/14/21

FINANCIAL AND MEDICAL POA

BlueCross BlueShield Minnesota

Financial Power of Attorney

- A Short Form/Financial POA does not allow for release of specific medical information to the person named but would allow for the release of information including benefits, eligibility, or financial matters.

Health Care Power of Attorney

- A Health Care POA or Health Care Directive specifically allows for the release of medical information and may also designate someone to make medical decisions (health care agent).
- A Health Care POA may be conditional, based on member's medical condition. It does not become effective until conditions are met.

Nature of Request	Financial POA	Health Care POA
Address change	Yes	Yes
Claims status	Yes	Yes
Eligibility information	Yes	Yes
Medical information	No	Yes
PCC change	No	Yes
Financial decisions	Yes	No
Healthcare decisions	No	Yes

Source: Legal Q&A Training BCBS 7/14/21

CONSERVATOR AND GUARDIAN

BlueCross BlueShield Minnesota

What Is Conservatorship and Guardianship?

- Conservatorship and guardianship typically result from court proceedings in which the court appoints someone to manage another person's financial affairs (conservator) or personal care decisions (guardian).
- Used when a person becomes so incapacitated or impaired that he or she is unable to make financial or personal decisions and has no other viable option for delegating these duties to another (e.g., through a durable power of attorney, living trust, or some other means).
- Using these standards, conservatorships or guardianships might be established for people who are in a coma, suffering from advanced stages of Alzheimer's disease, or have other serious injuries or illnesses.
- Anyone can petition to be a conservator or guardian for an incapacitated or impaired person, and a conservator or guardian can revoke or terminate some prior planning arrangements.

Source: https://www.ag.state.mn.us/consumer/handbooks/probate/CH4.asp

AUTHORIZED REPRESENTATIVE

What is an Authorized Representative?

This person can make decisions on behalf of an individual and support them in making decisions of their own. The Authorized Representative has the same responsibilities and rights as applicants or enrollees.

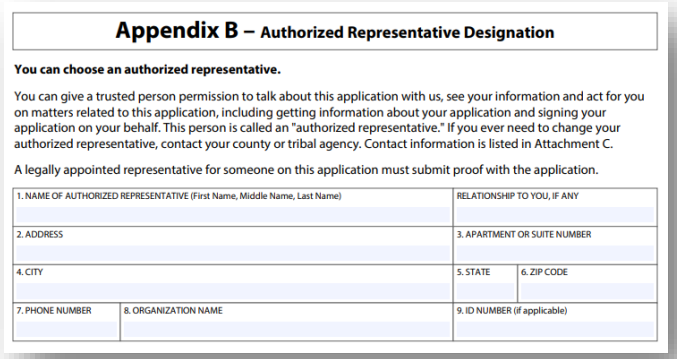
DHS-3876-ENG

DHS-3876-ENG 11-19

DEPARTMENT OF HUMAN SERVICES

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Application for Certain Populations



Appendix B – Authorized Representative Designation

You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, see your information and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact your county or tribal agency. Contact information is listed in Attachment C.

A legally appointed representative for someone on this application must submit proof with the application.

1. NAME OF AUTHORIZED REPRESENTATIVE (First Name, Middle Name, Last Name)		RELATIONSHIP TO YOU, IF ANY
2. ADDRESS		3. APARTMENT OR SUITE NUMBER
4. CITY		5. STATE / 6. ZIP CODE
7. PHONE NUMBER	8. ORGANIZATION NAME	9. ID NUMBER (if applicable)

7. Do you want someone to act on your behalf as an authorized representative?

◯ Yes – complete Appendix B ◯ No

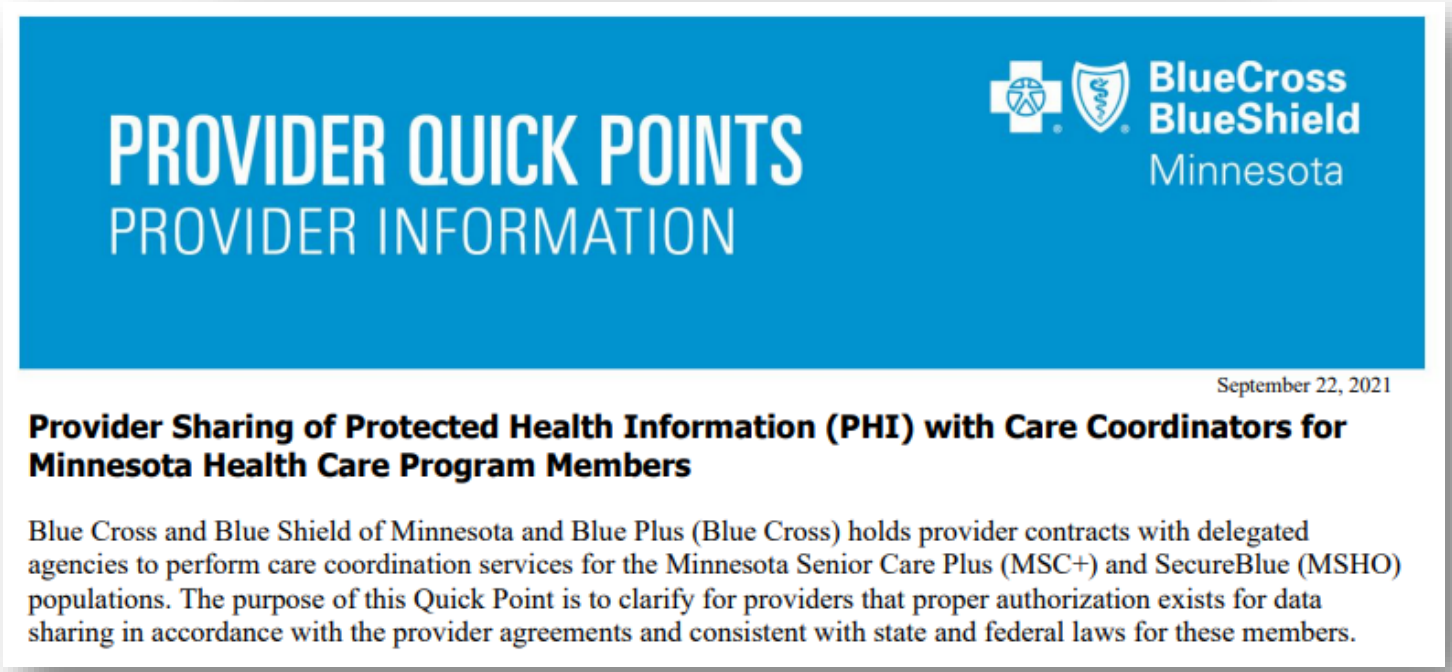
(You can give a trusted person permission to talk about this application with us, see your information and act for you on matters related to this application, including getting information about your application and signing your application on your behalf.)

RESOURCES

BlueCross BlueShield Minnesota

Care Coordinator – Provider Communication Resources

- MHCP Provider Sharing of PHI with Care Coordinators QP71-21 9-22-2021 (PDF)
- 8.53 Provider Release Letter SB, MSC+ 091318 (DOC)
- 6.50 ROI Request by Care Coordinator SB, MSC+ 091318 (DOCX)



PROVIDER QUICK POINTS
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

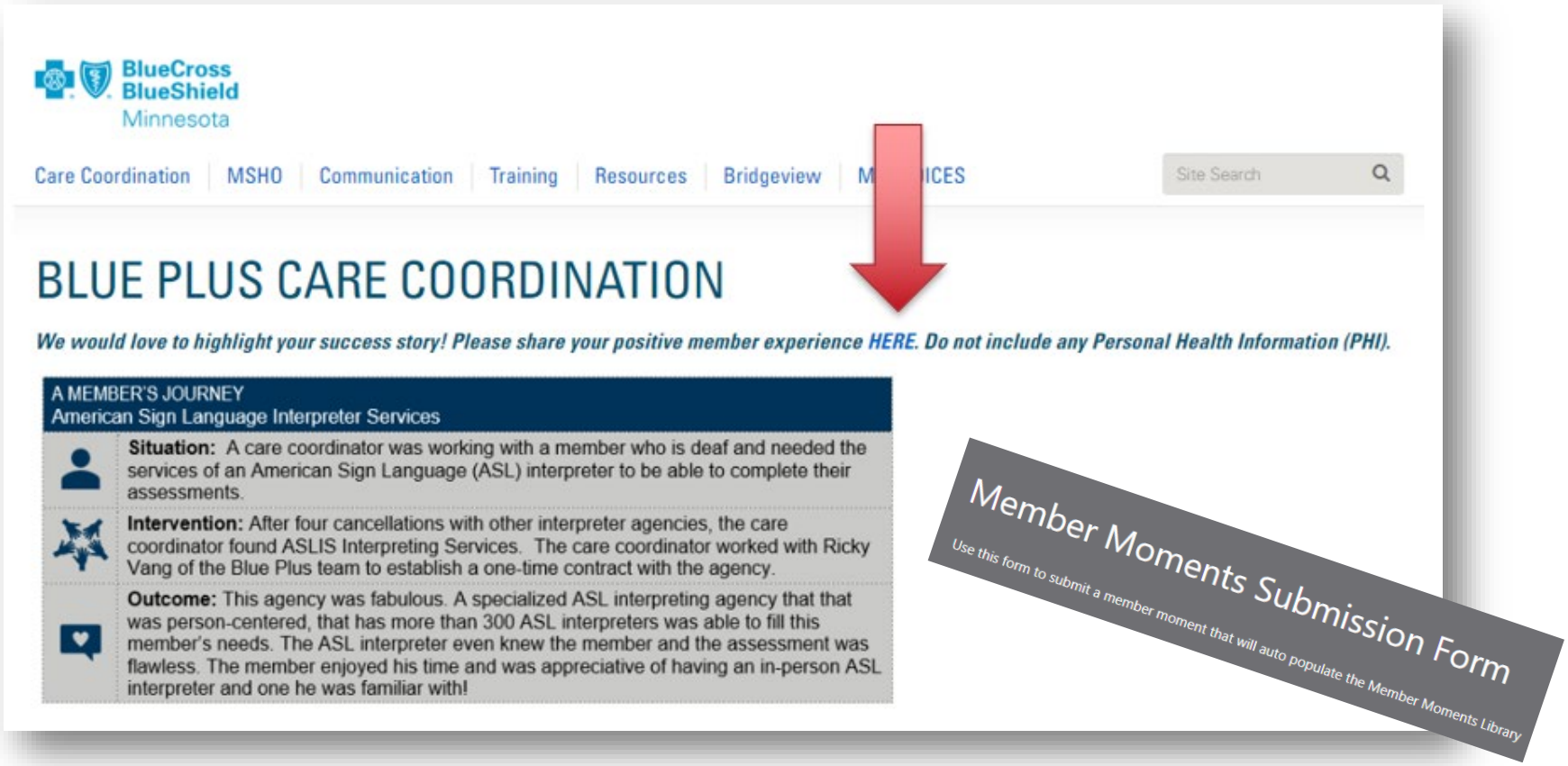
September 22, 2021

Provider Sharing of Protected Health Information (PHI) with Care Coordinators for Minnesota Health Care Program Members

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) holds provider contracts with delegated agencies to perform care coordination services for the Minnesota Senior Care Plus (MSC+) and SecureBlue (MSHO) populations. The purpose of this Quick Point is to clarify for providers that proper authorization exists for data sharing in accordance with the provider agreements and consistent with state and federal laws for these members.

MEMBER MOMENTS &
CARE COORDINATOR SUCCESS STORIES

SUCCESS STORIES



SUCCESS STORIES

BlueCross BlueShield Minnesota

A MEMBER'S JOURNEY Expediting a Request to Help Keep Member Safe	
	**Situation:** Member is recovering from a total shoulder replacement and struggles with chronic back pain limiting her upper body range of motion. She recently fell, broke her left foot, and sprained her right foot, making it challenging to self-propel a manual wheelchair. She lives alone and has NO family support. Her Care Coordinator requested an electric wheelchair rental during her recovery.
	**Intervention:** The Care Coordinator contacted Kim Pirkl (Blue Plus) with concerns that the process for determination of the need could take up to three weeks. The Care Coordinator requested an expedited decision because of the safety concerns for the member and to prevent further injury.
	**Outcome:** Although the initial request for the electric wheelchair was denied on Jan. 28, 2021. Kim Pirkl gathered additional information and advocated on the member's behalf. The chair was approved **and** delivered one day later on Jan. 29, 2021. The Member was grateful to have the electric wheelchair, and her elbow, arm and knee pain improved. The Care Coordinator appreciated the support from the Blue Plus team and everyone who helped the member to get what she needed.

DELEGATE PERFORMANCE REPORTS

DELEGATE PERFORMANCE REPORTS

BlueCross BlueShield Minnesota

To evaluate timeliness of Health Risk Assessments (HRA) required for all Delegates.

- All HRA's performed during that month for each delegate is included in the report. The goal for the percentages is equal to or greater than 90%.
- The requirement of DHS for Blue Plus is to achieve equal to or greater than 90% on the total percentage of timely initial assessments and 100% timely reassessments – this does not include members who are documented as a 'refusal' or 'unable to reach'.
- Delegate should be reviewing for issues of non-compliance, trends, and staff educational opportunities.

DELEGATE PERFORMANCE REPORTS

BlueCross BlueShield Minnesota

		Total of required Assessments			Completed HRA's			Refusals			Unable to Reach (UTR)		Totals for HRA and Refusals	Compliant all
Delegate Name	Product Name	Total # of Assessments (Includes all HRA completed and Refusals and UTR	Total # of Completed HRA Assessments	Total # of Completed HRA Assessments Compliant	Total # of non compliant Completed HRA Assessments (missing or not timely)	Total % of Completed HRA Assessments Compliant	Total number of Refusals	Total # of Refusals timely compliant	Total number of Refusals not timely Compliant	Total number of UTR	Total # of timely Compliant UTR	Total number of UTR not timely Compliant	Total # of Compliant HRA-Refusals-UTR	Total % of Compliant completed HRA-UTR and Refusals
ABC AGENCY														
	Combined	24	16	14	2	87.5	5	5	0	3	3	0	22	91.66
	MSHO	16	12	10	2	83.33	3	3	0	1	1	0	14	87.5
	MSC+	8	4	4	0	100	2	2	0	2	2	0	8	100

Member ID	Last Name	First Name	Product	Date of First Enrollment	Date of Disenrollment	Date of Previous Assessment	Date of Current Assessment	Initial Assessments Compliant	Reassessment Compliant	Refusal	Unable to Reac	Care Coordinat	Elderly Waiver	Comments
801234567	SPICE	PUMPKIN	MSC+	10/1/2010	99/99/9999	7/6/2021	7/5/2022		YES			DOE, JANE	NO	
801234567	LEAVES	AUTUMN	MSC+	7/1/2022	99/99/9999		7/7/2022	NO		YES		DOE, JOHN	NO	
801234567	CIDER	APPLE	MSHO	7/1/2019	99/99/9999	7/13/2021	7/14/2022		NO			DOE, JANE	YES	2 days late.
801234567	PATCH	PUMPKIN	MSC+	7/1/2022	99/99/9999		7/18/2022	NO			YES	DOE, JOHN	NO	MSC+ not late, disregard.

- The top of the report includes overall # of assessments completed for both products including data on initials, re-assessments, refusals, and Unable to Reach.
- Data on the report is pulled from the HRA entries entered into Bridgeview by the 10th of the following month.

DELEGATE PERFORMANCE REPORTS

BlueCross BlueShield Minnesota

	A	B	C	D	E	F	G	H
1			Total of required Assessments			Completed HRA's		
2	Delegate Name	Product Name	Total # of Assessments (Includes all HRA completed and Refusals and UTR	Total # of Completed HRA Assessments	Total # of Completed HRA Assessments Compliant	Total # of non compliant Completed HRA Assessments (missing or not timely)	Total % of Completed HRA Assessments Compliant	Total number of Refusals
3	ABC AGENCY							
4		Combined	24	16	14	2	87.5	5
5		MSHO	16	12	10	2	83.33	3
6		MSC+	8	4	4	0	100	2

I	J	K	L	M	N	O
Refusals			Unable to Reach (UTR)		Totals for HRA and Refusals	Compliant all
Total # of Refusals timely compliant	Total number of Refusals not timely Compliant	Total number of UTR	Total # of timely Compliant UTR	Total number of UTR not timely Compliant	Total # of Compliant HRA-Refusals-UTR	Total % of Compliant completed HRA-UTR and Refusals
5	0	3	3	0	22	91.66
3	0	1	1	0	14	87.5
2	0	2	2	0	8	100

DELEGATE PERFORMANCE REPORTS

BlueCross BlueShield Minnesota

1

Member ID	Last Name	First Name	Product	Date of First Enrollment	Date of Disenrollment	Date of Previous Assessment	Date of Current Assessment
801234567	SPICE	PUMPKIN	MSC+	10/1/2010	99/99/9999	7/6/2021	7/5/2022
801234567	LEAVES	AUTUMN	MSC+	7/1/2022	99/99/9999		7/7/2022
801234567	CIDER	APPLE	MSHO	7/1/2019	99/99/9999	7/13/2021	7/14/2022
801234	CH	PUMPKIN	MSC+	7/1/2022	99/99/9999		7/18/2022

2

Initial Assessments Compliant	Reassessment Compliant	Refusal	Unable to Reach	Care Coordinator	Elderly Waiver	Comments
	YES			DOE, JANE	NO	
NO		YES		DOE, JOHN	NO	
	NO			DOE, JANE	YES	2 days late.
NO			YES	DOE, JOHN	NO	MSC+ not late, disregard.

3

Initial Assessments Compliant	Reassessment Compliant	Refusal	Unable to Reach	Care Coordinator	Elderly Waiver	Comments
FLG	FLG			DOE, JOHN	NO	2022 HRA missing in BV
FLG	FLG			DOE, JANE	NO	2022 HRA missing in BV

DELEGATE PERFORMANCE REPORTS

A	B	C	D	E	F	G
		Total of required Assessments			Completed HRA's	
Region Name	Product Name	Total # of Assessments (Includes all HRA completed and Refusals and UTR	Total # of Completed HRA Assessments	Total # of Completed HRA Assessments Compliant	Total # of non compliant Completed HRA Assessments (missing or not timely)	Total % of Completed HRA Assessments Compliant
ALL REGIONS						
	Combined	1561	1148	1028	120	89.54
	MSHO	936	793	717	76	90.41
	MSC+	625	355	311	44	87.6

For the month of August, we were at 89.54% compliance statewide.

- Requirement is >90% statewide.
- Reminders:
  - Care Coordinators must reach out to members at minimum 2 weeks in advance of scheduling HRA re-assessments.
  - All HRA's must be completed timely and entered into BV by the 10th of the following month.
  - MSC+ enrollees open to EW must have initial HRA completed in 30 (vs. 60 days for non-EW)

2023 SECURE BLUE MSHO SUPPLEMENTAL BENEFITS

2023 CMS STAR RATING!

- We are a 5 STAR plan 2 years in a row!
- We are the only MSHO plan in MN to achieve 5 STARs this year!
- SecureBlue MSHO is in the top 11% of all Medicare plans across the nation!

WHAT'S RETURNING IN 2023

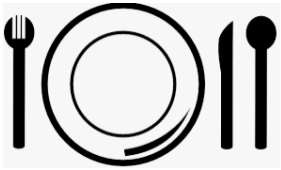
BlueCross BlueShield Minnesota

- Transportation services
  - SilverSneakers fitness locations
  - AA/NA
  - Health Ed transportation
  - Grocery store transportation
- Additional podiatry services
- Additional dental services
- $750.00 Safety Items
- Health and Wellness classes
- Washable/reusable pads
- Wheelchair/walker safety totes
- Disposable face masks
- Fitness: SilverSneakers®
- Member Caregiver Binder
- Home-delivered meals & nutrition education program
  - 12-week chronic condition program
  - 4-week post discharge program
- Post-Discharge Community Companion
- Animatronic Pets
- Caregiver Empowerment Program
- Post-Discharge Medication reconciliation
- Electric Toothbrush and Replacement heads
- Personal Emergency Response system
- Fitness tracker
- Music Therapy
- Medication Dispenser
- OTC benefit

BENEFIT CHANGES FOR 2023

Additional dental services

- Removed additional periodontal maintenance visits and dental root planing and scaling. These services are now covered by Medical Assistance.



Mom's Meals & nutrition education program

- Removed cookbook for members who participate in nutrition education.

Alliance Music Therapy

- Increased eligibility: now includes members who live in customized living (assisted living) and foster care in addition to nursing home.

CVS OTC Benefit

- Many new items being added.

NEW 2023 BENEFIT

BlueCross BlueShield Minnesota

Eyeglass Upgrades

Members may receive any combination of the following benefits each year from a network provider with no medical necessity:

- Anti-glare lens coating, up to two lenses every year
- Photochromatic lens tinting (Transition® lenses), up to two lenses every year
- Progressive (no-line) lenses, up to two lenses every year

Anti-Reflective Coating HCPC V2750
Photochromic Tinting HCPC V2744, V2745
Progressive Lenses HCPC V2781

BLINK FROM QMEDIC

QMedic is offering a FREE App called BLINK.
BLINK can be installed on a smart phone or tablet (Android only at this time).

BLINK is a voice activated mobile application that connects the user to caregiver help without the use of a physical button.

To use:

- Download free app
- Choose trigger word that will be used to initiate a call
- Input the phone number you would like called (caregiver)
- Activate application at any time and it will run in the background, listen for trigger word and will continue to run until deactivated.
- Once member speaks the trigger word, the phone will complete a call to the designated contact on speaker phone.

Watch video: https://www.youtube.com/watch?v=pHwmqWMwhFI

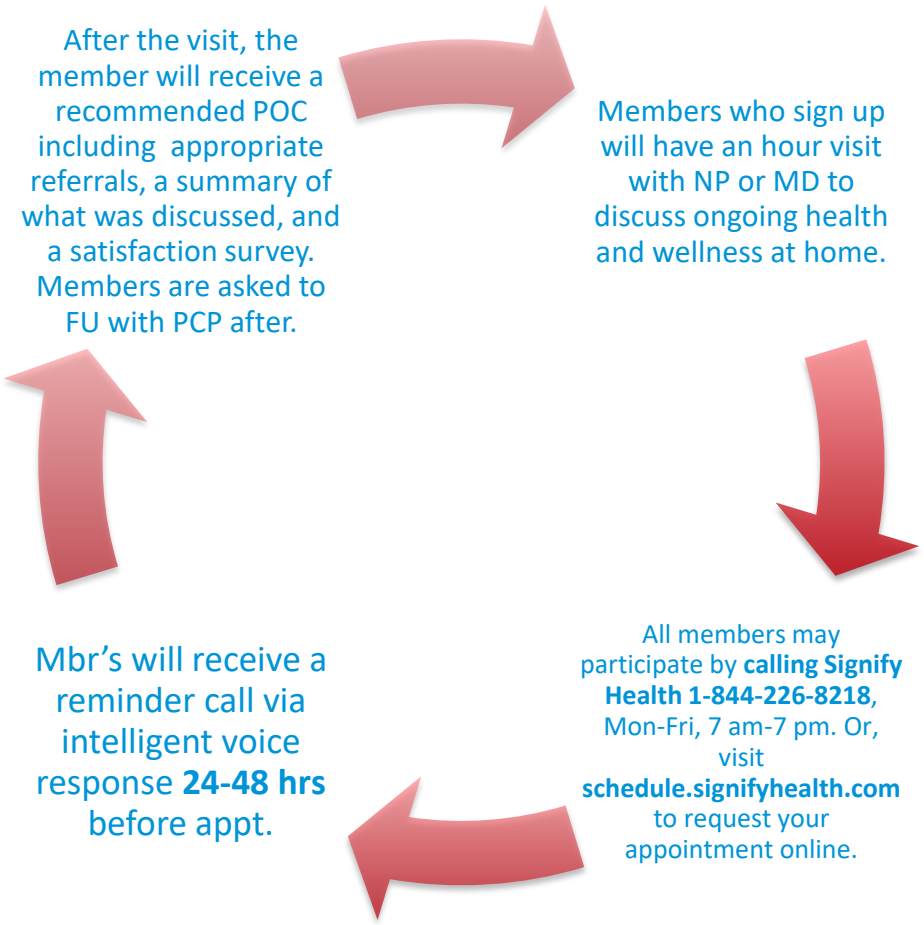
BlueCross BlueShield Minnesota

SIGNIFY HEALTH

SIGNIFY HEALTH (OUR MSHO WELLNESS PROVIDER)

Secure Blue members are eligible for In-Home and Virtual Wellness Assessments

Care Coordination Expectations: Being aware of benefit and to provide education of this benefit to members. Care Coordinators may be asked to help coordinate if needed.



IN HOME AND VIRTUAL WELLNESS LETTER

BlueCross BlueShield Minnesota

BlueCross BlueShield Minnesota

P.O. Box 64560
St. Paul, MN 55164-0560

<FirstName><LastName>
<Street Address1>
<Street Address2>
<City>, <State> <Zip Code>
<USPS Barcode>

Take charge of your health
Complete a Wellness Visit.
Call today:
1-844-226-8218 (TTY 711)

Dear <First name>,

We believe good health starts in the home. That's why Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus) has partnered with Signify Health to provide you with an annual In-Home Wellness Visit. This complimentary visit helps ensure you enjoy more healthy days at home.

Blue Plus provides this important benefit to help you better manage your ongoing health and wellness at home — with no extra cost or hidden fees. During your hour-long visit, a highly trained clinician will check your blood pressure, heart rate, reflexes; review your medications; check for safety risks; discuss your medical history; and answer any health questions you may have.

Here's why SecureBlue℠ (HMO SNP) members have enjoyed In-Home Wellness Visits by Signify Health:

- **Helpful.** Get valuable health information that helps you and your doctor make informed decisions.
- **Convenient.** We will come to you. No travel time. No waiting rooms.
- **Personal.** Enjoy an hour of one-on-one time with a licensed clinician in the comfort of your home.

A Signify Health scheduling coordinator will contact you soon to schedule your Wellness Visit.

If you'd like to schedule your visit right away, call toll-free **1-844-226-8218 (TTY 711)**, Monday through Friday, 7 a.m. to 7 p.m. Central Time.

Or, visit **schedule.signifyhealth.com** to request your appointment today.

Scan this code to request an appointment

H2425_042822O02 CMS Accepted 05/22/2022
Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.
M06701

SAMPLE

SIGNIFY LEAVE BEHIND DOCUMENT

BlueCross BlueShield Minnesota

signifyhealth.

Thank you for welcoming us into your home today. You and your primary doctor will both receive letters summarizing the visit and any lab results.

Providers: Fill out the form and document any concerns from the In-Home Health Evaluation for the member to review with their primary doctor.

Your next PCP visit is on: _____

Vital Signs

Temperature | Height | Weight

BMI | Blood pressure ___/___ | Heart rate

Labs and Tests Completed During the Visit

- ☐ Percent A1c (average blood sugar) _____
- ☐ Urine Test
  Microalbumin _____ / Creatinine _____
  - ☐ Normal
  - ☐ Cannot be determined
  - ☐ Abnormal
  - ☐ High abnormal
- ☐ Bone Density Screening
  - ☐ Normal bone density range
  - ☐ Osteopenia range
  - ☐ Osteoporosis range
- ☐ Spirometry
  - ☐ Normal
  - ☐ Abnormal
- ☐ Peripheral Artery Disease (PAD) screening
  - ☐ Normal (1.0-1.40)
  - ☐ Borderline (0.9-0.99)
  - ☐ Abnormal (0.6-0.89)
  - ☐ Significant (0.3-0.59)
  - ☐ Severe (0.0-0.29)
- ☐ Colorectal Cancer screening
  (FIT lab kit left behind with instructions for you to complete)
- ☐ Diabetic Eye Exam
  (Results provided after visit in letter)

Additional Tests and Notes

_____

_____

_____

Drug Disposal Locations

1. _____ 2. _____

Unused or expired medications should be properly disposed. To learn more, or find a safe drug disposal location, please visit: hhs.gov/opioids/prevention/safely-dispose-drugs/index.html or apps.deadiversion.usdoj.gov/pubdispsearch

signifyhealth.

Based on our visit today, we recommend you take the following actions:

Talk to your physician about your medication plan:
- ☐ Talk to your doctor about aspirin
- ☐ Go over your medications with your personal doctor or pharmacist
- ☐ Figure out a way to make it easier to take your medicine. Ask your doctor, pharmacist, or health plan for help

Stay up to date on your vaccines:
- ☐ Go over your vaccination plan with your doctor (yearly)
- ☐ Flu vaccine (yearly)
- ☐ Pneumonia vaccine
- ☐ Shingles vaccine (once or twice after age 50)
- ☐ Tetanus/diphtheria/pertussis (Tdap) (every 10 years)
- ☐ Hepatitis vaccine (if needed)

Talk to your doctor about these important health screenings:
- ☐ Complete eye exam
- ☐ Blood screening
- ☐ Bone density screening
- ☐ Colorectal cancer screening
- ☐ Aneurysm screening (once for men ages 65 to 75 if they have ever smoked)
- ☐ Prostate cancer screening (men older than 50)
- ☐ Breast cancer screening and/or counseling (especially for women whose family history has breast cancer)
- ☐ Dental exam

Tips for general health and wellness:
- ☐ Monitor blood pressure if it is higher than normal
- ☐ Talk about bladder control problems with your doctor
- ☐ Create a Living Will to plan ahead
- ☐ Find new ways to improve your eating habits, increase your activity level and maintain your weight

If you have diabetes or are at risk for diabetes – talk to your doctor about the following:
- ☐ Testing for A1c, cholesterol, and kidney health
- ☐ Medicine that might help your kidneys (ACEi, ARB
- ☐ Medicine to lower your cholesterol (statins)
- ☐ Nerve screening (yearly)
- ☐ A diabetes self-management program (yearly)
- ☐ Scheduling an eye exam (yearly)

If you have heart failure – talk to your doctor about the following:
- ☐ Medications that might help (diuretics, ACEi, ARB)

Fall risk – How to prevent a fall:
- ☐ Add more lighting so you can see obstacles on the floor
- ☐ Add handrails in hallways and/or bathrooms
- ☐ Put non-skid material under loose rugs or remove them entirely
- ☐ Consider making it easier to access your home by adding a ramp or a railing
- ☐ Consider a fall reduction program and talk to your doctor about ways to prevent falls

Tobacco use:
- ☐ Participate in a program to help you stop smoking. Your doctor or health plan can get you started
- ☐ Talk to your doctor about a lung cancer screening

Other:

_____

_____

_____

If you have any questions or want to give us some feedback, please call **Signify Health Member Services at 1-855-319-4448.**

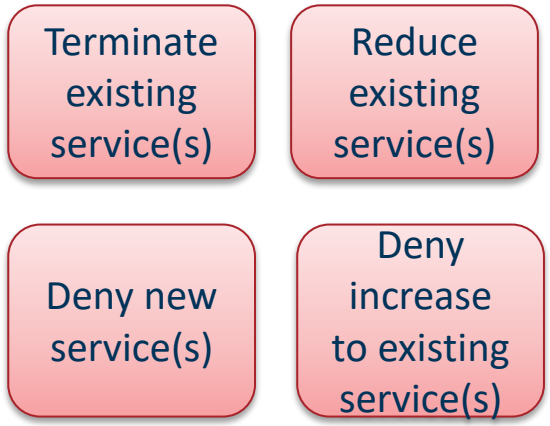
Keep a record of your vitals, medications and other required medical information in one place.
For more information, visit signifyhealth.com

DTR REMINDERS

DTR REMINDERS

BlueCross BlueShield Minnesota

- Most DTR's require a 10-calendar day advance notice of appeal prior to the proposed effective date. Some **exceptions** to this rule include:
  - When a member loses NH level of care at reassessment, this requires a 30-day calendar day advance notice of appeal.
  - When a member is retroactively closed to EW for facility admission(s) the effective date for EW closure and SA's is their **first facility admission date**. Advance notice is not required however a DTR is required to notify the member and the provider.



- Reminders:
  - DTR requests may be initiated by the member, servicing provider or care coordinator
  - DTR's cannot be retroactive except for facility admissions.
  - Do not modify Service Agreements until you receive confirmation from UM.

POLICY CHANGE ABOUT TEMPORARY ADMISSIONS

BlueCross BlueShield Minnesota

The DHS policy below does not change our current Care Coordination expectations that members with EW waivers that closed due to an institutional stay and require waiver services are assessed prior to discharge.

DHS policy change: Effective retroactive to May 1, 2022, people who were admitted to certain settings for 121 or fewer days and were receiving HCBS may restart their previous waiver program without an assessment.

This change applies to the following settings:

- Hospital
- Institution for mental disease
- Nursing facility
- Intensive residential treatment services program
- Transitional care unit
- Inpatient substance use disorder treatment setting

Policy Change about Temporary Admissions to Certain Facilities for 121 or fewer days

POLICY CHANGE ABOUT TEMPORARY ADMISSIONS

BlueCross BlueShield Minnesota

Examples of potential use of new policy:

- Care Coordinator is not notified of members discharge and waiver services are in place.

  Members would remain as the same case mix based on previous assessment. A new assessment would be required to change the members case mix and reflect any significant change in needs. *

Partner Relations Consultants are available for case consultation as needed.

CARE COORDINATOR TASKS FOR DTRS

BlueCross BlueShield Minnesota

Care Coordinator must complete the following within **24 hours** of determination:

- Notify the Member
- Notify service provider and document the following in case notes:
  - **Details of the DTR (services, units, etc) and the effective date.
  - **CC reviewed with members and providers that they have the option to continue services if they choose to appeal, however, if the DTR is upheld, paid claims will be recovered.
- Complete Care Coordinator Request for DTR form and submit to UM
  - Upon acknowledgement of DTR effective date(s) from UM, update SA's in Bridgeview.

REMINDERS TO AVOID DELAYS

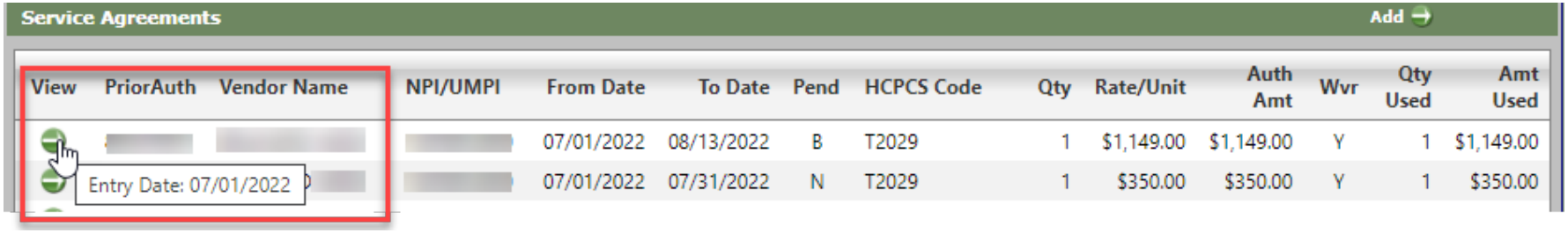
BlueCross BlueShield Minnesota

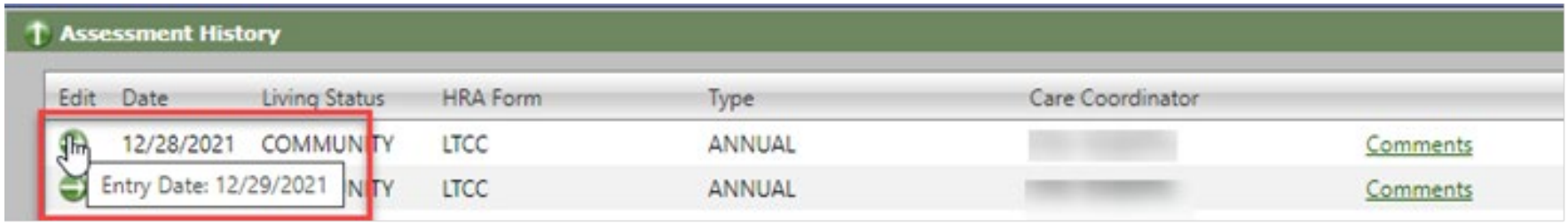
When do I modify the service agreement?	• Do not modify the service agreement in Bridgeview until you receive a DTR effective date confirmation from UM
What about date spans?	• The original authorization date span(s) in Bridgeview or M360 must match the Current Authorization Date Span column on the Request for DTR form
Where is the authorization number?	• For EW or MSHO supplemental benefits, use the service agreement number created in Bridgeview • For MA state plan services-use the service agreement authorization number created in M360 only
No existing authorization number?	• Enter N/A in the Authorization Number column and details in the Summary of Need for DTR section

BRIDGEVIEW UPDATES

NEW HOVER-OVER FOR DATES OF ENTRY

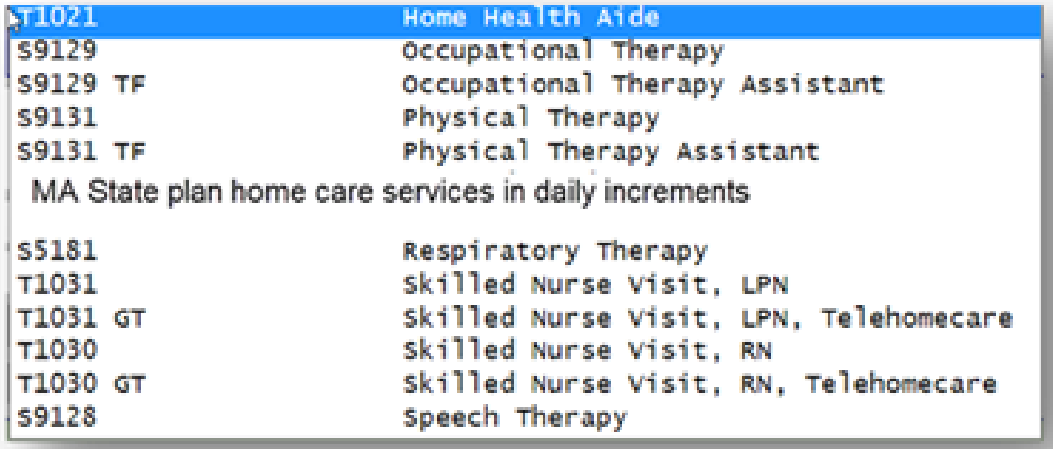
- New - Hover over button displays the date the Service Agreement and HRA was entered.





MA STATE PLAN SERVICES

- MA State Plan Authorizations now entered into BV. Including new drop down with Service Type Category with applicable service codes.



- Eliminated the form
- What hasn't changed—authorization number is in M360. Do not use BV service agreement number.
- 10 business days before UM gets the auth entered. E-mail confirmation will still be sent by UM to CC.
- Validate by looking into M360

WHAT HASN'T CHANGED—REQUEST FOR UM REVIEW

The process for requesting Utilization Management (UM) review - Care Coordinators must continue to request a review for the following:

Skilled Nurse Visits:

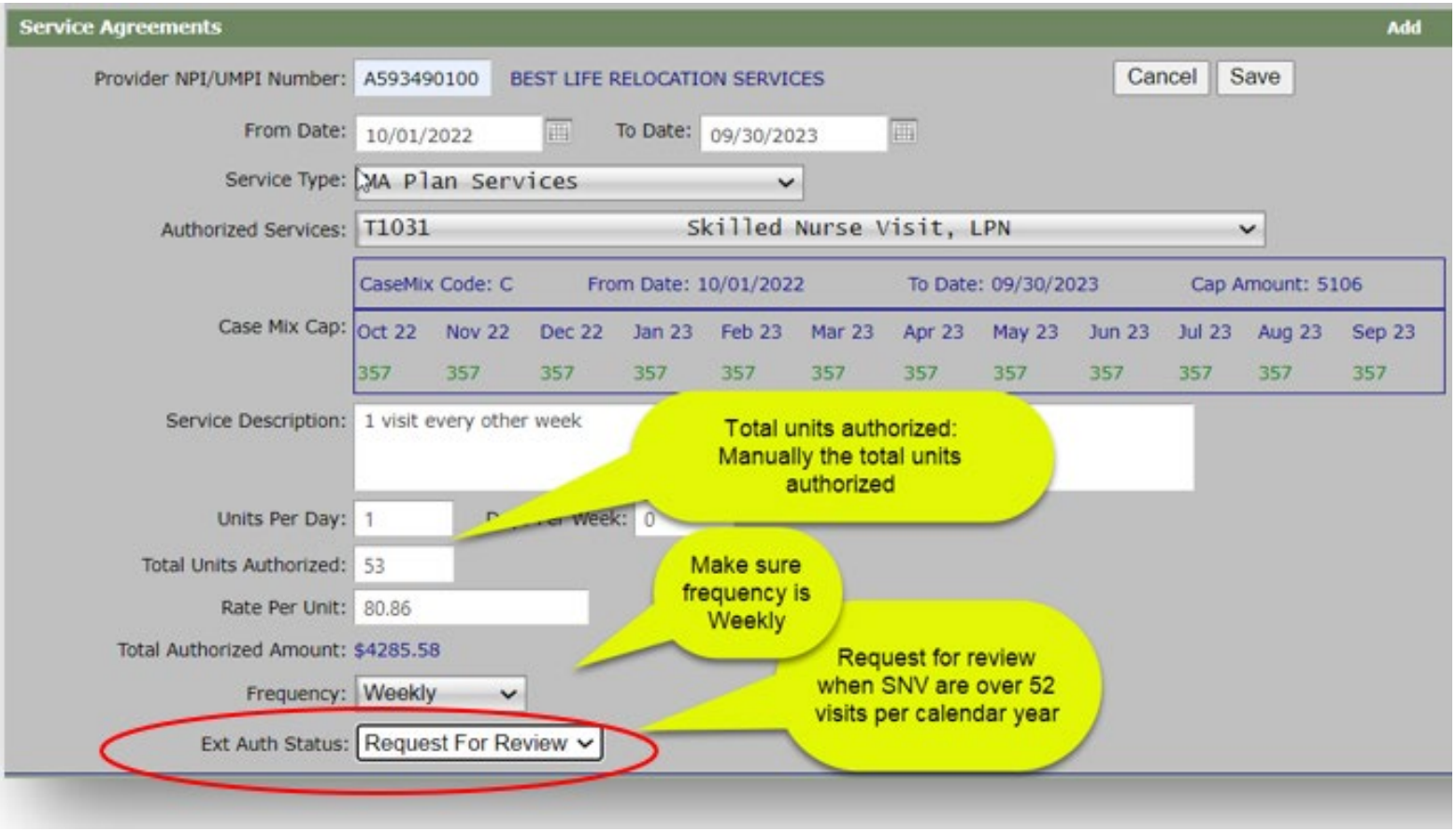
- Amounts exceeding 52 Skilled Nurse Visits per year.
- Or exceeding 2 visits per week.

Home Health Aide:

- Amounts exceeding 156 Home Health Aide visits per year.
- Amount exceeding 3 visits per week.
- Requesting HHA and is living in Adult Foster Care or Customized Living
- Requesting HHA and is receiving PCA services

WHAT HASN'T CHANGED—REQUEST FOR UM REVIEW

When entering the Service Agreement, check "Request for Review" in the Ext Auth Status field.



WHAT HASN'T CHANGED—RN/LPN FLEX

BlueCross BlueShield Minnesota

Stayed the same: If home care agency anticipates the member will receive visits from both RN and LPN for Skilled Nurse Visits (SNV), Care Coordinators must differentiate in their authorizations whether the nursing visits will be provided by RNs, LPNs, or both.

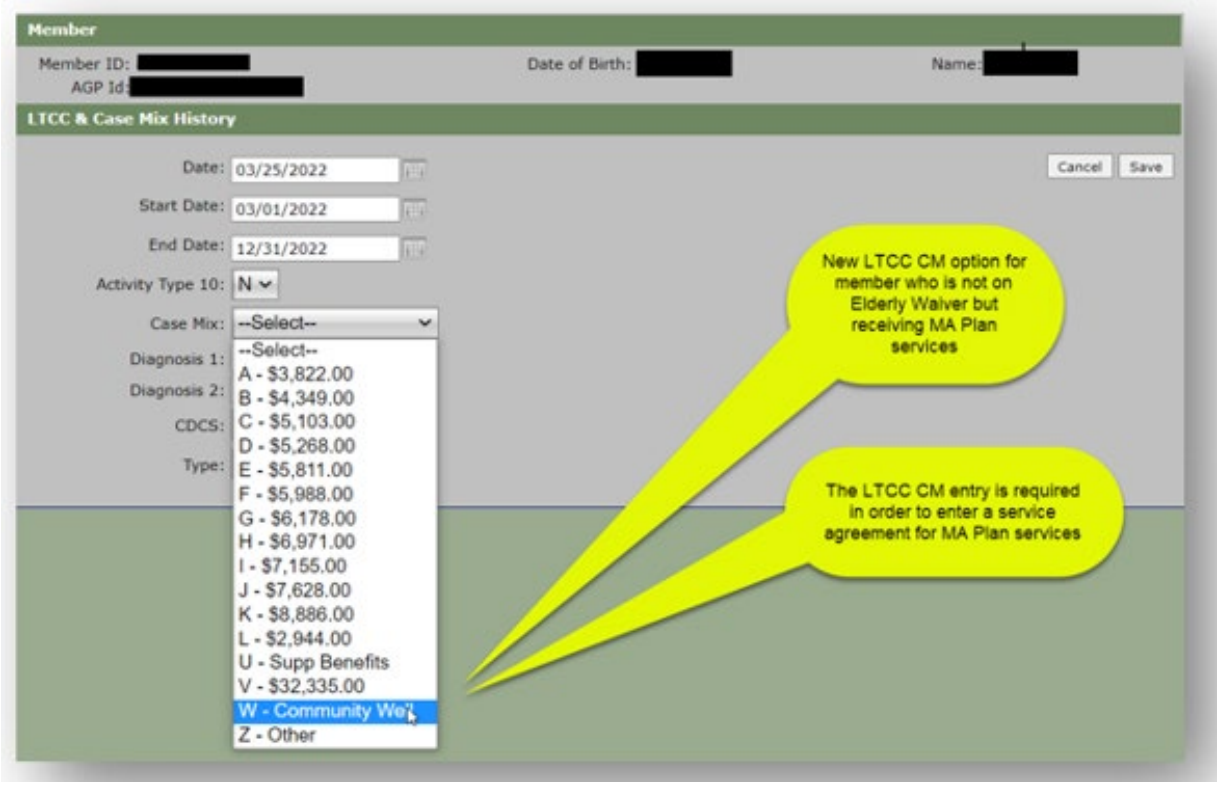
New Process: If the member will receive visits from both, the CC must enter two authorizations in Bridgeview:

- RN T1030
- LPN T1031

Important: If the **total** amount of both RN and LPN service agreements will exceed the amounts CCs can authorize without UM review (52 per year) then they must select "Request for Review" in the field at the bottom of **both** of the Service Agreements.

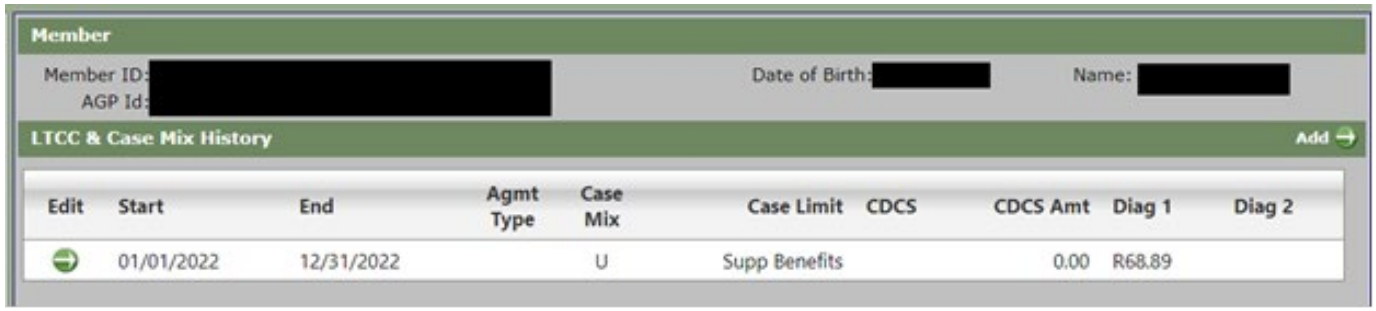
CW LTCC & CASE MIX

- New drop-down option “W-Community Well” (for the case mix field) for members who are not on EW but receive MA State Plan Home Care Services.



FAQ—CHANGES TO LTCC & CASE MIX DATE SPAN NEEDED MID YEAR

- Member current span is 1/1/2022 to 12/31/22 for a Supplemental Benefit only.



Member

Member ID: [redacted]
AGP Id:

Date of Birth: [redacted]

Name: [redacted]

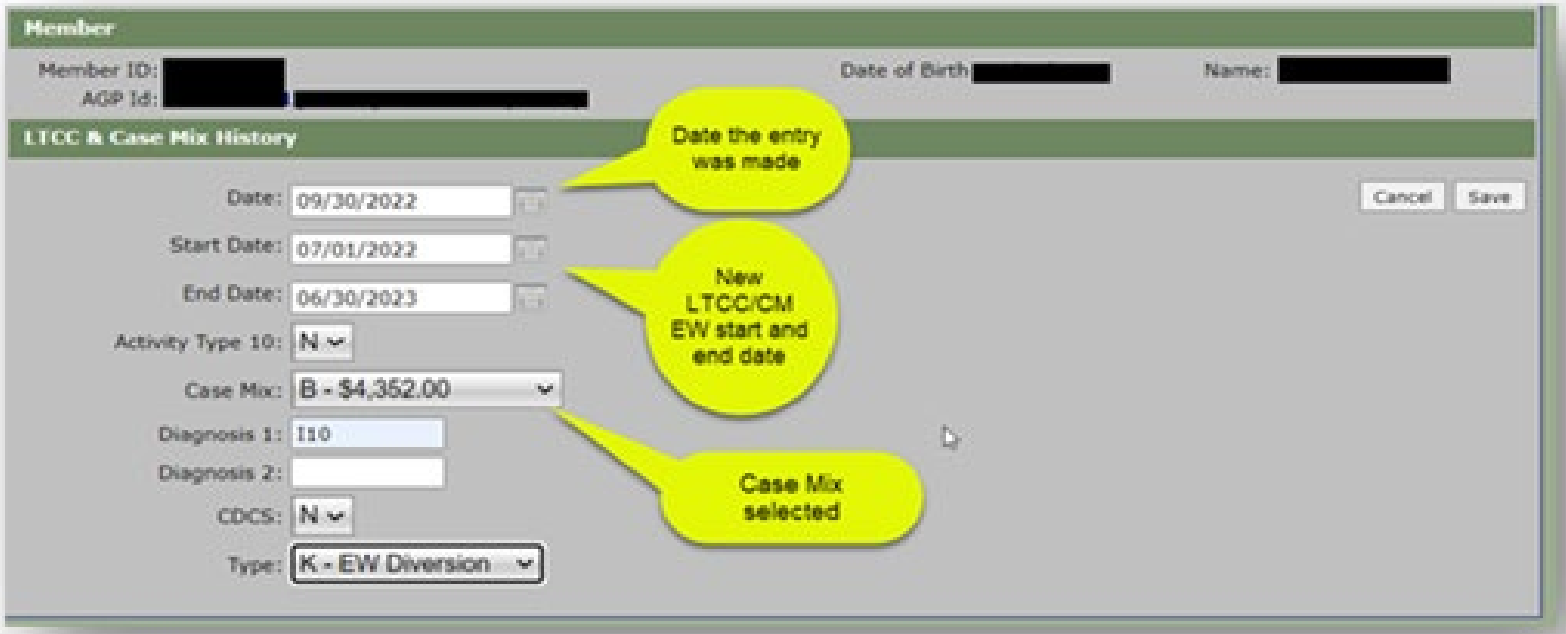
LTCC & Case Mix History Add

Edit	Start	End	Agmt Type	Case Mix	Case Limit	CDCS	CDCS Amt	Diag 1	Diag 2
	01/01/2022	12/31/2022		U	Supp Benefits		0.00	R68.89	

- July 1, 2022--Significant Change LTCC and member opened to EW—case mix B.
- First and very important: End SA for supplemental benefits in our scenario with new end date 6/30/22.
- End current LTCC & Case Mix date span with end date of 6/30/22

FAQ—CHANGES TO LTCC & CASE MIX DATE SPAN NEEDED MID YEAR

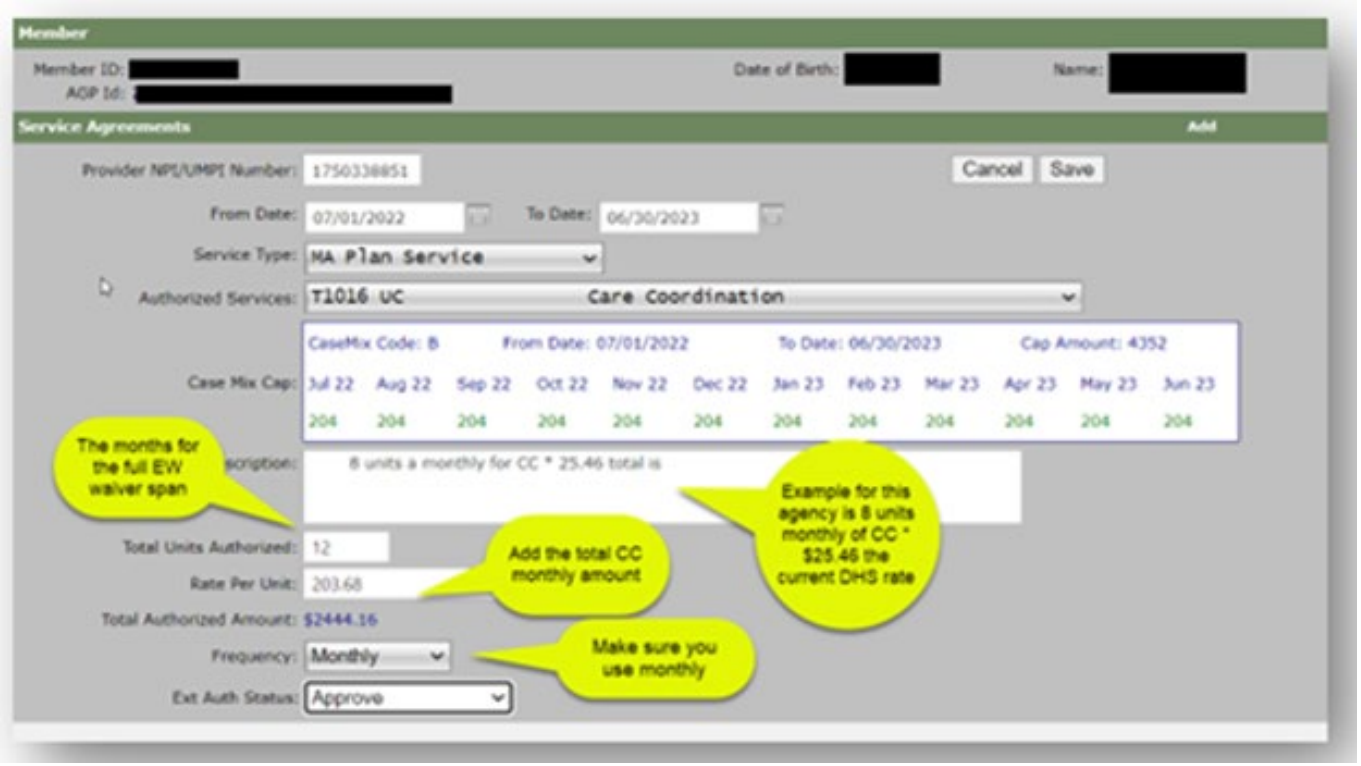
- Add new LTCC and Case Mix date span 7/1/22 to 6/30/23.
- Select Case Mix B.



FAQ—CHANGES TO LTCC & CASE MIX DATE SPAN NEEDED MID YEAR

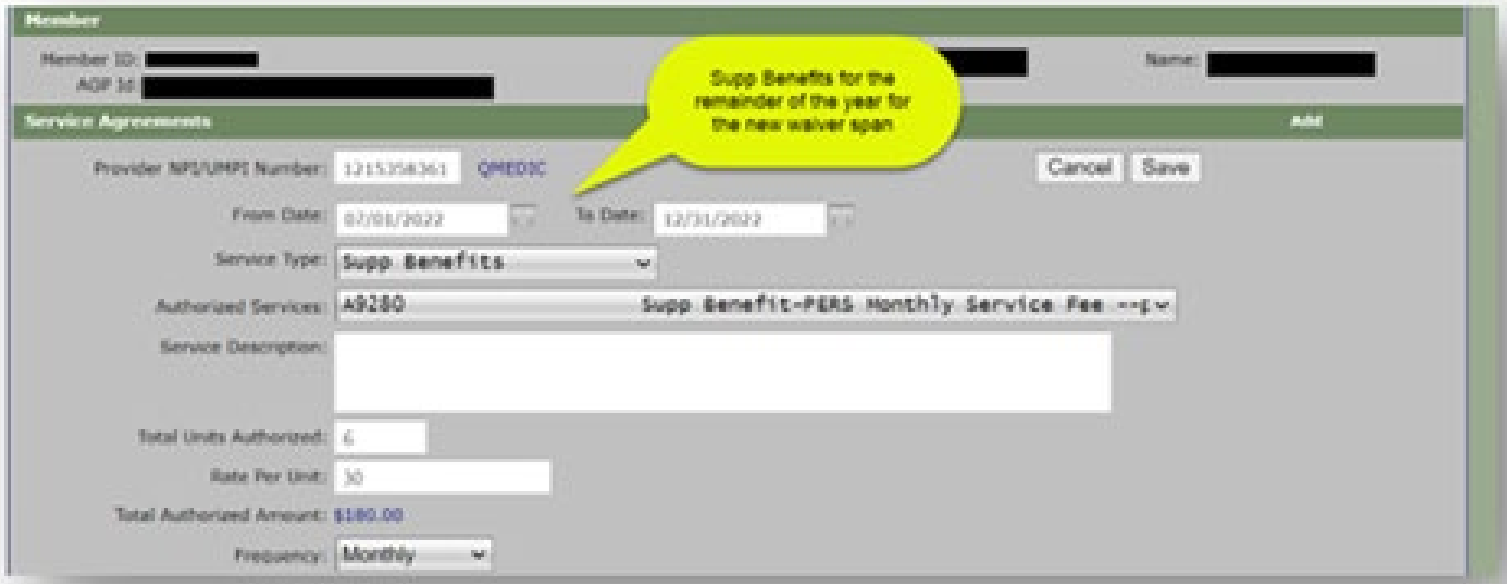
BlueCross BlueShield Minnesota

- Enter new Service Agreements for EW; Care Coordination; Paraprofessional; and if applicable MA state plan.

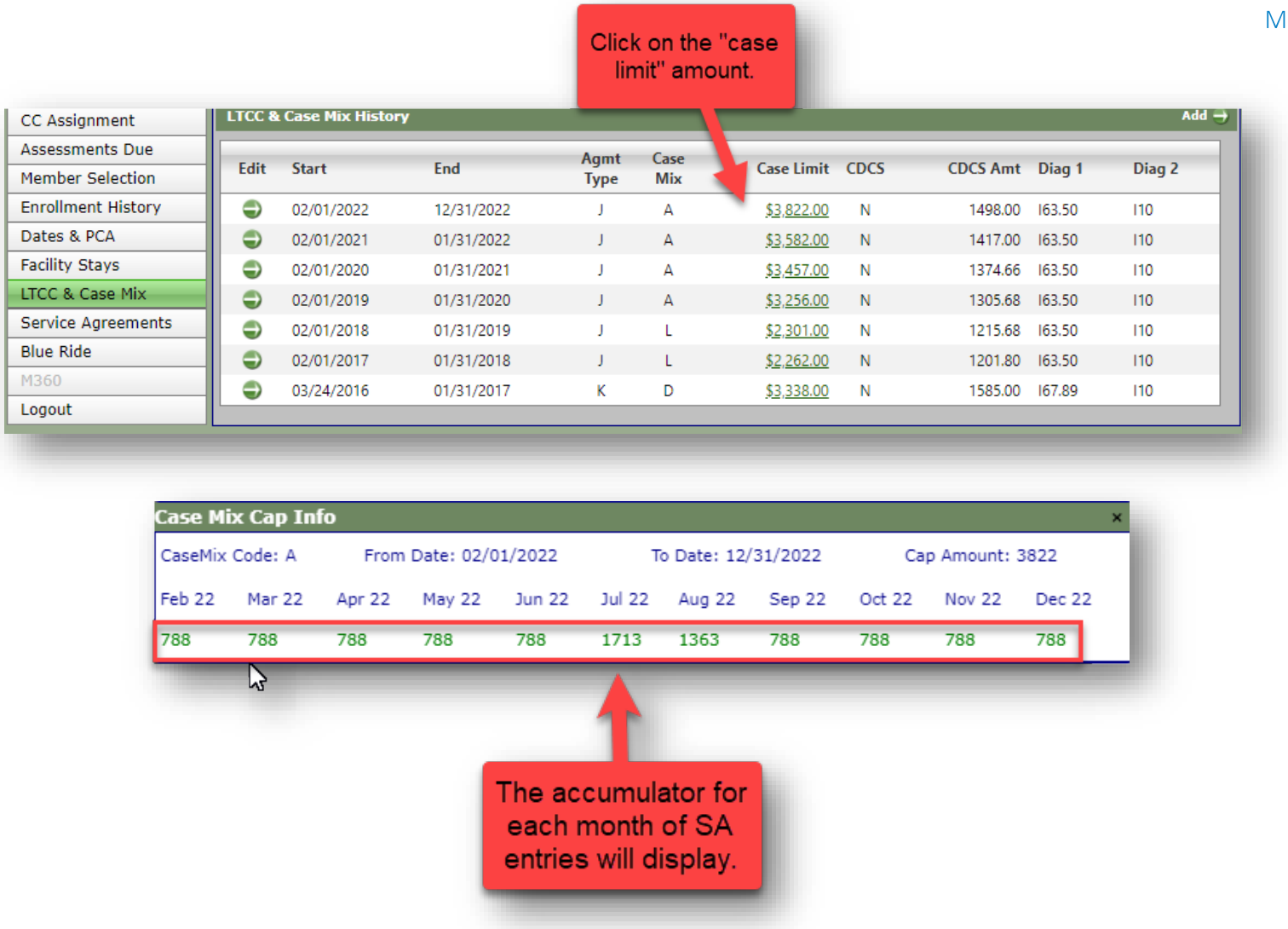


FAQ—CHANGES TO LTCC & CASE MIX DATE SPAN NEEDED MID YEAR

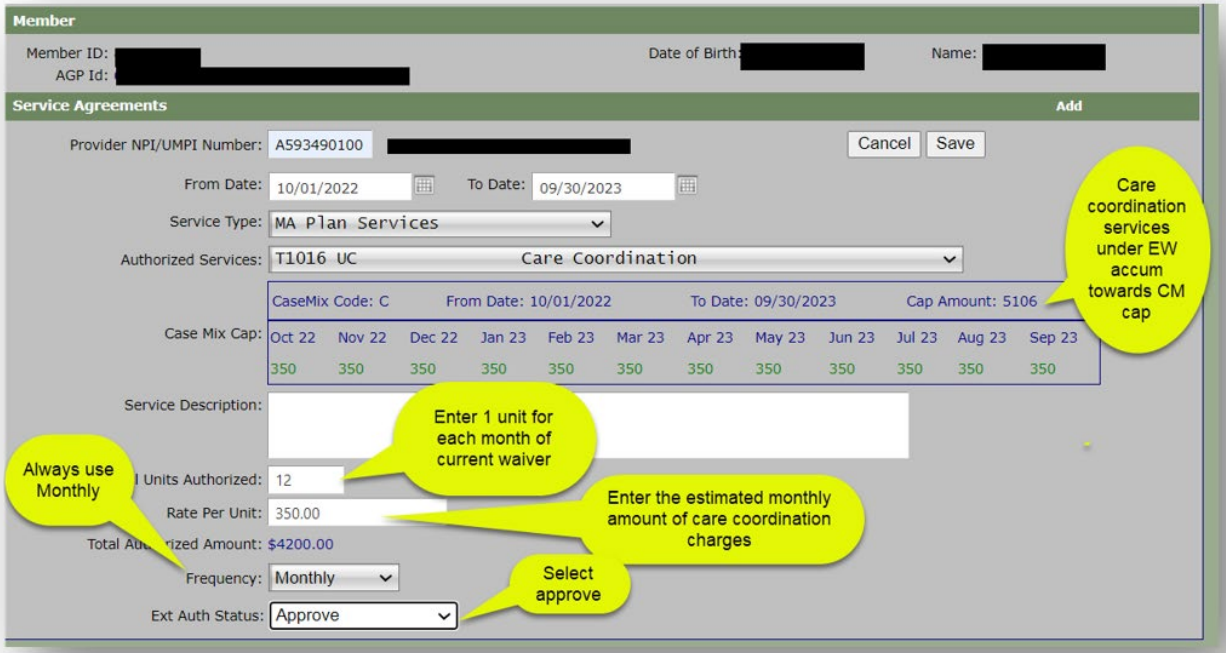
- Enter Service Agreement for the supplemental benefit for the remainder of the year: 7/1/22 – 12/31/22.



CASE MIX BUDGET ACCUMULATOR



CARE COORDINATION SERVICE AGREEMENTS—BY UNITS

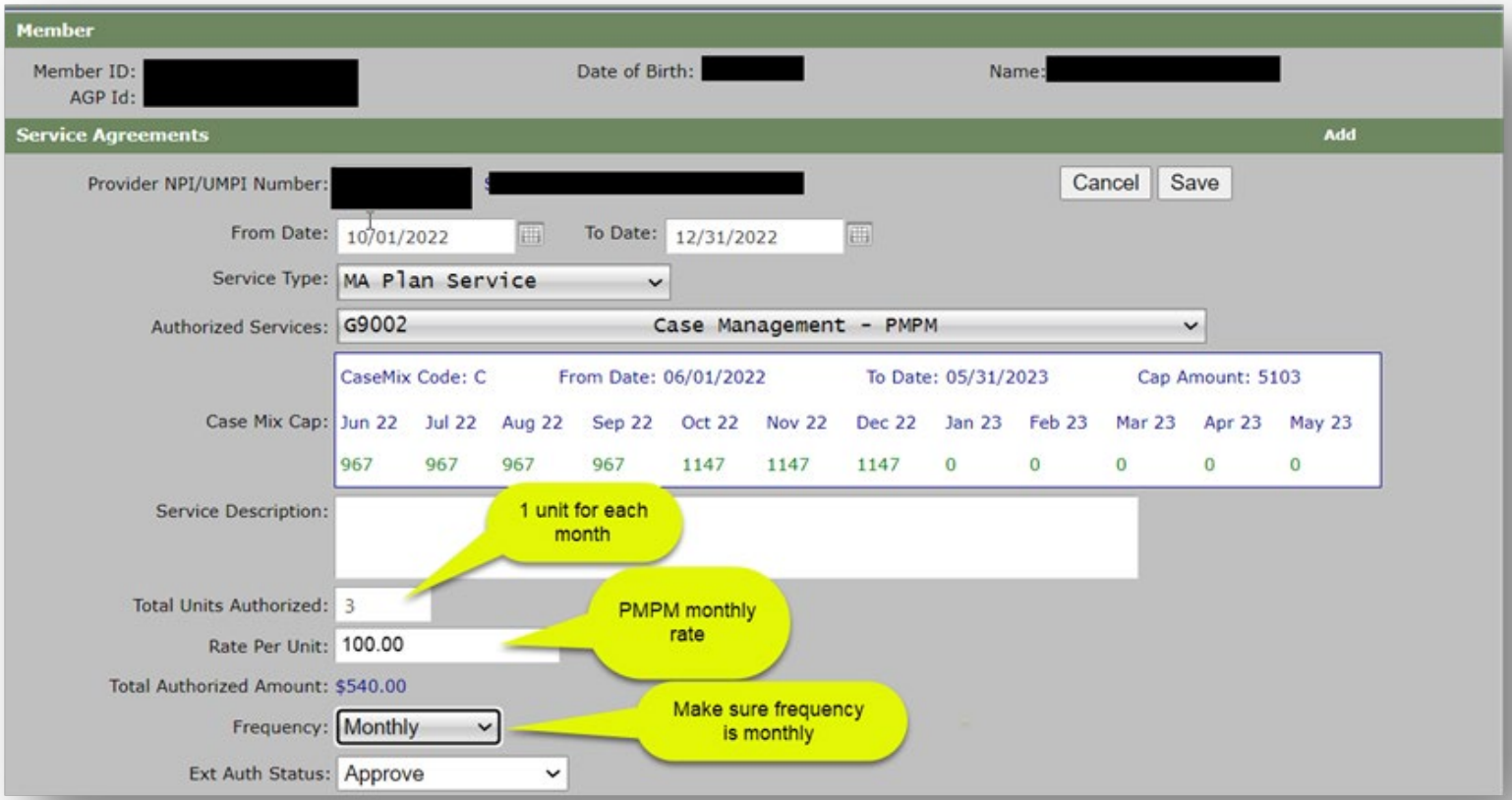


- Entering CC and Paraprofessional is required for members on Elderly Waiver. CCs as accurately as possible enter total estimated amount. Must be within EW budget cap.
- Not required to enter for CW or Supplemental benefits

CARE COORDINATION SERVICE AGREEMENTS—PM/PM

BlueCross BlueShield Minnesota

- How to enter Care Coordination for PM/PM



OTHER

- Timeout increased from 30 to 60 minutes.
- Refer Providers to Availity Essentials to view EW Service Agreements.
- Contact Information

Bridgeview.-.serviceagreements@bluecrossmn.com
1 (800) 584-9488 Monday – Friday 8:00 a.m. - 4:30pm

- Return completed Bridgeview Care Coordinator Web Tool Access Request form (Add, Remove, Report changes)
- Role access issues
- Cannot see enrollment reports
- Status of Bridgeview access requests
- Any Bridgeview webtool issues (service agreement, LTCC & case mix, etc.)

BCBS Help Desk 1-800-333-1758

- For webtool login username assistance
- For password assistance - Reset password - Unlock Bridgeview account

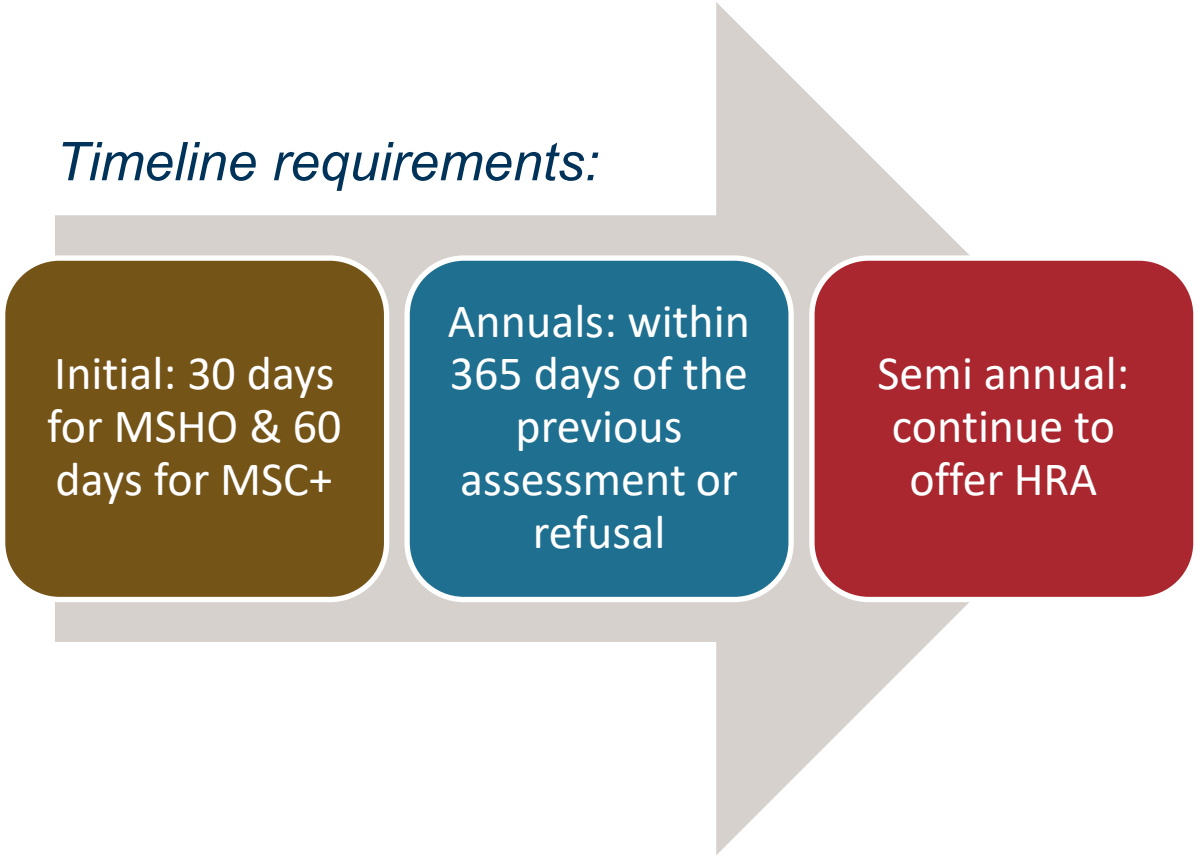
REFUSALS

REFUSALS

Systems Audit - results showed improvement is needed in documentation.

Resource: Community Care Coordination Guidelines, section titled, *Refusals*

Timeline requirements:



REFUSALS

BlueCross BlueShield Minnesota

Process and documentation must include:

A face-to-face assessment LTCC must be offered first (unless on another waiver).

Peacetime Emergency currently allows LTCC to be offered remotely.

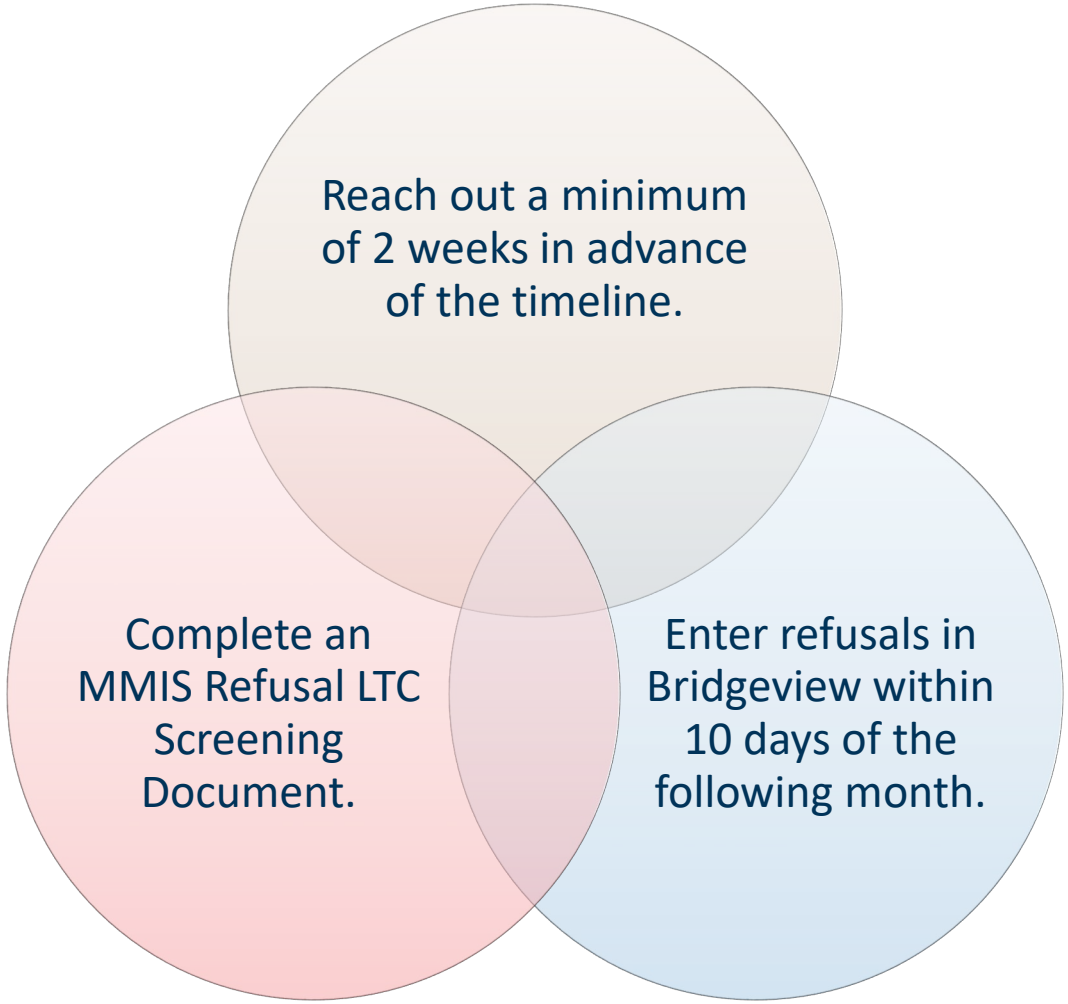
If LTCC refused, CC must offer face to face 3428H.

If still declined, CC must offer completion of telephonic 3428H.

Documentation must include all HRA offerings (as above) and that they declined them.

Mid-year outreach—document that HRA was offered.

REFUSAL REMINDERS



MNCHOICES

MNCHOICES

What: MnCHOICES is a comprehensive, web-based application that integrates person centered assessment and support planning for all people who seek access to Minnesota's long-term services and supports.

Why: State and federal requirement to ensure consistency in providing services and informed choices to meet each person's strengths, goals, preferences and assessed needs.

When: Launch date 3/31/2023. Lead agencies can access the system on 4/3/2023.

Important: Do not use the MnCHOICES assessment until we have launched.

MNCHOICES LAUNCH

Requirement: All Care Coordinators (except physician assistants, nurse practitioners and physicians acting as Care Coordinators for members in nursing homes) must become certified assessors to complete assessments in the revised MnCHOICES application.

Delegate Agency Action Items:

- ❑ MnCHOICES Mentors and Supervisors should subscribe to the MnCHOICES eList announcements for the latest updates
- ❑ Complete initial or maintain annual Handling MN Information Securely trainings
- ❑ Resume/complete the required MnCAT Trainings prior to launch
- ❑ Track progress towards Certified Assessor or Certified Assessor Recertification with your agency
- ❑ Refer to MnCHOICES News and page on the Care Coordination Website

MNCHOICES ONBOARDING

Onboarding spreadsheets were submitted by Blue Plus to DHS no later than 10/3/2022. FEI Systems (revised MnCHOICES application vendor) will load these to the revised MnCHOICES application in late 2022 & early 2023.

To ensure access requests are current, on or after 10/3/2022, your agency should track, as applicable:

- New MnSP access requests
- Edit requests for name changes
- Staff that leave your agency, no longer requiring MnSP or revised MnCHOICES access

*If you are unsure of how to request access to MnSP, reach out to Partner.Relations@bluecrossmn.com. Do not submit any BP MnSP access requests to DHS.

ELECTRONIC VISIT VERIFICATION (EVV)

EVV

What: The 21st Century Cures Act, Public Law 114–255 (PDF), signed in December 2016, requires providers of personal care, including personal care assistance (PCA) and some waiver services (beginning in 2020) and home health care providers (beginning in 2023) to use electronic visit verification. State-selected system is HHAX, however Providers may use a system of their choosing.

Why: Provide better oversight and eligibility criteria for full federal Medicaid matching dollars.

When: Launched in phases

1) Financial Management Services (FMS) for Personal Care Services (PCA) Community First Services and Supports (CFSS) (CDCS & CSG) June 2022
2) Remaining PCA/CFSS providers by end of 2022
3) Managed Care Organization's (MCO) at beginning of 2023
3) Home Health Services before end of calendar year 2023

EVV

If Care Coordinators get questions from their members, refer them to their service provider. If using CDCS, refer the CDCS plan owner to their FMS provider.

EVV will verify:

- Type of service
- Who received service
- Date of service
- Location of service delivery
- Who provided the service
- When the services begins and ends

Clarification: Live in caregivers are still required to use EVV, however, they do not have to record in real time like other caregivers.

COMMUNITY FIRST SERVICES AND SUPPORTS (CFSS)

CFSS

What: CFSS is a MN Health Care Program created by the 2013 Legislature to replace Personal Care Assistance (PCA) and consumer grants (CSG). CFSS eligibility is the same as PCA. The service helps with ADL's, IADL's, and allows purchase of select goods and services, including Personal Emergency Response System (PERS) to aid in their independence.

*Note: Care Coordinators may get questions during the assessment and may share high level program information and resources. The *Consultation Services Provider* is responsible to educate and assist with the CFSS plan. Care Coordinator will review and provide determination of the plan.

CFSS

Selecting a Consultation Service Provider (CSP) is required.

CSP educates the member/authorized representative on the models & assists in selecting the model that best meets their needs. Member directs their care; may purchase select goods & services and PERS in both models.

Agency Model (Provider) - Selects a CFSS Agency. The CFSS Agency will recruit, hire, train and supervise their support workers. The CFSS agency pays the worker.

Budget Model (Person) - Selects a Financial Management Service (FMS) Provider. The member is the employer of their support workers and uses a budget vs. service units. The member will recruit, hire, train and supervise their support workers. The FMS provider completes payroll.

CFSS

Why: This statewide program offers flexible options to meet the unique and assessed needs to eligible individuals to aid and support persons with disabilities, the elderly and others with special health needs living independently in the community. Now a parent of a minor, a person's spouse or a person who uses CFSS can serve as a worker for CFSS for others.

When: Delayed until April 2023.

PCA TO CFSS TRANSITION

Care Coordinator completes reassessment within 60 days prior to end of current auth. If member continues to be eligible for CFSS and chooses to use it, CC will:

- Explain changes in programs
- Authorize CFSS Consultation Services
- Review and provide determination of plan

For approved plans, CC will be responsible for entering agreements in Bridgeview based on the assessment plan (same as PCA SA's)

TRAINING RESOURCES

MnCHOICES:

- Handling MN Information Securely
- TrainLink
  - Revised MnCAT Trainings
  - Obtain secret link for MnCAT step 3 from your mentor
  - Mentors may contact DHS Help Desk

Electronic Verification Visit:

- DHS Electronic Visit Verification
- Full list of affected services

Community First Services and Supports:

- TrainLink
  - Overview of CFSS (for Care Coordinators)
- DHS CFSS (for members)

QUESTIONS?

We want to take a few moments to express our gratitude for the compassion and kindness you have woven into each member interaction. The work you do is invaluable, it offers hope, and it supports the safety and wellbeing of our members. We want to acknowledge and recognize that the last few years have been difficult as we learned to quickly pivot and re-evaluate how we do our work. Your team's dedication and resiliency do not go unnoticed.

FALL TRAINING ATTENDANCE SHEETS

- Please return your attendance logs via email to your Partner Relations Consultant after of this training.

- For staff not in attendance today, they are required to complete the training. **Complete & return only one attendance sheet per Delegate within 2 weeks**. Date of review must be included.

Thank you for your time today and for all you do for our members!