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| **MSHO/MSC+ Nursing Home/ICF Checklist: Initial, Product Change, Annual**  |
| \* Nursing Home enrollees cannot be Refusals or Unable to Reach |
| Member Name:       |  | Member ID:       |
| Enrollment date:       |  | Notification of enrollment date:       |
| Assessment date:       |   |   |
| **Timeframe** | **Completion** | **Date** | **Task** |
| Day 1 | **[ ]**  |       | • Review enrollment report(s) in Bridgeview and document date of first notification of enrollment in member case notes. • Notify secureblue.enrollment@bluecrossmn.com of any enrollment errors or miss-assignments prior to the 15th of the month.• Confirm the correct Primary Care Clinic and update in Bridgeview if PCC is incorrect. Determine if the change in PCC requires a change in Care Coordination. If so, proceed to **Transfers** checklist.  |
| Within 10 calendar days of enrollment notification | **[ ]**  |       | • Notify member of assigned Care Coordinator within 10 calendar days of new assignment (can be met with mailing of 8.22 Intro Letter within 10 days)• Assign the Care Coordinator in Bridgeview |
| Within30 calendar days of notification of enrollment; on or after the enrollment date | **[ ]**  |       | • *8.22 Intro Member Letter* sent and/or phone call made to new member (do not repeat if already sent within 10 days in step above)**Document on assessment or in case notes:**• **MSHO**: Reviewed 6.26 Explanation of MSHO Supplemental Benefits with member.• **MSC+:** Discussion of SecureBlue MSHO product benefits and enrollment (see guidelines and Care Coordination website for talking points and resources).  |
| **MSHO:** Within30 calendar days of notification of enrollment; on or after the enrollment date**MSC+:** Within 60 calendar days of notification of enrollmenton; or after the enrollment date |  **[ ]** **[ ]**  |            | **Complete an assessment:**• Complete *6.15 NH-ICF Member Assessment and Support Plan* and retain a copy of reviewed care plan in file. • For Blue Plus product changes only, complete *Section VI 6.28.01 Nursing Home/ICF Transitional Heath Risk Assessment for Product Change* on the current 6.15 NH-ICF Member Assessment form and retain copy of reviewed care plan in file. All tasks, including mailing of all required letters, are applicable for product changes**Note:** the assessment is not complete unless the Care Coordinator was able to meet with and/or lay eyes on the member in person at the facility. If member is not present, CC must return to the facility when member is on-site. **MnCHOICES**: there are no requirements in the MnCHOICES application for nursing home enrollees.  |
| By the 10th of the following month | **[ ]**  |       | Enter your assessment into Bridgeview |
| Within 90 days of In-Person visit | **[ ]**  |       | *• 8.35 Nursing Home-ICF CC Visit Summary Letter* sent to to the member or if member was unable to participate, send to the guardian, POA, or responsible party. Letter must additionally be sent to parties identified by the member. **OR***• 8.35.01 Responsible Party UTR NH-ICF Visit Summary Letter* to the POA or Responsible Party*.* To be sent if the Care Coordinator has been unable to reach the POA or Responsible Party.  |
| Within90 calendar days of enrollment and after completion of assessment (including product changes) | **[ ]**  |       | • Send *NH-ICF Post Visit Summary Letter – Intro to Primary Care Provider* or• For clinic delegates, notification to PCP documented per clinic process. |
| **Mid Year Contact Requirements** |
| Within 6 months of previous assessment | **[ ]**  |       | • Contact completed (in-person; at a care conference; or on the phone with member and/or responsible party).• Document contact in *Section V* on the current *6.15 NH/ICF Member Annual Assessment-Care Plan Review*. |
| **Within 365 calendar days of previous assessment:**  |
| Within365 calendar daysof previous assessment  | **[ ]**  |       | **Complete a re-assessment:**• Complete *6.15 NH-ICF Member Assessment and Support Plan* and retain a copy of reviewed care plan in file.**Note:** the assessment is not complete unless the Care Coordinator was able to meet with and/or lay eyes on the member in person at the facility. If member is not present, CC must return to the facility when member is on-site. **MnCHOICES:** there are no requirements in the MnCHOICES application for nursing home enrollees.  |
| By the 10th of the following month | **[ ]**  |       | Enter your assessment into Bridgeview |
| Within 90 calendar days of In-Person visit | **[ ]**  |       | **Member Letters:***• 8.35 Nursing Home-ICF CC Visit Summary Letter* send to to the member or if member was unable to participate, sent to the guardian, POA, or responsible party. Letter must additionally be sent to parties identified by the member. **OR***• 8.35.01 Responsible Party UTR NH-ICF Visit Summary Letter* to the POA or Responsible Party*.* To be sent if the Care Coordinator has been unable to reach the POA or Responsible Party. **Provider Letters:**• *Send NH-ICF Post Visit Summary Letter – Intro to Primary Care Provider* or• For clinic delegates, notification to PCP documented per clinic process. |
| **Ongoing** |   |  |   |
| Change in Care Coordinator | **[ ]**  |       | • New CC must provide contact info within 10 calendar day of change (can be met by sending 8.30 CM Change Intro Letter)• Notify member’s PCP by sending *CC change - Intro to Primary Care Provider letter* (clinic delegates may use EHR notification process) |