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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 phone call or mailing of *Intro Letter* within 10 days)• Assign the Care Coordinator in Bridgeview |
| Within30 calendar days of notification of enrollment; on or after the enrollment date | **[ ]**  |       | • Mail SB or MSC+ *Intro Letter* to new member (do not repeat if already sent within 10 days in step above)**Document on assessment or in case notes:**• **MSHO**: Reviewed *Explanation of MSHO Supplemental Benefits* resource with member.• **MSC+:** Discussion of SecureBlue MSHO product benefits and enrollment. |
| **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 and retain a copy of reviewed care plan in file. • For Blue Plus product changes only, complete *Section VI Nursing Home-ICF Transitional HRA for Product Change* on the current *Nursing Home-ICF Member Assessment and Support Plan* 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 | **[ ]**  |       | *• NH-ICF Visit Summary Letter* 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***• 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** |
| Around 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 *Nursing Home-ICF Member Assessment and Support Plan*. |
| **Within 365 calendar days of previous assessment:**  |
| Within365 calendar daysof previous assessment  | **[ ]**  |       | **Complete a re-assessment:**• Complete *Nursing Home-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:***• NH-ICF Visit Summary Letter* 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***• 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 *Change in CC - Intro to Primary Care Provider letter* (clinic delegates may use EHR notification process) |