

# Questions from 2019 MOC Training

1. Is this webinar only for the SNP line of business or does it apply to the Cal MediConnect line of business as well?

**A:** This webinar is applicable to both SNP and MMP/CMC plans. The material has been consolidated to one presentation.

2. Can the HRA's and ICP's be done by an MSW/ASW?

**A:** An HRA can be completed by any staff member as long as it is reviewed by a qualified, licensed individual. The ICP must be completed by an RN, MD, or LCSW. An MSW or ASW can review an ICP if they also carry a clinical license.

3. Must the ICP be reviewed and signed off by an RN even if written by an LVN?

**A:** Yes. An ICP needs to be reviewed and signed off by an RN, MD, or LCSW.

4. Auditors require that we establish goals around every identified medical and social problem, yet today we are told to only set goals that matter to the member. What do we do for issues the member has no desire to address?

**A:** When there are issues identified in the HRA or ICP that the member does not want to address, this should be documented in the care plan notes section. Please be sure that the notes section can be included in the documentation when it is pulled for an audit. The goals section should be used for pertinent issues that are actively being worked on.

5. "Protected" information about substance abuse and behavioral health is a barrier to coordination of care

**A:** If the provider needs this information, they should work with the member to sign a release of information consent form to be able to disclose this information.

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6. The information you presented is very comprehensive and well done. Regulations require all issues noted on the HRA are to be included on the ICP. Can you address how to approach/document when the member is not able to be reached on the ICP?

**A:** When a member is unable to be reached, you need to document all of the attempts to reach that member in the case file. If an HRA is available, you should create goals to address the issues identified in the HRA as well as goals related to trying to reach the member and note all attempts to contact the member in the case notes. If an HRA is not available, goals should be set around continuing to try to reach the member. In addition, internal CM also reviews other available resource data such as claims, utilization data, medical records etc. to develop UTR Care Plan.

7. If a care plan is created by an LVN with the member and is reviewed by the RN at ICT and the care plan is approved at ICT does this meet the Health Net standard?

**A:** Yes. As long as the RN reviews the care plan before it is approved and considered complete, it meets the intent. Please note, if an ICT is not scheduled to occur soon after the completion of the ICP, the RN should sign off on the care plan before the ICT so it can be shared with applicable parties.

8. Is a case manager expected to list a NEED identified on the HRA into the ICP IF the member refuses to set a goal or any intervention. If yes, what do you suggest the case manager enter in the Goal, Barriers, and Intervention fields?

**A:** When there are issues identified in the HRA or ICP that the member does not want to address, this should be documented in the care plan notes section.

9. I've noticed the HRAs are partially completed. Why is that the case?

**A:** There can be many reasons for an incomplete HRA. We make several attempts to ensure a complete HRA is available and continue to work to improve the HRA process.

10. Would the HRA need to be done if the member is a SNP opt out? If yes, how are the questions answered that are very member specific (can't be obtained based on chart review)?

**A:** If the member has decided to opt-out of care management, you should document that the Member opted out of care management before information could be obtained. Using any records that you may have (claims, pharmacy, etc.), you should include this in the care plan.

# Questions from 2019 MOC Training

11. CEUs on this presentation?

**A:** No. This presentation is not eligible for CEU's.

12. Can other assessments be used in place of the HRA? Such as an Annual Health Assessment?

**A:** No. The HRA is the required form for all lines of business.

13. Are LVN not consider licensed? I have only seen social workers, MDs and RN?

**A:** Though LVN's do have a license, an RN, MD, or LCSW needs to oversee/review the ICP.

14. Will we receive documentation of completion of this training?

**A:** You will not. A training record was sent to the group contact with the links to these trainings. Be sure to sign the training record and complete the additional requirements listed in the email.

15. In past 10 months there was request for goal statements and our understanding was Health Net would send out "best in class" examples of SMART goals. This never happened. There has been no feedback. This would be helpful.

**A:** We will continue to try and identify best-in-class goals and ICPs.

16. Where can we get a copy of pt's HRA? How do we know if a pt. has completed a HRA?

**A:** The HRA can be pulled from the provider portal. If you need assistance in navigating the portal, please reach out to us. We are continuing to work on improving this process.

17. How many active cases should case managers have to work on?

**A:** Caseloads should be based on the staffing at your location and acuity of the members being overseen. Staffing ratios will be checked as part of the annual audit and feedback given at that time.

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18. Do Social Services Expert have to be a part of the ICT if there are no social issues identified - but available if needed?

**A:** According to CMS rules, the social services expert is a required member of the ICT and must attend an ICT annually to assess any psychosocial needs and be available as needed.

19. Monthly case examples have been sent for audit and there has been zero feedback. WHY?

**A:** We will work to improve the feedback process on the files submitted for internal audits

20. I didn't get that email for the training record

**A:** Please check with the individual that sent you the information on this call or your manager to identify the location of the training record. Each group is responsible for tracking the training completion.

21. Do we take a quiz this year?

**A:** Yes. A link is included in the email.

22. Can regular Medicaid/Medi-cal members apply for SNP if they have multiple co-morbidities, numerous input hospital admissions?

**A:** In order to be eligible for the SNP program, a member has to be eligible for Medicare as SNP is a Medicare product. Health Net customer service should be able to assist the member in getting enrolled in the appropriate program. For the cSNP program, the member must have one of the three diagnoses to be eligible for the program.

23. What happens when we check for a HRA and it is not there, but it is placed later? For example: we call the pt. on 7/1/2019 there is no HRA in the portal, but it is uploaded and has a date of 6/1/2019?

**A:** If an HRA is uploaded after you complete the ICP, you will want to go back and review your ICP against the HRA to ensure it aligns. We are continuing to improve our process around HRA management and will communicate changes as we improve the process.

## Questions from 2019 MOC Training

24. Why does the HRA form say "Personal Wellness" and not "Health Risk"

**A:** This was a simple change to the wording based on feedback, the intent still stays the same.

25. Who needs to be present at the ICT?

**A:** The standard required members of the ICT are the case manager, PCP, and social services representative at a minimum. Additionally, you should include the member/representative if they agree to attend, and any other resource that make sense to the care plan or has been requested to participate by the member.

26. Can individualized care plans be built prior to patient contact if we have HRA or medical records available?

**A:** An ICP can be started based on the clinical information and HRA but should not be considered completed without attempting to contact the members to validate the information and include them in the care planning process.

27. What if the HRA was completed in 2014 and the member's physical and medical needs have changed and the HRA is not relevant. Do we need to include the HRA in our care plan?

**A:** An HRA should be completed annually for the members so an old HRA should not be utilized. The care plan should reflect the current problems, goals, and interventions for that specific member.

28. Will the portal be getting an update for HRAs recently completed and submitted into one seamless drop box, or do we still need to individually go into each member's profile to retrieve their HRA (if completed)?

**A:** The provider portal is being overhauled as is our process for HRA's. Additional information will be provided as the changes are implemented.

29. Do we have to include HRA information if it is no longer relevant and the member's priorities and goals have changed?

**A:** An HRA should be completed annually for the members. The care plan should reflect the current problems, goals, and interventions for that specific member.

## Questions from 2019 MOC Training

30. What is the expectation if an HRA is received and the member is confirmed to be admitted in a SNF under custodial level of care?

**A:** The HRA needs to be reviewed and the SNF contacted to assist in building the ICP and ensuring the member's needs are being met. This member would be considered a low acuity as they are in a SNF facility.

31. Does an ICT need to be initiated on a new member?

**A:** Yes. All members need to have an HRA, ICP, and ICT.

32. Pertaining to the care plan, I have a column for goals as well as outcomes. Would it be acceptable to eliminate outcomes and retain goals only?

**A:** Each care management system is different. You should ensure all information is captured consistently in your particular system and is able to be pulled as part of documentation for auditing.

33. what are HN's time frames for completing MOC (outreach to mbr through initial ICT) for initial and annuals

**A:** For initial members, the ICP should be completed and ICT review within 90 days of enrollment and annually thereafter (within 365 days).

34. What are the requirements when a member want to opt out of case management?

**A:** When a member opts out of case management, an ICP/ICT is still required on that member. You should use the HRA if it exists as well as any other information that you have available to set goals for this member. All issues identified in the HRA should be addressed in the ICP, but be sure to document in the file that the member has opted out of case management and ICT participation. These goals need to be updated as any additional information on the member is received or their health status changes. It is also best practice to reach out to the member to offer case management services when there is a significant change in health, but is required every 365 days at a minimum. Member outreach is also initiated when a member is identified as having a care transition not limited to, but an example would be in-patient stay, for reassessment and to update care plan elements.