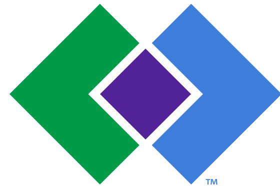

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Inspire (SNBC)

May 2018

HealthPartners Inspire (SNBC)

Agenda

- Introductions- new staff
- HealthPartners Programs Referral Form
- Changes to HRA and screening document
- Care Model Redesign

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Welcome to Our New SNBC Leaders

Ashley Horak, SNBC Manager

Brendan Burns, Supervisor

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HealthPartners Programs Referral Form

Forms

- Recommendation for State Plan Home Care Services[DHS-5841]
- Benefit Exception Inquiry
- Benefit Exception Instructions
- Benefit Exception Workaid
- Care Coordination Exception Request Form
- Care Transition Notification Fax Template
- DHS MMIS Data Entry Form
- DHS MMIS Data Entry Confidentiality Agreement
- HealthPartners Programs Referral Form
- Home and Community-Based Services (HCBS) Transfer & Communication Form [DHS-6037]
- Homecare Form
- HP Authorization to Disclose PHI
- Intensive Case Management Referral Form
- Long Term Care (LTC) Communication Form [DHS-5181]
- Long Term Care Screening Document (LTCSD) [DHS-3427]
- My Important Contacts and Phone Numbers Form
- My Important Contacts and Phone Numbers Instructions
- OBRA Level 1 Screening Form [DHS-3426]
- Referral for Waiver, PCA, PDN
- Referral for Waiver, PCA, PDN Instructions
- Telephonic LTCSD [DHS-3427T]

- Form provides internal team detailed information on member needs related to referral request
- Direct access to Health Wise for additional educational materials
- Used for Disease and Case Management needs
- RRP, Behavioral Health, Tobacco Cessation, Weight Loss and MTM- use online referral form *direct link on new form*

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HealthPartners Programs Referral Form

HealthPartners Programs Referral Form			
Member Name:		Date of Last HRA:	
Member ID:		Member Phone Number	
CC Name:		CC Phone Number:	
Best Time to Reach Member:			

What program are you referring to?	
☐ Medical Disease or Condition Management	Complete STEPS 1 & 2 *(skip step 3)*
☐ RRP, Behavioral Health, Tobacco Cessation, Weight Loss, MTM	Complete STEP 3 only *(skip steps 1 and 2)*

STEP 1: DESCRIBE SITUATION THAT NEEDS TO BE ADDRESSED

Please complete the following when a member is needing education on a specific health condition

Describe the specific health condition or question that requires education.

Describe member knowledge and deficiencies regarding condition. Include adherence to treatment plan.

List Primary Care Provider. *Include Physician Name, Clinic, and Phone Number.*	List Specialty Provider related to condition. *Include Physician Name, Clinic, and Phone Number.*

List up-coming medical appointments.
Please list specify provider and include dates.

Have there been any recent hospitalizations or ER visits related to this health condition?
If yes, Please Describe.

What educational materials/reference sheets has the CC provided to member?
Please see HealthPartners Health information Library

Click Here to Access HealthWise Education

Additional Comments

STEP 2: EMAIL THIS FORM TO SNBC CARE COORDIATION EMAIL

This tool is used by internal staff to prepare for educational conversation with member.

Email this completed form to HPSNBC_CC@healthpartners.com

Click Here to open Outlook with PDF automatically attached.

STEP 3: COMPLETE ONLINE REFERRAL FORM

This referral form ensures that referral is routed to the correct team.

Submit Referral This will open online referral form.

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DHS Changes to HRA Screening Document

- DHS is making changes to the SNBC H screen screening document. We will be making revisions to our HRA to correspond to DHS changes.

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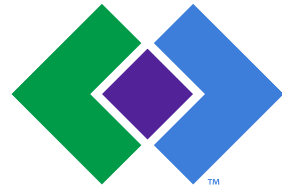

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SNBC Model Redesign

HealthPartners SNBC Care Model

- You've all received notice of the changes to our care model effective 7/1, as well as a FAQs document and your first list of members identified for returning to HPs for management.
- HealthPartners will be completing the majority of initial HRAs including offering a face to face visit and will make care coordination assignments based on HRA results and/or requests for a face-to-face visit.

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Key Components of Redesign Model

- Care Navigation
  - All members will have access to Care Navigation Services
- Care Coordination
- Care Transition Support.

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Care Navigation Tasks

- Telephonic support only
- Assisting with HRA completion
- Facilitating appointments
- Supporting delegates, counties and internal Care Coordinators
- Collaborating with county workers
- Accessing home care and DME
- Navigating the health plan including but not limited to:
  - RideCare and Member Services
  - HealthPartners Wellness programs
  - CareLine
- Linking members to community resources such as:
  - Housing
  - Food shelves
  - Shelters
  - Disability Hub

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SNBC Care Coordination

- In addition to existing Behavioral Health (BH) Case Management consultation and support, we will have designated BH Care Coordinators

- Members may work with a Care Coordinator short term until the member's condition or situation has stabilized, or long-term based on member needs

- Members may move between Care Navigation and Care Coordination as needed

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Care Transition Support

A Registered Nurse will support members in Care Navigation who are experiencing a transition of care

- Ensure members have appropriate follow up appointments
- Ensure members understand their discharge instructions
- Reviews medications and red flags post discharge
- Collaborates with member's interdisciplinary care team

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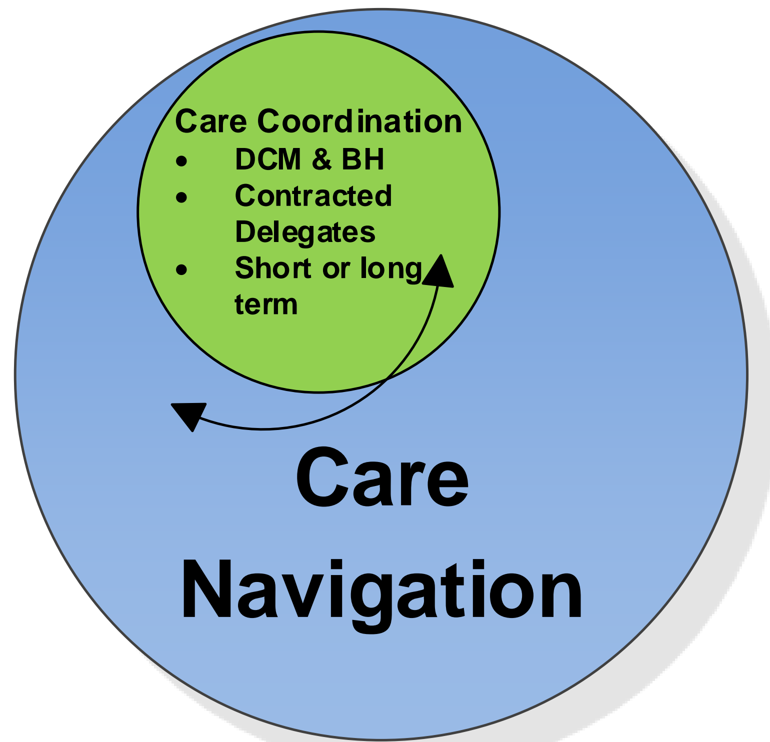
SNBC Care Coordination Model



Contracted Care Coordination with Counties-Delegates-Agencies

Pre-July 1, 2018
Member Identification

Members identified to return to HealthPartners will be transitioned to Care Navigation effective 7/1/ 2018.

Member identification:

- 2017 data: Lists of members impacted were provided on April 27th
- 2018 data : Lists of Jan-April new enrollees will be provided by May 31st
- 2018 data : Lists for May new enrollees will be provided by June 20th

In order to provide delegates with timely member identification lists, HRA logs must be returned to HealthPartners by the following dates:

- April HRA logs are due by May 15th, 2018
- May HRA logs are due by June 10th, 2018

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Pre- July 1, 2018 Member Notification

Impacted members will receive a letter in early June that includes the following:

- A description of Care Navigation services and how to contact a Care Navigator
- The information that the member will no longer be working with their assigned Care Coordinator effective July 1st of 2018

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Communication to Members Transitioning from Care Coordination to Care Navigation

Talking Points:

- **Effective July 1, you will have access to a Care Navigator at HealthPartners. I will no longer be your care coordinator**
  - *If member is waivered*- your waiver case manager will remain your primary case manager. This does not affect your waiver.
  - This does not change your HealthPartners benefits in any way
    - Care Navigator contact info:
    - 952-967-5253 or Toll-free 1-833-437-1218
    - Email: HPSNBC_CARENAV@healthpartners.com
- **Care navigation services include but are not limited to:**
    - Talking with you at least once a year about your health and well being
    - Be there for you to answer your questions Monday-Friday 8:00-5:00
    - Discuss support and service options for you and your care giver(s)
    - Provide information about needed yearly health exams
    - Connect you to HealthPartners health and well-being programs
    - Assist you in finding and getting needed supports and services
    - Helping you access Member Services, RideCare, CareLine, MTM and HealthPartners Wellness Programs
    - Connecting you to a licensed care coordinator when needed

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Pre- July 1, 2018

Between now and June 15th, delegates are expected to submit DHS 6037 forms for member's returning to HealthPartners.

- 6037 forms **MUST** be submitted via HealthPartners EDI portal

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Pre-July 1, 2018 Care Coordination Exception Form

- Delegates may submit Care Coordination Exception Request forms through June 15th.
  - The form includes submission instructions
  - The form can be found out on our portal
- Between now and June 30th HealthPartners will be reviewing Care Coordination exception requests and informing delegates of results
- Available on provider portal under Forms, called Care Coordination Exception Form

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Post-July 1, 2018 Member Assignments

- After July 1st, any members assigned to a delegate will have been identified as needing care coordination per HRA results and/or member acceptance of a face to face visit.

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Post-July 1, 2018 Member Assignments

- Members may be assigned to a delegate in the following scenarios:
  1. New member needing an initial Health Risk Assessment per current process.
  2. New member with HRA completed and entered in MMIS, needs a face to face visit for care plan development & care coordination.
  3. Existing member with HRA completed and entered in MMIS, needs a face to face visit for care plan development & care coordination .

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Post July 1st, 2018 Care Plan Completion

- When HealthPartners identifies the need for care planning/care coordination they will make the member assignment ideally within 1-3 calendar days of the HRA being completed
- HealthPartners will send the completed HRA to delegate along with a summary of our interaction with the member
- HealthPartners will enter HRA results into MMIS

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Post July 1st, 2018 Care Plan Timing & Compliance

- In order to meet compliance of completing the care plan within 30 days of the HRA, the delegate should:
  - Schedule a face to face visit with the member within 30 days of completed HRA to review the HRA results & complete care plan with the member.

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Post-July 1, 2018 Assignments

Beginning July 1st:

- All HRA logs must be submitted to HealthPartners by the 20th of the following month for the previous or current month's activity.
  - Example: HRA completed on June 16th and assigned to a delegate on June 18th. Outcome must be reported back to HealthPartners on log submitted by July 20th.
  - Assignments will be retroactive back to the 1st of the month (June), as will payments.
- When delegates are not able to complete the assigned activity, (either an HRA or care plan) the member will be reassigned to HealthPartners on the 1st of the following month.
  - Example: Member assignment to delegate for HRA/care plan completion on June 18th. Delegate is unable to complete the assigned activity and reports on HRA log by July 20th. Member is reassigned to HealthPartners August 1st.
  - A DHS 6037 MUST be completed and submitted to HealthPartners by August 1st.

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Thank You!

- For your past, present, and future partnership with HealthPartners.

- We value you and the service you bring to our members.

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Q & A Time

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