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Cal MediConnect and Hospital Case Managers: Aligning Goals

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Roadmap

- **Admitting a Cal MediConnect Patient**
- **Authorizations**
  - Requesting
  - Timeline
  - Delegation
  - Troubleshooting
- **Billing**
- **Care Coordination**
  - Health Risk Assessments (HRAs)
  - Care Coordinators
  - Interdisciplinary Care Teams (ICTs)
  - Individualized Care Plan (ICP)
- **Discharging a Cal MediConnect Patient**

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Cal MediConnect: Hospital Admissions

1. Contact the patient's Cal MediConnect plan to:
   - Alert the plan to the patient's admission.
   - Determine if your patient's care has been delegated to an independent practice association (IPA) or provider group by contacting the patient's Cal MediConnect heath plan.
   - Determine where authorizations and claims should be sent.
   - Determine if the patient has an assigned care coordinator, and if so, identify and connect with the care coordinator.

   **** You must contact the plan prior to any elective admissions.**

   **** You must contact the plan within 24 hours of emergency admission.**

2. Work with the patient's Cal MediConnect care coordinator and/or plan to:
   - Learn about the patient's ICP and care goals.
     - Identify if your patient has specific needs such as cognitive or functional impairment(s) that may influence care.
   - Request an HRA or update to the patient's ICP.
   - Connect with the ICT.
     - Identify if your patient has a family member and/or other informal care giver who assists with care and decision making
   - Begin thinking about possible discharge and transition issues upon admission (e.g. work with the plan to identify the LTSS needed to return the patient to community or to identify in-network nursing facilities).

The sooner you can identify and alert your patient's plan, the sooner you can access the care coordination supports available through Cal MediConnect.

Remember: Cal MediConnect beneficiaries maintain the right to access the full range of benefits available under traditional Medicare and Medi-Cal in addition to the care coordination benefits they receive as members of Cal MediConnect health plans.

Requesting Authorization

When requesting authorization for a Cal MediConnect patient, it is important to understand the Cal MediConnect plan's responsibilities. The plan must:

- Offer urgent care appointments that require authorization within 96 hours of the request.
- Cover emergency services without prior authorization.
- Have a plan in place and follow written policies and procedures for initial and continuing authorizations.
- Ensure that an authorized medical management professional is available 24 hours a day.
- Make authorization decisions based on evidence-based guidelines informed by the opinion of a health care professional with clinical expertise in treating the beneficiary's condition.
- Provide the decision to deny services and the reason for doing so to the patient and/or care giver in writing.

Authorization Time Frames

- Standard Authorization decisions must be made within 5 working days from receipt of necessary information to make a decision and within 14 calendar days of a timely request for information necessary to render a decision (unless granted up to 14 day extension). The decision must be made in 72 hours if the situation is urgent and a delay would jeopardize the patient's life.
- Concurrent review of authorization for treatment already in place must occur within 5 business days.
- Retrospective review must occur within 30 calendar days.
- Authorization for non-formulary Part D pharmaceuticals must occur within 24 hours.
- The plan may require that the hospital provide sufficient clinical information on the patient within 24 hours to enable them to make the authorization decision.

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Requesting Authorizations – Cal MediConnect Plan Delegates

Some Cal MediConnect plans have delegated hospital risk to medical groups or IPAs.

- Plan delegates are required to follow the same rules as the plans.
- You should be able to get clear guidance from Cal MediConnect plan provider representatives about how to request authorizations.
- Ask the delegated medical groups or IPAs to share their authorization policies and procedures with you. You can also request that they provide you with training.
- You can call either the plan or the delegate to request authorization. If you call the plan, the provider representative should be able to guide you through the process, even if that includes communicating with the delegated provider group.

Authorizations – Troubleshooting

- *What if I can't figure out who I need to request authorization from?*
  - The patient's Cal MediConnect insurance card has all relevant contact information on it.
  - If you cannot access the patient's card, call the plan to request more information. The plan's provider relations representatives will be able to provide you with guidance.
- *What if I can't get the plan representative on the phone?*
  - If the general provider relations department number is insufficient, please see the Cal MediConnect Contact Sheet at calduals.org.
- *How can I help the patient appeal a denied authorization?*
  - Call the patient's plan or plan delegate to learn about the appeals process.
  - You can also call the Cal MediConnect Ombudsman for help in beginning the appeals process.

Tip: To streamline the authorization process for Cal MediConnect patients, you can set up trainings for your staff with provider representatives at each plan in your county. The plans should be able to work with you to clarify their authorization policies and procedures in order to make the process easier to navigate during patient admission.

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Billing Cal MediConnect Plans

One goal of Cal MediConnect is to streamline billing.

- Providers should be able to submit claims to one entity, rather than navigating both the Medicare and Medi-Cal billing processes.

Cal MediConnect Plans with Delegated Hospital Risk

- If the Cal MediConnect plan has delegated hospital risk, you can submit hospital claims to the delegated entity, and they will adjudicate both the Medicare and Medi-Cal parts of the claim.
- How do you know who to bill?
  - You should be able to get clear guidance from Cal MediConnect plan provider representatives about how to submit claims.
  - The patient's Cal MediConnect insurance card includes billing information.
  - **In no instance should you bill the patient.**

Care Coordination

- Cal MediConnect is designed to support beneficiaries and providers with care coordination. The following resources are available to each Cal MediConnect patient:
  - A Health Risk Assessment (HRA),
  - A Care Coordinator,
  - An Interdisciplinary Care Team (ICT), and
  - An Individualized Care Plan (ICP).
- During the patient admission and discharge process, you should be able to contact the patient's Cal MediConnect plan to get more information about these resources, ask to become a member of the ICT, and provide updates on the patient that may impact the ICP. For patients with a cognitive or functional impairment, you may want to involve a family member and/or informal caregiver.
- Keep in mind that in situations where the plan has delegated case management responsibility to an IPA or Medical Group, it will be important for you to build a relationship with the delegate in order to connect with the Care Coordinator and ICT.

Care Coordination: Health Risk Assessments (HRAs)

- An assessment tool which identifies primary, acute, long-term services and supports, and behavioral health and functional needs.
- Serves as a starting point for development of the ICP.
- Must be completed within 45 days of enrollment in the plan for higher risk beneficiaries and 90 days for lower-risk beneficiaries.
- Reassessments must be conducted at least annually.
- ICPs must be developed within 30 working days of HRA completion.
- Through HRA and ICT discussions, beneficiaries will be identified as potentially eligible for LTSS services, including MSSP, CBAS and IHSS.
- The HRA may be conducted by the plan, the delegate, or a vendor.

HRAs & Hospital Patients

- You can request the HRA from the Cal MediConnect plan to better understand a patient's overall health and functional assessment.
  - If the patient has an HRA, work with the plan to make sure it is updated with the patient's admissions information.
- It is possible your patient has not had an HRA completed either because the patient was unresponsive after the plan attempted to contact him/her or because the patient did not want to participate in an HRA. By notifying the plan that the patient has been admitted you can trigger an assessment to help coordinate your patient's care.
  - The plan or delegate can conduct the HRA in person at the facility or by phone or mail, at the patient's discretion.
  - It may be helpful to involve the patient's family member and/or informal caregiver, as appropriate.

Care Coordination: Care Coordinators

- Cal MediConnect members should all have access to a dedicated care coordinator, upon request or if deemed necessary by the Cal MediConnect plan.
  - Care coordinators are accountable for providing care coordination services, which include assuring appropriate referrals and timely two-way transmission of useful patient information, obtaining reliable and timely information about services other than those provided by the PCP, and supporting safe transitions in care for patients moving between settings.
- For higher need patients, that care coordinator will often be a nurse or social worker who has been following their care over time through the care plan and care team.
- Connecting with your patient's care coordinator:
  - Cal MediConnect care coordinators should be a resource for hospital case managers.
  - Some Cal MediConnect plans have delegated care coordination – a plan representative should be able to direct you to the appropriate care coordinator for your patient.
  - The provider relations representative at the patient's health plan should be your first point of contact. They will direct you to the right person to work with in order to ensure that you are using all of the resources the plan has available to coordinate the patient's care.

Care coordinators work with a patient through all settings in order to ensure safe transitions in care.

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Care Coordination: Interdisciplinary Care Teams

ICTs are comprised of the primary care provider and Care Coordinator, and other providers at the discretion of the beneficiary.

- Works with beneficiary to develop, implement, and maintain the ICP.
- Can include: hospital discharge planner, nursing facility representative, social worker, IHSS provider, CBAS provider, MSSP coordinator, other professionals as appropriate.
- Family members and/or care givers are important to the ICT, especially for patients with cognitive and/or functional impairments.

The plan must offer an ICT for each beneficiary , upon member's request or if the plan deems it necessary.

- The ICT will be developed around the beneficiary and ensure the integration of the beneficiary's medical, LTSS, and the coordination of Behavioral Health Services when applicable.

ICT will facilitate care management.

- This includes: care planning, authorization of services, transitional care issues, coordination with providers to stabilize medical conditions, increasing compliance with care plans, maintaining functional status, and meeting individual beneficiary's care plan goals.

ICTs & Hospitals

- Coordinated transitions in and out of the hospital are essential to the patient's overall health. You can work with your patient's Cal MediConnect plan to ensure that the patient's transition experience is coordinated.
- If a Cal MediConnect member is admitted to your hospital, their hospital providers and case managers should work with the ICT.
- The member's care coordinator is the point of contact for the ICT. You should contact the care coordinator to review and update the ICT. You do not need the patient's permission to be on the ICT.
- While the patient is in the hospital, their hospital providers are a critical part of their care team.

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Care Coordination: Individualized Care Plan (ICP)

- Cal MediConnect plans are required to provide a care plan to enrolled beneficiaries who have demonstrated need, which is usually identified in the HRA process.
- ICPs may range from something as basic as the need to get flu shots every year for low-risk patients to very complex plans regarding managing chronic conditions and quality of life issues for higher-risk patients.
- As a member of the patient's ICT, you can work with the care coordinator to:
  - Ask to see the patient's ICP to help inform care in the hospital as well as to inform discharge planning; and,
  - Request to have the plan updated based on a change in the patient's health status.

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More Resources: State Care Coordination Guidance

The state has issued one All Plan Letter (APL) and two Dual Plan Letters (DPLs) explaining care coordination requirements for both beneficiaries who enroll in Cal MediConnect plans, and for those who choose not to enroll or are not eligible:

- **APL 14-010:** Care Coordination Requirements For Managed Long- Term Services And Supports (http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-010.pdf)
- **DPL 15.001:** Interdisciplinary Care Team And Individual Care Plan Requirements For Medicare-Medicaid Plans (http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2015/DPL15-001.pdf)
- **DPL 13.002-** Health Risk Assessment And Risk Stratification Requirements For Dual Demonstration Plans Under The Coordinated Care Initiative (http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2013/DPL13-002.pdf)

Cal MediConnect Discharge Planning

- As case managers, you understand that a successful discharge plan places the patient at the center and makes them and their caretakers full partners in the planning process. Including the patient increases patient safety and improves patient health outcomes.
- Cal MediConnect plans should be a resource to you in ensuring that patients experience a safe and coordinated discharge from the hospital back to their community or into a nursing facility.
- You can partner with your patient's Cal MediConnect plan when they are admitted and at each step in the discharge planning process to ensure a coordinated and patient-centered discharge plan.
  - This can include identifying the best place for the beneficiary, whether that is in a SNF, a SNF alternative, or the community.
- Partnerships with delegated IPAs and Medical Groups in your service area will be very important in ensuring a patient-centered discharge.

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Cal MediConnect Discharge Planning- Continued

Cal MediConnect is designed to help members live in the most appropriate setting.

- This means they have tools to help move patients out of the hospital and either back into the community or into an appropriate short or long term care facility.

You can ask the patient's Cal MediConnect plan and their care coordinator for help to:

- Work with the patient, and their care givers as appropriate, to identify their goals following discharge.
- Ensure that the patient has access to all necessary medications and that follow-up appointments have been scheduled.
- For patients transitioning back into the community upon discharge: Ensure the patient has access to supports and services indicated as necessary by the HRA conducted prior to discharge, including: LTSS, DME, and transportation.
- For patients entering a facility upon discharge: Identify the most appropriate and accessible in-network facility to meet the patient's need.
- Coordinate the discharge plan as a part of the patient's ICT and ICP.
- **The plan or plan delegate are responsible for continuing coordinating the beneficiary's care after discharge**

In Review . . .

- Case management standards and Cal MediConnect policies are closely aligned.
- By coordinating with a beneficiary's Cal MediConnect plan, case managers can more effectively navigate care transitions, avoid fragmenting beneficiary care, and utilize the beneficiary's ICT in decision making and discharge planning.
- Case managers with beneficiaries enrolled in Cal MediConnect plans can take the following steps to ensure coordination:
  - Call your patient's Cal MediConnect Plan.
  - Speak with your patient's Care Coordinator and ask about having a role in the beneficiary's Interdisciplinary Care Team.
  - If you are having issues coordinating with the plan, call the Cal MediConnect Ombudsman for assistance.

Resources

How can I advise my patients?

If a patient has a complaint, **the first point of contact** should be the plan. Plans have internal appeals and grievance procedures.

If a patient cannot resolve their complaint with the plan, the next step is to call the Ombudsman:

- **Cal MediConnect Ombudsman: (855) 501-3077**
  The Cal MediConnect Ombudsman are independent from the Department of Health Care Services. They offer consumer protection for all Cal MediConnect beneficiaries by providing assistance in the appeals and grievances process and providing feedback to DHCS on the Cal MediConnect program.

Additional Resources

Web

- www.calduals.org

Email

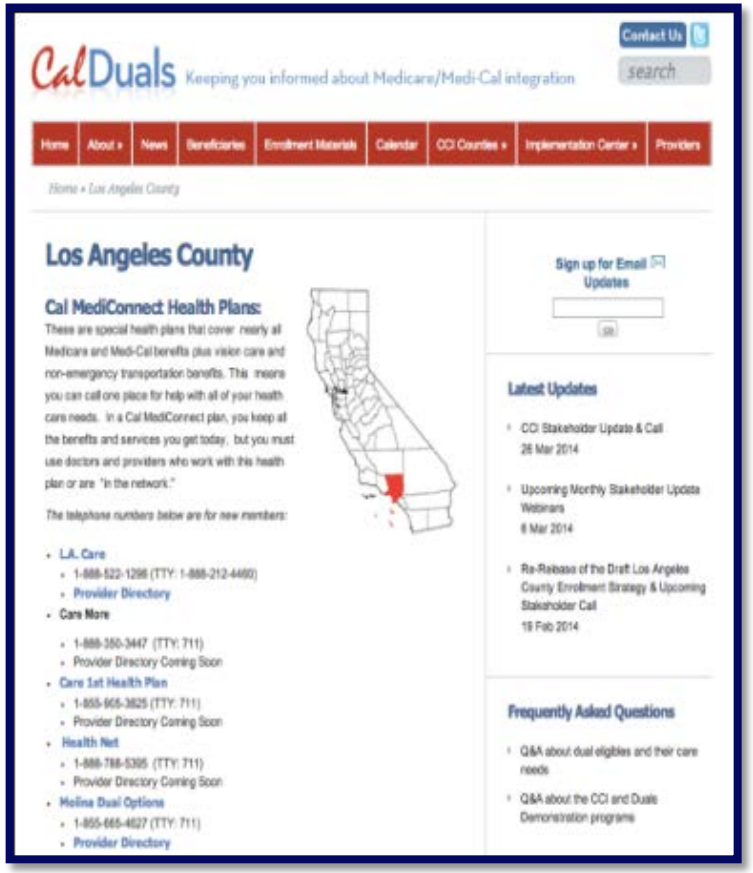
- info@calduals.org

Twitter

- @CalDuals

Outreach

- Email us or complete the online request form



Prepared by:

Hilary Haycock, President: Hilary@harbageconsulting.com

Website: www.harbageconsulting.com