Welcome to the 5.24.23 Medica Lunch and Learn

Thanks for being with us today. Today the presentation will focus on EW Ineligible and EW Drops Reporting

While waiting for the presentation to start, please answer the three questions I have posted. Your answers are anonymous

We will get started at 12pm

I encourage questions. Feel free to place questions in the meeting's Chat. Any questions that don’t get answered during the presentation will be followed up on via email.

Before we get started…

- This training will be recorded and will replace the September 2020 training
- Care Coordinated Products (CCP) Reports Grid
  - Now located on the Care Coordination Hub under Training, Care Coordinated Products Reports
  - Updated December 2022
  - Updated CCP Reports Grid overview provided at the December 2022 Quarterly Care Coordination Meeting; 1:14 time stamp

Elderly Waiver (EW)
Drops
and
Ineligible Report training

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May 24, 2023

Agenda

- Terminology
- Capitation Dates (AKA: Cut off date, Cap Date)

EW Drops Report

- Purpose
- Report (where to find it, what triggers report, how to research and respond)
- Resolution

EW Ineligible Report

- Purpose
- Report (where to find it, what triggers report, how to research and respond)
- Resolution

At the completion of this training, you should be able to: A) Understand the purpose of the reports, B) Locate the reports, C) Identify and resolve issues on the report, and D) Verbalize tips and tricks to reduce EW Drops and Ineligibility

** All PHI info in this presentation has been changed to ensure privacy

Terminology

Capitation (also referred to as Cap Date/Cut off Date)

The Department of Human Services (DHS) pays a capitation rate every month to the Managed Care Organization (MCO) on behalf of each enrollee. The MCO provides most covered services in exchange for the rate. Rates are determined based on a combination of an actuarial analysis of the State's historical fee-for-service cost experience with equivalent groups of recipients and other cost and health care utilization factors.

Rate Cell (ref MCS contract)

- MN Senior Health Options (MSHO) and MN Senior Care+ (MSC+) health plans are paid based on rate cells. Assignment of rate cell categories is done by the State of Minnesota, based on information in Medicaid Management Information Systems (MMIS) at the time of capitation. The rate cell is determined on the day of capitation for the following month.
- Rate Cell A: If no EW waiver span and the member's living arrangement in MMIS is community.
- Rate Cell B: If an open EW waiver span and the member's living arrangement in MMIS is community.
- Rate Cell D: If no EW waiver span and member's living arrangement is institutional.

Case Mix Classification

Classification of a person that is used to establish individual community budgets under various programs. The classification is based on the assessment of the person's needs in: Ability to complete certain activities of daily living (ADLs), Need for behavioral interventions and Treatment and monitoring related to medical health conditions

Case mix classification for a person on EW is determined by one of the following assessment methods: MnCHOICES assessment or Long-term care consultation

Each case mix classification has a monthly budget amount determined by DHS.

Capitation Date (also known as Cut off date/Cap Date)

Cut off dates are determined by DHS. Once these dates are published by DHS, Medica will send out the dates and will expect EW assessments are entered on or before that date in MMIS. This means, not only does the assessment need to be completed on or before the date but the assessment MUST be submitted into MMIS on or before the date.

Cap dates can be found on the Medica CC Hub, under the Miscellaneous tab in the Templates, tools and additional resources folder. Document name: 2023 DHS MMIS Capitation Dates

<u>What happens when assessment is not entered by "Cap Date"</u>

- Member risk: If the waiver is allowed to close, there may be negative consequences to the member related to disruption of services, issues with waiver obligations, etc.
- Compliance/Audit risk: Care coordinator may not meet the assessment timeline of 365 days
- Financial risk: Medica will not receive proper capitation reimbursement from DHS

Please note* If the assessment is not completed/entered timely, the member may still receive services and the provider may be paid however it is an error and the member will show on the report.

Purpose of EW Reports

EW Drops Report

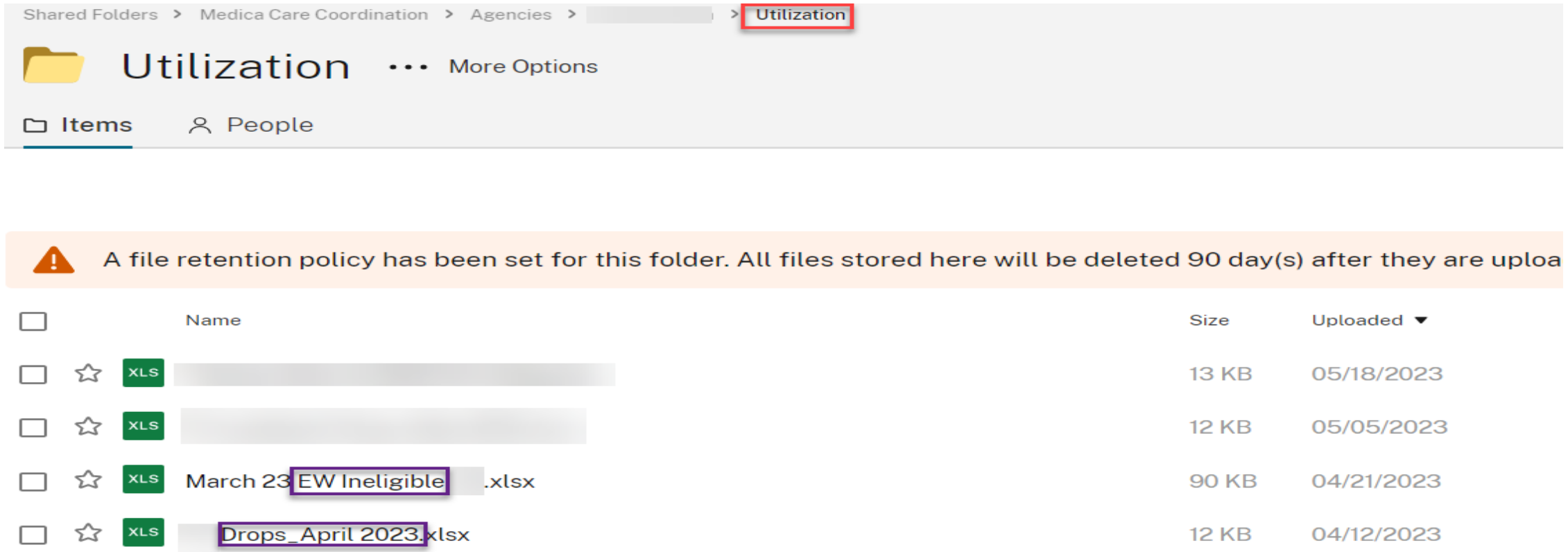
- Identifies members who had a rate cell change from the previous month.
- Member was a Rate Cell B but per report member is now a Rate Cell A
- Drops report shows currently enrolled MSHO members who had been on the Elderly Waiver, but as of current month are not open to the Elderly Waiver
- Important to review and reinstate as quickly as possible as this will eliminate the same member showing up on the EW Ineligible report
- This report is in **"real time"**

EW Ineligible Report

- Identifies members receiving an EW service but not open to EW in the month noted on the report
- This report is a **"look back"** report as it is based on claims submitted to Medica

Where are Reports Located

- The reports are dropped in Sharefile and can be found under the Utilization folder. If you don't have members on the report, no report will be dropped.



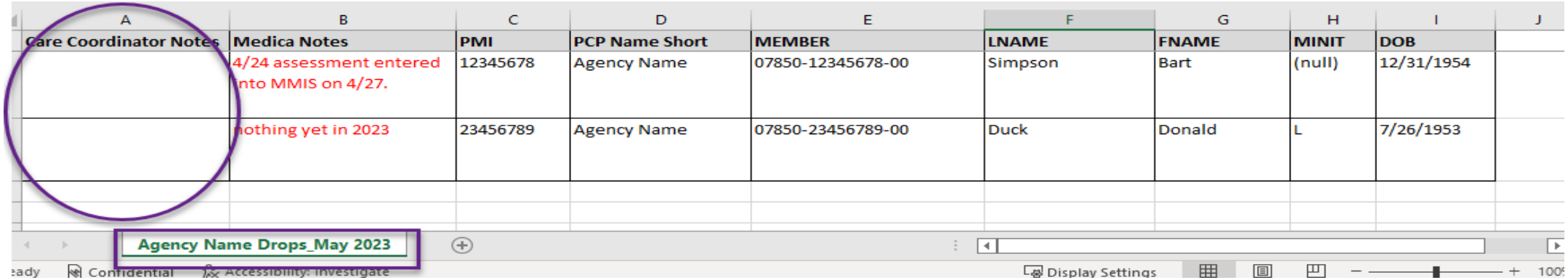
EW Drops Report

Drops Report usually comes out first week of the month.

The list shows people who currently do not have an active EW in MMIS.

Expectations:

- Work with your staff and research the reasons behind the members waiver span closure or late MMIS entry.
- Correct anything that is missing or incorrect in MMIS as soon as possible and no later than that month's cap date.
- After you have worked the report, update column A with your notes including why EW is inactive and what you did to fix the error.
- Send back to Medica via Sharefile by the due date (early is always appreciated)



A	B	C	D	E	F	G	H	I	J
Care Coordinator Notes	Medica Notes	PMI	PCP Name Short	MEMBER	LNAME	FNAME	MINIT	DOB	
	4/24 assessment entered into MMIS on 4/27.	12345678	Agency Name	07850-12345678-00	Simpson	Bart	(null)	12/31/1954	
	nothing yet in 2023	23456789	Agency Name	07850-23456789-00	Duck	Donald	L	7/26/1953	

What triggers the EW Ineligible report

Each month Medica is informed by DHS what members are and are not open to EW (Rate Cell).

Medica runs an internal report showing submitted claims from providers and these lists are compared to each other.

People who were not open to EW yet had a claim for an EW service submitted to Medica will be on the Ineligible Report we send out for your review.

Ex: Member received Adult Day Care services in January but per DHS reporting, EW was inactive for January. Because Medica received a claim ***and*** because EW was inactive the member is now on the report

*Medica wants to know why the EW in January was inactive.

EW Ineligible Report view

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	PRODUCT	(All)											
2	CARE_SYSTEM	(All)											
3	PCC_NAME	(All)											
4									NEW COLUMN				
5	Sum of PAID												
6	AFDC_RECPNT_NB	MEMBER	LNAME	FNAME	EW_MONTH	CPT_CD	CPT_CD_	CPT_CD_DESCR	PROV_SVC_CHECK_NAME	Total	Reason for Closure	Explanation and/or Resolution	Medica Notes
7	12345678	59165-12345678-00	Jetson	D	3/1/2023	T2031	TG	ASSISTED LIVING WAIVER; PER DIEM	MINNESOTA MASONIC HOME CARE CTR SNF	$ 6,433.20			
8	12345678 Total									$ 6,433.20			
9	23456789	07850-23456789-00	Mouse	Y	1/1/2023	S5100	(blank)	DAY CARE SERVICES ADULT; PER 15 MINUTES	HEALTH CARE PLUS INC	$ 1,779.12			
10	23456789 Total									$ 1,779.12			
11	345678910	07850-345678910-00	Duck	F	2/1/2023	T2038	(blank)	COMMUNITY TRANSITION WAIVER; PER SERVICE	COMMUNITY CARE SERVICES LLC	$ 1,700.00			
12	345678910 Total									$ 1,700.00			
34	Grand Total									$12,251.64			
36	Reasons for closure (drop down list Column K)			Examples of explanation and or resolution (free type)									
37	Assessed after cut off			*Appt scheduled before cap date but member called and rescheduled									
38	Assessment ENTERED into MMIS after cut off			*Assessment done timely but entered after cap date.									
39	BEI or MSHO benefit			*Reemo, LSS Readmission benefit									
40	DTR not completed			*CC closed EW but did nit send in DTR for service. DTR has now been submitted.,									
41	EW Charged incorrectly			*CADI should be covering item. CC called CADI CM and provider and billing issue has been resolved									
42	County Elig/Ucode			*CC called Cty and working on getting Ucode removed									
43	Moved from instution to community			*Discharged from SNF to community; assessed after cap									
44	Previously reviewed			*Member on previous reports. Issue has resolved									
45	Unknown			*Reviewed MMIS and assessment entered timely.									

Pivot | Data

Things to ask yourself to determine which dropdown to select

1. Did assessment/reassessment get entered into MMIS by cut off date?
2. Was member assessed annually? If so, was assessment completed after cut off date?
3. Is member on a waiver other than Elderly Waiver? If so, is the provider billing Medica incorrectly?
4. Did Elderly Waiver end but DTR not completed to end all services?
5. Did service show up on the report but should have been covered by BEI, or MSHO added benefit?
6. Was EW closed due to member being in an institution such as a Skilled Nursing Facility (SNF)/hospital) and then moved to community setting?
7. Did member have a Ucode assigned to their case by the County Financial Worker which prevented Elderly Waiver to open?
8. Have you researched the EW closure reason and can't find where the error occurred? If so, chose the dropdown "Unknown". This should be used sparingly

Explanation and/or Resolution to EW closure

Once the reason for closure has been researched and selected in column K you will then need to provide the explanation and/or resolution for closure in column L.

Examples:

- EW billed incorrectly. Member's Community Access for Disability Inclusion (CADI) should be covering Durable Medical Equipment (DME)
  - **CC called CADI CM and DME provider and informed them of incorrect billing**
- Member was assessed on-time but assessment entered into MMIS after cut off date.
  - **CC has been educated on assessment entry timelines**
- Member was assessed late.
  - **CC was unable to get a hold of member prior to cut off date**
- Member EW closed and no DTR sent.
  - **Provided education to CC regarding closing EW and sending DTR for all services**
- Member's MA was inactive as county was processing benefits.
  - **Member was assessed after MA reinstated. Will remind member of MA reinstatement paperwork deadlines**

Where to look to check EW status

Check MN-ITS

a) If not open to waiver in MN-ITS confirm they should be open to waiver and resolve issue ASAP

b) If open to waiver in MN-ITS identify the rationale for why member was not open in the month noted on the report

A note about MN-ITS: Waivers that are retro-opened will show in MN-ITS as if the Waiver was opened timely. If the member is on the report and you check MN-ITS and it says the Waiver was open for that service month it means the Waiver was retro-opened. Medica does not receive capitation rates from DHS when the Waiver is retro-opened

How to avoid errors

- Organize! How are you tracking reassessments? How are you tracking all paperwork after an assessment is completed? Do you have the cut off date on your calendar?
- Check MN-ITS beginning of month-this method allows you to know the error before reporting
- Review your transferred members—what are Waiver Span Dates, What services are they receiving under EW
- Assist member with MA renewal paperwork to ensure eligibility does not lapse
- Send DTR's for **ALL** EW Services when closing EW or ending a service/update provider
- If member open to alternative waivers be sure to work closely with Waiver Case Manager to assure services are being billed appropriately
- Work with county financial worker if there is a Ucode
- Assess members prior to cut off AND enter into MMIS by cap date
- Working with facilities when member moving back to community, and complete DHS 5181 to inform financial worker of member move.

Miscellaneous

- “EW Charged Incorrectly” should not be selected when the true error is the DTR was not completed
- The EW Ineligible report month and the error months are usually not the same. Example: January is report month but errors months were Nov and Dec
- A case being retro-opened does not remove the error. Nothing removes the error. We hope to eliminate errors in the coming months
- Assessment timelines and Cap dates are not the same
- There is no separate error category for “first month” enrollees
- In column L, please add comments re: why deadlines were missed and what your agency is doing to correct the actions moving fwd. If you want more info on this, please let me know and we can set up a time to chat
- EW billed incorrectly—the person is not on the report as an error. Research needs to be done and the provider needs to be told the billing is incorrect. Please indicate in notes what has been done to resolve the issue. This incorrect billing needs to be resolved by your agency
- No need to provide RRF dates or authorization #’s. Only interested in assessment dates and MMIS assessment entry dates

In Summary

- The purpose of the reports is to identify members receiving EW services that are not open to the waiver
- The report allows you to see what services the member is receiving, the provider of the service, and the number of months the service was provided without having active EW
- The resolution assures the member is receiving services as necessary and is identified by DHS to be open to the Waiver as appropriate.
- Utilize “How to Avoid Errors” (slide #13) to reduce the number of members on the ineligibility report.

Contact information:

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