



# Transfer Process Lunch & Learn

March 6, 2024



# Agenda

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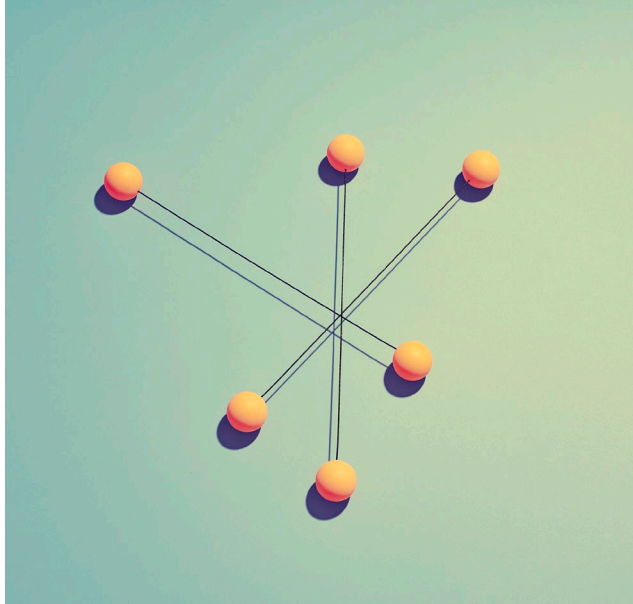
- Why the Transfer Process is Important
- Transfer Process Overview
- Expectations: Transferring & Receiving Entities
- Transfer Health Risk Assessments
  
- Not included today: Review of Transfer policy to include all steps to take if inquiring if a member transfer should occur or when Medica requests a transfer occur. See policy here: [Transfer Responsibilities Policy](#)



# Why is following the Transfer process important?

- Sending all transfer forms to the new CC helps ensure the member does not need to “retell their story”, and helps eliminate member disruption of services, waiver spans (when appropriate), etc.
- Reviewing the previous assessment/care plan aids in relationship building and ensuring member needs continue to be met.
- By properly recording the transfer activity in the system, the care coordinator/delegate is proving that the required activity occurred. This data is reviewed by Medica and ultimately DHS/CMS.
- Adherence of DHS and CMS contract requirements.

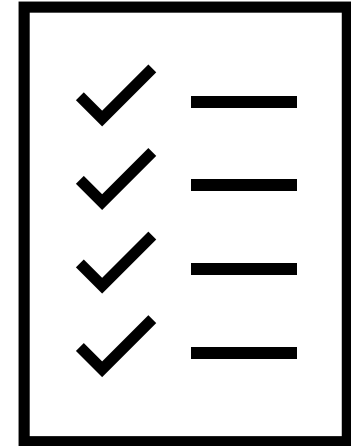
# Transfer Types



- Member transfers to Medica from Fee For Service (FFS) or another Managed Care Organization (MCO)
- Member transfers from one Medica Care Coordination Delegate to another Medica Care Coordination Delegate
- Member changes products and gets assigned to a new Delegate/Care Coordinator
- Member changes products but does not change their Care Coordinator
- Member transfer from Medica to Fee for Services (FFS) or other Managed Care Organization (MCO)

# Transferring Entity Expectations

- Assessment & Care/Support Plan up to date prior to transfer
- Share relevant information with receiving entity, including:
  - DHS Form 6037
  - Current assessment
  - Current Care/Support Plan (including member signature sheet)
  - Other documents, as applicable (See Transfer Responsibilities Policy)



# Transferring Entity Expectations continued

## MnCHOICES Process

If assessment, evaluation & screening documents (HELPS Brain Injury or OBRA), and care/support plan are completed in MnCHOICES, CC does not have to share the hard copies.

- CC would complete DHS-6037 and indicate the member documents are in MnCHOICES.
- Send the DHS-6037 to receiving entity

Any documents completed as part of the assessment requirements such as the mini-cog or OBRA Level 1, if completed outside of MnCHOICES, should be attached in the MnCHOICES application.



# Receiving Entity Expectations

## What scenarios are required for a Transfer/Transitional HRA?

- Transfer to Medica from another MCO or from another Medica Delegate.
- Transfer from FFS (continue current process; awaiting DHS guidance)
- Change in Product **(even if CC did not change)**.

### Required documents:

DHS-6037-ENG Home and Community Based Services Case Management Transfer Form, copy of current assessment, care plan/support plan, member signature sheet/support plan signature sheet/DHS 6791, and PCA/CFSS assessment/RS Tool/Rate Tool, if applicable.

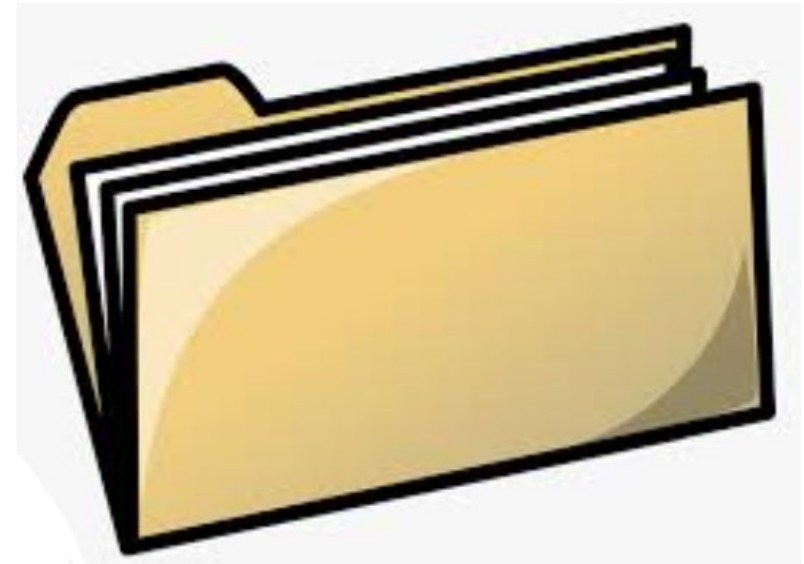
### Reassigning member in MnCHOICES:

- Once the receiving CC verifies confirmation of transferred case, unassign previous CC and location from member case in MnCHOICES.
- Receiving CC will then assign themselves and their location in MnCHOICES.

# Receiving Entity Expectations

## When is a Transfer/Transitional HRA not appropriate?

- Member transfer without a current assessment
- CC unable to obtain required transfer documents
- Assessment received does not align with member needs or Support Plan goals and interventions not consistent with HRA review
- For an Unable to Reach/Refusing Member
- Change in Product for a MSHO/MS C+ Institutional Member
- Change in Product from SNBC/ISNBC to MSHO/MS C+ (exceptions may be present, refer to Assessment Schedule Policy)
  - Note: If Transfer/Transitional HRA is not appropriate, complete required assessment
- Internal Transfer within an agency- review of transfer of transfer documents required.

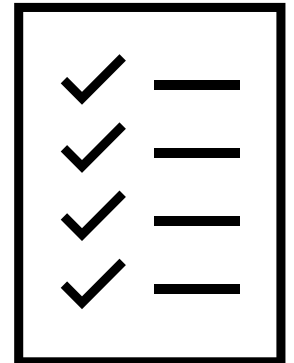




# Receiving Entity Expectations

If appropriate to proceed with Transfer/Transitional HRA:

- Contact Member (Phone call or Welcome Letter or Change of CC Letter, as applicable) within 10 business days of transfer.
- Review received paperwork.
- Review prior assessment and care/support plan with member and complete Medica Transfer HRA Form within 30 days for MSHO/MSC+ & 60 days for SNBC/ISNBC of transfer/enrollment. Attach reviewed documents and Transfer HRA form in MnCHOICES.
- MnCHOICES Entry: Transitional HRA.
- MMIS Entry: Activity Type 05 - Document Change **(even if it is a change in product with no CC change)**.
- Notify Financial Worker, County Case Manager, and PCP of change in Care Coordinator.



# Medica Transfer Member HRA Form

- When completing, ensure that the planned reassessment is based on the date of the last full assessment, **NOT** from the Transfer HRA date.
- Document the date CC reviewed the prior assessment and care/support plan with member
  - **Note:** This is the date you will enter in MMIS, the Transitional HRA in MnCHOICES and on your monthly HRA Completion Report.
- Document if updates are needed to the prior assessment and/or care plan/support plan.
- Assessment updates can be documented using a Functional Needs Update (EW only) or if there are significant changes, a new assessment would be required.

Completion of this form as described will meet requirements for a Health Risk Assessment (HRA) and a supplement to the existing care plan for the following members:

- **MSHO/MSC+:** Members who are newly enrolled community members with a HRA completed within the past 365 days, community members with a product change, transferred community members who have had a HRA/Long Term Care Consultation (LTCC)/MnCHOICES assessment within the past 365 days, or members with a product change who have had a LTCC/MnCHOICES assessment indicating opening of Elderly Waiver services (65th birthday assessment and must be full LTCC/MnCHOICES assessment).
- **SNBC/SNBC Enhanced:** Members with a product change who have had a HRA completed within the past 365 days.

This form should be completed within 30 days of transfer for all eligible MSHO/MSC+ members and within 60 days of transfer for all SNBC/SNBC Enhanced members. This form is to be attached to the most recent HRA/LTCC/MnCHOICES assessment and care plan. A new assessment and care plan must be completed if the Care Coordinator is unable to obtain a copy of the prior assessment and care plan to review and update. Throughout this form, the term "Assessment" may be used to refer to an HRA, LTCC or MnCHOICES assessment. **NOTE:** The next annual reassessment is due 365 days from the date of the last full HRA/LTCC/MnCHOICES assessment attached to this form. Please refer to the Assessment Schedule Policy for details.

**I. PERSONAL INFORMATION**

Name	PMI Number	Birth Date
Bonnie Johnson	12345678	10/31/40
Address (Street, City, ST, ZIP)		Phone
100 E 2nd Street, Apt 807		218-722-2255
Physician	Phone	Clinic
Dr. Anderson	218-786-3500	Essentia-West Duluth Clinic
Physician Address (Street, City, ST, ZIP)		
4212 Grand Ave, Duluth, MN 55807		

**II. ASSESSMENT/ CARE PLAN / PREVENTIVE CARE:**

New product/Transfer enrollment date: 2/1/24      Date of last Assessment: 10/15/23

Date of last Community Support Plan (CSP)/Collaborative Care Plan (CCP): 10/24/23

Reason for Transfer: Change in product

Transfer From: Medica Care System      Transfer to: Essentia

Transfer Assessment & CSP/CCP review completed with member:  In person  Via phone  Via Video Conference

Assessment reviewed and updated as needed:  
 Date Reviewed: 2/15/24      Update Required:  Yes  No

- Review the entire attached Assessment for correctness and completeness. Document any changes with dates on the Assessment form.

**CSP/CCP reviewed and updated as needed:**

Date Reviewed: 2/15/20      Update Required:  Yes  No

-Review the entire CSP/CCP with the Member or authorized representative and document any changes with dates directly on the CSP/CCP including date of review/change.

**Medicaid Management Information Systems (MMIS) Document Change as needed:**

Date Completed: 2/15/24

-Required for transfers from another Managed Care Organization (MCO), another Care System, County or Agency; or for a product change (even if CC does not change). N/A if member is on another waiver (other than Elderly Waiver (EW)).

# Medica Transfer Member HRA Form

- Ensure that the Transfer Member HRA form is entirely filled out.
- Verify whether the member needs help coordinating a PCP visit or needs information regarding Advance Directives.
- **Member Signature Sheet or Support Plan Signature Sheet or DHS 6791-** must be included in the transfer paperwork received or CC should review elements with member and obtain new signature sheet.

Social Worker notification of change in Care Coordinator or product: Date Completed: 2/15/24

Primary Care Physician notification of change in Care Coordinator or product: Date Completed: 2/15/24

**Complete following section if not addressed on the current care plan or if using a CSP/CSSP as the member's care plan**

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Does member need help coordinating an annual physician/provider visit for primary and preventive care?  
 Yes  No

Comments: NA

When was member's last physician/provider visit? Date: 1/27/24 Comments: NA

**Member Goals:**

Rank by Priority	Member Goals	Intervention	Target Date	Monitoring Progress/Goal Revision date	Date Goal Achieved/ Not Achieved (Month/Year)
<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Refer to Support Plan goals.				
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High					

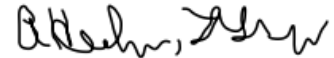
**Advance Directive**

Do you have an Advance Directive?  Yes  No

If No, would you like information?  Yes  No

Comments:  
 Member reported she has an Advance Directive which is on file with her PCP.

Member has been informed of data privacy and appeal rights:  Yes

Care Coordinator Signature:  Date: 2/15/20

Care Coordinator Name & Credentials (printed or typed): Ashley Heehn, LGSW

# MnCHOICES Transfer Process

Create HRA in MnCHOICES.

**New Form**

1 Select Form 2 Create Form

Form Category\*  
Assessments

Form\*  
Health Risk Assessment - MCO

- CFSS-to-PCA Conversion worksheet
- Health Risk Assessment - MCO
- MnCHOICES Assessment

# MnCHOICES Transfer Process

Complete required fields in  
“Member Information” section.

< Back **Health Risk Assessment**

Edit Mode  Print | Status: In Progress | Completion Requirements | Expand All

**Member Information**

First name <b>Bonnie</b>	Last name <b>Johnson</b>	Middle name --
Date of birth <b>10/31/1940</b>		
Age <b>83</b>		
Sex <b>Female</b>		
Primary language --		
PMI number --		
Email <b>bonniejohnson1@gmail.com</b>		
Phone <b>218-940-5555</b>		

**Emergency Contacts**

Emergency contact <b>Ted Smith</b>
Emergency contact phone <b>218-333-2688</b>

# MnCHOICES Transfer Process

Complete required fields in “Assessment Information” section.

- HRA Type: Transitional HRA
- Transitional HRA Type: Product Change or Other
- HRA Method: Choose appropriate option based on how CC reviewed prior assessment and care plan/support plan with member
- Referral date: date of the person’s enrollment into the health plan.
- Date of Health Risk Assessment: Date of Transfer Member HRA (date CC reviewed prior assessment and care plan/support plan with member)
- Assessment Results: Health Risk Assessment Completed.

## Assessment Information

LTCC refers to the county, tribal nation or health plan that completed the screening, assessment or other activity.

MED  X

✔ HRA type

Transitional HRA  X

✔ Transitional HRA type

Product change  X

✔ HRA method

Telephone  X

✔ Referral date

Referral date is the date of the person's enrollment into the health plan.

02/01/2024  X

Format is MM/DD/YYYY

✔ Date of health risk assessment

Date of health risk assessment is the date the health risk assessment activity was completed.

02/15/2024  X

Format is MM/DD/YYYY

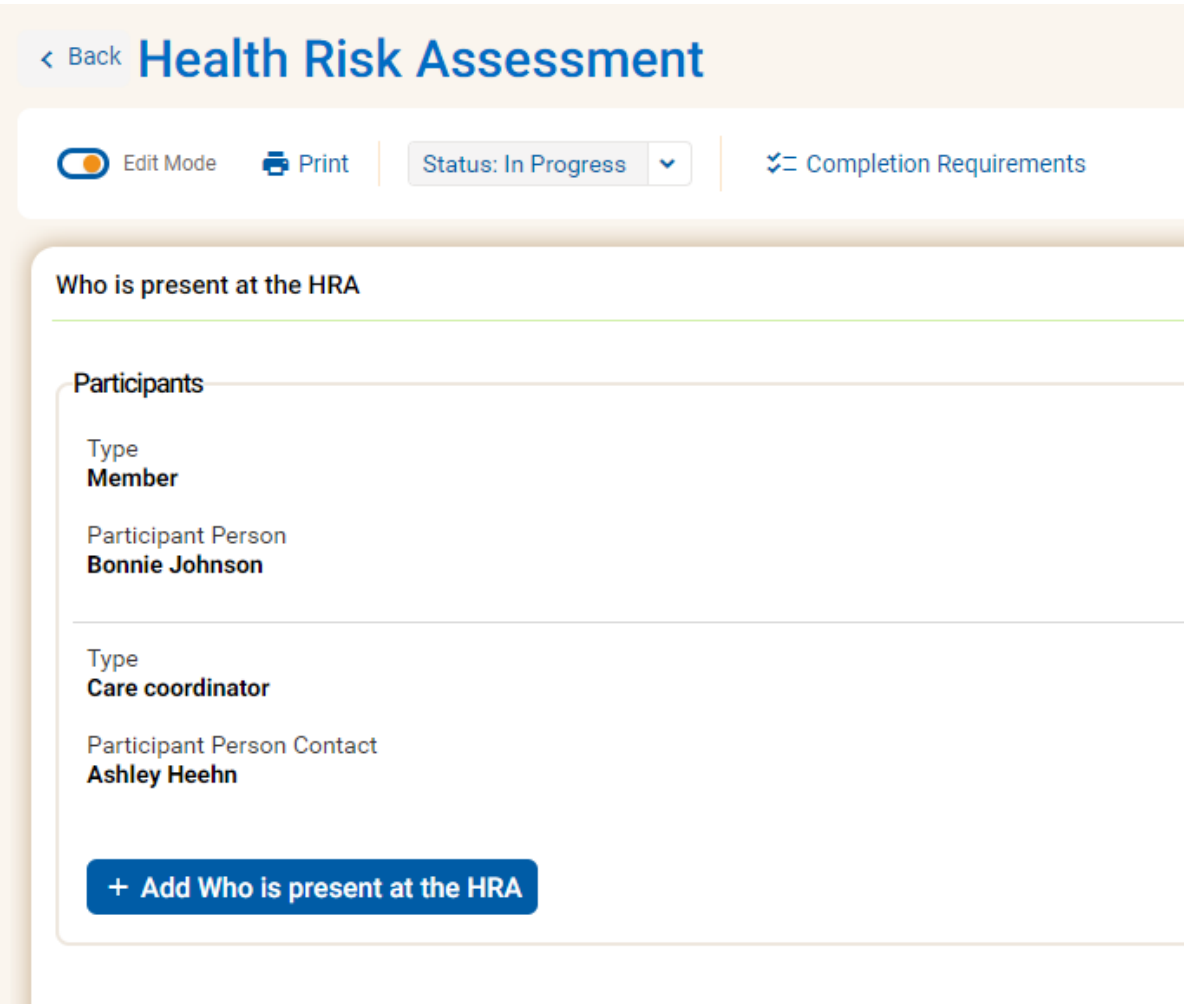
✔ Assessment results

MSC+, MSHO or, SNBC or ISNBC health risk assessment completed  X

# MnCHOICES Transfer Process


Who is present at the HRA should include the member and the Care Coordinator at a minimum.

Note: Care Coordinator must be entered as a contact in the member profile in order to pull into this section.



The screenshot displays the 'Health Risk Assessment' interface. At the top, there is a navigation bar with a back arrow and the title 'Health Risk Assessment'. Below this, there are several controls: an 'Edit Mode' toggle (currently off), a 'Print' button, a 'Status: In Progress' dropdown menu, and a 'Completion Requirements' button with a checklist icon. The main content area is titled 'Who is present at the HRA' and contains a list of participants. The first participant is a 'Member' named 'Bonnie Johnson', and the second is a 'Care coordinator' named 'Ashley Heehn'. At the bottom of the list, there is a blue button with a plus sign and the text '+ Add Who is present at the HRA'.

< Back **Health Risk Assessment**

Edit Mode  Print | Status: In Progress  Completion Requirements

Who is present at the HRA

Participants

Type  
**Member**

Participant Person  
**Bonnie Johnson**

Type  
**Care coordinator**

Participant Person Contact  
**Ashley Heehn**

**+ Add Who is present at the HRA**

# MnCHOICES Transfer Process

Change HRA status to “Complete.”

**Complete**

Are you sure you are ready to complete?

**Continue**

Cancel

The screenshot displays the MnCHOICES user interface. At the top, the logo for the Department of Human Services is visible, along with a search bar and a 'My Notes' button. The user's profile for Bonnie Johnson is shown, including her person ID (20894), age (83 years), current address (605 North Road, Duluth, Minnesota 55811), and contact information (218-940-5555, bonniejohnson1@gmail.com). The main content area is titled 'Health Risk Assessment' and includes a 'Back' link, a 'Print' button, a status dropdown set to 'Completed', a 'Completion Requirements' button, and an 'Expand All' button. A vertical sidebar on the left contains navigation icons for Dashboard, Profile, Health Information, Progress Notes, Appointments, Attachments, Assignments, Forms, and Tasks. The assessment categories listed are Member Information, Assessment Information, Living Situation, Everyday Life, My Health, Staying Healthy, and Safety and Wellbeing.



# MnCHOICES Transfer Process

Attach completed  
Medica Transfer  
Member HRA in  
MnCHOICES.

### New Attachment

File\*  
BonnieJ\_Transfer-Member-Health-Risk-Assessment.pdf Choose File

Category\*  
HRA documents ▼ ×

Effective Range  
Start Date: 02/22/2024 📅 × End Date: 📅  
Format is MM/DD/YYYY Format is MM/DD/YYYY

Description  
Transfer Member HRA Completed 2/15/24.  
38/250 Characters

Save Cancel

# Resources

- [Medica Care Coordinator HUB](#)
  - Policies and Processes
    - Assessment Schedule Policy
    - Transfer Responsibilities Policy
  - Letter Templates
    - Welcome Letter
    - Change of CC Letter
    - PCP Letter
    - Provider Signature Letter
  - Tools and Forms
    - Assessment and Care Plan
      - Assessment Checklist
      - Transfer Member Health Risk Assessment
- [DHS eDocs](#) for important forms such as Home and Community Based Services Case Management Transfer and Communication Form & Scenarios (DHS Form 6037 and scenario documents 6037A or 6037B)



# Questions?

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Contact:

Medica Clinical Liaisons: [medicaccsupport@medica.com](mailto:medicaccsupport@medica.com)

Medica Audit Team: [medicasppregquality@medica.com](mailto:medicasppregquality@medica.com)