



# SCAN 2020 SNP Model of Care (MOC) Training Frequently Asked Questions (FAQs)



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# Health Risk Assessment (HRA)

Frequently Asked Questions

# Health Risk Assessment (HRA) FAQs

- ▶ **What does it mean when an HRA stratification is not identified on the HRA?**
  - SCAN has identified “triggers” to identify high risk member answers on the HRA. If the Member’s risk stratification is high the member is referred to the Medical Group for care management via the weekly Trigger Report. Although our Medical Groups are required to act on only high risk members, all HRAs and Care Plans are sent weekly.
  - Members whose HRA stratification is low or medium risk are sent the HRA and Care Plans for review only
- ▶ **Why do we receive HRAs and NFLOCs that are months apart?**
  - The HRA and NFLOC assessments may be completed at different times
- ▶ **Are the 3 outreach calls within 2 weeks still the same for all triggers?**
  - To ensure collaboration with the member and to develop a member-centered Integrated Care Plan, best practice includes making 3 outreach attempts to reach the member
- ▶ **We have had Trigger Reports that contradict what the patient has stated in an HRA. Any suggestions?**
  - It is important to validate the member data including health and clinical records as well as collaborate with the member to identify opportunities to assist the member in understanding their condition and identified



# Individualized Care Plan (ICP)

Frequently Asked Questions

# Individualized Care Plan (ICP) FAQs

## ▶ **When do I need to update the ICP?**

- The ICP needs to be updated with any change in the member's health status, including any triggers identified on the initial and/or annual HRA
- Transitions from one care setting to another also require an update to the ICP within 30 days of the transition

## ▶ **What if a member was on the Trigger Report and expires during the 30-day time period after the Trigger Report is received?**

- Document the event and close the case

## ▶ **Has the 30-day target date changed? We have been informed the 30 days start the date SCAN sent the Trigger Report not the date we received it.**

- The 30 days start when the Trigger Report is placed on the Medical Group's SFTP/MFT site

## ▶ **Why is a patient that can't be reached considered high priority?**

- Only high acuity members 'trigger' to the Medical Group based on HRA responses. As such, these members are considered at risk and the inability to reach the member may result in the member not receiving the care/services they need.

# Individualized Care Plan (ICP) FAQs (continued)

- ▶ **You mentioned only needing to identify the top 3 to 6 problems, but don't we need to include ALL problems identified on the HRA in the Care Plan?**
  - No, you do not need to put all HRA problems on your revised care plan. You are expected to review all of the triggers and identified problems from the initial care plan and document your findings. Once you have completed your clinical review and outreached to the member you can revise the care plan to capture the 3-6 problems you determine are highest acuity/most important to the member.
  
- ▶ **Are we supposed to use the care plan provided by SCAN and then modify that one?**
  - SCAN provides a care plan that may be used as a foundation for the CM process. The template that you use must be written in the SMART format – Specific, Measureable, Achievable, Relevant, and Time bound.
  
- ▶ **Are ICP's and ICT's required for members who decline Case Management? If so, what purpose do they serve when the member refuses care coordination?**
  - Yes, ICP's and ICT's are required for members who decline case management. If the member declines care coordination, an updated care plan and ICT are required to meet CMS regulations and ensure that the member has information related to their care and can decide whether or not to participate in care coordination
  
- ▶ **When can a "failure to contact letter" be sent?**
  - 3 outreaches are to be made and documented within 10 business days. If the member can't be reached, then a "failure to contact letter" with the care plan will be accepted.



# Interdisciplinary Care Team (ICT)

Frequently Asked Questions

# Interdisciplinary Care Team (ICT) FAQs

- ▶ **Should the ICT be held within 30 calendar days or 30 business days from the trigger or referral?**
  - The ICT needs to be completed within 30 calendar days of receipt of the Trigger Report in your SFTP/MFT site
- ▶ **My understanding is that an ICT and ICP are only required for SNP members that "Trigger" not ALL. Can you please clarify?**
  - For initial and annual HRAs Groups only need to update the ICP and convene an ICT for members who are on the Trigger Report



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# Care Transitions (CT)

Frequently Asked Questions

# Care Transitions (CT) FAQs

- ▶ **Do SCAN Case Managers conduct Care Transitions calls?**
  - SCAN manages all aspects of Case Management only when these activities are not delegated to the Medical Group
- ▶ **Does any transition of care require action from an Interdisciplinary Care Team?**
  - Any change of health status, including care transitions, requires an ICP (updated care plan) and ICT review
- ▶ **What should be included in the communication to the PCP that is required within 5 days of a transition of care?**
  - Discharge information related to an admission
  - Discharge instructions
  - Medication changes
  - Follow up appointments
  - Scheduled testing
- ▶ **What if the member discharges to hospice? Do we still do the Care Transition, create a care plan, call the member, and put the transition on the Care Transitions Log?**
  - For SNP members transitioning to hospice, it is important to remember that coordination of standard (non-hospice) care remains the responsibility of the Medical Group
  - Delegates must demonstrate that the care plan has been updated based on the identified needs of the member and collaboration with the hospice provider to ensure the member's needs are being met at all stages of their life and care
  - A SNP member that discharges to hospice is to be documented on the CT log in the 'type of transition to' column



# Case Management

Frequently Asked Questions

# Case Management FAQs

- ▶ **Does SCAN do Complex Case Management for "High Risk" members?**
  - SCAN manages all aspects of Case Management only when these activities are not delegated to the Medical Group
- ▶ **Are all Case Management referrals on the Trigger Report?**
  - The Trigger Report is an important referral method, but members can be referred for Case Management from SCAN in other ways when the Medical Group is delegated for CM activities.



**DHCS Initial Health Assessment (IHA) and Staying  
Healthy Assessment (SHA)**

Frequently Asked Questions

# DHCS Initial Health Assessment (IHA) and Staying Healthy Assessment (SHA) FAQs

- ▶ **Due to COVID-19 if the IHA/SHA is not completed within the allotted timeframes will the Medical Group/IPA receive a Corrective Action Plan (CAP)?**
  - DHCS has relaxed the guidelines related to the IHA timeframes as part of the DHCS All Plan Letter
    - Refer to APL 20-004 - Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19
    - Per the APL, for any members newly enrolled with the managed care plan between December 1, 2019, and the end of the public health emergency, DHCS is temporarily suspending the requirement to complete an Initial Health Assessment (IHA).
    - DHCS will require the completion of the IHA for these members once the public health emergency is over. The SHA will also need to be completed at that time.
  
- ▶ **What is the compliance rate of the IHA/SHA for SCAN Health Plan?**
  - For September 2020, SCAN's compliance rate is 33.6% for all contracted Medical Groups combined