

## Q&A Corner

If you don't see an answer to your question below, please email [mtdphhscaremgmt@pubknow.com](mailto:mtdphhscaremgmt@pubknow.com) and we will answer it in a bi-weekly email update and include in here.

Last Updated: 7/24/2020

Question	Answer
<b>Access and Roles:</b>	
How will members access their information?	MedCompass has a member-facing portal that allows the member to view the Care Plan, Secure Messaging, Med History, Contacts, and Program Information.
Will Self-Direct clients have access to this program as well? What will that look like for them?	Self Direct employees and employers will have the ability to access MedCompass similar to the way other DDP providers will access the system. However, if they are unable to, case managers will assist Self-Direct employers to complete necessary activities as they do currently.
Will providers have access to view ICPs?	No. However, providers will be able to view their service authorizations that result from approved cost plan lines. Each provider service authorization lists the approved services, date range for the services, and the number of units/dollars approved for that specific service. In addition, the service authorization will indicate the used amount for that specific service authorization once claims processing has completed.
Will users need to be "assigned" by a system administrator prior to using the system and who will do that?	Yes. Staff will need to be added to the member's teams of care. AssureCare (the system vendor) will set up initial access rights and system login for all staff and will train system administrators on how to assign staff user rights.
In regard to the security requirements for MedCompass, would the Quality Assurance/Training Coordinator be able to set the requirements for an ICAP account for staff?	The provider will be able to designate one or more representatives from their teams to submit new or updated access requests for their staff.
<b>Care Plans Screens:</b>	
What new roles can enter new medications?	We have created a "Provider – Medical" role in the system with the ability to add or update medications. Providers will be able to designate individuals in their organization that should have this capability. Other roles with read-only access to medication information include: <ul style="list-style-type: none"><li>• GH Manager/SL Manager/W/D Manager</li></ul>

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	<ul style="list-style-type: none"> <li>• Operations Director or Program Manager</li> <li>• Provider- Executive Director</li> <li>• Other (limited provider)</li> <li>• Self Direct (EO)-Employer</li> </ul>
<p>For members we are currently serving, how much personal client information are providers going to be responsible for entering?</p>	<p>Personal information available in AWACS will be pre-populated for current members. Contracted providers will be responsible for entering information into the same sections of the plan of care as required currently.</p>
<p>Are reports of medications, contacts, and other data downloadable?</p>	<p>Yes, they are downloadable either from the individual screen or extracted through the PSP.</p>
<p><b>Care Plans:</b></p>	
<p>Will case managers still be able to create and/or amend ICPs as well as view utilization?</p>	<p>Yes.</p>
<p>Will the Visions and Goals screens be completed during the meeting and the completed PSP immediately available to providers?</p>	<p>The PSP will be completed during the meeting. Currently the case manager has 21 days to complete and disseminate the PSP. Transitioning into the new care management system does not change the timelines that are currently in administrative rule. However, case managers may choose to complete the PSP during the meeting and have it more immediately available.</p> <p>Providers assigned to a member will have access to that member's "living" information, including medications, allergies, care plan with visions, goals, and objectives.</p>
<p><b>Case Managers:</b></p>	
<p>Will case managers still be able to create and/or amend ICPs as well as view utilization?</p>	<p>Yes.</p>
<p>Will the team be able to access case management notes? Will case managers be able to change the setting?</p>	<p>By default, case notes will be viewable by the case note author and their specific team (i.e. case management supervisor and case manager for case management case notes, and provider staff assigned to a member care team for provider case notes.) If a note should be viewable by anyone on the case team, the note can be modified to remove the viewing restrictions.</p>
<p><b>Communications:</b></p>	

Question	Answer
Can the system push out “task” prompts and completion reports to members?	If the member is a user of the MedCompass system, they can receive tasks as reminders to complete certain things (for example, taking medications or completing housework chores). If the member does not have access to the MedCompass solution but is using the member portal, a user can send the member reminders in the form of secure messages.
Will we lose secure communications?	No, MedCompass has secure messaging.
Is there a size limit to attachments on internal messages?	No. Depending on size of file, your internet speed, and speed of machine, large files might take a long time to attach.
Is there a secure communication (email) component available for providers to use, who is able to view the contents of the messages? Is it only the provider who can see the message or is it DDP?	There is secure communication available in MedCompass for users. The message would only be viewable by the sender and receiver of the message.
<b>Data Conversion:</b>	
Currently in AWACS, we can pull up a printable report that lists all of our clients, all of the services in their cost plans that is through us as a provider, unit and dollar amounts, PA numbers, client details, etc. Will the MedCompass system have something similar, or can you only pull up info one client at a time?	There is a MedCompass report titled, 'DDP Comparison Budget vs YTD report' that will be available. This report will provide similar information as the AWACS Budget vs YTD report.
What will the users access to MedCompass look like after they go through training? Will they be able to see their clients in the new system or will that come after Go Live?	All of the client data will be converted to MedCompass. Staff and providers will be able to see that data in MedCompass.
What data is intended to be converted from the current system to the new system on day one?	Data for DDP members that are active in the program and members that have had an active cost plan in the last three years (since July 2017), along with three years of cost plan history, will be converted. Data for Part C and FES members that that are active in the program or members that have been

Question	Answer
	active in the last three years will be converted, along with their IFSP history.
Currently, Therap holds Agency Reports on training hours and certification records for staff and information on CDS. Will the extract transfer all training information and reports for all staff?	Staff training reports and records is not in the scope of the MedCompass Care Management module and therefore this data will not be transferred. Agencies will need to gather any needed training data prior to the end of the Department’s contract with Therap or will need to enter into a separate contract with Therap to support this function.
Once the conversion to MedCompass is complete will there be any ability to access Therap archives? Or is the conversion final in the sense that any information currently stored in Therap will be inaccessible?	Therap will be available for at least six months following the go-live date.
If the information on current consumer data are not extracted, how are providers to use the MedCompass solution to enter provider case notes?	DDP, MPATH and AssureCare are working on conversion and individuals will be created and assigned to current providers in MedCompass. Providers will be able to enter Provider case notes, similar to t-logs.
Will the client roster be pulled from POC and imported or will the client roster in Therap be used for that?	The client list will be pulled from AWACS/Plan of Care.
<b>Data Quality:</b>	
How will we know people are entering the correct data? How will we fix errors?	System users will have the access to review information in MedCompass in real time. If there is an error in information entered, most regional staff will be able to correct the error.
<b>Engaging Providers:</b>	
How are our contracted providers being involved in preparing for MedCompass?	Provider staff are participating on the MedCompass Workgroup, helping make decisions about how the system will work for all of us. We are sharing information about MedCompass on monthly provider calls. We are also making all communication messages (including these bi-weekly emails!) available to contracted providers and encouraging questions.
<b>External User Acceptance Testing (UAT):</b>	

Question	Answer
What is external UAT and when will it begin?	External UAT is for Regional DDP staff and providers to use and test the MedCompass system. External UAT will begin towards the end of May 2020.
<b>Forms and Signatures:</b>	
Will printed documents with signatures be required for personal support plans, or will electronic signatures be sufficient?	If the required parties are able to sign electronically then electronic signatures will be sufficient. Printed versions with signatures will only be required when capturing an electronic signature is not possible.
<b>Go Live:</b>	
Will we have access to the other systems for a period of time after we go live with the new system?	Yes, both AWACS and Therap will be available for a period of time following the go-live date.
<b>Impacts of the Change:</b>	
Will the new system mean I will interact less with the members I serve?	No. The new care management system will not cause a decrease in member interaction, and may allow for increased direct member interaction. DPHHS values staff-member relations, and this new system is not intended to replace person-to-person interactions. The new system may improve customer service because all member information will be available within the same system.
<b>Implementation:</b>	
What's the new go-live date for MedCompass?	The new go-live date has not yet been determined. DDP will communicate that information as soon as it's available.
Will we still be able to work in the Individual Cost Plan system?	Case Managers will continue to work in the ICP system until closer to go-live implementation. Once MedCompass is implemented, cost plan development will occur in MedCompass.
<b>Providers - Access, Requirements, and Roles:</b>	
Will this system change be mandatory or optional for providers?	Providers will be required to use the system.
Provider agencies do data collection on Therap now, will the new platform allow them to do	At go-live, providers will use the MedCompass solution to enter provider case notes in MedCompass (e.g., similar to how

Question	Answer
this? Or will they to do this differently?	providers use t - logs). Providers will no longer use Therap for capturing and tracking this information.
On the Care Provider screen, does "Provider" include doctors and other medical providers?	Yes, it does. However, the focus for DDP, Part C, and FES programs will be the DDP providers that serve these populations.
Are providers, TCM, and QIS currently able to see all case notes?	<p>Staff from a specific provider organization assigned to a specific member will be able to see all of the provider case notes from their organization's staff for that specific member. One provider will not be able to see the case notes from another provider serving the same member.</p> <p>Case managers and QIS will have access to view all case notes for a specific member to which they are assigned.</p>
When will we learn providers' requirements and processes for the system?	The demonstration on 3/25/20 was a high-level overview of the MedCompass system. User specific training will occur closer to the go-live date. During the demonstration providers were able to see sections of the PSP in which they will enter information, metric information, quarterly reports and provider case notes.
Will providers be able to directly add contacts?	<p>Yes. Individuals that the provider organization determine should have the "Provider – Medical" role will have the ability to add medication. Other provider roles will allow designated staff to add contacts. Other roles with access include:</p> <ul style="list-style-type: none"> <li>• GH Manager/SL Manager/W/D Manager</li> <li>• Operations Director or Program Manager</li> <li>• Provider- Executive Director</li> <li>• Other (limited provider)</li> <li>• Self Direct (EO)-Employer</li> </ul>
Will providers be able to directly add or change actions?	<p>Case managers will enter information into the Visions, Goals, and Objectives sections based on information the team agrees to at the PSP meeting.</p> <p>Providers will be able to enter action data into provider case notes. They will also directly enter quarterly data into MedCompass.</p> <p>Select provider security roles will have this access to edit the Care Plan "Objective" OR "Action":</p> <ul style="list-style-type: none"> <li>• Provider – Medical</li> <li>• GH Manager/SL Manager/W/D Manager</li> <li>• Operations Director or Program Manager</li> </ul>

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<p>Will providers have access to the cost plans again through the system?</p>	<p>Providers will have access to the service authorization section of MedCompass, which shows utilization information.</p>
<p>Will providers be able to electronically bill?</p>	<p>Providers will continue to bill using either the MPATH Claims Direct Entry solution provided by Optum or by using the providers existing electronic billing solution. The MPATH Care Management solution (i.e. MedCompass) is not a claims billing solution.</p>
<p>Will we as providers need to purchase the program for our agency?</p>	<p>No. There will be no cost to provider agencies for the use of MedCompass.</p>
<p><b>Therap:</b></p>	
<p>Will we still have access to Therap?</p>	<p>Yes, for a period of time.</p>
<p>How or when will information transfer from Therap?</p>	<p>The Department is working with Therap to get conversion extracts of case notes and plans of care data. Once these extracts are available, they will be loaded into the MedCompass solution. Due to delays in getting the extracts from Therap and getting questions answered regarding the extracts we do not expect the Therap data to be present in MedCompass at go - live on June 29, 2020. However, we will get this data loaded as soon as possible following that date.</p>
<p>What will happen to data that is stored on Therap, such as: appointment info, GERs, training data, etc.?</p>	<p>We plan to convert any T-Log and plan of care information that Therap can provide. In addition, we plan to convert all Therap Incident Management data that we receive in extracts from Therap. Therap training data will not be migrated to the MPATH Care Management solution and there are no plans for the MPATH Care Management solution to be configured to capture training information. This is not currently a feature of the solution.</p>
<p>Will the input of consumers roll over from Therap?</p>	<p>The conversion item that we have identified from Therap is Incident and downloaded PDF assessment information. We are actively working with Therap regarding conversion for other member-specific data currently housed in Therap.</p>
<p><b>Training on the System:</b></p>	

Question	Answer
How has the training plan changed because of COVID-19?	All training will now be virtual in order to keep our staff and providers safe.
How will the training be delivered virtually (so people will be able to ask questions)?	Individuals will be able to use the chat box to ask questions or ask to be un-muted.
Will each Region have a virtual training?	There will be five virtual meetings scheduled per training group, but will not be region specific. For example, there will be five opportunities for virtual case manager training, five opportunities for virtual provider training, five opportunities for virtual DDP staff training, and one opportunity for virtual Part C and FES provider training. In addition, there will a final recorded training that will encompass all questions and answered that were asked during the previous training sessions.
Will there be printable materials for reference?	Yes, there will be printable materials for reference.
Will there be a “make-up” virtual training session offered after the go-live date happens?	A final recorded training will be available for review and will encompass all questions and answered that were asked during the previous training sessions
What platform will the virtual training be run on?	Skype will be used for the virtual training sessions.
Will the virtual trainings be separated by user roles? Will there be more than one session per user roles?	<p>Yes. There will be four different training groups:</p> <ol style="list-style-type: none"> <li>1. Case Management</li> <li>2. Provider Staff</li> <li>3. DDP Staff</li> <li>4. Part C and FES Providers</li> </ol> <p>Multiple sessions will be offered for each training group.</p>
Will attendance at the virtual trainings be limited?	Skype currently has a limit of 200 participants per session.
When will the virtual training sessions be held?	The virtual training sessions will be held 2-3 weeks prior to go-live. The exact dates have not yet been determined.
What opportunities will there be for me to see the system before we make the change?	A virtual system demonstration was held on 3/25/2020. Please find the recording on the DDP website. There will also be opportunities to see the system during training.
Will there be individual training sessions to learn specific tasks (ex: creating ICP;	Yes. Training will be focused on functional job tasks including pre-enrollment and eligibility, assessments, program card creation, case manager assignment, case management, cost



Question	Answer
creating/accessing/modifying PSP; case notes...etc.)?	plan development and maintenance, and several other topics and tasks.
Will recorded trainings and materials be geared toward specific roles?	Yes. There will be role – specific training sessions and supplemental materials available.
When will training be scheduled?	We do not yet have specific dates, but plan to schedule the end user training by the end of May to be delivered between June 8 <sup>th</sup> and June 26 <sup>th</sup> .
Where can I find more information about the project and the MedCompass system?	We are working on getting information posted to the DDP website. We hope to have this up in the next few days. We will send an announcement and link when it is live! In the meantime, I'm sharing as much information as I have in these regular email updates, and if you have specific questions please send them to: <a href="mailto:mtdphhscaremgmt@pubknow.com">mtdphhscaremgmt@pubknow.com</a>
Will training data be entered into this system or will we do that on paper?	<p>Training data will be provided electronically in the UAT and Train environments.</p> <p>Therap training data will not be migrated to the MPATH Care Management solution and there are no plans for the MPATH Care Management solution to be configured to capture training information. The tracking of provider staff training is not currently a feature of the solution.</p>
Is there a test mode for training for MedCompass?	A training environment of MedCompass will be available for authorized users. This environment will be configured exactly like the production instance and it will contain data that is a scrambled from real data.
<b>System:</b>	
I just watched the provider call with the MedCompass cost plan training. It was mentioned that utilization can be viewed, but it looked like you could only view how many units have been used. As a case manager, it was very helpful to be able to look at monthly utilization when making cost plan changes or requesting more funds. Will this be an option with MedCompass?	Monthly utilization data is not currently available in MedCompass; however, DDP and MPATH are exploring if a report can be built that will capture this information.

Question	Answer
<p>What will the Person Support Plan (PSP) be like?</p>	<p>The Person Support Plan (PSP) will be documented in an assessment much like the department staff uses today. The assessment itself will be driven and populated by a variety of live member data:</p> <ul style="list-style-type: none"> <li>• Health 360 Data including allergies, medication, contacts, etc.</li> <li>• The member’s Care Plan-Vision, Goals, and Objectives (VGO’s)</li> </ul> <p>This will allow the information populating the PSP to be the most up-to-date at the time the PSP assessment is created.</p>
<p>Can we set up a group email for our DSPs here at SMR?</p>	<p>No. Each user of the MedCompass system needs to have a unique email address to be able to access ICAP and the MedCompass system.</p>
<p>Can one user, say a manager, enter data for DSPers, or does every employee need access to MedCompass? Currently, we have emails set up for all employees, but not all employees don’t have access to equipment and data use to access their emails.</p>	<p>No. Every Provider employee that needs to interact with member data will need to have separate access to the system. The email is required initially for the user to activate their ICAP account and every 90 days to reset their password. Once their account is activated or the user has successfully reset their password, if the user has a mobile number associated with their account, they can use the mobile phone to receive the One Time Password when logging in to ICAP. Therefore, they would not need email on a daily basis if they have a mobile phone associated with their user account. If the user does not have a mobile number or if they do not associate their mobile number their ICAP account, then they will need ready access to their email address to receive the One Time Password every time they login to ICAP.</p>
<p><b>User Support:</b></p>	
<p>Will we have a contact for the correct information and a process to get correct information? Will there be a written process to refer back to?</p>	<p>In addition to user documentation and training manuals, DPP system support staff, MPATH staff, and AssureCare system support individuals will be available to respond to specific user questions about system functions and processes.</p>
<p>Will we have a manual that spells out who is responsible for what?</p>	<p>Yes. There will be a role-specific training session and supplemental materials will be available.</p>
<p><b>Vendor (AssureCare):</b></p>	
<p>Do the designers of the MPATH system have other DD Community Providers uses in other states?</p>	<p>Yes, MedCompass has DD users in other states (California and New Jersey).</p>

