

MPATH Care Management Module Organizational Change Management Project, Email Communication for 4-8-2020

Subject Line for Email: Questions and Answers from 3/25/20 MedCompass Demonstration

Dear DDP Staff and Providers:

Thank you to those who participated in the virtual meeting on March 25th to learn more about our new MedCompass system. This email contains an extensive Question and Answer section below. We tried to answer all the questions that came in during and after the demonstration.

If you were not able to access the demo, a recording is available. Please access the recording in CDS. If you experience problems accessing the recording, please contact your regional administrative assistant for assistance.

COVID-19 Project Impacts

The MPATH project team, the system vendor, and DPPHS IT staff are continuing to make headway on the project. We continue to monitor progress to identify any potential impacts COVID-19 may have to the project schedule. If there are any changes or updates, we will update you as they become available.

Q&A Corner

Below are answers to questions we received during and after the 3/25 MedCompass demonstration. If you have a question, please email mtdphhscaremgmt@pubknow.com and I will answer it in an upcoming email.

Question	Answer
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.
Care Plans Screens:	
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">• GH Manager/SL Manager/W/D Manager• Operations Director or Program Manager• Provider- Executive Director• Other (limited provider)• Self Direct (EO)-Employer
For members we are currently serving, how much personal client information are providers going to be responsible for entering?	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.
Are reports of medications, contacts, and other data downloadable?	Yes, they are downloadable either from the individual screen or extracted through the PSP.

Question	Answer
<p>Can the system push out “task” prompts and completion reports to members?</p>	<p>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.</p>
<p>Assessments and Forms:</p>	
<p>Will printed documents with signatures be required for personal support plans, or will electronic signatures be sufficient?</p>	<p>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.</p>
<p>Visions, Access, and Roles:</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>Is data for the Actions section of the Care Plan entered into MedCompass?</p>	<p>Yes, the “Actions” section of the Care Plan is titled as the member’s “Objectives” and providers will be able to enter objective data into provider case notes, similar to how providers currently use t-logs. They will also directly enter quarterly data into MedCompass.</p>
<p>Will Self-Direct clients have access to this program as well? What will that look like for them?</p>	<p>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.</p>
<p>Will providers have access to view ICPs?</p>	<p>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.</p>
<p>Are providers, TCM, and QIS currently able to see all case notes?</p>	<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>

Question	Answer
Will the team be able to access case management notes? Will case managers be able to change the setting?	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.
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"> • GH Manager/SL Manager/W/D Manager • Operations Director or Program Manager • Provider- Executive Director • Other (limited provider) • Self Direct (EO)-Employer
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"> • Provider – Medical • GH Manager/SL Manager/W/D Manager • Operations Director or Program Manager • Provider- Executive Director • Other (limited provider) • Self Direct (EO)-Employer
Regarding roles: Will we have a manual that spells out who is responsible for what?	Yes. There will be a role-specific training session and supplemental materials will be available.
How are members being included?	MedCompass has a member-facing portal that allows the member to view the Care Plan, Secure Messaging, Med History, Contacts, and Program Information.

Thanks so much, Lindsey

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