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MPATH Care Management Module Organizational Change Management Project, Email Communication for 3-29-2021

Subject Line for Email: Instructions for Frequent MedCompass Functions

Hello Everyone:

We are one month into using MedCompass! Thank you for your patience, ongoing support, and participation as we work through this change. DDP, MPATH and the AssureCare team have continued to make updates based on users' experience and feedback. Below is a list of updates that have recently been made:

- First round of guardian/self direct users have been added.
- Case Manager Supervisors can void documents.
- Ability to delete own secure messages.
- Correct "template" value order when creating a new case note.
- COVID Vaccination added

Acronyms that Trigger automatic PSP Notification Letter

PSP Notification Letters are automatically generating and sending if any of the acronyms below are used when scheduling an appointment on a member's calendar. This is causing PSP letters to be sent unintentionally and with incorrect information at times. AssureCare and the MPATH team are working to implement a long term solution for this issue but in the meantime please **do not use these terms on a member's calendar unless scheduling a PSP meeting and intending the PSP meeting notification letter to be sent to the member.**

PSP
PCP
POC
Person Center
Person Support
Plan of Care

Importance of "Care Team Providers"

In MedCompass, access to a member is driven by the user's association with a Provider on the Member Care Team. If a user is associated with a Provider or a Provider Site that appears under "Care Team - Care Providers" on the member care team, then the user has access to the member regardless of if that provider has an end-date or not on the care team. If the user is associated with a provider that does not appear on the care team, the user will not be able to view the member. If a provider is no longer providing services to a member and the provider and their staff should no longer have access to the member, the provider should be removed from the list of Care Team Providers. In addition, for a user to have access to a member or group of members, the user must be granted access to either a Provider or one or more Provider Sites associated with the member.

Given the importance of Care Team Providers, we have included an attachment titled "Instructions To Manage Care Team Providers" that includes instructions for the various ways that Providers (and if appropriate their Provider Sites) are added or removed from a member's Care Team:

- Find a member that you are currently serving.

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- How to accept or decline a referral from a Provider's Work Queue.
- How 82 type providers can add provider type 998 (provider site) to a member's care team.
- How to void a provider from the care team.

Importance of User Security Configuration

User access to members in MedCompass is setup and/or changed through the MedCompass Access Request spreadsheet which gets submitted through ServiceNOW. The primary way that a user can access members is through their associated Provider and/or Provider Site in their security configuration. When a user is assigned to a Provider and/or Provider Site, they gain access to all members associated with that Provider/Provider Site. The MedCompass Access Request spreadsheet should be submitted anytime a user needs to have access to members added or removed. Your Provider Security Officer should be familiar with the process to add/change/remove user access to MedCompass. If they have any questions, they can Aaron Hahm with the MPATH team.

Cost Plans and Viewing Utilization

Case Managers received cost plan training on 3/8/2021. Last week, DDP requested that case managers do not make any changes in the ICP for the time being. Case Managers can work with their regional manager on critical ICP changes or updates until we are able to open ICP back up, which we anticipate will be sometime this week. Providers can see the Service Authorizations for their agency in MedCompass. Please note service units must be entered in whole numbers unless it is a cost-based service. The Case Manager must know the unit amount (in whole numbers) when working with proposals for services or changes.

Providers and Case Managers can now access cost plan and utilization information.

To review Utilization:

- Scroll and select Utilization Management
- Select Service Authorization (pick the Service Authorization with the Prior Authorization number you receive from Conduent)
- Scroll to Service Lines and click the "V" carrot to the right side of the header. Select the specific service you are interested in
- Scroll to Providers to Approval Denial, click the "V" carrot on the right side of your screen
- Cost-based services have Approved Cost and Used Cost. Unit based services have Approved Cost, Used Cost, Approved Quantity (units), and Used Units.

Differences between CSRs, Waitlist Entry Change Forms, and Tasks

CSR used to:

- Create a new member who does not exist in CHIMES or MedCompass

Waitlist Entry Change Form (WLECF) used to:

- Add existing member to waitlist if previously closed.
- Close member from waitlist when requested by member or guardian
- Change member name
- Change member address
- Change TCM
- Change guardian address

Task to Regional AA used to:

- Close or exit waiver services
- Close or exit TCM only services

Office Hours

DDP hosted 30 office hour sessions since go-live! Thanks to everyone who brought issues forward. Your participation was instrumental in helping us identify and correct issues following implementation. Beginning March 22nd, DDP will not host additional office hours. If you or your agency needs assistance, please reach out to your regional manager and they will work with you to get your questions answered or issue resolved.

Remember to check the [MedCompass website](#) for up to date information about the MedCompass project.

Q & A Corner

If you have a question about MedCompass, please reach out to your regional manager.

Thanks!
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